

iCoreConnect



iCoreVerify

Automated Insurance Verification | Technical and User Guide

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# What is iCoreVerify?

## iCoreVerify Overview:

iCoreVerify runs automated insurance verification reports for every patient on your schedule a full week in advance. iCoreVerify solves critical workflow and revenue issues in three primary areas.

### Efficiency

Your administrative staff can free up hours per day otherwise spent on the telephone and on websites requesting the verification reports. These reports provide in-depth results including payer, provider, subscriber, coverage type and dates, deductibles, maximums, coverage, plan provisions and any limitations.

### Accuracy

If the request for the report fails, you will be notified that the information in your practice management software is either missing, incorrect or doesn't match up with what the carrier has on file. Should that happen, iCoreVerify provides information about what is causing the error so corrections can be made quickly.

### Payments

Having automatic insurance verification reports means more accurate estimates, higher case acceptance and a lot less time spent adjusting and/or otherwise chasing down payments.

**Hang up on insurance calls & devote more time to service patients.**

# iCoreVerify Features

## Navigation Bar:

The Navigation Bar helps users access the various features of iCoreVerify.



## Navigation Bar Features:



### Search Bar (Top):

Use this search field to find any existing active patient in the Practice Management Software database.

### Search Bar (Bottom):

Use this search field to find any patient scheduled on the selected date.



## Username:

Clicking the account's username opens the user menu. Users will be presented with various options to manage their account.

John Smith   HELP

 Search Patient

 Online Support

 Logout

## User Menu:

**Search Patient:** Search for a patient inside the Practice Management Software database. The result will pull up the patient's summary.

**Online Support:** Contact iCoreConnect Support.

**Logout:** Securely signs out the user.

## Practice:

Allows users with multiple locations to switch to other practices.

Practice:

## Patient Schedule Tab:

Upon login, the system will default to the current date and display a mirror of the schedule from the Practice Management Software.

SCHEDULED		REVENUE		04-20-2022			
Time ^	Last Name	First Name	Primary Provider	Secondary Provider	Remaining Benefits	Insurance	Benefits Check
7:00 AM	<u>Hennings</u>	<u>Jesse</u>	Michael, B.	NA	\$1,500.00	DELTA DENTAL	
8:30 AM	<u>Lord</u>	<u>Paul</u>	Michael, B.	NA	\$0.00	aetna	
9:20 AM	<u>Palmieri</u>	<u>Gretchen</u>	Michael, B.	Ripley, M.	\$0.00	UnitedHealthcare	
10:00 AM	<u>Fritz</u>	<u>Terrel</u>	Michael, B.	NA	\$0.00	ASSURANT	
11:30 AM	<u>England</u>	<u>Terrel</u>	Michael, B.	NA	\$0.00	BlueCross BlueShield	
12:10 PM	<u>Dumas</u>	<u>Ricky</u>	Michael, B.	NA	\$0.00	Cigna	
1:30 PM	<u>Kasper</u>	<u>Vanessa</u>	Michael, B.	Callie, W.	\$0.00	Cigna	
2:00 PM	<u>Iglesias</u>	<u>Dianna</u>	Michael, B.	NA	\$0.00	COSTCO MEMBERSHIP AGENCY, INC.	
2:00 PM	<u>Crowler</u>	<u>Jesse</u>	Michael, B.	NA	\$0.00	Guardian	
3:00 PM	<u>Jarret</u>	<u>Ricky</u>	Michael, B.	NA	\$1,328.00	Humana	

Search 1 2

### Calendar Icon:

Allows users to navigate to other dates on the schedule.



Time ^

### Time:

Lists the time of the patient's appointment.

### Last Name and First Name:

Displays the patient's first and last name. Clicking the patient's name will open their summary.

Last Name

First Name

Primary  
Provider

Secondary  
Provider

### Primary and Secondary Provider:

Displays the provider scheduled to complete this appointment.

### Remaining Benefits:

Displays the patient's total remaining insurance benefits reported from a successful verification.

Remaining Benefits
\$1,500.00
\$2,000.00
\$0.00



### Insurance:

Displays the patient's insurance company logo, if available.

## Benefits Check:

The icons inform the user if the system successfully generated real-time benefits check or if additional information is required.



### Report Icon:

- Indicates Real Time Benefits Check was run



### ID Card:

- Represents the Patient's demographic information.



### Insurance Card:

- Represents the Patient's insurance information.



### Double Paper Icon:

- This indicates that a Real Time Benefit Check was run

Two icons indicates that the Real Time Benefits Check (RTBC) has not yet been requested



Four icons indicates that the Real Time Benefits Check (RTBC) has been requested



## Using the Benefits Check Column:

It is recommended that a user log in daily to check the next seven days' schedule.



If the icons are all Green, the report was successfully retrieved. Click the Green icon to see the report.



If all icons are Blue, it indicates the RTBC failed.

Yellow means the data in your practice management software does not match what the insurance company has on file or there is missing information.



If icons are all yellow, that means there is missing or invalid patient/subscriber/payers info



If the Insurance Card icon is yellow, this means that the subscriber's member ID or payers info is missing information

Review the patient information in your practice management software to identify the error, make the correction and re-run the real-time benefits check.

