

- Clients can utilize the feature to update the actual payer id or the payer name listed.
 - They would just need to click on "edit" on the right of the row they want to update.

47198	Anthem Blue Cross
60054	Aetna
61101	Humana Care Plan
62308	CIGNA
PRNT110	GEICO
SB510	Blue Cross Blue Shield of Alabama
SB690	CareFirst BlueCross BlueShield MD Region

 Edit
 Edit
 Edit
 Edit
 Edit
 Edit
 Edit

- The edit screen will allow them to update the payer ID and/or payer name.
 - **Red arrow** - update the payer name
 - **Green arrow** - updates the payer ID
 - **Purple arrow** - click after the payer name/ID fields are entered. This will trigger the system to update all of the patient's records to the values entered.

- Aetna Health Plans ×

New Payer Name 

New Payer ID 

Check the insurances that want to change

- Primary Insurance
- Secondary Insurance
- Tertiary Insurance
- Durable Medical Equipment
- Auto Accident
- Worker's Comp Insurance



Cancel
Update

PRO TIP

The payer name needs to be identical across the entire patient list for the Accounts Receivable Reports to show the outstanding payer claims all in one row. If some are listed as 'Aetna' while others are listed as 'Aetna Health Plans', they will show on 2 rows. It makes it challenging for the biller and/or the office manager to see a clear picture of what is outstanding for a payer if it is spread across multiple rows. The way to fix it is to come to this Bulk Edit Payer IDs option and update the payer name so they are all called the same thing. Once they have identical payer names, they will all show on 1 row.

60054	Aetna
60054	Aetna Health Plans

***** PLEASE NOTE *****

As of January 2023, the feature will work to update the patient records with a new payer name and/or payer ID. The counts of patients listed WILL NOT update automatically by utilizing this feature. For that part to update, a JIRA will need to be submitted to have a script run that will update the totals. A fix is being worked on but is currently not available. Once the script is run, the client will be added to the option in the Feature Rollout Tool (FRT) so that the counts will remain accurate for the client moving forward.

These are the counts that will not be accurate. They are intended to represent a count of the number of patients who have that particular insurance as primary/secondary/tertiary insurance. While the counts may not be accurate, utilizing the feature WILL update all of the patient accounts that are impacted by the entered change (payer name and/or payer id number).

# of Primary	# of Secondary
	1
15	
1	
	1
2	
2	1
	1