There may be times when you need to update a patient's coverage information after their visit is complete and the encounter has been signed by the provider. Depending on the visit's claim status with the original coverage, these updates may be able to be made in the patient's Registration.

In order to ensure the appropriate insurance expected amount to reflect on the guarantor account, it's important to follow all steps in this document.

Correct the Visit Coverage

Before updating the coverage information for a particular visit, the patient's new coverage must be created.

1. Access the patient's Registration from a workqueue or Appointment Desk:
    - From a Claim Edit or Follow Up workqueue, click **Go To** and select **Registration – Visit**.
    - From a patient's Appointment Desk, select the **Past** tab, select the past visit, and then click **Reg Appointment Contact**.
2. From Registration, click **Dental Eligibility** from the activity toolbar.

Step 1: Update Coverage in Dental Eligibility

If an Existing Coverage Needs to be Updated or Terminated

1. Click **Open Form** for the coverage you wish to update.
2. Click the **pencil** (✎) icon.
3. In the purple **Coverage** menu, select the action you wish to take: Change Attached Fee Schedule (Plan), Terminate Coverage, or Change Subscriber/Member Details.
4. Complete the necessary steps in Dental Eligibility.
    a. To change the fee schedule or subscriber/member details:
        i. Ensure all appropriate Subscriber/Member Detail fields are complete and accurate.
        ii. Ensure Policy Effective and Plan Benefit Details sections are complete and accurate.
        iii. Click **Accept**. Click **Save Form & Send to Epic**.
    b. To terminate a coverage:
        i. Ensure the cancelation date is accurate.
        ii. Click **Terminate Coverage**.

5. Close the Dental Eligibility form and return to the patient's Registration. Click **OK** on the coverage created window.

> If you changed the fee schedule or terminated the plan, ensure the original plan on the patient's Interactive Face Sheet and Visit Info has a termination date.

If a New Coverage Needs to be Created

> For steps to add a coverage in the Dental Eligibility form, refer to the *Create and Verify Coverages* SRG.

Step 2: Update Coverage in Visit Registration

Due to downstream impacts of changing coverages for a prior visit, the workflow below cannot be leveraged if a claim is already pending with (has been sent to) the original insurance plan.

To determine if the office can make this change or if ROC is required to make the coverage change, look for the **Change Visit Guar/Cvg** link in **Encounter Guarantor and Coverages** section within Registration.

When Change Visit Coverage Link is Available

When the Change Visit Coverage link is available, the user can manually fix the coverage information for that appointment after the encounter is closed. By completing the steps provided below, the insurance claim for this past visit will automatically queue for initial billing to the updated insurance carrier.

1. Open the patient's Registration for that encounter.
2. Under the **Encounter Guarantor and Coverages** section, click **Change Visit Guar/Cvg**.
3. In the **Change Visit Guarantor and Coverage** window, under the **Visit Guarantor** section, select the appropriate guarantor account tile for the visit.
4. Edit the coverage(s) as needed within the **Visit Coverages** section.

   > Ensure any additional coverages have been verified prior to adding them to the Visit.

   - Attach an unused coverage to the visit by clicking the **add** (+) icon in the **Unused Coverages** section.
   - Disable an invalid coverage by clicking the **remove** (×) icon next to the coverage to remove it from the list.
5. Click **Accept** and click **Finish** from Registration.

When Change Visit Coverage link is not available, jump to the *Initiate Changes for ROC Retro Review* section in page 6 of this document for steps to complete the workflow.

Step 3: Update Coverage on Linked Financial Arrangements

The linked Visit Financial Arrangement (FA) will retain the original coverage until the Visit FA is replaced and updated with the newly created coverage from Steps 1 and 2. To ensure appropriate insurance expected amount reflects on the guarantor account, the coverage needs to be updated on the linked FA.

1. Access the Visit FA from Prof Tx Inquiry in the Guarantor Summary or Appointment Desk:
    - From the Prof Tx Inquiry, select the visit header under the **Visits** tab, expand the sidebar, and click on the **Financial Arrangements** hyperlink under the **Summary** tab.
    - From a patient's Appointment Desk, select the **Past** tab, select the past visit, and open **Treatment Plan.** Double-click the Visit FA under the **Financial Arrangements** section.
2. Click **Replace** on the lower-right corner of the Financial Arrangement activity.
3. Under **Primary Coverage**, click on the coverage and click **Manage Coverages**.
4. In **Financial Arrangement General Info** window, you can click the **add** (+) icon to manually add an unused coverage. Use the **remove** (−) icon to remove a coverage. Use the up (↑) and **down** (↓) arrows to manually update the filing order if needed.
5. Click **Accept.** The fees will be recalculated based on the coverage change.
6. When you add the new coverage, if the patient portion isn't populating correctly click **Query Benefits** from the benefits sidebar.

