Reference Guide:

Payer Change

Overview

Use this procedure when you need to change a payer during an episode.

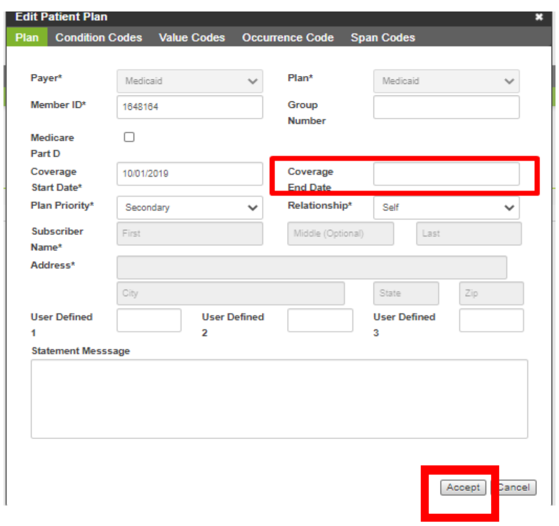
Note: *Due to the downstream impacts of a case, we require a case discharge and readmit for all payer changes.*

Procedure

You can follow this procedure once the discharge appointment and documentation has been initiated.

Update the Payer:

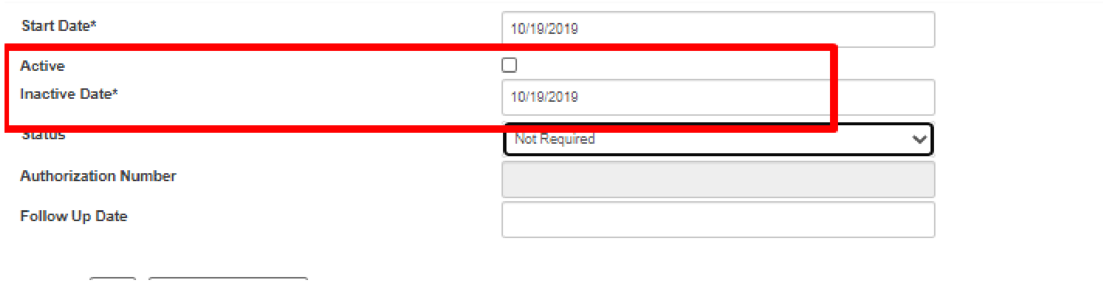
1. Navigate to the **Financial Record** in the client record.
2. Select **Payers** tab, click **Actions > Edit**, add the **Coverage End Date**, and click **Accept**.



Note: The new payer will be added during the intake workflow.

Update the Authorization:

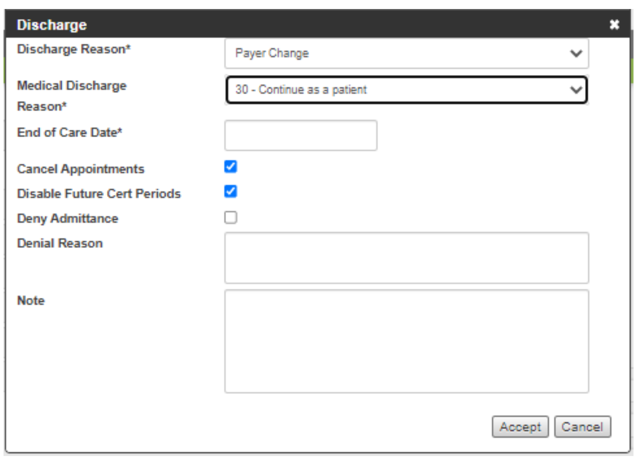
1. Navigate to the **Financial Record** tab in the client record.
2. Select **Authorizations** tab, click **Edit**, **deselect** the Active box and **add** an inactive date, this date should match the end date of the coverage, click **Accept**.



Note: The new authorization will be created after re-intake.

Update the Case Record:

1. Navigate to the **Case Details** tab in the client record.
2. Select **Case Details** tab, click **Discharge** button, fill in the discharge dialog pop up with the following:



a. **Discharge reason** (Payer Change).

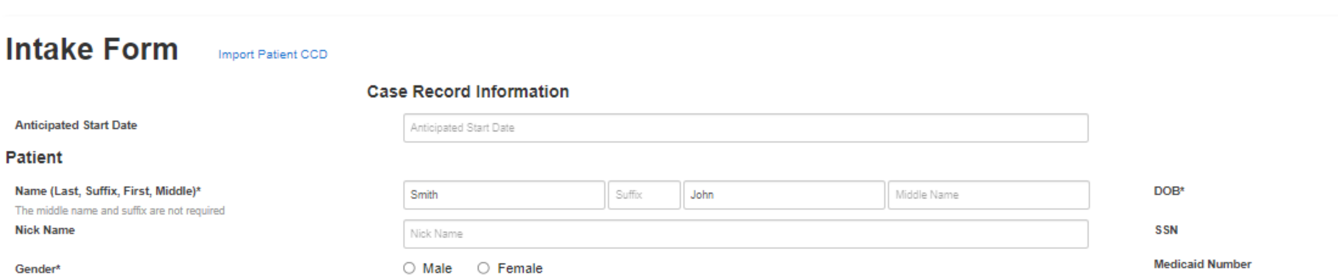
b. **Medical discharge reason** (Continue as patient).

c. **End of Care Date** (last day of coverage from previous payer).

