GE-IDX INTENSIVE FSC
Manual
INTRODUCTION

Objectives

The purpose of this training is to make each student aware of FSC numbers and the associated Managed Care Contracts.

The goals are as follows:

- Provide an understanding of the FSCs and Payors dictionaries;
- Describe the different “product types” of FSCs and its impact on the system;
- Provide ways in determining what FSCs to use during registration;
- A comprehension of the FSC’ing procedures (FSC for every Contract);
- A recognition for the exceptions to the FSC’ing procedures;
- Address issues raised by users to assist in properly identifying the correct FSC and/or consider future enhancements.
FSC Concepts

Financial Status Classification (FSC) is the methodology of classifying and grouping patient receivables that allows the user to:

- Bill the appropriate party for services; and
- Track receivables and reporting.

**FSC Type:**

FSCs are divided by two major types/categories: Registration and Non-Registration (Invoice).

- **Registration FSC** – charges are automatically posted and categorized within the patient’s account.

- **Non-Registration (Invoice/Alternate)** – specific charges/services within the patient’s account i.e.:
  - Single Case Negotiations
  - Research/Study

As the name implies, non-registration or invoice FSC, users will not be able to register patients using a non-registration FSC.

**FSC Identification:**

- Based upon the patient’s identification card, the user can access the registration insurance screen to enter the patient’s insurance coverage.

- Based on the service date of the charge, the system pulls the effective FSC from the patient’s registration FSC list, usually the primary registration FSC.

- For each FSC that identifies the patient’s insurance coverage, FSC follow-up questions are necessary to accommodate billing requirements. These questions, specific to each registration FSC, capture insurance address and subscriber’s information.

- Despite the fact that valid FSCs may appear for particular payors, it is imperative that verification of benefits be done at the front end in order to properly classify a payor/patient.
MODULE 1 – Understanding FSC Dictionaries

Dictionaries – store information in the GE-IDXe System

Dictionary 19 – FSC Dictionary

- Contains names and addresses
  - Function 13 - Dictionaries...
  - Activity 5 - Inquire About Dictionary Entry

<Enter the partial name of the insurance’s name. The system will provide the complete listing of the related insurance names and its associated product types>

- If you type in a FSC name/number and no address appears, the FSC looks to Dictionary 120 for Payors and Addresses.

Dictionary 120 – Commercial Insurance Companies

- Payors and Addresses for different plans under a FSC
  - Function 120 - Dictionaries...
  - Activity 5 - Inquire About Dictionary Entry

<Enter the partial name of the insurance’s name. The system will provide the complete listing of the related payor’s names and its associated claims address>

NOTE: The FSC number in Dictionary 19 is not equal to the Commercial payor’s address in Dictionary 120.
MODULE 2 – FSC Follow-Ups and Product Types

Must look at the insurance card, as there are comment elements:

- Medicare
- Medicaid
- Commercial
- HMO Contracts
- HMO Non-Contracts
- HMO Contracts – Capitation
- PPO Contracts
- PPO Non-Contracts
- Champus
- Self Pay
- Special FSCs
- Payor: where to send claim

Example:
There are instances when an insurance may appear to be commercial insurance (FSC 41), and in reality it is a contracted Multi-Payor (i.e., Beech street) PPO. It is important to verify whether the “commercial” payor is participating in a PPO network because UM can only bill patients insured with Contracted PPO’s other than the patient’s co-insurance or deductible. However, under FSC 41, the patient can be balanced billed for total charges on their account.

At the time of fsc’ing:

- When in the FSC Follow up questions, if the first field is labeled ‘Enter FSC Name or #’, you may enter the FSC # at this field. This is an indication that this payor only has one claims address to which all claims go to. The system is pre-defined with the claims address and will default after you enter the FSC # at this field.

- When in the FSC Follow up questions, if the first field is not labeled ‘Enter FSC Name or #’, you are required to enter the partial name of the payor. If you enter the FSC # again, the incorrect claims address will populate. This is an indication that the payor has more than one claims address to which claims may be sent to.
Module 2 continue

Ask the right Questions

**HMOs:**

**Step 1:** Identify the Insurance Company.

**Step 2:** THEN identify the product type
  - HMO & HMO POS, HMO Medicare, and HMO Medicaid.

**Step 3:** Once you have determined the patient’s benefit, then ask yourself the question: “IS UM contracted with this product?”

