The Ultimate Insurance Coordinator—ViewPoint

*by **Natalie Beaton***

The work of the Insurance Coordinator is complicated by not knowing what each insurance carrier is looking for in insurance submission and by having difficulty recognizing when follow up is needed. Fortunately ViewPoint has many tools available that can streamline your insurance process and improve follow up. The following suggestions are based on my experience evaluating the insurance process in many different offices, but keep in mind that insurance varies from state to state and these ideas may need to be adapted to meet your office needs.

The Initial Form: When a patient begins their orthodontic care it is important that the initial form be filled out completely. Go to ViewPoint Help > Index > Insurance > Insurance Tabs 1, 2, 3 and 4 to see how each of these fields can be used. Keep in mind that setting pertinent Diagnostic Findings to be imported into each form will save a tremendous amount of time. I have seen many initial payments delayed due simply to lack of the information required to process the claim.

Allocating the Insurance Contract: Correct allocation within the Insurance portion in Contract Editor, will allow you to identify and prioritize the accounts that need further attention. I recommend that initially when the insurance portion is entered into Contract Editor that the entire amount due from the insurance carrier be set up as an initial fee that is due thirty days from the start date. If an initial payment is not received within that time frame the entire amount will show up on your Aging Report and allow prompt follow up with the carrier in question.

Once the initial EOB and initial payment is received you will want to re-allocate the insurance contract to reflect the way the insurance carrier intends on paying the claim. Therefore, change the initial payment to the amount that was actually sent and structure the payments as they have indicated they will pay.

If the carrier has said they will pay $84 monthly but will be making quarterly payments you will want to allocate $252 as quarterly payments. If you divide quarterly payments as monthly payments on the contract you will have many insurance accounts showing up as "past due" when in fact they are simply allocated differently from how the insurance intends to be sending payment. Your goal is to make your Aging report as accurate as possible so that you can follow up on the accounts that are truly past due.

Submitting Monthly or Quarterly Forms: If an initial EOB indicates that the carrier DOES NOT require monthly form submittal take the time to go into Insurance Tab 1 and click on the box that says Hold Forms. Every time you mail a form that is not required it takes up some of your time to process the form. In addition, most companies will then send you a note that says no form is required which you have to open, review the account, etc. If an insurance carrier will be making quarterly payments be sure that the forms are set up to be sent quarterly (if required). Mailing monthly forms to a quarterly payer will waste a tremendous amount of time as well.

ViewPoint Subgroups for Insurance Follow Up: The following are some suggested subgroups that can greatly enhance the insurance follow up process. If you are not familiar with setting up new Subgroups go to ViewPoint Help > Index > Subgroups > Create/Edit for further directions. All of these are setup by beginning at the ViewPoint Main Menu and clicking Tools & Utilities > SubGroup Design > New. All of the fields for the criteria are found in the Financial category.

> **Insurance with Balance:**
> Balance Greater than 0 and Insurance = Yes

> **Insurance with Amount Due:**
> Amount Due Greater than 0 and Insurance = Yes

ACCOUNTS RECEIVABLE AGING - CONTRACT
Amt Due: Insurance

Patient Name	STS	Res. Party	Home Phone	Work Phone	Amount Due	0 - 30 Days	31 - 60 Days	61-90 Days	91 + Days	## Day	Account Balance	-Last Receipt- Amount	Date
Smith, Jane	AP1	INS: Jane Smith	(859) 555-1234	(859) 555-4321	540.50	0.00	0.00	0.00	540.50	300	540.50	649.50	06/27/06

INSURANCE DETAIL
All Contracts

Patient Name	ID	Subscriber	Insurance Company	Ins Coverage	Ins Balance	Ins Amt NowDue	Mos in Tx	%Tx Com	%Fee Com	Date of Last Rcpt	Last Amt Received	Date of Last Print
Smith, Jane	SM3	Jane F. Smith	Aetna (Lexington)	1,475.00	540.50	540.50	9/18	50%	63%	06/27/06	649.50	06/01/06

Insurance with Credit Balances:

Balance Less than 0 and Insurance = Yes

ViewPoint Reports for Initial Follow Up: Now that you have your subgroups you are ready to run your reports. If there is any chance your insurance accounts have not been allocated correctly, the most useful report will be an Accounts Receivable Aging Report by Contract that is generated with the "Insurance with Balance" subgroup.

You will want to review all the accounts with a balance to see if they have been allocated in the way the insurance carrier really will be paying. The fastest way to so this is to look at the ledger of insurance payments to determine how payments have been sent. Re-allocating insurance accounts is time consuming if it has not been done before, but once corrected it is very easy to maintain.

If there are any accounts with credit balances it means one of two things. 1) The original amount expected from insurance was incorrect and the carrier legitimately owed more. This money would then need to be re-structured onto the insurance contract and allocated off the patient contract. 2) The carrier paid in excess of what they should have paid and the money needs to be refunded to the insurance carrier and posted as a negative receipt to the account. Ideally credit balances for insurance should be addressed when the overpayment is received but checking for Credit Balances monthly is a good idea.

ViewPoint Reports for Monthly Follow Up: There are two reports that will make insurance follow up a breeze. At least monthly, print an Accounts Receivable Aging by Contract Report that is using the Insurance with Amount Due subgroup. Now run an Insurance Detail Report with that same subgroup. These two reports give you two ways to review your insurance accounts. If you have allocated your insurance contracts correctly (FINALLY—all that hard work makes sense) you can clearly see which insurance carriers are behind in payment and need to be contacted. Any initial payments that are overdue will jump out at you because the full insurance benefit (e.g. $1,475) is past due. In the example here I can see that although the amount is showing up as 91+ days past due, we have received 63% of the fee, and completed 50% of the treatment. This lets me know that I need to check how the contract is allocated prior to calling the insurance carrier.

The little effort required to correct your current contracts and form submittals, continue to accurately track insurance on all subsequent New Patients, and make full use of the tools available in ViewPoint can mean so much: quicker responses to initial forms that contain the information required by the insurance carrier, fewer unnecessary forms when forms are not required, less postage, much less phone time spent on hold, focused follow up on the claims that actually are truly past due, steady cash flow on insurance balances, and best of all—happy Insurance Coordinators and Orthodontists! ☉

About the Author

Natalie Ann Beaton is a Practice Management Consultant for ViewPoint offices. She focuses on developing consistency and making maximum use of available technology. She can be reached at joyfulchange@comcast.net. Other articles from Ms. Beaton can be found in the Practice Resources section of www.ortho2.com.