

Guide to Extended Health Benefits Tracking

by Antibex Software

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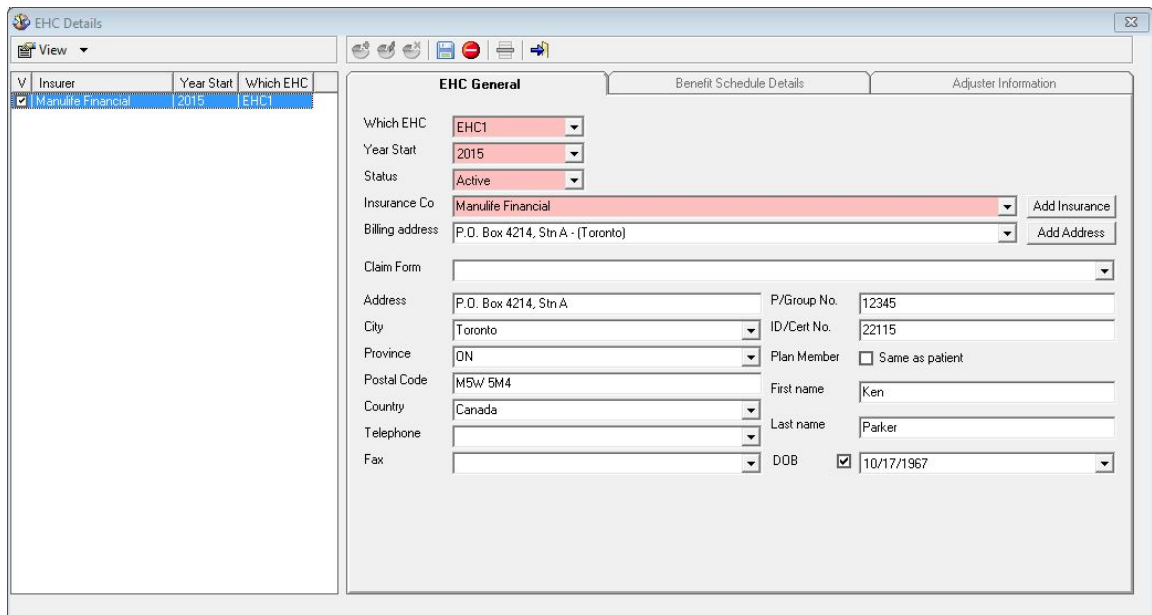
Introduction

This guide explains how to use Universal Office to record and track benefit schedule usage for every patient with Extended Health policy coverage.

Capture Policy Information

To begin, capture the policy information:

1. Open **Patient Manager**.
2. Locate and select a patient with an EHC, WSIB, Slip & Fall, or MVA case.
3. Next, select the case.
4. Under the *Claims* section, click on the three-dotted button next to *Primary EHC*.
5. In the *EHC Details* window, click [New Coverage] on the toolbar.
6. Start to type the name of the insurance company in the *Insurance Co* field, and the system autocompletes the entry as you type it. If necessary, select an insurance company from the options in the drop-down list.



Insurer	Year Start	Which EHC
Manulife Financial	2015	EHC1

EHC General		Benefit Schedule Details	Adjuster Information
Which EHC	EHC1		
Year Start	2015		
Status	Active		
Insurance Co	Manulife Financial	Add Insurance	
Billing address	P.O. Box 4214, Stn A - (Toronto)	Add Address	
Claim Form			
Address	P.O. Box 4214, Stn A	P/Group No.	12345
City	Toronto	ID/Cert No.	22115
Province	ON	Plan Member	<input type="checkbox"/> Same as patient
Postal Code	M5W 5M4	First name	Ken
Country	Canada	Last name	Parker
Telephone		DOB	<input checked="" type="checkbox"/> 10/17/1967
Fax			

7. Select the billing address from the *Billing Address* drop-down list.
8. Select a relevant claim form from the *Claim Form* drop-down list.

9. Enter the policy number and the certificate ID into the corresponding fields.
10. If the plan member is the patient, check the *Same as patient* box; otherwise, enter the *First* and *Last name* of the policyholder, and select the policy holder's date of birth (*DOB*).
11. Finally, click [Save Coverage] on the toolbar.

Record Benefits Schedule

Next, record the available coverage, including details.

1. While in the *EHC Details* window, open the *Benefit Schedule Details* tab.
2. Click [New Coverage] on the toolbar.
3. Confirm that *Service* is selected in the *Benefit Type* drop-down list, and the *Start* and *End Date* are accurate for the coverage period.

