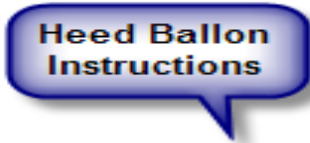


Medicare Secondary Payer Setup Steps – Please follow the screens shown and

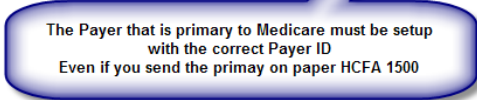


1) Setup the Insurance Company that is Primary to Medicare

Insurance Companies

Ins Comp Id: ▶AETNA◀	ProvID
Claim Fmt Id: HCFA	Type
Type: 7 CLIA#: [REDACTED]	Group#
Name: ▶AETNA LIFE & CASUALTY	62
Address: 30211 N CAMPUS	Phone
City, St Zip: FEDERAL WAY WA 98344	Min/Unit: [REDACTED] Bill: [REDACTED]
Medigap#: [REDACTED] Ins % [REDACTED]	\$/Unit: [REDACTED] Prt: [REDACTED]

Electronic Claims: Y  
Clearing House Id: 837 AVAILITY  
Ins Co Claim Filing Type: CI<----- (Loop2000B SBR09)  
Payer Id: 60054 (Loop2010BB NM109)  
Receiver Id: 030240928 <---- (Loop1000B NM109)  
Electronic Submitter Id: [REDACTED]



F1 - Help

Home - Quit & Return Later

Esc - Quit

2) Setup the Medicare Secondary Payer Information in the Patient Enter Screen

DocBW

PATIENT INFORMATION Last Patient Id(Ascending Order): VERTJ

(ID) (First-Name) (Last-Name)  
 Patient: ▶KLACB ◀ Name: BRAD ▶KLACKBURN ◀  
 Responsible Party Name: BRAD ▶KLACKBURN ◀

Address : 2360 62ND AVE EAST APT. D St Zip Dr. Id: ▶SMITH ◀  
 City : YAKIME WA 98433 Refer Dr: ▶PINHOLT ◀  
 Telephone #: 522-8817 BirthDate: 3/ 8/1961  
 Refer/Kin : Medicare Secondary Insured Setup Sex: M Group:

Patient's Employer: ATW RESTAURANTS Patient's SS#: ▶534-66-8559 ◀  
 Insurance Coverages: Primary Secndry Tertiary 1 3  
 CoPay \$5 1)AETNA 2)MCARE 3) 2 4

Print Statement(Y/N/P/B): Y Monthly Billing Fee(Y/N): Y Signature On File: Y

First Visit: 12/22/2002 Last Visit: 8/10/2007 Last Payment:  
 Total Due: 121.05 Last Statmnt: 12/25/2002 Next Statmnt: 11/12/2002

PgDn=Insurance PgUp=Priv/Ins Due  
 Hot Keys==> Ctl-Y=Items Ctl-Z=History Ctl<---=Notes Ctl-->=Recall

F1 - Help Home - Quit & Return Later Esc - Quit

Patient Screen cont'd ...

HCFA-1500 for MCARE

1. MEDICARE MEDICAID CHMPUS CHMPVA GROUP FECA OTHER [ ] [ ] [ ] [ ] [ ] [ ] [ ]	3. BRTH DATE SEX [ ] [ ] [ ] [ ] [ ] [ ]	1a. INSURED's I.D. NUMBER 010197
2. PATIENT NAME(Last,First,I)	4. INSURED NAME(Last,First,I) KLACKBURN, BRAD	
5. PATIENT ADDRESS(No. Street) CITY ST ZIP CODE	6. RELATIONSHIP SLF SPSX CHL OTH 8. PATIENT STATUS SNGL MRD OTHER EMP FULL PART	7. INSURED ADDRESS(No. Street) 2360 62ND AVE EAST APT. D CITY ST WA FIFE ZIP CODE PHONE(Incl Area) 98424 302-8432
9. OTHER IN a. OTHER INSR'D POLICY OR GRP# b. OTHER BIRTHDATE SEX MI ] FI ] c. EMPLOYER NAME OR SCHOOL d. INSURANCE PLAN NAME	10. Cond Relatd To A. EMPLOYMENT [ ] YES [ ] NO B. AUTO ACCIDENT [ ] YES [ ] NO C. OTHER ACCIDENT [ ] YES [ ] NO St: D. RESERVED	11. INSURED POLICY OR GRP# HIL904 a. INSRD BIRTHDATE SEX MI ] FI ] b. EMPLOYER NAME OR SCHOOL UPS c. INSURANCE PLAN NAME
		13. INSURED'S SIGNATURE [X]

F1 - Help Home - Quit & Return Later Esc - Quit

Patient Screen cont'd ...

