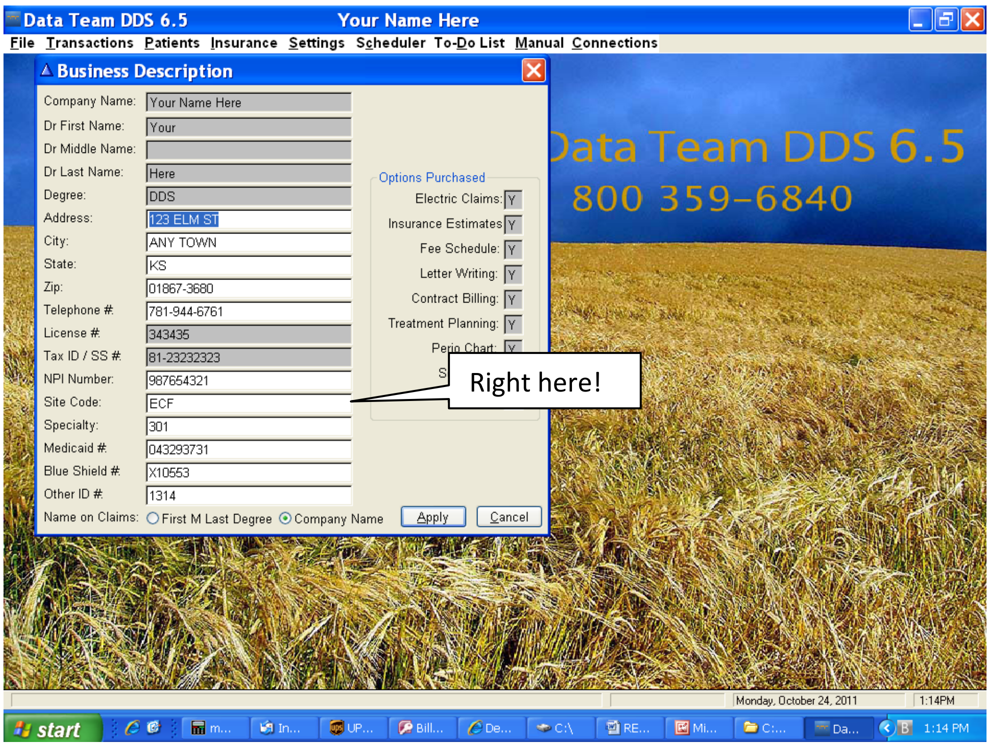
Data Team DDS *Seven*

Filing Insurance with SecureEDI (RECS/ANS)*

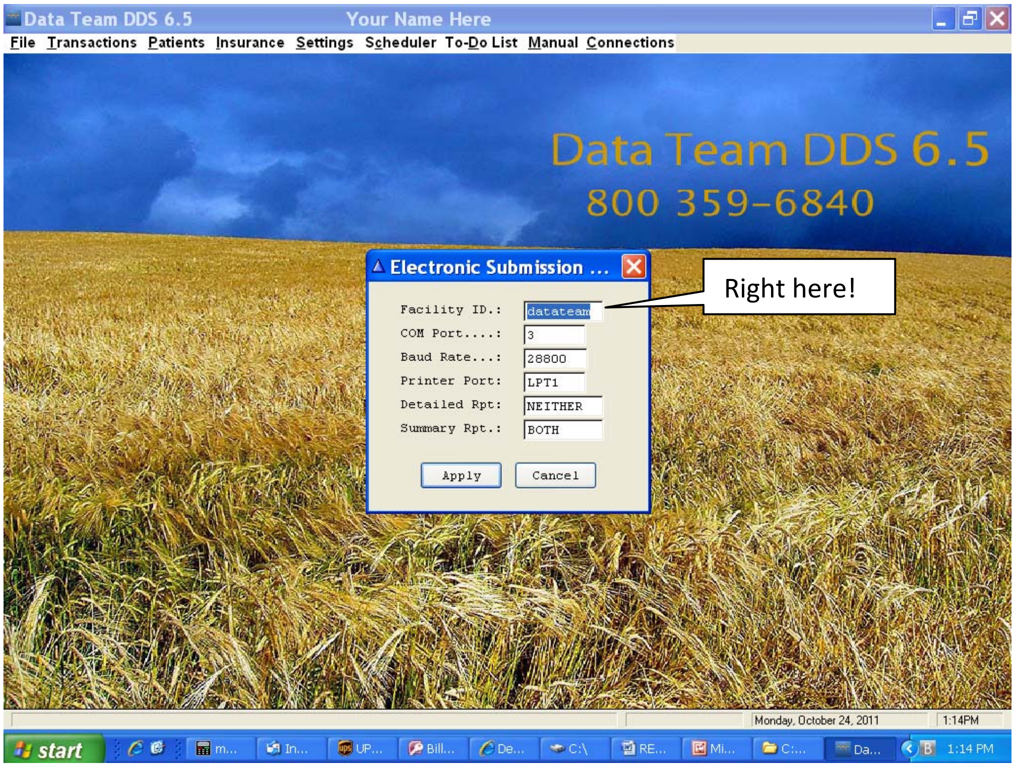
Setting Up Your Computer

Go to Settings > Business Description > Site Code. Set Site Code to read ECF in caps as below. Click Apply.



