iCoreConnect

iCoreVerify

Automated Insurance Verification | Technical and User Guide

Table of Contents

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 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.

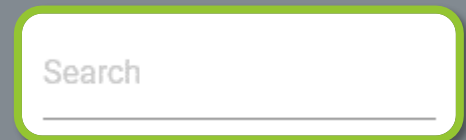## Navigation Bar Features:

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 👤 ⑦HELP

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.

🔍 Search Patient

☺ Online Support

⏻ Logout

Practice:

Allows users with multiple locations to switch to other practices.

Practice : Select 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.

Time ^	Last Name	First Name	Primary Provider	Secondary Provider	Remaining Benefits	Insurance	Benefits Check
9:00 AM	Crowler	Brandom	Michael, B.	Callie, W.	$729.00	DELTA DENTAL	
9:00 AM	Metcalfe	Lila	Michael, B.	Jayce, H.	$0.00	aetna	
11:30 AM	Kasper	Vanessa	Michael, B.	NA	$0.00	UnitedHealthcare	
12:00 PM	Reggiani	Irene	Michael, B.	Ripley, M.	$1,227.00	ASSURANT	
12:00 PM	Tuohy	Alexis	Michael, B.	NA	$1,187.00	BlueCross BlueShield	
2:00 PM	Gustafson	Brandom	Michael, B.	NA	$0.00	Cigna	
2:00 PM	Fritz	Jesse	Michael, B.	NA	$1,221.00	COSTCO INSURANCE AGENCY, INC.	
2:00 PM	Palmieri	Dianna	Michael, B.	NA	$0.00	Guardian	
3:00 PM	Hennings	Zachary	Michael, B.	NA	$0.00	Humana	
3:00 PM	Szporluk	Irene	Michael, B.	Ripley, M.	$0.00	THE IHC GROUP Independence Holding Company	

Search   1   2

↑ | Click to Return to Top

Calendar Icon:

Allows users to navigate to other dates on the schedule.

Time:

Lists the time of the patient's appointment.

Time ^

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
$0.00
$645.00
$1,303.00
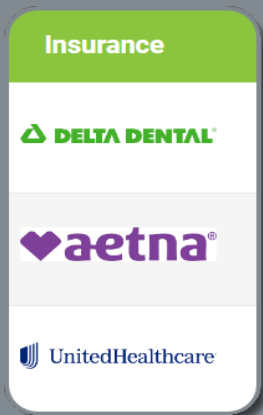
Insurance:

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

Insurance
DELTA DENTAL
aetna
UnitedHealthcare

Benefits Check:

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

Benefits Check

Report Icon:
- Indicates Real Time Benefits Check was completed and coverage is valid.

Report Icon:
- Indicates verification was unable to match PayorID or the PayorID is invalid.

IDCard:
- Represents the Patient's demographic information.

Insurance Card:
- Represents the Patient's insurance information.

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 PayorID is not recognized or invalid. Click on the Blue icon to manually select the PayorID.

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/payors info.

If the are Black, this indicates there may be technical issues or this is a cash paying patient.

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

Additional Icon colors and meanings:

Automated insurance verification check was successful and coverage is valid.

Automated insurance verification check was successful, but unable to determine insurance status.

Automated Insurance verification check was sucessful. However, you will need review to determine the status

Automated Insurance verification check was sucessful. However, coverage will expire before visit date.

Automated Insurance verification check was sucessful. However, coverage has expired.

Automated Insurance verification check was sucessful. However, coverage has expired and/or insurance has been set to invaild by Payor.

Automated Insurance verification check was unsucessful. Unable to match PayorID or PayorID is invalid. Click the icon to manually pick the PayorID.

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 field values are valid and verified.

Yellow:
- Yellow icons indicate there is missing information and will need to be reviewed.

Black:
- Black incons indicate there may be a technical issue or this is a cash paying patient.

Blue:
- Blue icon represents the PayorID is not recognized.

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 blue. 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

Payer

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

Provider

Provider	**MICHAEL BANT**		
Address			
Provider ID	**1609967330**	Tax ID	

Subscriber

Patient Name	**LILA ALLEN**		
Member ID	**910485342**	SSN	
Group Number		Group Name	
Date of Birth	**05/15/1950**	Gender	

An Error Occurred

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

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
71	**Patient birth date does not match the one on file.**	**Please Correct and Resubmit.**

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	MANUAL			
Last Name	**First Name**	**Remaining Benefits**	**Proposed Revenue**	**Patient Responsibility**	**Insurance**	**Benefits Check**
Navarro-Garcia	Opal	$603.00	$14,769.00	$14,166.00	DELTA DENTAL	
Reggiani	Vanessa	$1,595.00	$14,714.00	$13,119.00	aetna	
Tuohy	Wilson	$1,183.00	$14,656.00	$13,473.00	UnitedHealthcare	
Hennings	Simon	$633.00	$13,411.00	$12,778.00	ASSURANT	
Crowler	Terrel	$1,373.00	$13,284.00	$11,911.00	BlueCross BlueShield	
Reggiani	Marcus	$1,520.00	$12,989.00	$11,469.00	Cigna	
Gustafson	Paul	$1,502.00	$12,936.00	$11,434.00	COSTCO INSURANCE AGENCY, INC.	
Navarro-Garcia	Cynthia	$773.00	$12,818.00	$12,045.00	Guardian	
Metcalfe	Simon	$1,673.00	$12,798.00	$11,125.00	Humana	
Metcalfe	Terrel	$1,365.00	$12,721.00	$11,356.00	THE IHC GROUP Independence Holding Company	

10 ⌄   Search   «   ‹   **1**   2   3   4   ›   »

↑ | Click to Return to Top

Remaining Benefits:

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

Remaining Benefits

$603.00

$1,595.00

Proposed Revenue

$14,769.00

$14,714.00

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

$14,166.00

$13,119.00

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:

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.

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.