The IMA Desktop Implementation Guide
Insurance Plans

Contents

Introduction

The IMA Desktop has features to simplify third party billing. After establishing the service codes, and before starting the creation of client profiles and entering visit data, Insurance information must be defined.

The order of implementation:

- Define services and service codes (detailed in AGENCY PROFILE)
- Set up the fee schedule tables (detailed in FEE SCHEDULES)
- Create records for each major insurance plan (detailed in this chapter)

Create a spreadsheet to collect information about each of the major insurance plans, including:

- Name and address of the plan
- Standard Copay amount
- Expected payment amount
- Type of billing they require (HCFA 1500, UB92)
- Any Provider ID's for that plan
- Managed care (yes/no)?

Planning Ahead

The **Single Plan Method** has the smallest number of companies and fee schedules:

- One insurance plan record for each insurance company
- Each insurance plan has a single fee schedule.
- The fee schedule does not take the client copay into account.
- The clients' copay amounts are stored in their billing headers

With the Single Plan Method, set up one insurance plan for each company and associate it with a single fee schedule. It is easiest to set up initially, and there is a simpler library of insurance plans to keep track of.

The **Multiple Plan Method** has more companies and fee schedules to maintain:

- Multiple insurance plan records for each insurance company
- Each insurance plan variation has its own fee schedule
- Client copays are built into the separate fee schedules
- The client's copay amount is not stored in their billing header

For example:
There may be a single Oxford insurance company. With the Multiple Plan Method, a separate 'Oxford' insurance plan will be set up for each copay amount: 'OX1' = Oxford with $10 copay; 'OX2' = Oxford with $15 copay, 'OX3' = Oxford with $20 copay, etc. Each of the plans, OX1, OX2, and OX3, have the same address and contact information, but a different fee schedule. By associating the clients with the proper insurance plan variants, their copay amounts are calculated automatically.

The Multiple Plan method requires more staff training. This method makes it easier to manage client-level information. Instead of recording copay amounts in every client's billing header, staff select the insurance plan for the clients based on their copays and IMA then performs insurance billing automatically.

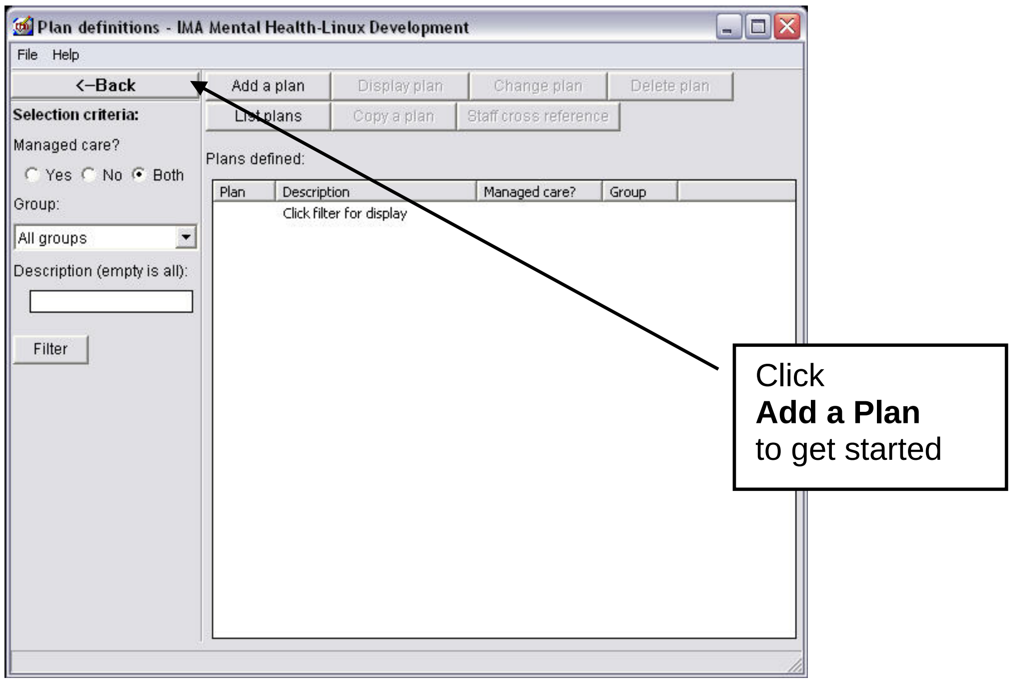
The IMA Desktop includes the **'Copy'** command on the Plan Definitions screen. Copying data from one plan to the next then change the plan code and fee schedule, keep information as appropriate.

Use the 'Plan Group' category to bring together all the sub-plans of the same type for reporting purposes. For example, create a Plan Group called 'Oxford' that includes OX1, OX2, and OX3.