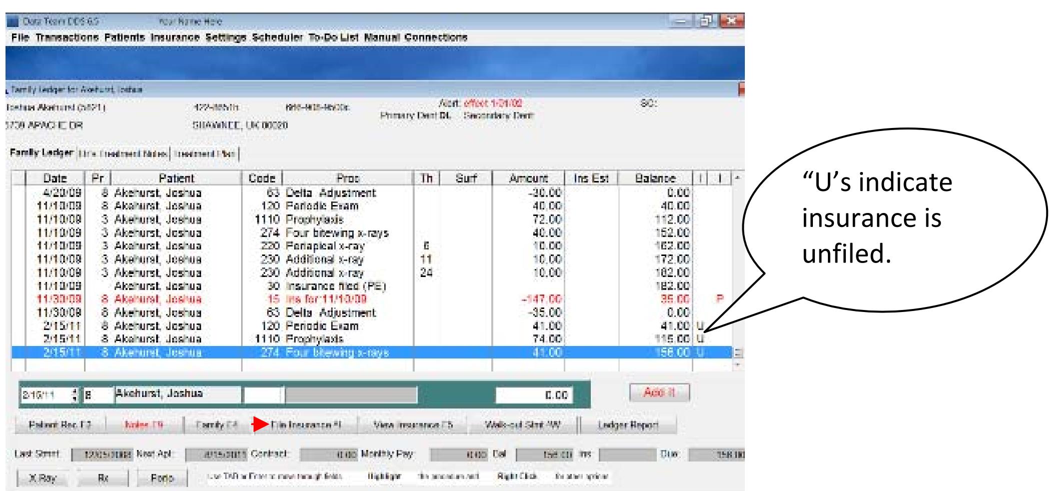
In Settings > System Settings, set File Insurance Electronically to Yes by clicking on the Yes bullet. Click Apply.

In Insurance > Electronic Filing > Settings, change Facility ID to your 8 character ID. This ID must be supplied by Data Team! No other changes are necessary. Click Apply.

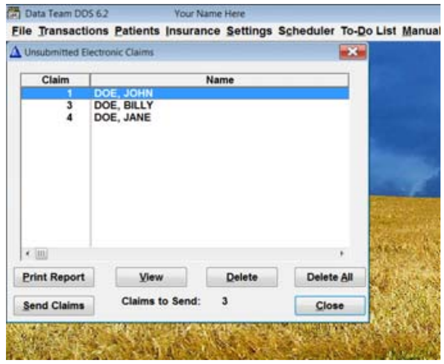


Sending Your Claims

In the Data Team program, charge procedures to the patient's ledger as usual. Be sure the patient's insurance information has been entered before adding any procedures. When the patient has insurance, the program places a "U" at the end of the procedure line. This tells the system the procedure needs to be filed to the insurance company.



When you have entered all the procedures performed, click "File Insurance" and a new box appears offering to file it electronically. When you accept "File Electronically", the claim is sent to “Claims Awaiting Submission” in the Insurance Menu on your program. If you have a claim that needs to be sent on paper, that option is still available to you. Simply click No when asked “File Claim Electronically?” A paper claim will then be generated.



Be sure all the claims you want to send are in Claims Awaiting Submission. Delete any claims you do not want to send. When you are satisfied with the claims, click Print Report if you want a copy of what claims you have sent. Finally, click on “Send Claims”. You will be directed to the RECS Communication screen. Click on the red phone icon and your claims will begin transmitting.

When complete, you will get a message that the claims have been successfully transmitted. You will be asked two additional questions. One will say there is a report, would you like to print it. Do so only if you want a printed copy. Or you can answer No. The report can then be previewed by going to File on the RECS Communication screen. If need be, it can be printed after previewing.

The second question will ask if you want to delete the claims in the Claims Awaiting file. If satisfied that all your claims were sent successfully, be sure to answer Yes. If you do not, you will resend all the same claims the next time.

If you have difficulty sending…for whatever reason…DO NOT send them again from within the program. Go to your desktop, click on the RECS icon and resend from here. This will resend the current claims without creating an additional file to submit.

Understanding the Reports

It is very important that you read the reports that you will receive! You will be notified immediately if there are errors and if corrections need to be made. Remember, the more quickly you get claims to the clearinghouse and they in turn send them on to the appropriate insurance company, the more quickly you are paid!

The first report you receive is an Immediate Verification Report. It simply shows you the claims they have just received. This report should match the report you printed from Claims Awaiting Submission.

The next time you send, you will again receive an Immediate Verification Report for the new claims you are submitting. You will also receive one of two reports. If all claims were reviewed by SecureEdi and appear to be correct, you will be sent a Transmission Report. This indicates that the claims were forwarded to the appropriate insurance company. Or you will be sent an Error Report that will indicate any errors that were found preventing their transmission to the insurance company. Examples would be invalid zip codes, missing birth dates, or missing subscribers' identification numbers. It is very important that you read your reports! Corrections will need to be made to the patient's ledger and resubmitted to the clearinghouse.

A day or two later you will be sent a Claims Status report. This report consists of any notification the clearinghouse receives from the insurance company. Perhaps you included an incorrect birth date or subscriber's ID. As before, be sure you correct the information in the patient's ledger and resubmit the claim.

Identical claims that are sent to the clearinghouse within 10 days will not be charged. However, identical claims will be charged again if more than 10 days elapse.

*A license agreement with Secureedi must be signed before setting up your account. Data Team will fax you the form to complete and fax to Secureedi.   Data Team will also help set up your System Configuration with the correct information once it has been approved by the clearinghouse.