**Step 4:** (a) If the answer is ‘**YES**’, UM is contracted with the insurance company under that product type, then DETERMINE which FSC applies.

  (b) If the answer is ‘**NO**’, UM is NOT contracted with the insurance company under that product type, then DETERMINE, which FSC applies.

**PPOs:**

**Step 1:** Identify the Insurance Company.

**Step 2:** Identify the product type
  - PPO

**Step 3:** Once you have determined the patient’s benefit, you then ask yourself the question: “IS UM contracted with this product?”

**Step 4:** (a) If the answer is ‘**YES**’, UM is contracted with the insurance company under that product type, then DETERMINE which FSC applies.

  (b) If the answer is ‘**NO**’, is it possible that the particular insurance is part of a multipayor network that UM is contracted with, then DETERMINE which FSC applies.

*Definition:* “Multipayor PPOs lease their networks of contracted providers to third party administrators who process claims and payments for services rendered to their clients.”

  (c) If the answer is ‘**NO**’, UM is NOT contracted with the insurance company under that product type, and then DETERMINE which FSC applies.
Many PPO payors fall under ‘multipayor networks’. Therefore, it is imperative that before the patient’s insurance information is added to the system, that you verify the carrier financially responsible. Many times these PPOs get FSC as non-contracted when in reality UM is contacted with that particular mutipayor.

You should continue to rely on the Health Plan Contract Summary. This is provided by the Business Development Office, and is available at [www.umdoctors.com](http://www.umdoctors.com).
**MODULE 3 – Non-Contracted FSCs**

Guidelines for when a particular FSC has already been used under a patient’s account:

If non-contracted HMO, select the appropriate FSC:

- **Non-contracted HMO Contract:**
  - FSC 980 - HMO NON-CONTRACTED 1ST *R
  - FSC 983 - HMO NON-CONTRACTED 2ND *R

- **Non-contracted HMO Medicaid Contract:**
  - 981 - HMO NON-CONTRACTED MEDICAID 1*R
  - 984 - HMO NON-CONTRACTED MEDICAID 2*R

- **Non-contracted HMO Medicare Contract:**
  - 982 - HMO NON-CONTRACTED MDR 1ST *R
  - 987 - HMO NON-CONTRACTED MDR 2ND *R

If non-contracted PPO, should be treated as Commercial/Indemnity Insurance:

- **Non-contracted PPO/Commercial:**
  - FSC 41 – COMMERCIAL PRIMARY 1ST *R
  - FSC 42 - COMMERCIAL PRIMARY 2ND *R
  - FSC 43 - COMMERCIAL PRIMARY 3RD *R

- **Non-contracted PPO/Commercial Supplemental/Secondary**
  - FSC 49 – COMMERCIAL Supplemental/Secondary 1ST *R
  - FSC 44 - COMMERCIAL Supplemental/Secondary 2 ND *R
  - FSC 45 - COMMERCIAL Supplemental/Secondary 3RD *R

- **Non-contracted PPO/Commercial Supplemental/Secondary**
  - FSC 94 – COMMERCIAL Supplemental/Secondary to Medicare 1ST *R
  - FSC 95 - COMMERCIAL Supplemental/Secondary to Medicare 2 ND *R
  - FSC 96 - COMMERCIAL Supplemental/Secondary to Medicare 3RD *R

**Contracted Payors Second Time Around…**

If contracted HMO, select the appropriate FSC:

- FSC 600 - HMO CONTRACTED 1ST *R
- FSC 611 - HMO CONTRACTED 2ND *R
- FSC 701 - HMO CONTRACTED-MEDICAID *R
- FSC 750 - HMO CONTRACTED-MEDICARE *R
- FSC 500 – should be used for patients that have 2 of the same PPO contracted insurance.
Example 1:

**Scenario A:**
Patient Y has United Health Care Insurance and is the primary subscriber. His spouse, Patient Z, is a dependent under Patient Y’s insurance. Both of them have been seen by UM physicians in the past.

**FSC’ing process**
Patient Y is FSC’ed 607
Patient Z is FSC’ed 607

**Scenario B:**
Patient Z becomes employed by a company who also offers United Health Care Insurance, and is the primary subscriber on her own policy. She seeks continued care with a UM physician.

**FSC’ing process**
1) Patient Z is FSC’ed 607 (add termination date)
2) Add New FSC 600 (add new effective date)
3) Change order of 600 to primary and 607 in second position.

Example 2:

**Scenario A:**
Patient X is employed with Walmart, who insures their employees with All Florida PPO and has been seen by UM physicians in the past.

**FSC’ing process**
Patient X is FSC’ed 524

**Scenario B:**
Patient X is now employed by Kmart. Kmart also insures their employees under All Florida PPO

**FSC’ing process**
1) Patient X is FSC’ed 524 (Add Termination Date)
2) Patient X is FSC’ed 500 (Add New Effective Date)
3) Change Order of 500 to primary and 524 to secondary.
MODULE 4 – Childrens Medical Service

CMS and CMSN-PHT (Managed by JMH)

IMPORTANT: Insurance Verifiers/Registration Clerks must ask every related patient if they are registered with Children’s Medical Services (CMS).

Registration/Appointment Scheduling:

• It is important that at the time of registration or appointment scheduling, that the patient's benefit be actively solicited from each patient as to CMS coverage i.e. Title 21.

• Not all children are seen exclusively in Pediatrics, it is important that when an appointment is created for a patient, that eligibility information be asked i.e. Title 21, Title 19.

CMS Programs:

Title 19 (XIX) (Gold Medicaid Card) - members qualify for Medicaid

• Identified by the Medifax process
• Children are insured under Medicare, CMS and/or Medicaid Programs
• Children could also be insured by both Medicare and Medicaid Programs

Title 21 (XXI) (Green Card) - members don’t qualify for Medicaid

• Identified ONLY by calling Member Services to obtain the correct CMS District; as well as the CMS Office for eligibility verification
• Developed by the State of Florida for uninsured children
• Patients are enrolled under the KIDCARE Program

KidCare Programs:

MediKids: 1 to 5 (healthy children)
Florida Healthy Kids: 5 to 18 (healthy children)

Safety Net (Blue Card)

• Children under this program have no coverage, but make too much money to qualify for Medicaid and services are covered under the master contract.
• All charges are written off and patients are not billed.

Claims Submittal

Titles 19 and 21 – claims are sent to the CMS District Office as identified at the time of registration.

Exception: If District 11 (Dade/Monroe Counties) and TITLE 21, claims are sent to JMH PHT (non-reg FSC 124 CMSN-PHT).
FSCing Process

REG FSC = 111 (CMS Non-Contracted)
- CMS District Office – select the appropriate CMS District Office
- Program Code – identify patient’s eligibility benefit (Title 19, 21 and Safety Net)

Upon eligibility verification:

- If the patient falls under the ‘Title 21’ program, then at the ‘Program Code’ field enter 21.
- If the patient falls under the ‘Title 19’ program, then at the ‘Program Code’ field enter 19.
- If the patient falls under the ‘Safety Net’ program, then at the ‘Program Code’ field enter SN.
## COMMERCIAL PRODUCTS

### Example 1:

<table>
<thead>
<tr>
<th>Effective Termination</th>
<th>Primary: Prudential PPO</th>
<th>1/1/01</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secondary: XYZ</td>
<td></td>
<td>1/1/02</td>
</tr>
</tbody>
</table>

**FSC’ing process**

### Example 2:

<table>
<thead>
<tr>
<th>Effective Termination</th>
<th>Primary: United Healthcare PPO</th>
<th>1/1/00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secondary: AFLAC</td>
<td></td>
<td>1/1/01</td>
</tr>
</tbody>
</table>

**FSC’ing process**

### Example 3:

<table>
<thead>
<tr>
<th>Effective Termination</th>
<th>Primary: Prudential PPO</th>
<th>1/1/99</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Secondary: XYZ</td>
<td>1/1/00</td>
<td></td>
</tr>
<tr>
<td>2nd Secondary: NeighborhooP PPO</td>
<td>1/1/01</td>
<td>12/31/00</td>
</tr>
<tr>
<td>3rd Secondary: ABC</td>
<td>1/1/02</td>
<td></td>
</tr>
</tbody>
</table>