Setting up Fee Schedules
There must be at least one fee schedule associated with every insurance plan. Under the Single Plan method, the fee schedule contains the expected rates for a particular insurance company. Under the Multiple Plan method, there are many fee schedules for each company. Fee schedules have to be defined first in the fee schedule table, FEESCH. This process is detailed in the "Fee Schedule" chapter of the Implementation Guide.

How to Set up an Insurance Plan

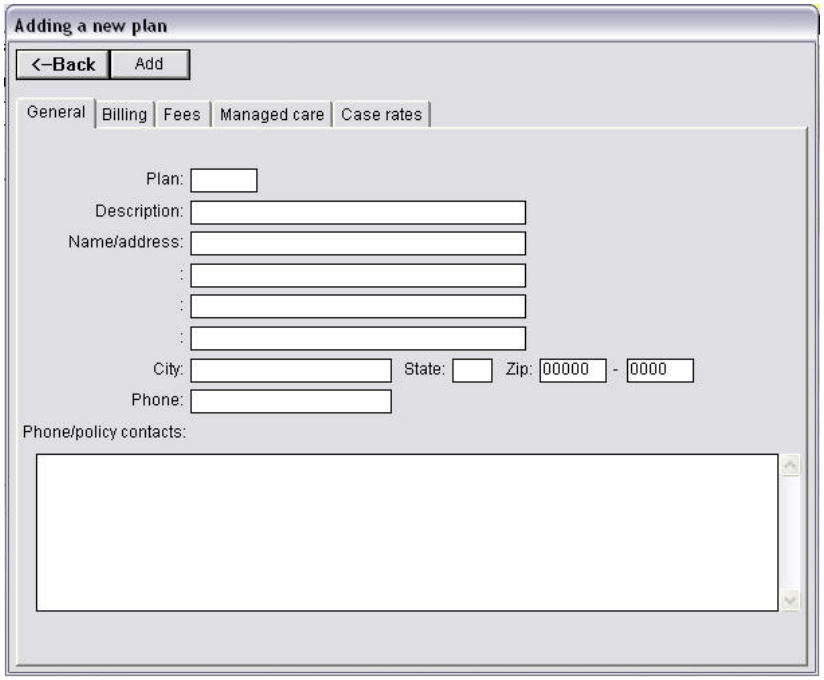
| [-] SYSTEM ADMINISTRATION
| →Billing
| ->Insurance Plan Maintenance



Click **'Add a plan'**. The tabs represent categories of relevant information related to the new insurance plan.

General – Name of the plan, code, address and contact info
Billing – provider ID's and methods of submitting bills
Fees – fee schedules and effective dates that they apply
Managed Care – if applicable, billing procedures for this plan
Case Rates – if applicable, case payment amounts and thresholds
Managed Care Switching – facility for code substitution
HCFA Printing Setup – special parameters for forms

General Information

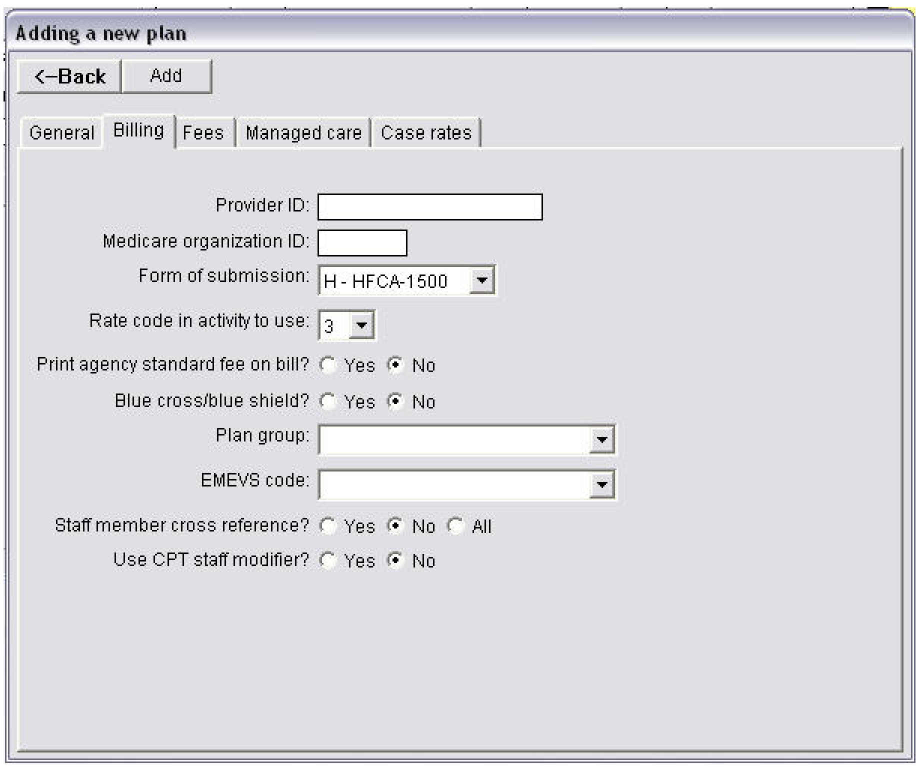


This screen identifies the plan.

