

Workflow for:

☒ Internal Medicine ☒ Pediatrics ☒ Family Medicine ☒ Specialty
☒ Clerical ☐ Clinical ☐ Provider

Date Updated: 3/14/13

Pages: 6

NextGen: Worker's Compensation Encounter

When creating an encounter for the evaluation of a work related injury the following additional fields must be completed:

1. Onset Date: Enter the date the accident occurred.
2. Onset Time: Enter the time the accident occurred.
3. Check ☒ the box next to Condition related to Employment.

The Occurrence Code remains Illness

Create Encounter - Test, Bob

Billable Date: 02/26/2013 Billable Time: 10:00 AM Occurrence Code: Illness State: Onset Date: 02/25/2013 Onset Time: 10:00 AM

General | Clinical | Billing & Collections | Encounter Specifics | Claims | Marketing | History

Patient Type: ☒ Condition Related to Employment

Remarks: Same/Similar Date: ☐

Complaints: Wrist Pain - Wk Related Injury Date Last Seen: ☐

Practice Specifics: NP/PA INCIDENT-TO SUPERVISOR

Admit Date: ☐ Discharge Date: ☐ Initial Treatment Date: ☐

Facility: ☐

Guarantor: Test, Bob Relation: Patient

Encounter Types: Billable Case: Case Date: ☐

☒ Print Encounter On Statements ☐ Patient is Homebound ☐ Exempt from Outsourcing

Homeless Status: ☐ Service Type: ☐

☒ Incident-To Bill Encounter

Providers

Rendering: Pescatello MD, Michael

Referring: Pescatello MD, Michael

Referring Facility: ☐

Admitting: ☐

Supervisor: ☐

Service Location: Bellingham Medical Associ

OK **Cancel**

Click OK

The worker's compensation insurance must be entered, or if already on file reviewed with the check-in process.

From the Update Patient Information screen; click the Insurance button.

The screenshot shows the 'Modify Patient Information' window. At the bottom, the 'Insurance' button is circled in red. The window includes fields for Last, First, Middle, Previous Last, Nickname, SSN, Birth Date, Age, Sex, Medical Record, Demographics, Status, Client Defined, Provider, Privacy, Employer, Relations, UDS, Ext, History, Street, Billing Address, Secondary Address, City, State, Zip, Country, County, Community Cd, Mother's Maiden Name, Race, Language, Religion, Church, Ethnicity, Contact Preference, Marital Status, Student Status, Veteran, Expired Date, Int1 Hm Phn, Int1 Wk Phn, Int1 Zip, Primary Care Provider, Primary Dental Provider, Telephone Number / E-Mail, Comment, Generate System Alert, and a list of phone numbers (Home Phone, Day Phone, Alternate Phone, Secondary Hm Phone, E-Mail, Cell Phone).

Review the existing insurance plans on file from the Insurance Listing Screen.

The screenshot shows the 'Insurance Listing - Test, Bob' window. On the left, the 'New Insurance...' button is circled in red. The table lists existing insurance plans for Patient: Test, Bob.

Payer Name	Available	Plan Nbr	Policy Nbr	Group N	Effectiv	Expired Date
Blue Cross Blue Shield 1 HMO/PC	✓		XXT12345678			
Blue Cross Blue Shield Of MA			12345678			07/30/2012
HMO Blue			Mtn46743637341		10/01/2...	11/01/2011

If the plan is listed, double click to open and verify items 1-6 on page 3 are complete and accurate.

If the plan is not listed, click the Norton button and select New Insurance.

On the Payer Lookup screen; in the Payer Name field enter Work.

The screenshot shows the 'Payer Lookup' window. The 'Payer Name' field is circled in red and contains the text 'Work'. The 'Find' button at the bottom is also circled in red.

