

WHAT IS “AT YOUR FINGERTIPS”?

“At Your Fingertips” is a bi-monthly tip sheet to help providers navigate Electronic Visit Verification (EVV) by answering common questions and providing assistance for resolving common issues encountered by providers in their use of the EVV system.

This tip provides instruction on the Client Insurances Report. This report can be used to view a client’s current insurance(s) and their ranking which is important for successful claims export.

NOTE: Questions or issues containing client PHI must be sent via encrypted/secure e-mail to the resource addresses noted in this document.



Not sure who to contact when you have a question or issue, or if your issue needs to be escalated?

Contact DXC Technology via e-mail to: ctevv@dx.com

Please only send client PHI in an encrypted/ secured email.



EVV TIP # 8 CLIENT INSURANCES REPORT

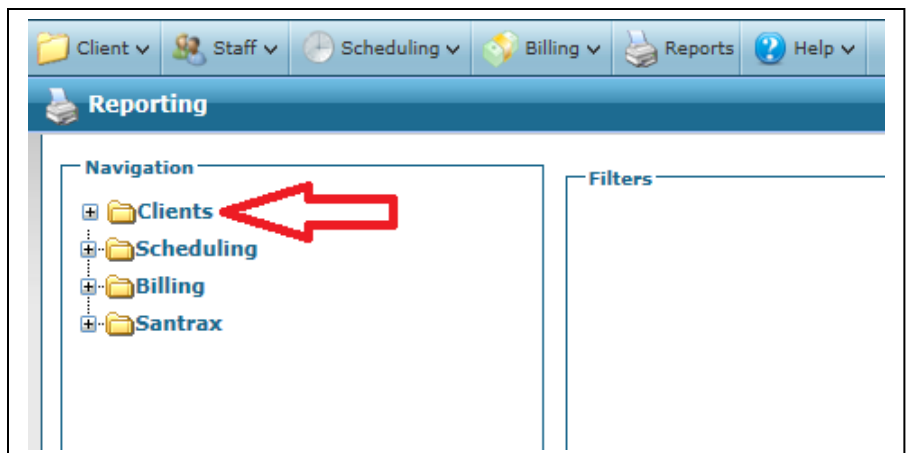
The Client Insurances Report is a tool that can be used by your agency to manage the addition of primary and secondary payers. This report provides a list of all of the clients in the Santrax system and the payers that have been set up for each of them. This report is especially helpful for clients with multiple insurances because it also shows the ranking of the insurances, from primary to tertiary. This assists the provider by showing the current rankings so, in case there is a mistake, the provider can change the insurance rankings before billing to avoid unnecessary denials.

HOW TO LOCATE THE CLIENT INSURANCES REPORT:

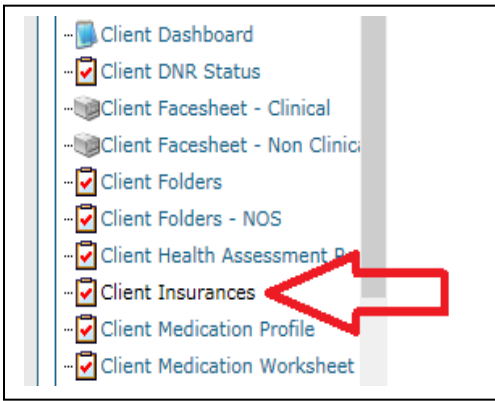
1. Click on Reports at the top of your Santrax home page.



2. On the left side of the screen, click Clients, found under the Navigation heading.



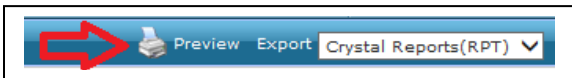
3. Under the Clients drop down menu, select Client Insurances.



4. When searching for clients make sure that '02 - Active' is chosen in the Client Status search filter.



Once this is chosen, click 'Preview' in the upper right corner of the page.



5. This is an example of the Client Insurances Report.

Admission Range	Type	Primary	Ins. No.	Secondary	Ins. No.	Tertiary	Ins. No.
10/17/16-	CHP	CT Medicaid Non Clinical	00 [REDACTED]				
M [REDACTED] K [REDACTED] - SSN [REDACTED] DOB [REDACTED]	PCI	MEDICARE PART A	00 [REDACTED]	CT Medicaid Clinical	00 [REDACTED]		
01/01/17-							
M [REDACTED] F [REDACTED] - SSN [REDACTED] DOB [REDACTED]	CHI	MEDICARE PART A	00 [REDACTED]	CT Medicaid Clinical	00 [REDACTED]		
03/15/17-							
M [REDACTED] S [REDACTED] - SSN [REDACTED] DOB [REDACTED]	CHI	MEDICARE PART A	00 [REDACTED]	CT Medicaid Clinical	00 [REDACTED]		
01/01/17-							
M [REDACTED] C [REDACTED] - SSN [REDACTED] DOB [REDACTED]	CHI	MEDICARE PART A	00 [REDACTED]	CT Medicaid Clinical	00 [REDACTED]		
01/01/17-							
M [REDACTED] E [REDACTED] - SSN [REDACTED] DOB [REDACTED]	CHI	MEDICARE PART A	00 [REDACTED]	CT Medicaid Clinical	00 [REDACTED]		
01/01/17-							
M [REDACTED] A [REDACTED] - SSN [REDACTED] DOB [REDACTED]	CHI	CT Medicaid Clinical	00 [REDACTED]				
01/01/17-							
M [REDACTED] R [REDACTED] - SSN [REDACTED] DOB [REDACTED]	CHI	MEDICARE PART A	00 [REDACTED]	CT Medicaid Clinical	00 [REDACTED]		
07/15/17-							
M [REDACTED] J [REDACTED] - SSN [REDACTED] DOB [REDACTED]	CHI	MEDICARE PART A	00 [REDACTED]	BCBS OF CONNECTIC	00 [REDACTED]	CT Medicaid Clinical	00 [REDACTED]
01/01/17-							

Each column of the report displays:

Base Information (Not in a column)	
Client's Name	The name of the client (last name, first name)
SSN	Client's social security number
DOB	Client's date of birth
Column	Description
Admission Range	The start date and (if applicable) end date of client's dates of service.
Type	The type of client based on their waiver program and claim type.
Primary	The client's insurance to be billed first.
Ins. No.	The client's insurance number.
Secondary	The client's insurance to be billed second (if applicable).
Tertiary	The client's insurance to be billed third (if applicable).

Under "Type of Client" you will see one of the following: CHI, CHP, PCI, PCP, ABI, or ABP. The first two letters represent the waiver program the client participates in. "CH" represents the Connecticut Home Care Program (CHC) waiver, "PC" represents the Personal Care Assistant (PCA) waiver, and "AB" represents the Acquired Brain Injury (ABI) waiver. The last letter is the type of claim. "I" represents an institutional claim while the "P" represents a professional claim.

Note: You also have the option to save a copy of this report for your records. In the upper right corner of the page first choose your preferred report format (Excel, Word, etc.) and then click Export.



REVIEWING THIS REPORT WILL HELP YOU:

- Ensure you have the correct insurance(s) imported into the system with the correct insurance number.
- Review the rank of each insurance to confirm they are in the correct order to avoid unnecessary billing denials.
- Check that your clients are associated with the proper waiver via the "Type" field.
- Confirm that the client's information (Name, SSN, DOB, Admission Range) have been properly imported into the system to avoid unnecessary billing errors or insurance denials.