

Last Modified on 10/25/2024 4:12 pm EDT

Version 14.19

Path: Clinical, Practice Management, or Billing tab > Patient Chart > Insurance

About

Below you'll learn how to validate Insurance from the Patient Chart. If your office is contracted for Full HIPAA Services and has also contracted with your clearinghouse to check patient eligibility, you will have access to the **Validate** button. Once Insurance is validated using the Validate button, the **Medical Benefits** tab may be reviewed to see additional policy details as provided by the Payer. The extent of the information provided varies by Payer.

What does OP look to in the 271 file to populate the PCP into the Capitation Office field on the Medical Benefits

tab? OP looks for a **13** (Contracted Service Provider), **GP** (Gateway Provider), or **P3** (Primary Care Provider) on the 271 file. If one of those is present that is what gets pulled into the Capitation Office field on the Medical Benefits tab. If there are multiple P3 segments, which has happened before, OP will populate the field based on the **last P3 segment**.

Validate Insurance from the Patient Chart

- 1. Navigate to the Insurance section of the patient's chart by following the path above.
- 2. Select the insurance payer that needs to be validated.
- 3. Click on the Validate button in the upper right corner of the window. If validation is successful, the Validated Date will populate.

Unsuccessful Validation

On occasion, a clearinghouse will have an 'outage' for particular payers during which time validation will not be working. You may receive notification from your clearinghouse about the outage and subsequent restoration of the ability to validate specific payers.

If validation is unsuccessful, and it is not related to an outage, review the following fields in the Insurance Payer Details window for the specific payer. If edits are necessary, be sure to save your changes and retry validation.

- Real-time ID: Ensure the correct Real-Time Payer Eligibility number is entered. This can be supplied by the clearinghouse.
- Send Eligibility as: Ensure the entry here is what has been contracted with your clearinghouse.
- Primary ID for eligibility: Ensure either a Provider's Individual NPI or Practice Group NPI is entered depending on your contract with the clearinghouse.





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Note: If you are still having validation problems with this payer after you have reviewed the above fields, contact your clearinghouse to determine how they want transactions identified when validating for this specific payer. If your clearinghouse directs you to enter a secondary ID for this payer, you can enter the **Secondary ID** by clicking on the drop-down arrow to select the Service Provider ID, National Provider ID, Federal Tax ID, or Provider SSN. Then, enter the corresponding ID in the field to the right of this dropdown box.

Version 14.8

Path: Smart Toolbar > Insurance button > Validation button

Overview

This page will instruct you on how to validate insurance and troubleshoot validation errors. If your office is contracted for Full HIPAA Services, and have also contracted with your clearinghouse to check patient eligibility, you will have access to the **Validate** button.

Validating

- 1. Click on the Validate button 🧹 Validate in the upper right corner of the form.
- 2. If validation is successful, the validated date will populate.





Patient	Guarantor Statement Method	
Contacts		
Insurance	Status Ranking Code Ins Carrier Name Insured ID Validated	
Misc/Notes	ACTIVE Primary BPC BC-PERS CHOICE	
Privacy	Primary Ins: BPC QCB5029007504 Secondary Ins:	
Consents	🛉 🗕 🖉 🛞 👔 🚴 🔭 Self-Pay Activate Card Reader	
Coord Care	Edit Insurance Record Address/Employer Medical Benefits Pharmacy Benefits	
	Policy status:	
	Status: ACTIVE Validated: 10/09/2014 V 391 Validate	
	Effective: 6/1/2013 V Terminated: V Last updated by: 102	
	Patient responsibility.	
	Guarantor-Last name: Type: V	
	First name:	
	Sex/birth date: Mais Permais 12/30/1899 PCP visit copay: \$20.00	
	Patient rei to guarantor: CHLD V Well visit copay:	
	Insurance carrier: BPC BC-PERS CHOICE After hrs copay:	
	Subscriber ID: Specialist copay: \$40.00	
	Group number: Lab copay: \$0.00	
	Group name: Coinsurance %: 0	
	VFC eligibility: 5 V (1-4 are VFC-eligible)	
	Provider accepts assignment Patient signature on file	

3. Click on the **Medical Benefits** tab Edit Insurance Record Address/Employer Medical Benefits | Pharmacy Benefits | to see additional policy details as provided by the payer. The information provided will vary by payer.

