

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

The screenshot shows a software window titled "Create Encounter - Test, Bob". At the top, there are fields for "Billable Date" (02/26/2013), "Billable Time" (10:00 AM), "Occurrence Code" (Illness), "State" (dropdown), "Onset Date" (02/25/2013), and "Onset Time" (10:00 AM). The "Onset Date" and "Onset Time" fields are circled in red. Below these are tabs for "General", "Clinical", "Billing & Collections", "Encounter Specifics", "Claims", "Marketing", and "History". The "General" tab is active. In the "General" section, the "Patient Type" dropdown is set to "Condition Related to Employment", which is circled in red. Other fields include "Remarks", "Complaints" (Wrist Pain - Wk Related Injury), "Practice Specifics" (NP/PA INCIDENT-TO SUPERVISOR), "Providers" (Rendering: Pescatello MD, Michael), "Referring" (Pescatello MD, Michael), "Referring Facility", "Admitting", "Supervisor", and "Service Location" (Bellingham Medical Associa). There are also fields for "Admit Date", "Discharge Date", "Initial Treatment Date", "Facility", "Guarantor" (Test, Bob, Relation: Patient), "Encounter Types" (Billable), "Case", "Case Date", and checkboxes for "Print Encounter On Statements", "Patient is Homebound", and "Exempt from Outsourcing". The "OK" button at the bottom right is circled in red.

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 left, the 'Insurance' button is circled in red. Other buttons include 'Account', 'AutoFlow', and 'Cancel'. The window contains various fields for patient information, including name, SSN, birth date, age, sex, medical record, demographics, addresses, and contact information.

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

The screenshot shows the 'Insurance Listing - Test, Bob' window. A table of available insurance plans is displayed. The 'New Insurance...' button is circled in red. The first two rows of the table are also circled in red.

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		10/01/2011	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 is also circled in red. Other fields include 'Insured Name', 'Address', 'City', 'State', 'Zip', and 'Group Name'.

Click Find

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

Payer Lookup

Search Criteria

Insured Name: Test, Bob Payer Name: Work Insurance Type: Financial Class: Claim Type:

Address: City: State: Zip: Group Name:

Payer List

Payer Name	Ins Type	Fin Class	Claim Type	Address	City, St, Zip
Workers Compensation	Worker's Co...	Worker's Co...	Workers Com...		

Records Found: 1

Buttons: Clear, Find, Close

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.

Insurance Maintenance - Test, Bob

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: Workers Compensation

Plan Number: HIC/Policy Nbr (Ctrl-S for SSN):

Group Name: Group Number:

Address: City: State: Zip: Country: County:

Contact: Last Name: First Name: Middle Name: Contact Phone: Ext: Fax:

Source of Signature: Signature authorization(12,13) E-Mail Address:

Employer Policy Click to choose employer >

Notification Required Verification Required
 Authorization Required Referral Required

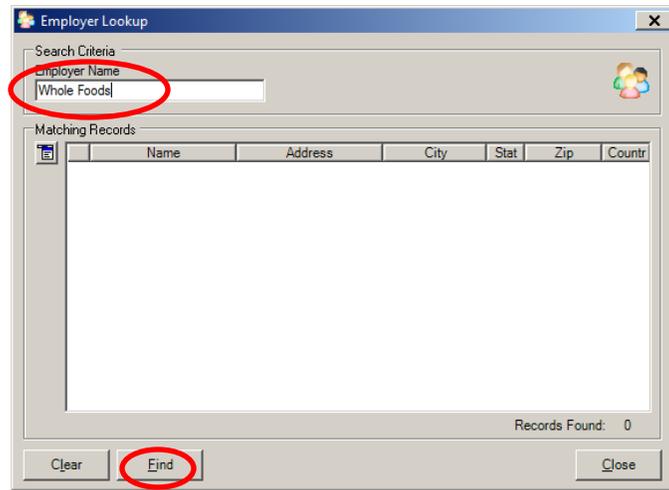
Activation: Active Effective Date: Expiration Date: Make Insurance Primary on: Note:

Co-Pay Type: Amount Percent Deductible: \$0.00

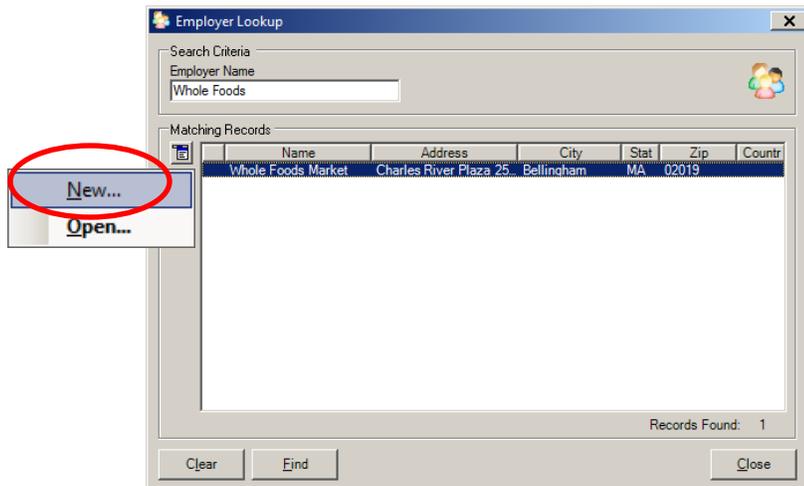
Co-Pay Description	Co-Pay Amt
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Buttons: OK, Cancel