PATIENT INFORMATION

Last Patient Id(Ascending Order): VERTJ

Select a LETTER from this column to designate the Medicare Insurance Type For When Medicare Is the Secondary Payer - A number will automatically be inserted in the field for you (In this case 13)	First-Name) (Last-Name)	AD ▶KLACKBURN
	AD ▶KLACKBURN	
	. D St Zip	Dr. Id: ▶SMITH
	WA 98433	Refer Dr: ▶PINHOLT
		3/ 8/1961
MCARE Insurance Coverages		up: 66-8559
Does the Insurance Company AETNA bill MCARE for you? N		
Medicare Ins Type when Medicare is not Primary 13		

Choose a LETTER to select the Medicare Ins Type when Medicare is not Primary

- A-12-Medicare Secondary Working Aged Beneficiary or Spouse with Emplr Grp Pla
- B-13-Medicare Scndry End-Stage Renal Disease Beneficiary in 12 mnth period
- C-14-Medicare Secondary, No-fault Insurance including Auto is Primary
- D-15-Medicare Secondary Worker Compensation
- E-16-Medicare Secondary Public Health Service (PHS) or Other Federal Agency
- F-41-Medicare Secondary Black Lung
- G-42-Medicare Secondary Veterans Administration
- H-43-Medicare Secndry Disabled Beneficiary Under Age 65 with (LGHP)
- I-47-Medicare Secondary, Other Liability Insurance

3) Enter Payments From the Primary and information required by Medicare Secondary Payer

(NEW) Adjustments-Charges-Payments-Writeoffs Entry

Batch#: [ ] Line Batch#: [ ] SuperBill#: [ ]

Prev Bal: 96.05  
Activity: -25.00  
New Bal: 71.05

(ID) (First Name) (Last Name)  
Patient: ▶KLACB ◀ Name: BRAD ◀KLACKBURN ▶  
SS#: ◀534-66-8559▶ Group: [ ] Ins: AETNA MCARE Birth: 3/ 8/1961

Date Office Cd Am Tos C P  
9/26/2008 P-INS 2

When you enter payment from the insurance company primary to Medicare you will see this pop up window, which will allow you to enter the information necessary for Medicare to pay the remainder of the claim

Date Off Code Orig Amt Re Tos C P Dr  
7/24/03 90070 65.00 40.00 25.00 N Doctor==> SMITH  
7/24/03 710 MCARE Y SM  
8/10/07 BIL Y SM

MCare is secondary, you must enter the following:  
Primary Payer Contract Amount :65.00  
Primary Payer Disallowed Amount:5.00  
Patient Responsibility Amount :35.00  
Explanation of Benefits Date :09/20/2008

F2 Auto Cal ED

Hot Keys==> Ctl-T=Patient Ctl-Y=Items Ctl-Z=History Ctl<---=Notes Ctl-->=Recall  
F1 - Help Home - Quit & Return Later Esc - Quit

4) If you have already entered and posted the payments, you may still enter the Medicare Secondary Payer required information in the History Enter Screen.

History Entry/Update

Acct Bal: 96.05

(ID) (First Name) (Last Name)  
Patient: ▶KLACB ◀ Name: BRAD ◀KLACKBURN ▶

Date	Office Cd	Amount	Diag Cd	Prt	Claim#	Pos	Unit	Tos	Doctor
7/24/2003	90070	65.00	493.90	Y	166	3	1	01	SMITH
7/24/2003	71020	54.85	493.90	Y	166	3	1	01	SMITH
8/10/2007	BILL FEE	1.20		Y			1		SMITH
9/25/2008	P-INS	25.00	65.00	Y					SMITH
9/25/2008	P-INS		P-INS 25.00	25.00=>	7/24/2003		90070		SMITH

If you have already entered and posted the payment from the Primary but did not enter the information required by Medicare, you may do so from the History Enter Screen, Go to the line where the payment was distributed and press the enter key until the Medicare is Secondary Windows pops up

P-INS 25.00 25.00=> 7/24/2003 90070 F2 To Date

F1 - Help Home - Quit & Return Later Esc - Quit

History  
Entry/Update

Acct Bal: 96.05

(ID) (First Name) (Last Name)  
 Patient: ▶KLACB ◀ Name: BRAD ◀KLACKBURN ▶

Date	Office Cd	Amount	Diag Cd	Prt	Claim#	Pos	Unit	Tos	Doctor
7/24/2003	90070	65.00	493.90	Y	166	3	1	01	SMITH
7/24/2003	71020	54.85	493.90	Y	166	3	1	01	SMITH
8/10/2007	BILL FEE	1.20		Y			1		SMITH
9/25/2008	P-INS	25.00	65.00	Y					SMITH
9/25/2008	P-INS	P-INS	25.00	25.00=>	7/24/2003	90070			SMITH

M'Care is secondary, you must enter the following:  
 Primary Payer Contract Amount :65.00  
 Primary Payer Disallowed Amount:5.00  
 Patient Responsibility Amount :35.00  
 Explanation of Benefits Date : 9/20/2008

P-INS 25.00 25.00=> 7/24/2003 90070

Enter the required information  
in this box to insure that  
Medicare will pay you

F1 - Help

Home - Quit & Return Later

Esc - Quit