Plan: create a 4 character code abbreviation for the insurance plan.
Description: text to help identify the name and character of the plan.
Name/Address: the official name and mailing address, as used on the HCFA claim form. If applicable, add “Attention:” on the second line of the address field, etc.
Phone/Policy contacts: whatever is needed to expedite the claim, including the name and extension number of an important contact person

Billing Information

When adding an insurance plan, the second screen to fill out, Billing, holds essential IDs and numbers, and choices about how this insurance plan will be billed:



Provider ID: Agency's ID code for this particular plan
Medicare organization ID: if applicable, the agency's code
Form of submission: HCFA, UB, or a Letter, report, electronic transmission; the normal way of sending claims to this insurance company
Rate code: a number, 1 through 4 that corresponds with the type of plan, and that ties in with the rate and billing code that is entered in each of activity code definitions:

1 – Medicaid
2 – Medicare
3 – Private insurance (the default)
4 – Alternate private insurance

Print agency standard fee on bill (y/n)?: the default is **yes**; click **'no'** to print the expected amount instead of agency standard.
Blue cross/Blue shield (y/n)?: categorize the plan as BC/BS

Plan group: an optional category which may be set up later, as defined in the table PLNGRP, to help organize similar plans together (e.g. by managed care plans, etc.) for reporting purposes.

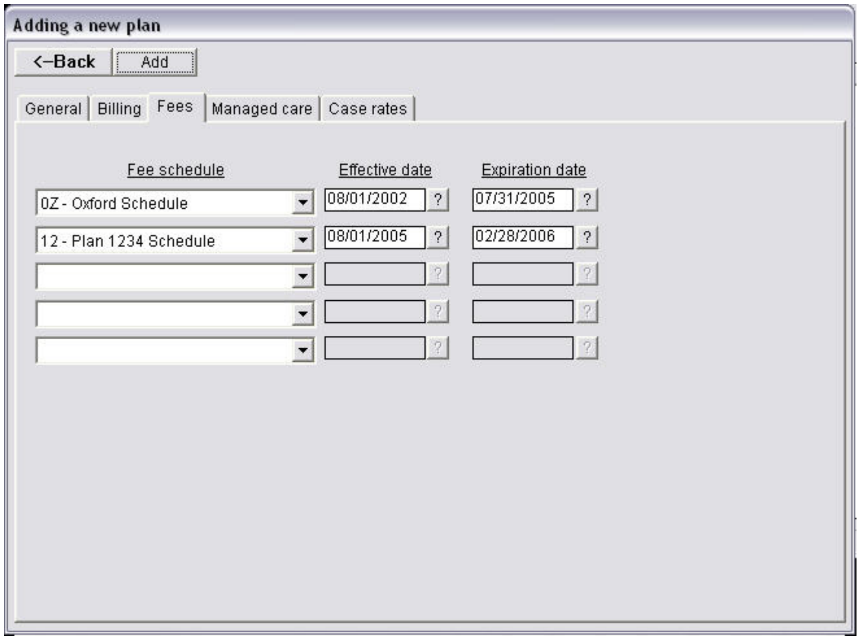
The EMEVS code: 'EMEVS' stands for *Electronic Medical Eligibility Verification System*, which is an on-line method for obtaining eligibility and authorization information. This field will apply to insurance plans that participate in electronic billing.

Staff member cross reference (y/n/all)?: This choice allows the implementation of different rates by provider (validated by individual staff ID) or provider type (regardless of which staff member provided the service).

> **'Yes'**: the IMA Desktop will look up the specific staff member providing the particular service, and determine the rate for reimbursement.
> **'No'**: (the default), IMA will bill for the service regardless of the provider.
> **'All'**: the rate is determined by the provider type, not the individual provider's ID.

Associating Fee Schedules with a Plan

The Fee tab on the Insurance Plan screen governs the fee schedules and effective dates which apply to the plan:



On this form, associate fee schedules with the insurance plan by choosing from a drop-down list of existing codes for fee schedules, and indicate the dates that these schedules will be in effect for each plan.

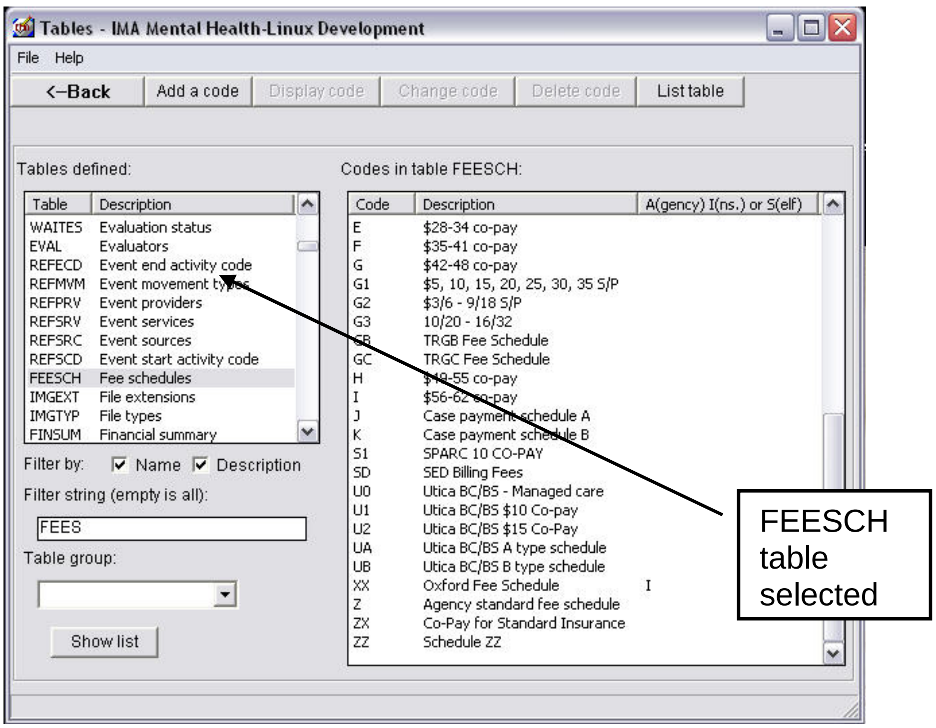
Fee Schedule
If fee schedules have been created, their codes appear in the drop-down field on the Fees tab. (**Tip**: *the code can be created first and the fees filled in later*)

Effective Date
The ‘Effective date’ field may be left blank if there is only one schedule in effect for this insurance plan.

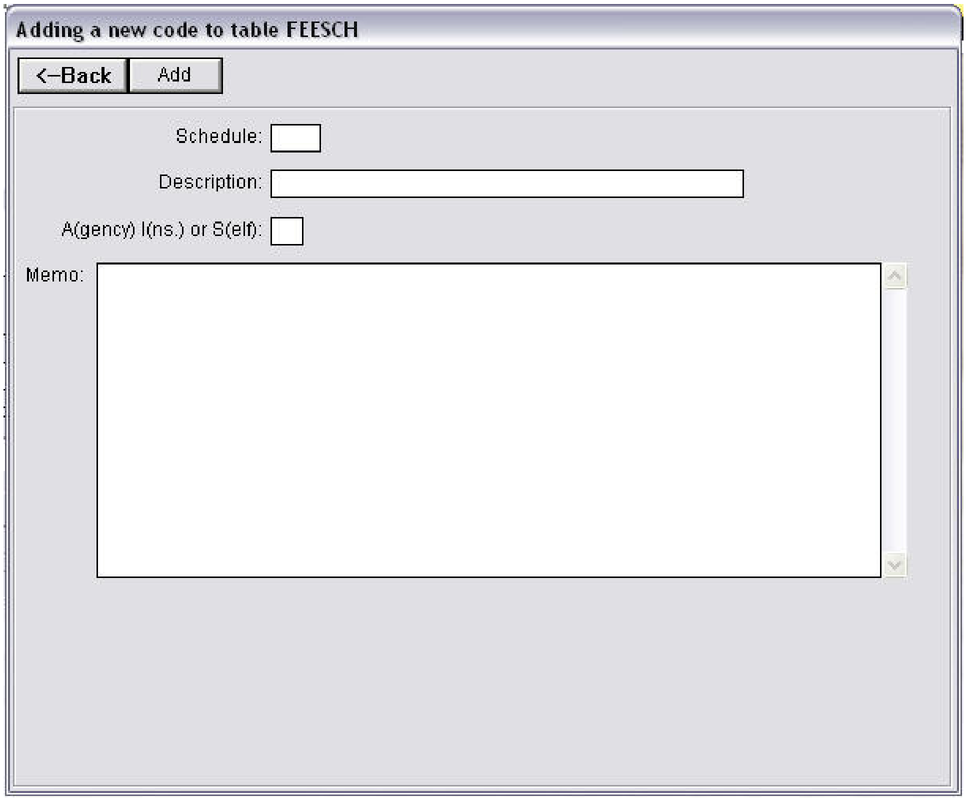
To create a new code:

[-] SYSTEM ADMINISTRATION
-> System Tables
->Table Maintenance

This opens the Table Maintenance screen.
Click **Show List** to see all the tables.
Scroll down and select the table **FEESCH**.
The existing codes (if any) will appear in the right window.