**FSC’ing process**

### Example 4:

<table>
<thead>
<tr>
<th>Effective Termination</th>
<th>1st Primary: United Healthcare PPO</th>
<th>1/1/99</th>
<th>12/31/99</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd Primary: XYZ</td>
<td></td>
<td>1/1/00</td>
<td></td>
</tr>
<tr>
<td>1st Secondary: AFLAC</td>
<td></td>
<td>1/1/01</td>
<td>12/31/01</td>
</tr>
<tr>
<td>2nd Secondary: ABC</td>
<td></td>
<td>1/1/02</td>
<td></td>
</tr>
</tbody>
</table>

**FSC’ing process**
Example 1:  
Effective  
Termination  
Primary:  Medicare  
1/1/99  
1st Secondary:  Prudential PPO  
1/1/00  12/31/00  
2nd Secondary:  GHI  
1/1/01  12/31/01  
3rd Secondary:  AARP  
1/1/02  
FSC’ing process  

Example 2:  
Effective  
Termination  
Primary:  Medicare  
1/1/99  
1st Secondary:  Prudential PPO  
1/1/00  12/31/00  
2nd Secondary: Neighborhealth PPO  
1/1/01  
FSC’ing process  

Example 3:  
Effective  
Termination  
Primary:  Medicare  
1/1/99  
Secondary:  Prudential PPO  
1/1/00  
FSC’ing process  

Example 4:  
Patient is actively working and is covered by his/her employer’s insurance and has Medicare as their secondary.  
Effective  
Termination  
Primary:  Prudential PPO  
1/1/99  
Secondary:  Medicare  
2/1/00  
FSC’ing process  

Example 5:  

Patient is now retired. Medicare is now their primary and Prudential PPO as the secondary.

<table>
<thead>
<tr>
<th>Primary:</th>
<th>Medicare</th>
<th>Effective</th>
<th>Termination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secondary:</td>
<td>Prudential PPO</td>
<td>2/1/00</td>
<td>1/1/99</td>
</tr>
</tbody>
</table>

FSC’ing process
Example 1:

Primary: BC/BS Of Maryland  
Effective: 1/1/01  
Termination

FSC’ing process

Example 2:

Patient is now retired and BC/BS of Maryland is secondary to Medicare.

Primary: Medicare  
Effective: 1/1/02  
Termination
Secondary: BC/BS Of Maryland  
Effective: 1/1/01  
FSC’ing process

Example 3:

Primary: BC/BS of Alabama  
Effective: 1/1/01  
FSC’ing process

Example 4:

Primary: BC/BS of Alabama  
Effective: 1/1/01  
Termination: 12/31/01
Primary: BC/BS of Mississippi  
Effective: 1/1/02  
FSC’ing process
### HMO PRODUCTS

<table>
<thead>
<tr>
<th>Example 1:</th>
<th>Effective Termination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary: Prudential HMO</td>
<td>1/1/01</td>
</tr>
</tbody>
</table>

**FSC’ing process**

<table>
<thead>
<tr>
<th>Example 2:</th>
<th>Effective Termination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary: Prudential HMO</td>
<td>1/1/01 12/31/02</td>
</tr>
<tr>
<td>Primary: XYZ HMO</td>
<td>1/1/03 12/31/05</td>
</tr>
<tr>
<td>Primary: Cigna HMO</td>
<td>1/1/06</td>
</tr>
</tbody>
</table>

**FSC’ing process**

<table>
<thead>
<tr>
<th>Example 3:</th>
<th>Effective Termination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary: Avmed HMO</td>
<td>1/1/06 12/31/06</td>
</tr>
<tr>
<td>Primary: United Healthcare (Choice Plus)</td>
<td>1/1/07 12/31/08</td>
</tr>
<tr>
<td>Primary: Avmed HMO</td>
<td>1/1/09</td>
</tr>
</tbody>
</table>

**FSC’ing process**

<table>
<thead>
<tr>
<th>Example 4:</th>
<th>Effective Termination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary: Humana HMO 1 (UM Employee)</td>
<td>1/1/08 12/31/08</td>
</tr>
<tr>
<td>Primary: Aetna HMO 1 (UM Employee)</td>
<td>1/1/09</td>
</tr>
</tbody>
</table>

**FSC’ing process**
Help Desk

• If you need further assistance:
  o Phone: 305-243-7339
  o Email: IDX Updates/Requests
    idxupre@med.miami.edu

💡 Remember: If the address on the card cannot be located in Dictionary 120 (Commercial Insurance Companies), please contact IDX to add it to the dictionary.