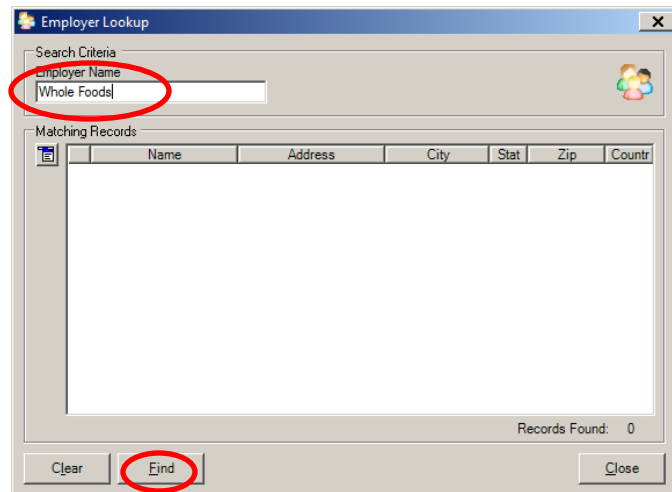
Click Find

Double click to open the generic Worker's Compensation payer.

Enter the following:

1. Plan Name: Remove Worker's Compensation and then enter the name of the Employer's Worker's Compensation Insurance.
2. Effective Date: Enter the date of the accident.
3. HIC/Policy Nbr field: Enter the claim # (if not known enter SOC followed by the patients SS#).
4. Address and Contact information: Enter details for the Employer's Worker's Compensation Insurance, including phone and fax #s.
5. Click to check the box next to Employer Policy.
6. Click on the folder to open and search for the Employer that holds this policy.

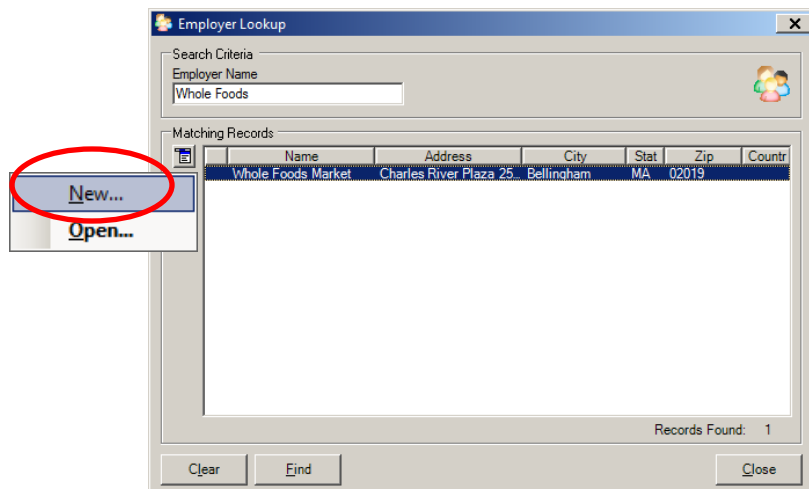
From the Employer Lookup screen; enter the Employer Name then click Find.



The 'Employer Lookup' window shows the 'Search Criteria' section with 'Employer Name' set to 'Whole Foods'. The 'Matching Records' table is empty. The 'Find' button at the bottom is circled in red.

Name	Address	City	Stat	Zip	Countr
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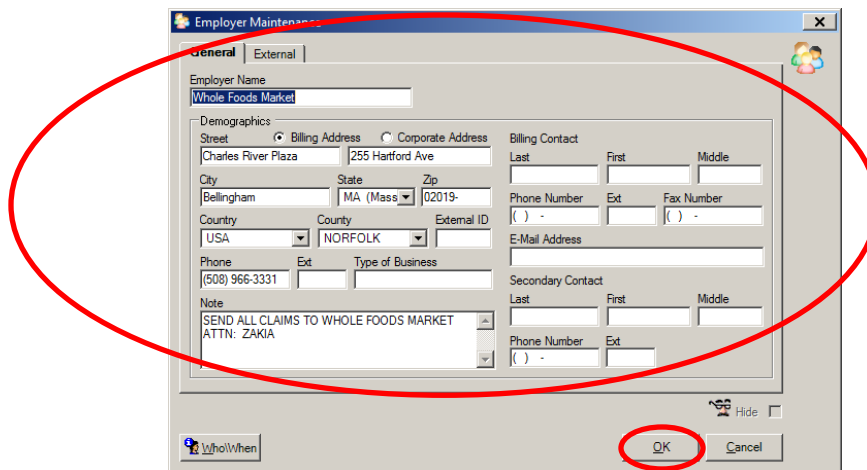
If the record found matches the employer, double click to select and verify the information is accurate. If the employer information does not match, click the Norton button and select New.



The 'Employer Lookup' window now shows one matching record: 'Whole Foods Market' at 'Charles River Plaza 25, Bellingham, MA, 02019'. The 'New...' button in the left sidebar is circled in red.

Name	Address	City	Stat	Zip	Countr
Whole Foods Market	Charles River Plaza 25	Bellingham	MA	02019	

Enter the employer information and then click OK.



The 'Employer Maintenance' window is shown with the 'General' tab selected. All fields are filled with information for 'Whole Foods Market'. The 'OK' button at the bottom right is circled in red.

Employer Name: Whole Foods Market

Demographics: ☒ Billing Address ☐ Corporate Address

Street: Charles River Plaza 255 Hartford Ave

City: Bellingham State: MA (Mass) Zip: 02019

Country: USA County: NORFOLK External ID:

Phone: (508) 966-3331 Ext: Type of Business:

Note: SEND ALL CLAIMS TO WHOLE FOODS MARKET ATTN: ZAKIA

Billing Contact: Last: First: Middle: Phone Number: Ext: Fax Number: E-Mail Address:

Secondary Contact: Last: First: Middle: Phone Number: Ext:

Click to select the employer and then click Close.

The 'Employer Lookup' window displays search criteria with 'Employer Name' set to 'Whole Foods'. Below, a table of 'Matching Records' shows one entry: 'Whole Foods Market' at 'Charles River Plaza 25', 'Bellingham', 'MA', '02019'. The 'Close' button at the bottom right is circled in red.

Name	Address	City	Stat	Zip	Countr
Whole Foods Market	Charles River Plaza 25	Bellingham	MA	02019	

Review the information entered for the worker's compensation insurance to be sure it is complete and accurate and then click OK.

If the patient is unable to provide all details required, including items 1-6 on page 3, a Patient Insurance Verification Acknowledgement form should be signed and Worker's Compensation Form provided for the patient to complete and submit to the TCMA corporate office

The 'Insurance Maintenance - Test, Bob' window shows insurance details for 'Test, Bob'. The 'Detail' tab is active, displaying fields for Plan Name ('Wassau'), Plan Number ('234567TEB'), Group Name, Address ('100 Commerce Way', 'Bellingham', 'MA', '02019'), Country ('USA'), County ('NORFOLK'), and Contact information ('Judy'). The 'Activation' section shows 'Active' status with an effective date of '02/25/2013'. The 'Co-Pay Type' is set to 'Amount' with a deductible of '\$0.00'. The 'Source of Signature' is 'Signature authorization(12,13)'. The 'Employer Policy' checkbox is checked, and 'Whole Foods Market' is selected. The 'OK' button at the bottom right is circled in red.

Insured: Test, Bob Insurance Type: Worker's Compens... NEIC Number: 99999 99
Payer: Workers Compensation Financial Class: Worker's Compens... Claim Type: Workers Compensa...
Insured SSN: 999-99-9999 Managed Care Plan:

Detail | Detail - 2 | Ins Cards | Authorizations | Referrals | Elig/Referral | External

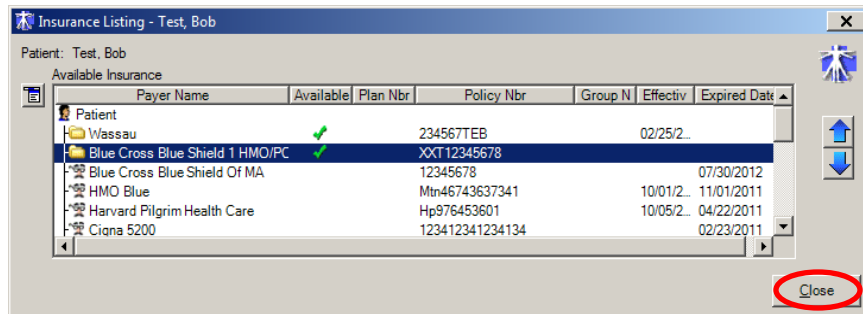
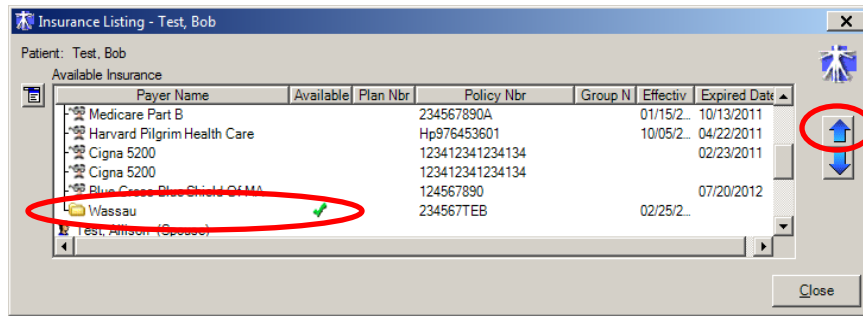
Plan Name: Wassau
Plan Number: HIC/Policy Nbr (Ctrl-S for SSN) 234567TEB
Group Name: Group Number:
Address: 100 Commerce Way
City: Bellingham State: MA (Mass) Zip: 02019-
Country: USA County: NORFOLK
Contact: Last Name: Tall First Name: Judy Middle Name:
Contact Phone: (800) 234-2222 Ext: 123 Fax: (401) 658-1400
Source of Signature: Signature authorization(12,13) E-Mail Address:
☒ Employer Policy ☒ Whole Foods Market
☐ Notification Required ☐ Verification Required
☐ Authorization Required ☐ Referral Required

Activation: ☒ Active Effective Date: 02/25/2013 Expiration Date: / /
☐ Make Insurance Primary on: / /
Note:
Co-Pay Type: Amount Deductible: \$0.00
Co-Pay Description: Co-Pay Amt:

OK Cancel

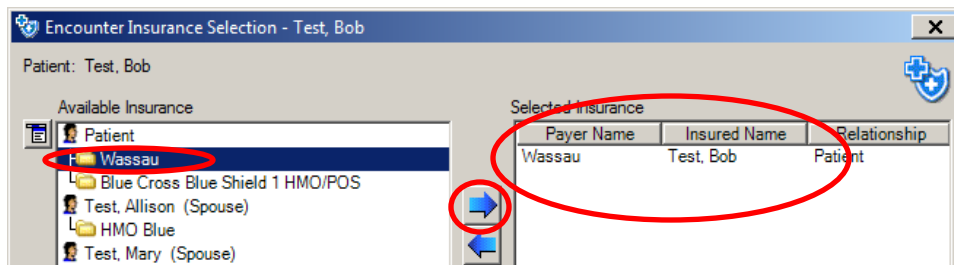
The Worker's Compensation policy will now be listed on the Insurance Listing screen.

Reminder, promote the insurance plan to the top of the list for accurate EMR Orders



Click Close

From the Encounter Insurance Selection screen; click on the worker's compensation policy and then click the arrow pointing right to move it over to the Selected Insurance box and attach to this encounter.



Verify the patient's health insurance is not in the Selected Insurance box.

To remove from the Selected Insurance box, click to highlight the insurance and click the arrow pointing left.

All of this information is crucial for the Billing Department to submit a worker's compensation claim