Add/Edit Benefit Schedule

Benefit Type: **Service** | Description: **Physiotherapy**

Start Date: **1 / 1 / 2016** | End Date: **12 / 31 / 2016**

Prescription required by: **Family Practitioner/General Practitioner**

Unlimited

Maximum Amt: **500** | Deductible Visits: **0**

Coverage Rate: **80** % | Previously Used: **0.00**

Paid Receipt: **Required**

Comments:

Combination of services

#	Item ID	Item Description
1		
2		
3		

Buttons: **Save & Close** | **Save & New** | **Cancel**

4. From the *Description* drop-down list, select the type of service to be added (for example, Physiotherapy).
5. Enter the maximum coverage amount into the *Maximum Amt* field or check the *Unlimited* box, and then enter the coverage rate, paid receipt requirement, record deductible visits, dollar value of service used elsewhere, and add comments.
NOTE: If every visit is fully covered, enter 100% in the *Coverage Rate* field.
6. Click [Save & Close].
Repeat steps 2 - 6 for every service and product available in the patient's benefits schedule that you want to keep on record. In some policies, the products (assistive devices), such as orthotics, are renewable at a two-year interval. Confirm that the *Start* and *End Date* are accurate for the coverage period.
7. Once you are finished, close the *EHC Details* window.

Create a Treatment Plan

Once you add the coverage details, create a treatment plan based on that coverage information.

1. Open the *Documents* tab in the patient's case.
2. Click [New Document] on the toolbar.
3. From the *Template type* drop-down list, select *EHC Plan*, and then click [Open].

4. Enter a plan description into the *Plan Name* field (Basic Physiotherapy, Cognitive Physiotherapy, and so on).

Universal Scheduling - [logged in to Sample Physical Rehab (ANXDemo) as admin]

File Edit View Actions Help

Treatment Plan for De Niro, Robert

Plan Type	EHC	PR	PP	Provider	Type	R/U	Number	Hr Rate	HCAI No	EHC1	EHC2	Plan Date	Plan No.
Plan Name	Basic Physiotherapy	A	<input checked="" type="checkbox"/>	Gabi, Fish	DC	<input checked="" type="checkbox"/>	5123	\$ 101.78	922	Physiotherapy		8/22/2012	1
Plan Status	Active	B	<input type="checkbox"/>			<input type="checkbox"/>						Duration in weeks	
Start Date	11/17/2015	C	<input type="checkbox"/>			<input type="checkbox"/>						<input type="text"/>	
End Date	11/17/2015	D	<input type="checkbox"/>			<input type="checkbox"/>						<input type="button" value="Calculate Plan End Date"/>	

PR - Provider Reference; PP - Primary Provider

Benefit Type Description	EHC1 (Manulife Financial - Inactive - 2012)							EHC2								
	Max	Used	Available	Rx	Free	Start	End	Notes	Max	Used	Available	Rx	Free	Start	End	Notes
Massage Therapy	500.00	0.00	500.00	<input checked="" type="checkbox"/>	0	1/1/2012	12/31/2012					<input type="checkbox"/>				
Physiotherapy	500.00	500.00	0.00	<input checked="" type="checkbox"/>	0	1/1/2012	12/31/2012					<input type="checkbox"/>				

#	Item ID	Service/Product Description	PR	Calculate Base Rate				Qty	Line Total	Tax	EHC1 Coverage Info			EHC2 Coverage Info			Remainder
				Msr Rate	Msr	Unit(s)	Amount				V	Coverage	Total	V	Coverage	Total	
1	INTL[30]RPT	Initial Assessment	A	90.00	pr	1.00	90.00	1	90.00		<input checked="" type="checkbox"/>	80 %	72.00	<input type="checkbox"/>			18.00
2	PHYSIO[15]RPT	Physiotherapy	A	40.00	sn	1.00	40.00	12	480.00		<input checked="" type="checkbox"/>	80 %	308.00	<input type="checkbox"/>			172.00
3											<input type="checkbox"/>			<input type="checkbox"/>			
4											<input type="checkbox"/>			<input type="checkbox"/>			
5											<input type="checkbox"/>			<input type="checkbox"/>			
6											<input type="checkbox"/>			<input type="checkbox"/>			
7											<input type="checkbox"/>			<input type="checkbox"/>			
8											<input type="checkbox"/>			<input type="checkbox"/>			
9											<input type="checkbox"/>			<input type="checkbox"/>			

Comments:

Subtotal	\$ 570.00
GST	\$ 0.00
PST	\$ 0.00
Total	\$ 570.00

Active: 5 Inactive: 0 Mon, Nov 16, 2015 Booked: 0 Checked-In: 0 Unconfirmed: 0 Missed: 0 Canceled: 0 Confirmed: 0

5. In the *Providers* table, click inside the Provider column to activate the drop-down list, and then select one or more providers as required.
6. Next, click inside the EHC1 column, and select a service type.
NOTE: If a patient has a secondary policy that covers the same service selected in the EHC1 column, you may also select the EHC2.
7. Check the box in the PP (Primary Provider) column beside one of the selected providers.
8. In the *Services* table, click inside the *Item ID* column and select one or more services using the drop-down list.