# Required Information to Run a Report

The following data must be in your practice management software to successfully retrieve a verification of insurance report:

## Patient Demographics:

- First Name
- Last Name
- DOB
- Gender
- Address
- Phone

## Patient Insurance Information:

- Group ID / Number
- Policy ID / Number
- Carrier ID (Payor ID)
- Carrier Name
- Plan Name
- First Name
- Last Name
- DOB
- Gender

# Troubleshooting and Error Resolution

## Icon Color Meanings:



These icons list the status of the information required to perform a real-time benefit check. Looking at the icon's color indicates whether the report was successfully generated or if a correction needs to be made inside the patient's chart.

## What Does Each Color Mean?



### Green:

- Green icons indicate the report was retrieved successfully and information is valid.



### Yellow

- Yellow icons indicates missing or invalid patient information and/or missing subscriber payor info.



### Blue:

- Blue icons indicate the Real Time Benefit Check failed.

## Troubleshooting Using the Icons:

This section provides various examples of how to use the icon color to determine what went wrong.

### Example 1:



In this first example, the insurance card icon is yellow. Click on the icons to see details on what went wrong:

Insurance Info ✕

Payer ID 'DDPMI' did not match a Payer. Please ensure the Payer ID for DELTA DENTAL PLAN OF MICHIGAN is correct and try again. For a full list of supported Payers, Please contact iCoreConnect.

Print Save New RTBC

In this example, the request failed because the Payer ID was incorrect inside the practice's practice management software. Refer to the Payer List for the correct Payer ID or call iCoreConnect Support for help.

## Example 2:



In the following example, the report, insurance card, and double paper icons are yellow. Click on the icons again to see more details on what went wrong. When you click the icon, the insurance window opens and shows you the error that occurred

Insurance Info

**3/31/2022**

<i>Payer</i>			
Payer Name	<b>DELTA DENTAL OF MA</b>	Transaction ID	<b>572885426</b>
Contact	<b>MEMBER SERVICES</b>	Telephone	<b>(800) 872-0500</b>
		FAX	<b>(617) 886-1500</b>
		E-Mail	<b>customer.care@deltadentalma.com</b>

  

<i>Provider</i>			
Provider	<b>MICHAEL BANT</b>		
Address			
Provider ID	<b>1609967330</b>	Tax ID	

  

<i>Subscriber</i>			
Patient Name	<b>LILA ALLEN</b>		
Member ID	<b>910485342</b>	SSN	
Group Number		Group Name	
Date of Birth	<b>05/15/1950</b>	Gender	

  

**An Error Occurred**

HIPAA ID	Error Reason	Follow Up Action
<b>71</b>	<b>Patient birth date does not match the one on file.</b>	<b>Please Correct and Resubmit.</b>

Disclaimer: This Emdeon Dental eligibility report is for informational purposes only. The information is derived directly from the payer indicated on the report and is not to be construed as a guarantee of payment.

Print Save New RTBC

## Example 2 Continued:



The “An Error Occurred” section states the specific error. In this example, the patient’s birth date listed in the Practice Management Software does not match the insurance carrier’s records. The report explains a clear “Follow Up Action” to correct the patient’s birthdate and resubmit the report request.

### ***An Error Occurred***

HIPAA ID	Error Reason	Follow Up Action
<b>71</b>	<b>Patient birth date does not match the one on file.</b>	<b>Please Correct and Resubmit.</b>

Disclaimer: This Payer Dental eligibility report is for informational purposes only. The information is derived directly from the payer and is not to be construed as a guarantee of payment. Aetna’s co-payment/co-insurance may vary depending on the patient’s benefit plan. To verify that payment will be made, to inquire/determine oral surgery benefits, or if member information returned differs from Provider’s patient records, please refer to the Dental Office Guide or call Aetna Customer Service.

# Detailed Error Messages

- 
- 0 - No Error
- 
- 41 - Authorization Restricted.
- 
- 42 - Unable to respond at the current time. Please try again later.
- 
- 42 - Information for this policy cannot be supplied on-line.
- 
- 43 - Invalid or Missing Provider Identification.
- 
- 51 - Provider Not on File
- 
- 58 - Invalid/Missing Date of Birth.
- 
- 42 - CIGNA unavailable weekdays 10PM to 7AM
- 
- 60 - Date of Birth Follows Date(s) of Service.
- 
- 64 - Invalid/Missing Patient ID.
- 
- 65 - Invalid/Missing Patient Name.
- 
- 67 - Patient Not Found
- 
- 71 - Patient birth date does not match the one on file.
- 
- 72 - Invalid or missing subscriber or insured ID.
- 
- 73 - Invalid or missing subscriber or insured name.
- 
- 75 - Insured Not Found
- 
- 76 - Duplicate subscriber or insured ID number.
- 
- 77 - Insured Found
- 
- 78 - Insured Not In Group or Plan Identified.
- 
- 79 - Invalid Participant Identification.
- 
- 80 - A response was not received from the payer within the required amount of time.
- 
- 99 - Time out - Try again later

*NOTE: These Error messages come back directly from the payer and are saved as-is.*

# The Revenue Tab:

The Revenue Tab lists patients with unscheduled Treatment Plans from the highest dollar amount to the lowest without running a report. Practices use this information to improve case acceptance and scheduling.

