## **Changing Payer Periods Even After Encounters to Re-Bill Correctly**

Note Please: I apologize for the need to make this a two part file while I figure how to avoid it. It is caused by the 2MB upload file size limit for Wiki, which makes screenshots hard to use, even while a picture is worth a thousand words. I prefer to provide pictures when I can. I hope you agree. Joe Holzer

Situation: Patient provided data showing Medicare was primary payer, but Medicare says effective date was later, and secondary payer listed is actually primary. This shows you how to fix that. The screenshot below shows the Patient Demographics as they have been, in the Insurance area at the bottom.

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Patient     History     Encounters     New Enctr     New Enctr     Rx     Issues     Immunize     Documents     Pt Report     Pt Notes     Transact     Summary     Encounter     Charges  Active Patient: Sy'stem Test (1) Active Encounter:	Medicare Part B PO Box 4803 Syracuse, NY 13221 Policy Number: 2A34B12 Plan Name: Group Number: Accept Assignment: YES Secondary Insurance from 2006-01 Total Care PO Box 11507 Syracuse, NY 13218 Policy Number: MAF12345 Plan Name: NYS House Calls Group Number:	Subscriber: Sy'stem Test(self) S.S.: 111-22-3333 D.O.B.: 2000-01-01 Phone: -01 until Present : Subscriber: Sy'stem Test(self) S.S.: 111-22-3333 D.O.B.: 2000-01-01 Phone:	Subscriber Address: Funnyfarm Lane Wowwee , NY , USA 888888 Subscriber Employer: Somethong NY , USA Subscriber Address: Funnyfarm Lane Wowwee , NY , USA 888888 Subscriber Employer: Somethong NY , USA		
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You must click on the (More) at the top of that frame to allow edits of the Insurance settings to correct them to what was actually the case for the earlier visits, with the actual Effective Date if it differs (you can leave the earliest effective date if it does not affect any of your actual encounters, even if the policy was not really in place at that earlier date; OpenEMR only uses the date to determine who is to be billed in what order). Change the Primary to the correct payer (Total Care in this case) and fix any as needed of the correct policy number, plan name, policy holder, etc, with the correct Effective Date. Change the Secondary to Unassigned – you can leave all the rest as-is to save typing later. See the screenshot below for details. If the correct payer name and address data is not yet entered, use the Admin – Practice – Insurance to set that up. Remember to save before leaving the demographics. By changing the effective date, you will change the From / To period shown in bold above the insurance info.

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Once you have saved that, you will notice that the Demographics now shows only the single insurer, with its Effective date for the "From" and "Present" as the "To" date, per the screenshot below.

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Now again go back to edit the Insurance info by selecting the (More) at the frame top, and click on the Insurance box, then begin to edit per the screenshot below. Note that we again select the previous primary of Medicare, and the previous secondary of Total Care, and again fix any plan names, etc. as needed. Note that the previously left secondary info is still there, even though the "Unassigned" made it sort of invisible to the claims process. This time, though, we will make the Effective Date for the Medicare what it was supposed to be AND we make the effective date for the secondary the same date. That will assure that claims for services before Medicare went into effect will be billed to Total Care, but from the effective date of Medicare, Total Care will only be billed once the primary, Medicare, has been completed in the EOB area (see "Billing" below).

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Again, save after you have made the changes, and the first screenshot in Part 2 should reflect the new data at the bottom of Demographics. You will notice it shows different periods for each of the insurance coverages. That data will now be used by OpenEMR, based on service date, to prepare bills. As you can guess, over time you are likely to have multiples of each shown for each patient as they change insurers or plans. You should follow this process any time information must change in the bill in order to be paid properly. So, for example, you must create a new period every time a BCBS policy number changes, etc. Please refer to the file labeled "Part 2" for the rest of the instructions. Again I apologize. Joe Holzer