Click the '**Add a code**' button.



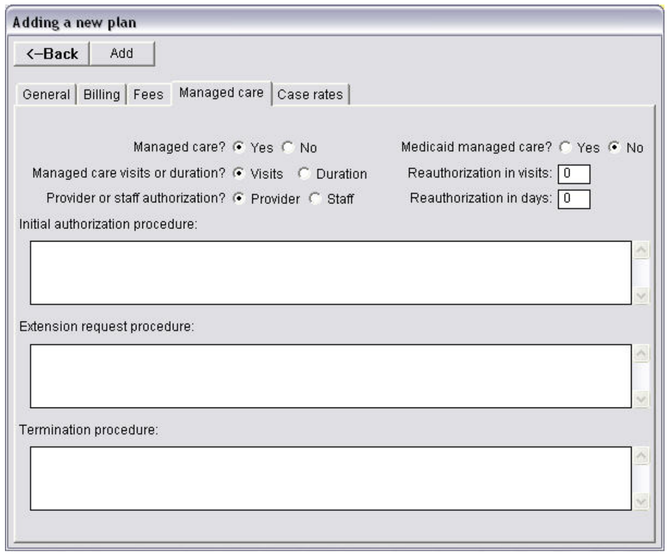
The **Add a Code screen** for the Fee Schedule Table ('FEESCH') has these fields to fill in:

> **Schedule** – create a code for the new schedule, two characters maximum.
> **Description** – text that identifies the fee schedule (e.g., 'Oxford $10 copay')
> **A(gency) I(ns) or S(elf)** – abbreviation for type of schedule – in this case, use **I,** for insurance
> **Memo** – optional reference information about this schedule

Click **'Add'**. Click **'Back'** and return to the home page portal. The fee schedule code will appear in the drop-down list facilitating the completion of the Insurance Plan set up.

Managed Care

If the insurance plan being set up is a managed care plan, click **'Yes'**.



Managed care visits or duration?: click whether the insurance plan allows the bill for a certain number of visits, or a set block of time
Reauthorization (in visits or days): sets the number of visits or days remaining before a reminder is sent to staff regarding managed care limits. When a client's visits or time reaches this number, a reminder will automatically appear on the staff member's to-do list and/or tickler report.
Provider or staff authorization?: if Provider, any staff member of a category will do; if Staff, only the specific staff member assigned to the client will be responsible for managed care reauthorization.
Managed Care Memo fields: relevant information about the **initial authorization procedure, extension request procedure, and termination procedure** for this insurance plan. The text entered in these fields appears at look up of the Insurance company in the Agency Address Book.

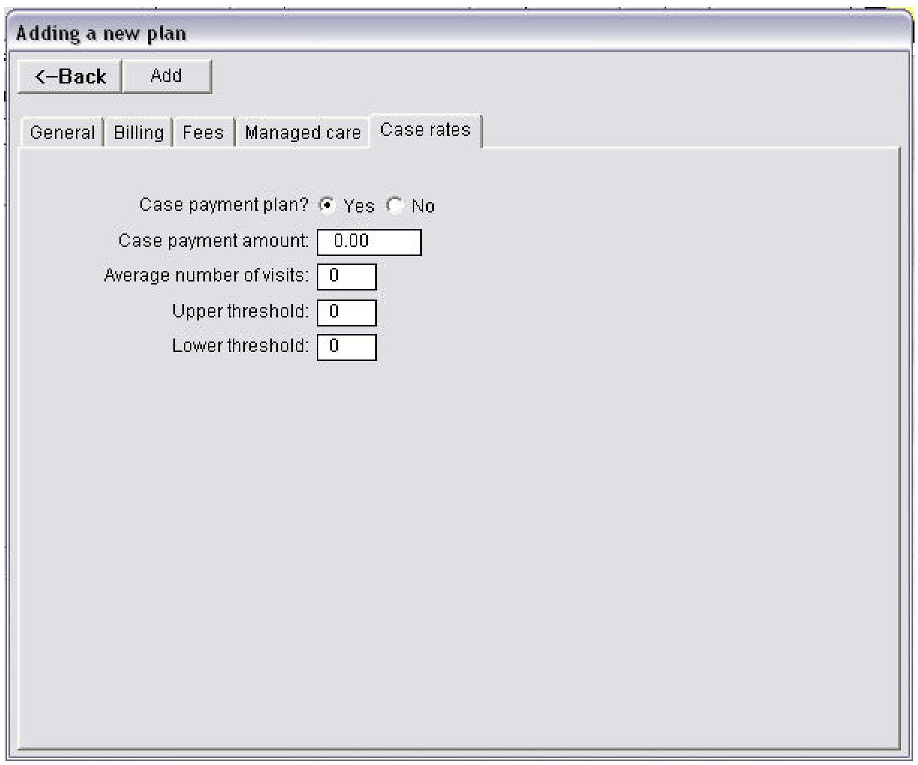
The Memo fields can make agency staff aware of the procedures to follow when working with a given company.

To use these fields for reference:

Enter the Address Book.
Set the Address Book display filter button to **'Payers'**.
Individual Insurance Companies are available for look up.
The procedures for that company will appear on-screen.

Case Rates

On the Case Rates Tab, click ‘Yes’ if case rates apply to this insurance plan. Then fill in the relevant fields on the following form:



If ‘Case Rates’ applies to an insurance plan, the agency is allowed to submit a singe bill for an entire case instead of separate bills for each service delivered. If ‘Case Rates’ are in effect, the upper and lower threshold of visits can be defined, as well as any Case Payment Amounts, representing the flat rate the insurance plan pays for treating a case.

Managed Care Switching & Plan-Specific HCFA Form Printing

Two view-only tabs remain on the Insurance Plan screen, **Managed Care Switching** and **HCFA Printing Setup**.

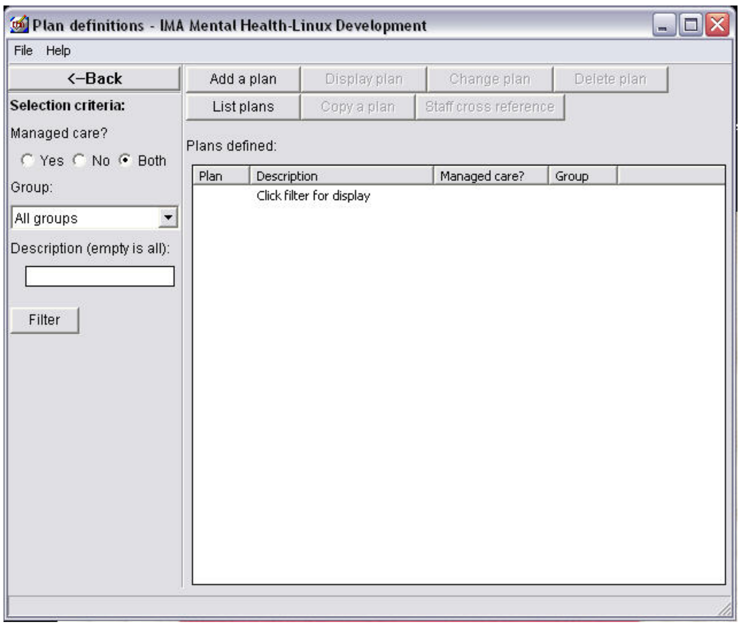
Managed Care Switching
Some insurance plans substitute other service codes for the activity codes actually in use at the agency. The IMA Desktop provides a translation facility that allows the continued use of the agency's codes. If this is a feature required at the agency, the IMA implementation team can help to create the tables that control **Managed Care Switching**.

Plan-Specific HCFA Printing Setup
The IMA Desktop produces the standard HCFA-1500 insurance billing form as needed, this form is accepted by the vast majority of insurance plans. Some insurance companies need a special HCFA-1500. Using the IMA Desktop, the agency can produce forms that fit the specifications of particular insurance plans. The rules for alignment, field printing, and information presentation are stored in a setup table file which can be edited. Consult with IMA staff, to customize the forms.

Maintaining & Managing Insurance Plans

Maintenance and management functions of insurance company information are located in the System Administration area of the IMA Desktop.

| [-] SYSTEM ADMINISTRATION
| →Billing
| ->Insurance Plan Maintenance



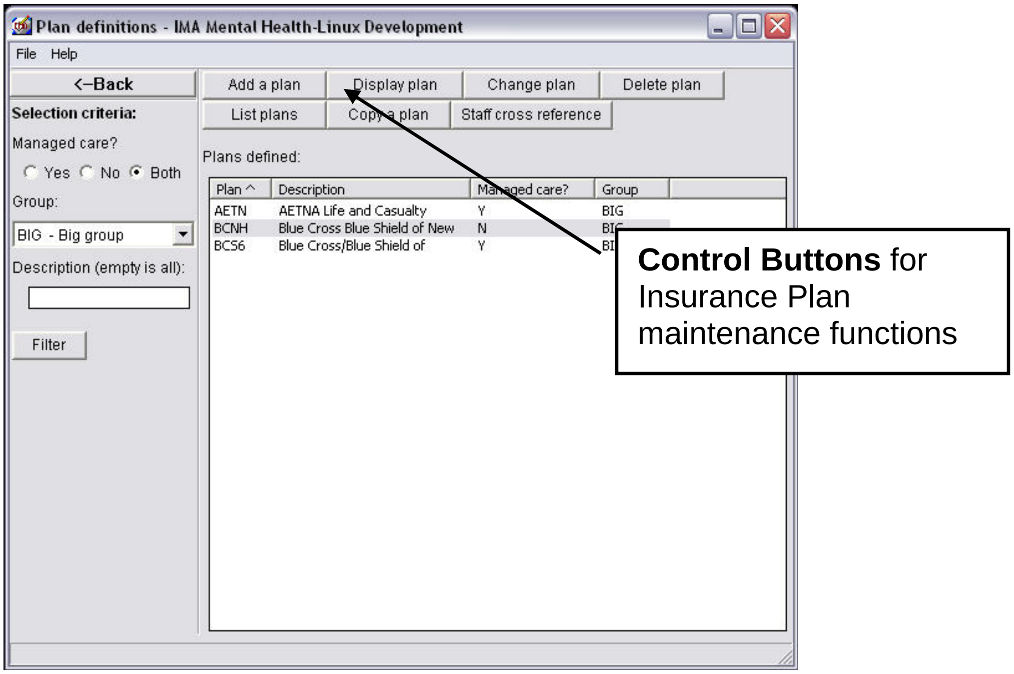
Fill in the Selection Criteria to narrow the search.

Managed care? – excludes plans not to be viewed

Group – recall that in insurance setup, plans were grouped into your own (optional) categories, for example ‘OX’ might be all Oxford plans

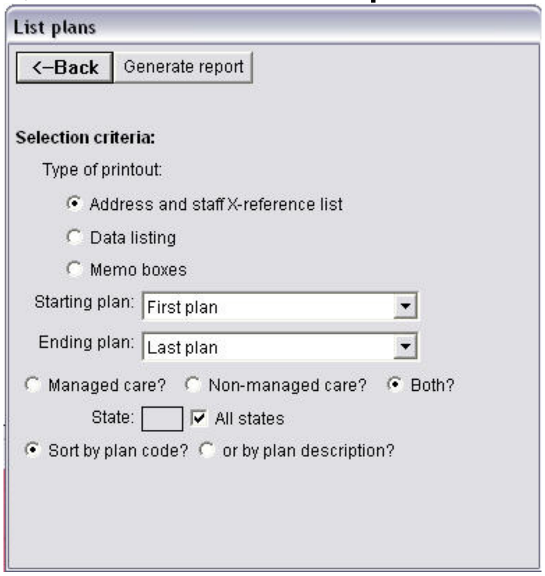
Description – enter characters to search for or leave blank for all

Click **‘Filter’** to show the insurance plans that meet criteria. If the selection fields have been left at their default setting, all companies will appear.

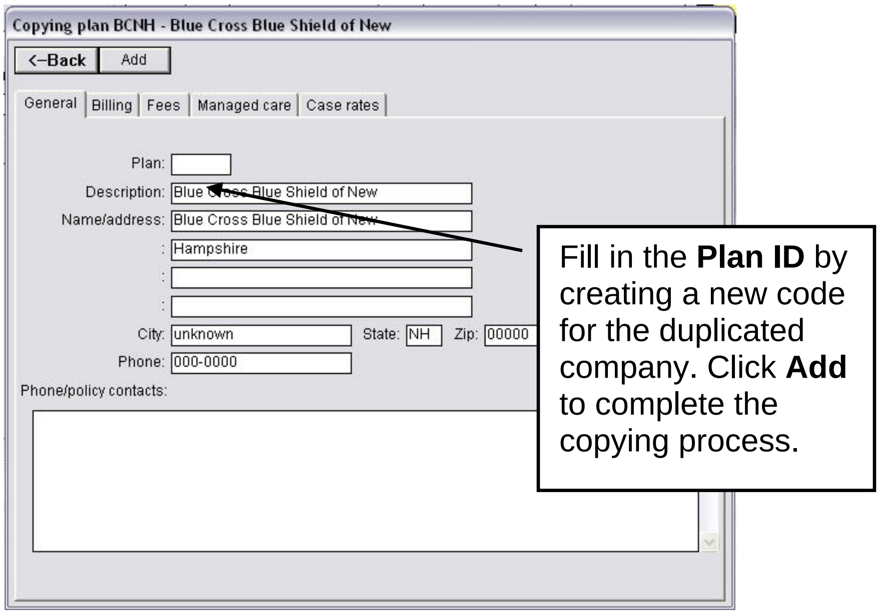


Control Buttons provide access to the insurance plan maintenance functions:

