

Clinic Insurance Provider Reference Directory

Front-Desk Quick Reference Guide for EHR Auditing

*Instructions: Use this directory during the **Audit** step of patient check-in. Always ask for the physical card, verify the active dates, and match the specific network listed below to the correct drop-down in the EHR system.*

1. Military & Government Health Plans

TRICARE (Humana Military / Health Net Federal Services)

- **Key Visual Identifiers:** Often a white card with blue/red lettering, or presented alongside a DoD Uniformed Services ID card. Look for "TRICARE Prime" or "TRICARE Select."
- **EHR Selection:** * *TRICARE East (Humana)* or *TRICARE West (Health Net)*. Do **not** select generic "Commercial."
- **Common Friction Point (The Audit Check):** Active duty service members (Prime) usually do not have a copay, but dependents or retirees (Select) may. Always check the sponsor's Social Security Number (SSN) or DoD Benefits Number (DBN) as the subscriber ID.

VA Community Care Network (TriWest / Optum)

- **Key Visual Identifiers:** Patients may present a Veteran Health Identification Card (VHIC), but the actual billing goes through the authorized Community Care Network (CCN) administrator.
- **EHR Selection:** * *VA CCN - TriWest (Regions 4/5)* or *VA CCN - Optum (Regions 1/2/3)*.
- **Common Friction Point (The Audit Check):** The clinic *must* have an approved, active referral/authorization on file from the VA before the patient can be seen. If the authorization is missing or expired, do not proceed with "Advance" without clinic manager approval.

Traditional Medicare (Part B)

- **Key Visual Identifiers:** The classic Red, White, and Blue paper or plastic card.
- **EHR Selection:** * *Medicare Part B (Traditional)*
- **Common Friction Point (The Audit Check):** Check the effective date for "Medical (Part B)." If the patient hands you a Medicare Advantage card (e.g., Humana Gold Plus), do **not** bill traditional Medicare. Bill the Advantage plan.

State Medicaid

- **Key Visual Identifiers:** Varies by state. Often a solid colored plastic card with the state seal or Medicaid logo.
- **EHR Selection:** * *Medicaid - [State Name] Traditional*
- **Common Friction Point (The Audit Check):** Medicaid eligibility fluctuates frequently. You *must* run a real-time eligibility check in the EHR clearinghouse for the specific date of service, even if they were seen last month.

2. Major Commercial Payers

Blue Cross Blue Shield (BCBS)

- **Key Visual Identifiers:** The iconic blue cross and blue shield logo. Look for the "Suitcase" logo in the bottom corner (indicates out-of-state/national network processing).
- **EHR Selection:** * *BCBS PPO, BCBS HMO, or BCBS Federal Employee Program (FEP).*
- **Common Friction Point (The Audit Check):** Always look for the 3-character alpha prefix before the member ID number (e.g., XYZ123456789). This prefix is mandatory for EHR entry; claims will deny instantly without it.

Aetna

- **Key Visual Identifiers:** Purple and white card or logo. Look for plan types like "Choice POS II" or "Aetna Select."
- **EHR Selection:** * *Aetna Commercial or Aetna Medicare Advantage.*
- **Common Friction Point (The Audit Check):** Aetna HMO plans strictly require the clinic's specific Primary Care Provider (PCP) to be listed on the physical card. If a different doctor's name is on the card, the patient must call Aetna to update it before being seen.

UnitedHealthcare (UHC)

- **Key Visual Identifiers:** Blue and white UHC logo. Often features "Optum" logos on the back for pharmacy or behavioral health routing.
- **EHR Selection:** * *UHC Choice, UHC Navigate, or UHC Dual Complete.*
- **Common Friction Point (The Audit Check):** Differentiate between standard commercial UHC and UHC Community Plan (which is managed Medicaid). Entering a Community Plan under standard commercial UHC will result in an immediate denial.

Cigna

- **Key Visual Identifiers:** "Tree of Life" logo. Cards often explicitly list "OAP" (Open Access Plus) or "HMO".
- **EHR Selection:** * *Cigna OAP or Cigna LocalPlus.*
- **Common Friction Point (The Audit Check):** Cigna frequently updates their claims mailing addresses. Flip the card over and ensure the Payer ID or Claims Address matches the one auto-populated in the EHR sandbox.

The "Acquire" Phase Checklist

Before handing the card back to the patient, verify:

1. **Name Match:** Does the name on the card exactly match the government photo ID?
2. **Date Match:** Is the policy currently active? (Check for "Effective Date" or "Valid Thru").
3. **Specialist Copay:** Is there a specific copay listed on the card for today's visit type (e.g., "Spec: \$50")? Collect this amount immediately during the *Acquire* step.