> If the Patient Pays portion increased from the original FA, you can either apply a promotional code of "ROCWO" or leave the balance and collect the difference from the patient. If there is a balance left on the account, this will appear as unsecured until collected.

> If you make a mistake while replacing the FA, you have the option to click on **Void** on the lower-left corner of the Financial Arrangement screen to restore the previous FA.

7. Click **Finalize** towards the lower-right corner of the Financial Arrangement screen.
8. Click **Continue** through any warnings.

9. Select the **Send Letter** checkbox and click **Finalize**.
    - If this is the last/only visit in the Treatment FA, continue on to Step 4 of this document.

> When the past visit that you need to update the coverage for is part of a Treatment Plan that has future visit(s), ensure a new Treatment FA is generated with the updated coverage for the future remaining visits included. Refer to the *Update Treatment Financial Arrangement for Remaining Treatment Plan* section of this document to see the steps.

Update Treatment Financial Arrangement for Remaining Treatment Plan

1. Once the Visit FA is re-finalized with the updated coverage(s), go to the Treatment FA by clicking the **Financial Arrangements** hyperlink under the **Related Information** tab in the sidebar.
2. Click **Expire** in the lower-right corner of the Financial Arrangement activity.
3. Click **Go To** and select **Appointment Desk**.
4. From the **Past** tab, select the visit that you are working on and click **Treatment Plan** in the activity toolbar.
5. Under the **Financial Arrangements** section of the Treatment Plan activity, click the **drop-down arrow** (▾) icon next to **Create** and select **Create & Build** to create a Treatment FA.
6. Make sure only the future visit(s) are selected in this new Treatment FA and click **Accept**.
7. Open this new Treatment FA, update fees if applicable, and click **Finalize** in the lower-right corner of the Financial Arrangement screen.

> If treatment was originally diagnosed into the patient's treatment plan prior to the effective date of the patient's new coverage, fees will not populate. To rectify this, open the patient's Treatment Plan, click **Requested** for each impacted visit, and enter a date that is after the new coverage's effective date into the **Start Date** field.

8. Select the **Send Letter** checkbox and click **Finalize**.
    - This updated Treatment FA will remain in the **Financial Arrangements** section until procedures are completed.
    - Back in the Treatment Plan activity, you can use the **filter** (▾) icon in the upper-right corner of the **Financial Arrangements** section to select the **Show past completed** or **Show expired** checkboxes to view the old/expired FA.

Step 4: Repost Updated Changes to the Prof Tx Inquiry in Guarantor Account

Currently, the procedures/charges for the past visit are linked to an invalid FA and you will need to repost the charges to capture the changes completed in Steps 1-3. Reposting will re-link any changes to the replaced FAs and correct the updated insurance/patient amounts.

1. In **Guarantor Account**, access the **Visits** section under the **Prof Tx Inquiry** tab.
2. Select the matching date of service that needs to be updated.
3. Right-click the line item or select **Functions** in the activity toolbar and select **Repost** under the **Corrections** heading.
4. In the **Repost** window, click **Accept**.
5. Once back in **Prof Tx Inquiry**, click the **refresh** icon in the upper-left corner.

   > Ensure your filters include Voided/Reversed and Zero Balance to view all reposted charges.

6. Review and confirm charges have updated to match the updated Visit and Treatment FA and the coverage is changed by looking at the reposted status with the Voided/Reversed filter included:
   - Prof Tx Inquiry - Insurance Expected Amount
   - Visit Sidebar - Updated coverage and FA linked in Visit

Initiate Changes for ROC Retro Review

When Change Visit Coverage Link is Not Available

Once a claim has been sent to the original insurance company for a particular visit, only ROC can update the coverage on that visit. Adding the new coverage via the Dental Eligibility form (ensuring that the effective from date encompasses the date of service in question) will trigger the encounter to fall into a ROC workqueue (ROC Retro Review).

It is vital to properly document the changes needed in a guarantor account note so that ROC can take the appropriate actions needed (i.e., update the FA, rebill insurance, etc.) when they are working this workqueue.

> **!** In most cases, the addition of the new coverage and entry of a guarantor note replace the need to submit a ROC help ticket. However, if the claim sent to the original payer had $0 insurance expect, a ROC help ticket will be required, as the new coverage will need to be manually added by a ROC user.

After adding the updated coverage information via the Dental Eligibility form, document your changes by leaving a guarantor account note:

1. From the patient's Registration, click on the hyperlink for their guarantor account in the **Encounter Guarantor and Coverages** section.
2. The Guarantor Edit activity opens. Click **Add Guarantor Note** and enter the details of the change in the **Add Guarantor Note** section.
3. In the **Type** field, enter **Coverage Change**.
4. In the **Patient** field, click the **magnifying glass** (🔍) icon and select the correct patient the coverage was updated for if not already selected.
5. Click **Accept**.