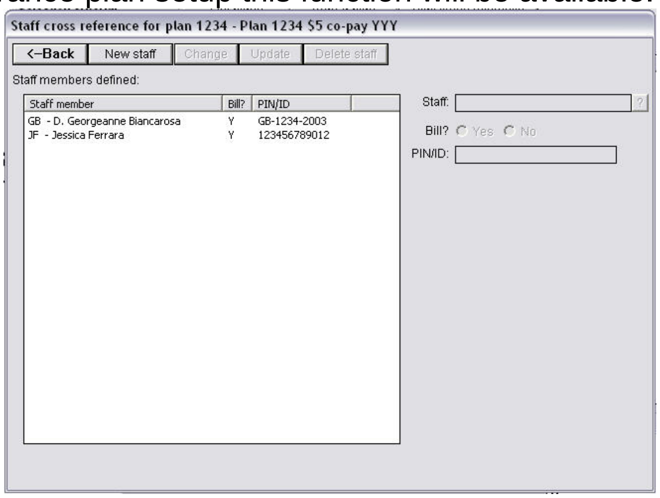
Add a plan – create a new plan, as described previously
Display plan – review plan information without making changes
Change plan – open the plan's screens for editing
Delete plan – careful! do not delete a plan that is in use
List plans – to produce a report, click here, fill in the criteria on the following screen, then click **'Generate report'**:



Copy plan – to save data entry time, the duplication function copies the currently highlighted insurance plan. A copy is made of the basic information, create a new plan abbreviation for it and make whatever minor changes are needed.

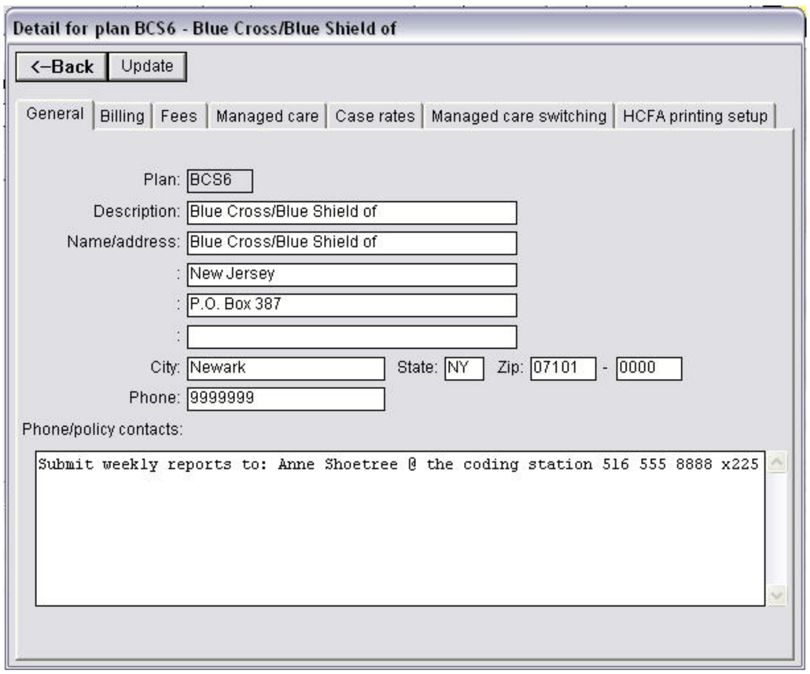


Staff cross reference –if the **'staff cross reference'** has been indicated in the insurance plan setup this function will be available.



The **staff cross reference** screen allows the addition and maintenance of staff member ID numbers, so that when this particular insurance company is billed, the staff-specific information that the company may require is made available.

Modifying Insurance Plan information
Returning to the Plan Definitions screen, **Select the plan** to work on in the right-hand window pane. Double-click the plan, or highlight the plan and click **'Change Plan'** to open the plan for editing.



Note that the Plan ID is "greyed out". The ID code cannot be altered, but information that appears in any white box can be. Select the appropriate tab. For an explanation of each page, refer to the previous sections of this manual which explain the fields:

General
Billing
Fees
Managed care
Case rates
Managed care switching (this screen is view-only)
HCFA printing setup (this screen is view-only)

If any changes have been made, click the **Update** button to save them.