2		[F2] Patient	Register				x
			0	≽ Merge			
Patient		Guarantor		Statem	ent Method		
Contacts		N	otify via Portal				
Insurance	Status	Ranking Code	Ins Carrier Name		Insured ID	Validated	^
Misc/Notes	ACTIVE	Primary BPC 😨	BC-PERS CHOICE		10	/09/2014	
Privacy	Primary Ins	BPC QCB5029007504	Secondary In	B:			
Consents		008	*	Self-Pay	Activate Card Read	er	
Coord Care	Edit Insurar	nce Record Address/Employ	er Medical Benefits	Pharmacy	Benefits	_	
	Capitation I Service	v					^
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	In	Co-Pay: 250.00/Day	SI	II ROOM & E ervice Each	BOARD Per Date of Provider		
	In	Co-Pay: 1250.00/Not Exceed	ded SI	I ROOM & B	BOARD		
	Out	Co-Ins: 30%/Visit	IP/	OP MNTL HI	TH-PROF		
	Out	Co-Ins: 30%/Visit	IP/	OP SMI PRO	FPHYS		
	Out	Co-Ins: 30%/Visit	PS	SYCH ROOM	& BOARD		
	Out	Co-Ins: 30%/Visit	SI	AI ROOM & E	BOARD		
	E Service :	Professional (Physician) Visit	- Office				
	In	Co-Pay: 40.00/Day	SF Ea	CIALIST Polich Provider	er Date of Service		
	In	Co-Pay: 40.00/Not Exceeded	d SF	PECIALIST			~
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Troubleshooting

() If validating is unsuccessful make sure the clearinghouse supports validation for this payer by referencing their payer list.





- Click on the Insurance button is next to the insurance Code.
- 2. The Claims/Routing tab will open.
- 3. Check to see that a Real-time ID is listed, if not enter here. This code is found on the clearinghouse payer list.
- 4. Check the Send Eligibility as and Primary ID for eligibility fields are complete.
- 5. Click the Save button

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Real-time ID:	00000		Render loop:	Provider 1	IPI only	<u> </u>
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6. Try validating again.

Note: If you are still having validation problems with this payer after you have attempted all combinations of the **Send eligibility as** field and the **Primary ID for eligibility** fields, contact your clearinghouse to determine how they want you to identify yourself when validating for this specific payer. If your

clearinghouse directs you to enter a secondary ID for this payer, you can enter the Secondary ID by clicking on the dropdown arrow to select the Service Provider ID, National Provider ID, Federal Tax ID, or Provider SSN. Then, enter the corresponding ID in the field to the right of this dropdown box.

Note: On occasion, a clearinghouse will have an 'outage' for particular payers during which time validation
 will not be working. You may receive notification from your clearinghouse about the outage and subsequent restoration of the ability to validate specific payers.

Version 14.10

Path: Smart Toolbar > Insurance button > Validation button

Overview

This page will instruct you on how to validate insurance and troubleshoot validation errors. If your office is contracted for Full HIPAA Services, and have also contracted with your clearinghouse to check patient eligibility, you will have access to the **Validate** button.

Validating

- 1. Click on the Validate button 🖌 Validate in the upper right corner of the form.
- 2. If validation is successful, the validated date will populate.





Patient	Guarantor Statement Method	
Contacts		
Insurance	Status Ranking Code Ins Carrier Name Insured ID Validated	
Misc/Notes	ACTIVE Primary BPC BC-PERS CHOICE	
Privacy	Primary Ins: BPC QCB5029007504 Secondary Ins:	
Consents	🛉 🗕 🖉 🛞 👔 🚴 🔭 Self-Pay Activate Card Reader	
Coord Care	Edit Insurance Record Address/Employer Medical Benefits Pharmacy Benefits	
	Policy status:	
	Status: ACTIVE Validated: 10/09/2014 V 391 Validate	
	Effective: 6/1/2013 V Terminated: V Last updated by: 102	
	Patient responsibility.	
	Guarantor-Last name: Type: V	
	First name:	
	Sex/birth date: Mais Permais 12/30/1899 PCP visit copay: \$20.00	
	Patient rei to guarantor: CHLD V Well visit copay:	
	Insurance carrier: BPC BC-PERS CHOICE After hrs copay:	
	Subscriber ID: Specialist copay: \$40.00	
	Group number: Lab copay: \$0.00	
	Group name: Coinsurance %: 0	
	VFC eligibility: 5 V (1-4 are VFC-eligible)	
	Provider accepts assignment Patient signature on file	

3. Click on the **Medical Benefits** tab Edit Insurance Record Address/Employer Medical Benefits | Pharmacy Benefits | to see additional policy details as provided by the payer. The information provided will vary by payer.

2		[F2] Patient	Register				x
			0	≽ Merge			
Patient		Guarantor		Statem	ent Method		
Contacts		N	otify via Portal				
Insurance	Status	Ranking Code	Ins Carrier Name		Insured ID	Validated	^
Misc/Notes	ACTIVE	Primary BPC 😨	BC-PERS CHOICE		10	/09/2014	
Privacy	Primary Ins	BPC QCB5029007504	Secondary In	B:			
Consents		008	*	Self-Pay	Activate Card Read	er	
Coord Care	Edit Insurar	nce Record Address/Employ	er Medical Benefits	Pharmacy	Benefits	_	
	Capitation I Service	v					^
	Ntwk? V	Amount/Quan	tity	Co	mments	Auth?	
	In	Co-Pay: 1250.00/Not Exceed	ded PS	YCH ROOM	& BOARD		11
	In	Co-Pay: 250.00/Day	SI	II ROOM & E ervice Each	BOARD Per Date of Provider		
	In	Co-Pay: 1250.00/Not Exceed	ded SI	I ROOM & B	BOARD		
	Out	Co-Ins: 30%/Visit	IP/	OP MNTL HI	TH-PROF		
	Out	Co-Ins: 30%/Visit	IP/	OP SMI PRO	FPHYS		
	Out	Co-Ins: 30%/Visit	PS	SYCH ROOM	& BOARD		
	Out	Co-Ins: 30%/Visit	SI	AI ROOM & E	BOARD		
	E Service :	Professional (Physician) Visit	- Office				
	In	Co-Pay: 40.00/Day	SF Ea	CIALIST Polich Provider	er Date of Service		
	In	Co-Pay: 40.00/Not Exceeded	d SF	PECIALIST			~
	<u></u>						-