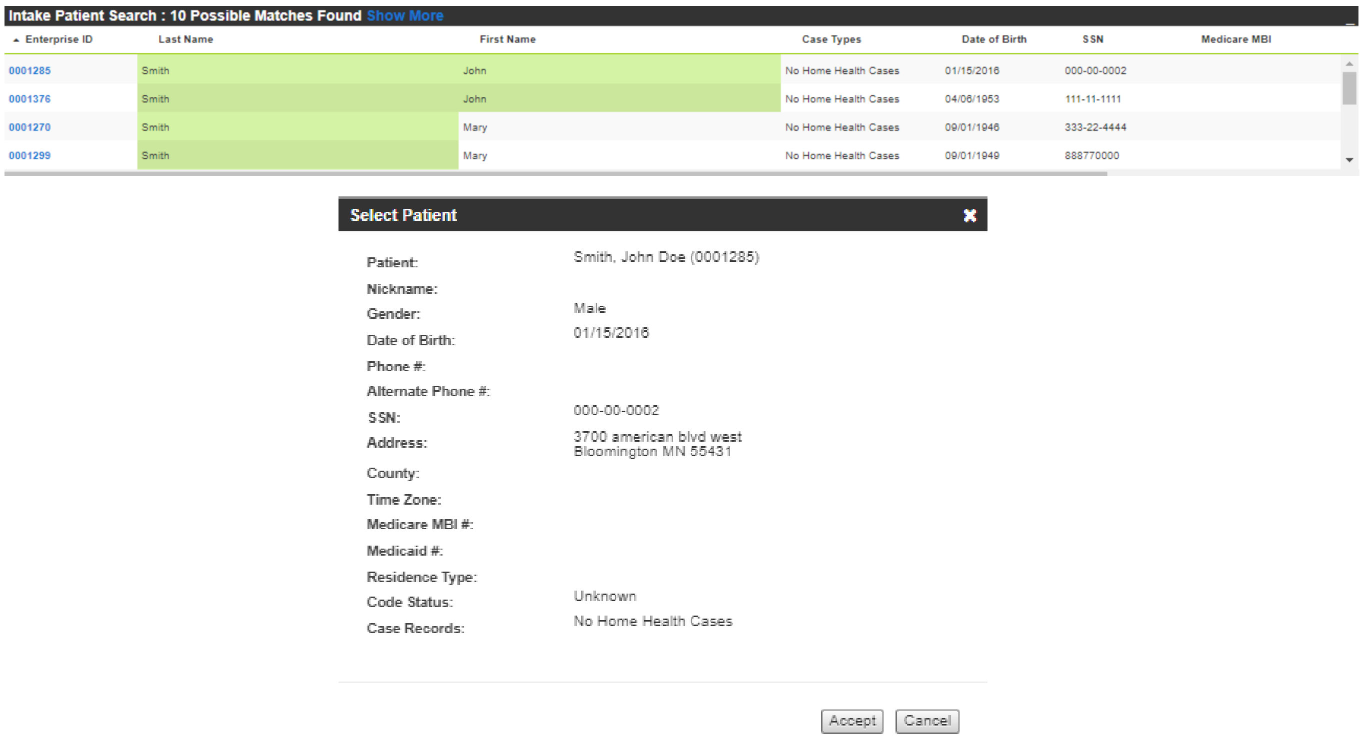
3. Click **Accept**.

Re-Intake Client:

1. Navigate to the **Intakes**.
2. Select **Add Intake**, type patient name in the case record which will generate the **Intake Patient Search** from the *Master Patient Index*.



3. A patient record should already exist, to avoid duplicate records, **select** the ***blue enterprise ID*** which will bring up a dialog box, click **Accept**, this will modify and prefill the patient demographics into the case record.



4. **Complete** the intake following the intake workflow. Make sure to **Add,** not **Edit** the new insurance onto the record.

Create New Authorization:

Option 1:

If authorizations are manually created in your agency or for a payer, follow the process after the readmission.

Option 2:

If authorizations are auto generated in your agency from service orders, follow the readmission/ intake process and when the clinician generates service orders the new auth bucket will be created automatically.

Notes: