

Scheduling Visits with Third Party Liability Accounts

Date: 01/27/2016

When scheduling a visit related to a Third Party Liability, such as MVA, you must create a Third Party Guarantor Account and also create a new claim record or select an existing Claim Info Record, if an appropriate one already exists. Your job role and system security will determine whether you are or are not able to complete these tasks.

Try It Out

- Schedule the visit and complete Encounter-related registration fields.
 - Make sure to indicate that the visit is Accident Related on the Encounter Info form.

Registration

Appt Desk PCP Audit Trail Claim Info MSPQ Referrals View MSPQ Patient FYI Family Lookup Assoc Recs Reg History More

Ahat, Maryeight

Encounter Info

Add'l Provider Info

Hospital Accounts

Checklist

Encounter Info

Point of origin: Physician or Clinic Referral Admission type: Elective

Accident related?: Yes Private encounter?: No

Attending provider: ABRAHAM, DREW [TRN2101] Outpatient PCP: PCP, NOT REQUIRED [1018508]

Encounter Info form

- Change the Guarantor Account and create a new Third Party Liability Guarantor Account.
 - From the Guarantor Account Wizard, click the **Third Party** radio button.
 - Select the **responsible party**. Select **Self** for adults. Minors should have another responsible party used (ie Father, Mother, or Other).
 - Click **Create New Account**.

Add Guarantor Account Questionnaire

What is the service area for this guarantor account? PHS PARTNERS SERVICE AR

What type of guarantor account would you like to add to this patient?

Personal/Family Workers' Comp Third Party Add'l Type Third Party Liability

Who is responsible for this guarantor account?

Self Employer Spouse Father Mother Other

Guarantor Information

Name/ID: AHAT,MARYNINE SSN: xxx-xx-8860

Sex: Female Birth date: 10/7/1971

Home phone: 617-555-8748

Employer: Date of injury:

Select a Patient Clear

Demographic information from this account may not be copied over if it conflicts with what you've entered above.

Create New Account Find Existing Account

Guarantor Account Questionnaire

3. Select the Claim Info Selection form. If the patient has any existing accounts, they will appear on this screen. If a list of existing Claim Information Forms display, review them to determine if you should select one of the existing Claim Information Forms to associate with the appointment you are scheduling.

For new claims, click the **Create a New Claim Information Record** radio button.

Account/Coverage Wizard

Claim Information Selection

You can create a new Claim Information Record or edit an existing Claim Information Record. To create a new Claim Information Record, select the choice "Create a New Claim Information Record" and press "Next". To modify an existing claim, select the choice "Select from Existing Claim Information Records for this Patient", highlight the Claim Information Record, press the "Mark for Edit" button, and press "Next".

Would you like to:

Create a New Claim Information Record

or

Select from Existing Claim Information Records for this Patient

Claim ID	Description	Claim Type	Initial Visit Date	Last Sch Visit Date
3138	9/2/2014 left arm			

Mark For Edit Unmark Edit Rename

Restore Response Notification Back Next Finish

Account/Coverage Wizard

4. Click **Next**.
5. The Claim Name form will appear. Enter the date of the injury, followed by the body part(s) injured. (i.e. "01/11/2014 Left Arm")

Claim Information Selection

You can create a new Claim Information Record or attach an existing Claim Information Record for this patient to this visit. To create a new Claim Information Record, select the choice "Create a New Claim Information Record" and press "Next". To attach an existing Claim Information Record, select the choice "Select from Existing Claim Information Records for this Patient", highlight it and press the "Assign" button. If you want to edit an existing Claim Information Record, highlight the record in the list, press "Mark For Edit" and press "Next".

Would you like to:

Create a New Claim Information Record

or

Select from Existing Claim Information Records for this Patient

Claim Name

Name of the claim: 01/11/2014 Left Arm

Sch Visit Date

Accept Cancel

Claim Information Selection

6. Click **Accept**.

7. Populate the following fields on the **Claim Information** form in the **Worker's Comp/TPL** section:

- Accident type
- Auto accident state
- Injury date
- Body part injured
- Condition related to = Auto
- WC Claim number (populate the Auto Claim Number here)
- Injury description (free text)

General Claim Information			
Is this Ill/Inj/LMP?:	<input type="text"/>	Date of Ill/Inj/LMP:	<input type="text"/>
Authorization #:	<input type="text"/>	Authorization date:	<input type="text"/>
VNA NPI:	<input type="text"/>	Delay Reason Code:	<input type="text"/>
Remark (CMS 1500):	1 <input type="text"/>		
Worker's Comp/TPL			
Accident type:	<input type="text" value="Automobile"/>	Injury date:	<input type="text" value="1/25/2016"/>
Time of injury:	<input type="text"/>	Place of injury:	<input type="text"/>
Auto accident state:	<input type="text" value="Massachusetts"/>	Body part injured:	<input type="text" value="Head"/>
Condition related to:	<input type="text" value="Auto"/>	WC employer:	<input type="text"/>
WC/MVA Claim #:	<input type="text" value="38473894798237"/>	Last treatment date:	<input type="text"/>
Injury description:	1 Hit head on dashboard		
	2 <input type="text"/>		
	<input type="text"/>		

Claim Information form

8. Click the **Coverage Selection** form.
9. Search for the appropriate coverage.
- To see a full listing of all available MVA coverages, type "motor vehicle" and click **Search**.
10. Complete the Member/Subscriber Info forms.
- Set the **Verification status** to appropriate status (i.e. Verified, Needs Review, etc).

MOTOR VEHICLE - ARBELLA INSURANCE (Workers Comp / Motor Vehicle)

Claim address: 101 EDGEWATER DR. PO BOX 699195 View/edit other members on this coverage
QUINCY MA 02269

Member Information for Karen Lottatore

Member relationship to subscriber: Self Insurance ID: 1234564796
Member eff from: 1/6/2015 Member eff to:
Verification status: New

Subscriber Info

Subscriber ID: 1234564796 Group number:
Auth phone:
Covered through:
Medicare HIC#:
Group name:
Employer size:

Coverage Level Copay

Default copay amt:
Coins:
Visit dept specialty:
Service type:

Dept Spec	Svc Type	Copay	Coins%
1			

Member/Subscriber Info form

11. Click **Finish**.
12. To add Medical Insurance, click the **Coverage Info** form.
13. Click **Add**.
14. Select the **Use This Coverage** (Alt+1) button to use existing coverage.



Adding a Generic Coverage

If the appropriate coverage is not available to select within Epic, you must create the coverage using the Generic option.

1. From the Create New Coverage window, type “generic motor vehicle” and click **Search**.
2. Select the **Generic Motor Vehicle** plan.

Payor/Plan Select

Search:

Pyr ID	Payor	Pln ID	Plan	Synon...	Fin Class	Prod ...	Street	City	State	ZIP
180...	MOTOR VEHICLE	180...	GENERIC MOTOR VEHICLE	MOTO...	WC / M...	INDE...				

1 item loaded.

Accept Cancel

Coverage Selection

3. Select the **Claim address** link and complete the Claim Information window with all known information about the Coverage Account.

MOTOR VEHICLE - GENERIC MOTOR VEHICLE (Workers Comp / Motor Vehicle)

Claim address: [View/edit other members on this coverage](#)

Member Information for [Name]

Member relationship to subscriber:
 Member eff from:

Subscriber Info

Subscriber ID:
 Auth phone:
 Covered through:
 Medicare HIC #:

Coverage Level Copay

Default copay amt:
 Visit dept specialty: 9-Family
 Service type:

Claim Information

Send claim to: Coverage Claim address:

Coverage Address

Attn/Insurance Co: Financial class: Workers Comp / Motor Vehicle
 Address: State: ZIP:
 City (or ZIP): County:
 Fax: Phone:

Alternate Coverage Address

Attn/Insurance Co: Phone:
 Address: City (or ZIP):
 Fax: State: ZIP:

Claim Address

4. Click **Accept**.
5. Complete the Member/Subscriber Info forms.
 - Set the Verification status to appropriate status (i.e. Verified, Needs Review, etc).
6. Click **Finish**.
7. To add Medical Insurance, click the **Coverage Info** form.
8. Click **Add**.
9. Select the **Use This Coverage (Alt+1)** button to use existing coverage.



Adding a Generic Coverage

To add additional information to the Guarantor account, you can add a Guarantor Account note.

1. Select the appropriate **Guarantor Account** folder
2. Click **Guar Acct Note** from the top toolbar.

Detailed View

Appt Desk ECP Audit Trail Claim Info MSPQ Referrals Benefits Pt Prefs View MSPQ Patient FYI Family Lookup Reg History Benefit Collection LCD/ABN Pull Info **Guar Acct Note** Ent Guar Summ

Guarantor Demographics

Service area: PHS PARTNERS SERVICE ARE/ Account status: 1

Account type: Workers Comp Active? Y Account contact: AHAT,MARYFIVE

Name: AM01182014PHS Associated patient: AHAT,MARYFIVE Select

Address link? Yes Rel to patient: Self

Address: 174 Main Street SSN & type: xxx-xx-5670

City (or ZIP): SOMERVILLE Sex: F Birth date: 10/7/1971

State: MA ZIP: 02144 Home phone: 617-555-8748

Country: MIDDLE Country: USA Work phone: Fax:

Guarantor Employment

Employer: Employment status:

Address: Employment date:

City (or ZIP): Employee ID:

State: ZIP: Phone:

Country: Country: Fax:

Registration- Guarantor Account

3. Enter a free-text note in the New Note section, and then click Add.
4. The note will be saved to the Guarantor Account.



Important Reminders

- If you do not have all of the Third Party information during scheduling, set the Accident Flag to "YES" and add the TPL/MVA Guarantor and but DO NOT add coverage.
- If you do not have the Third Party coverage information during scheduling, create the Third Party guarantor and do not add a generic coverage. Generic coverages should only be used when the coverage is known but is not available in Epic.
- Third Party Liability visits should have a Third Party coverage and the medical coverage associated to the visit.