Troubleshooting

() If validating is unsuccessful make sure the clearinghouse supports validation for this payer by referencing their payer list.





- 1. Click on the Insurance button is next to the insurance Code. The Claims/Routing tab will open.
- 2. Check to see that a Real-time ID is listed, if not enter here. This code is found on the clearinghouse payer list.
- 3. Check the Send Eligibility as and Primary ID for eligibility fields are complete.
- 4. Click the Save button

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Secondary ID (if n	ecessary):					¥						
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Consents	🛉 🗕 🖉 🛞 👔 🚴 🔭 Self-Pay Activate Card Reader	
Coord Care	Edit Insurance Record Address/Employer Medical Benefits Pharmacy Benefits	
	Policy status:	
	Status: ACTIVE Validated: 10/09/2014 V 391 Validate	
	Effective: 6/1/2013 V Terminated: V Last updated by: 102	
	Patient responsibility.	
	Guarantor-Last name: Type: V	
	First name:	
	Sex/birth date: Mais Permais 12/30/1899 PCP visit copay: \$20.00	
	Patient rel to guarantor: CHLD Vell visit copay:	
	Insurance carrier: BPC BC-PERS CHOICE After hrs copay:	
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Patient		Guarantor		Statem	ent Method		
Contacts		N	otify via Portal				
Insurance	Status	Ranking Code	Ins Carrier Name		Insured ID	Validated	^
Misc/Notes	ACTIVE	Primary BPC 😨	BC-PERS CHOICE		10	/09/2014	
Privacy	Primary Ins	BPC QCB5029007504	Secondary In	B:			
Consents		008	*	Self-Pay	Activate Card Read	er	
Coord Care	Edit Insurar	nce Record Address/Employ	er Medical Benefits	Pharmacy	Benefits	_	
	Capitation I Service	v					^
	Ntwk? V	Amount/Quan	tity	Co	mments	Auth?	
	In	Co-Pay: 1250.00/Not Exceed	ded PS	SYCH ROOM	& BOARD		11
	In	Co-Pay: 250.00/Day	SI	II ROOM & E ervice Each	BOARD Per Date of Provider		
	In	Co-Pay: 1250.00/Not Exceed	ded SI	I ROOM & B	BOARD		
	Out	Co-Ins: 30%/Visit	IP/	OP MNTL HI	TH-PROF		
	Out	Co-Ins: 30%/Visit	IP/	OP SMI PRO	FPHYS		
	Out	Co-Ins: 30%/Visit	PS	SYCH ROOM	& BOARD		
	Out	Co-Ins: 30%/Visit	SI	AI ROOM & E	BOARD		
	E Service :	Professional (Physician) Visit	- Office				
	In	Co-Pay: 40.00/Day	SF Ea	CIALIST Polich Provider	er Date of Service		
	In	Co-Pay: 40.00/Not Exceeded	d SF	PECIALIST			~
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Troubleshooting

() If validating is unsuccessful make sure the clearinghouse supports validation for this payer by referencing their payer list.





- 1. Click on the Insurance button insurance Code.
- 2. The Claims/Routing tab will open.
- 3. Check to see that a Real-time ID is listed, if not enter here. This code is found on the clearinghouse payer list.
- 4. Check the Send Eligibility as and Primary ID for eligibility fields are complete.
- 5. Click the Save button

	Claims/Routing	Contra	acis			
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National Payor ID:	00000		Billing loop:	Practice N	IPI only	•
Claim Payor ID:	00000		If EPSDT:	Same as	non-EPSDT	• [
Real-time ID:	00000		Render loop:	Provider N	Plonly	•
Claim type:	Commercial	-	If EPSDT:	Same as	non-EPSDT	-
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6. Try validating again.

Note: If you are still having validation problems with this payer after you have attempted all combinations of the **Send eligibility as** field and the **Primary ID for eligibility** fields, contact your clearinghouse to determine how they want you to identify yourself when validating for this specific payer. If your

clearinghouse directs you to enter a secondary ID for this payer, you can enter the Secondary ID by clicking on the dropdown arrow to select the Service Provider ID, National Provider ID, Federal Tax ID, or Provider SSN. Then, enter the corresponding ID in the field to the right of this dropdown box.

Note: On occasion, a clearinghouse will have an 'outage' for particular payers during which time validation
 will not be working. You may receive notification from your clearinghouse about the outage and subsequent restoration of the ability to validate specific payers.