9. Select the provider reference using the drop-down list available once you click inside the *PR* column.
10. Enter total number of visits under the *Qty* column, and then check the box in the EHC1 (and/or EHC2) Coverage Info.
NOTE: The amount displayed under the *Available* column in the *Benefits Type* table is reduced by the amount used in the *Services* table. You may adjust the *Qty* and the *Service Rate* (located under the *Msr Rate* column) as needed.
11. Finally, indicate the duration of the treatment plan by entering a number into the *Duration in weeks* field (top-right of the window), check the box next to *Start Date*, pick a treatment plan start date, and then click [Calculate Plan End Date].
NOTE: Having a plan end date helps remind you of patients who fail to fulfil treatments prescribed in the treatment plan.
12. To save the treatment plan, click [Save & Close] on the bottom-right of the screen.

Schedule and Bill Visits

The next step in the tracking process is scheduling and charging visits.

1. In the **Appointment Book**, click [New Appointment & Precharge] on the toolbar.

- From the *Patient name* drop-down list, select a patient.

New Appointment & Precharge

Case status: ACTIVE De Niro, Robert Tue, Nov 17, 2015

Custom status

Patient name: De Niro, Robert Appointment date: 11/16/2015 Duration: 00:30 Last visit: Jul-05-2010

Case No.: DeR2 Scheduled provider: Mary PT Start time: 09:00 AM Appointment note:

Charge type: EHC Scheduled activity: PHYSIO[30]RPT Appointment status: Unconfirmed

Plan: EHC Plan - 1 (Basic Physiotherapy)

V	Item ID	Item Description	Billing Provider	Calculate Base Rate			Qty	Line Total	Tax	Remaining		RQty
				Rate	Msr	Unit(s)				Amount	Unit(s)	
<input type="checkbox"/>	INTL[30]RPT	Initial Assessment	Gabi, Fish - DC	90.00	pr	1.00	90.00	1	90.00	0.00	0.00	0.00
<input checked="" type="checkbox"/>	PHYSIO[15]RPT	Physiotherapy	Gabi, Fish - DC	40.00	sn	1.00	40.00	1	40.00	5.00	200.00	5.00
<input type="checkbox"/>												
<input type="checkbox"/>												
<input type="checkbox"/>												
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<input type="checkbox"/>												
<input type="checkbox"/>												
<input type="checkbox"/>												
<input type="checkbox"/>												
<input type="checkbox"/>												

Select All Show All Selection: 1 item selected

Subtotal: \$ 40.00
 HST/GST: \$ 0.00
 PST: \$ 0.00
 Total: \$ 40.00

Patient Note:

Save & Close Close

- From the *Case No.* drop-down list, select the appropriate case.
 - Make sure that *EHC* is selected in the *Charge type* drop-down list.
 - From the *Plan* drop-down list, select the plan you have just created.
- NOTE: The remaining quantity of visits on this plan is displayed under the *RQty* column for every service proposed in the plan.
- Select the appointment information such as *Appointment date*, *Scheduled provider*, *Scheduled activity*, *Duration*, and *Start time*.
 - Check the box next to the service for which you want to add a charge.
 Note that the remaining quantity, under the *RQty* column, for the service is reduced by one (1). Therefore, you know how many visits are remaining before you schedule an appointment by the treatment plan.

8. Click [Save & Close].

Create a Claim Form

In cases where you help patients complete the insurer claim forms, you can create them right in the patient's file, as the system prefills all information already available.

1. Open the *Documents* tab in the patient's case.
2. Click [New Document] on the toolbar.
3. From the *Template type* drop-down list, select EHC1 - <name of insurer> (or EHC2 - <name of insurer>), and then click [Open].

The screenshot shows a web application window titled "Universal Scheduling - [logged in to Sample Physical Rehab (ANXDemo) as admin]". The interface includes a menu bar (File, Edit, View, Actions, Help) and a toolbar with various icons. The main content area displays the "Manulife Financial" claim form for "Robert De Niro".

Employee Information

Policy

Plan Number: 577570 Certificate No.: 159
 Plan Sponsor: [Empty]

Member

Last Name: De Niro Initial: [Empty]
 First Name: Robert Date of Birth: 3/19/1969

Member Address

Street: 3445 Avenue Rd Phone: 416-577-8977
 City: Toronto Province: ON Postal Code: M2R 3Z6

At the bottom of the form, there are buttons for "Preview", "Save & Close", "Save", and "Cancel".

At the bottom of the window, a status bar shows: Active: 5 Inactive: 0 | Mon, Nov 16, 2015 | Booked: 0 | Checked-In: 0 | Unconfirmed: 0 | Missed: 0 | Canceled: 0 | Confirmed: 0

NOTE: The patient name and policy information on record is used to prepopulate the claim form.

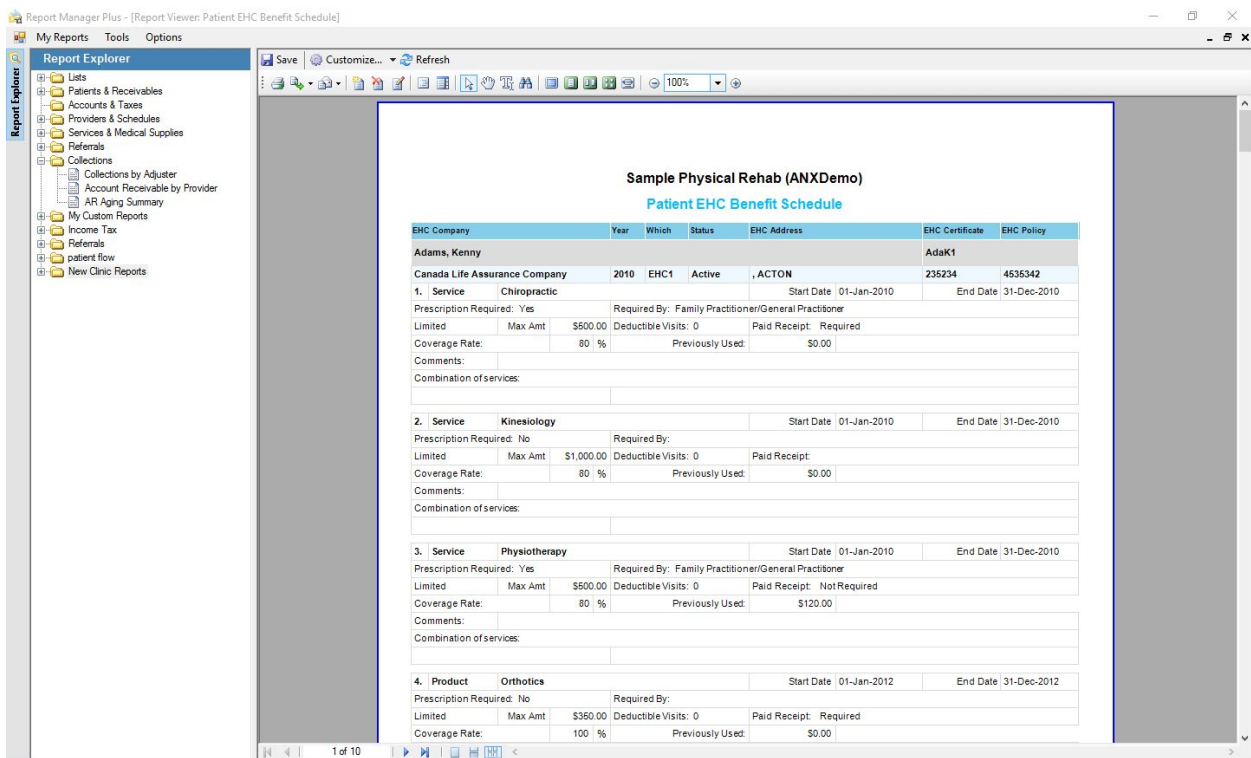
4. Use the links on the left to complete the different parts of the claim form.

5. Click [Preview].

Extract Statistics (Reports)

When you use Universal Office to record and track Extended Health Benefits, you gain valuable insight into your business data.

From the variety of information you can extract from the system, the following are the most common reports used in facilities across Ontario.



Patient List with EHC Coverage: This report lists patients with Primary and/or Secondary EHC coverage, regardless of case type.

Patient EHC Benefits Schedule: This report lists patients with Benefit Schedule coverage details for every case.

EHC Treatment Plan Remaining Quantity: This report lists EHC Plans with the current count for remaining visits.

Patient visits by Primary EHC: This report lists patients with checked-in appointments grouped by their primary insurer. The total count of the checked-in appointments is summed up and displayed at the end of the list.

MVA Patients with EHC Coverage: This report lists all MVA patients with primary and/or Secondary EHC coverage.

Renew Benefits Schedule

At the end of every year, it's time to confirm that the benefits for patients with Extended Health insurance are renewed and ready to be used for the following year. In this section, learn the steps to renew benefits for all patients at once.

1. Open **Patient Manager**.
2. Go to **File > EHC Batch Renew**.
3. Check the *Select All* box or check only the box beside an individual patient case.
4. Choose **next year** from the *Renew selected items for* drop-down list.
5. Click [Renew & Close].

The system renews selected cases and returns to the **Benefits Schedule Renew Batch Manager**.