SCHEDULED		REVENUE				
Last Name	First Name	Remaining Benefits	Proposed Revenue	Patient Responsibility	Insurance	Benefits Check
<a href="#">Navarro-Garcia</a>	<a href="#">Opal</a>	\$0.00	\$14,769.00	\$14,769.00	DELTA DENTAL	
<a href="#">Reggiani</a>	<a href="#">Vanessa</a>	\$0.00	\$14,714.00	\$14,714.00	aetna	
<a href="#">Tuohy</a>	<a href="#">Wilson</a>	\$0.00	\$14,656.00	\$14,656.00	UnitedHealthcare	
<a href="#">Hennings</a>	<a href="#">Simon</a>	\$0.00	\$13,411.00	\$13,411.00	ASSURANT	
<a href="#">Crowler</a>	<a href="#">Terrel</a>	\$0.00	\$13,284.00	\$13,284.00	BlueCross BlueShield	
<a href="#">Reggiani</a>	<a href="#">Marcus</a>	\$542.00	\$12,989.00	\$12,447.00	Cigna	
<a href="#">Gustafson</a>	<a href="#">Paul</a>	\$878.00	\$12,936.00	\$12,058.00	Cigna	
<a href="#">Navarro-Garcia</a>	<a href="#">Cynthia</a>	\$0.00	\$12,818.00	\$12,818.00	COSTCO INSURANCE AGENCY, INC.	
<a href="#">Metcalf</a>	<a href="#">Simon</a>	\$0.00	\$12,798.00	\$12,798.00	Guardian	
<a href="#">Metcalf</a>	<a href="#">Terrel</a>	\$1,136.00	\$12,721.00	\$11,585.00	Humana	

10  « < 1 2 3 4 > »

### Remaining Benefits:

Using the current insurance verification data, the patient's remaining benefits are listed

#### Remaining Benefits

\$776.00

\$678.00

#### Proposed Revenue

\$1,979.00

\$1,941.00

### Proposed Revenue:

Lists the total production revenue from the Patient's Treatment Plan(s).

### Patient Responsibility:

Lists the Patient's expected out-of-pocket costs after applying for any remaining benefits. (Proposed Revenue - Remaining Benefits = Patient Responsibility)

#### Patient Responsibility

\$1,054.00

\$556.00

## Click on the Patient's Name to see their Summary:

There are several tabs across the top containing data synchronized from your Practice Management Software:

< Back to List
Care, Carrie

Patient Info

Family Members

Account

Chart History

Notes

Appts

Treatment Plans

Insurance

QUICK ACTIONS

Off Plan
Not in Recall

Quick Contact <

\$0.0 Remains

Last: NA <

<

Family Compliance ! <

01-01-1980

Patient for 4 Years

GENERAL

Gender	F
Age	42
Total Years Patients	4
Birthday	01-01-1980
Premedication	N

PREFERRED PROVIDERS

Primary Provider	NA
Secondary Provider	NA

CONTACT

Responsible Party	George Care
Mobile Phone	NA
Home Phone	(879) 555-4578
Work Phone	NA
Email	NA
Address 1	1545 NE ClariCare Drive
Address 2	NA
City	Philadelphia
State	PA
Zip	19131

Patient Info:	Displays demographic, contact, and account information.
Family Members:	Displays any other family members associated with the patient in the Practice Management Software.
Account:	Displays revenues, A/R, Insurance, and Employer information.
Chart History	Displays a summary of past visits.
Notes:	Displays the Clinical Notes taken during past visits.
Appts:	Displays last and next regular, preventative, comprehensive, and imaging appointments.
Treatment Plans:	Displays detail on any active or saved treatment plans.
Insurance:	Displays patient's insurance information that is on file in your practice's EHR.

# iCoreVerify Daily Workflow:

1. Every morning iCoreVerify automatically attempts to retrieve a verification of insurance for all patients scheduled over the next seven calendar days.
2. If iCoreVerify gets a successful response for a patient, it **will not** attempt a new one on any subsequent daily runs.
3. The system then automatically runs every hour to attempt to retrieve a verification of insurance for all that failed during the daily run. This means, if you correct the reason for the error in the Practice Management Software, it will retrieve the verification of insurance in the next hourly run.
4. Any patient added to the calendar between the daily runs will be caught on the hourly run. EX. You have a walk-in and add their demographics and insurance information into your Practice Management Software. iCoreVerify will sync the data. At that point, you can manually retrieve a Real Time insurance verification or allow the system to automatically retrieve it on the next hourly run.
5. Tomorrow morning, the process repeats for the next 7 days.



**Thank you for reading.**

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If you require further assistance, feel free to call 888.810.7706. Our U.S.-based support team is here to help you 9am-10pm Eastern time Monday through Friday.