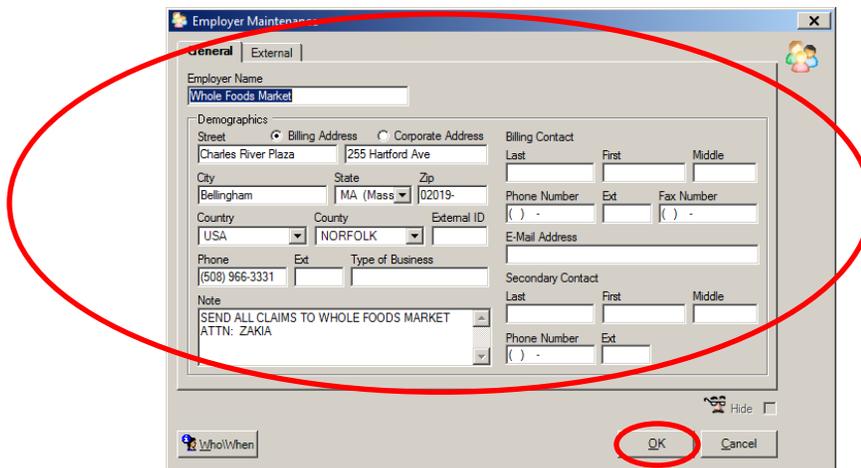
From the Employer Lookup screen; enter the Employer Name then click Find.



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.



Enter the employer information and then click OK.



Click to select the employer and then click Close.

Employer Lookup

Search Criteria
Employer Name
Whole Foods

Matching Records

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

Records Found: 1

Clear Find Close

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

Insurance Maintenance - Test, Bob

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 State Zip
Bellingham MA (Mass) 02019-

Country County
USA NORFOLK

Contact: Last Name First Name Middle Name
Tall Judy

Contact Phone Ext Fax
(800) 234-2222 123 (401) 658-1400

Source of Signature E-Mail Address
Signature authorization(12,13)

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

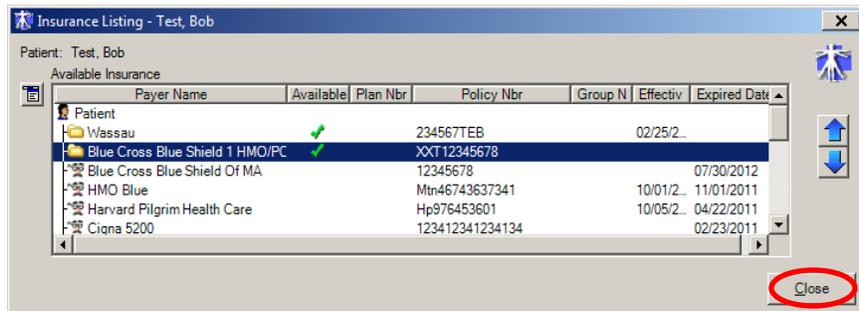
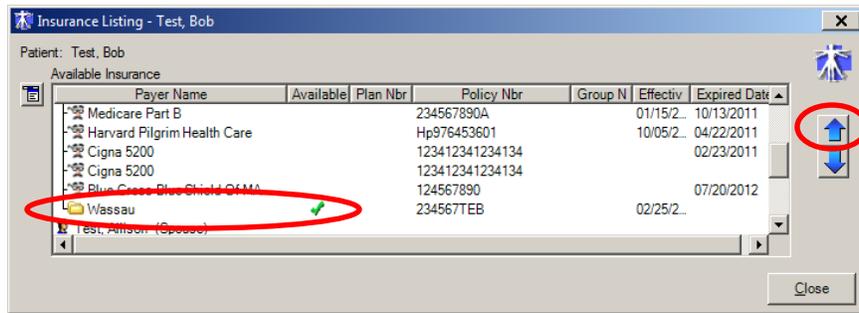
Co-Pay Type Deductible
 Amount Percent \$0.00

Co-Pay Description	Co-Pay Amt
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OK Cancel

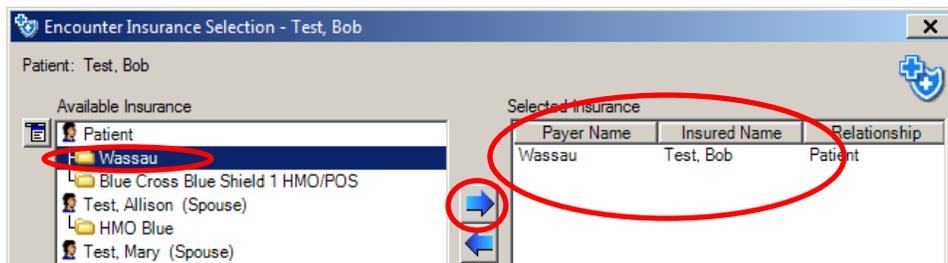
The Worker's Compensation policy will now be listed on the Insurance Listing screen.

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