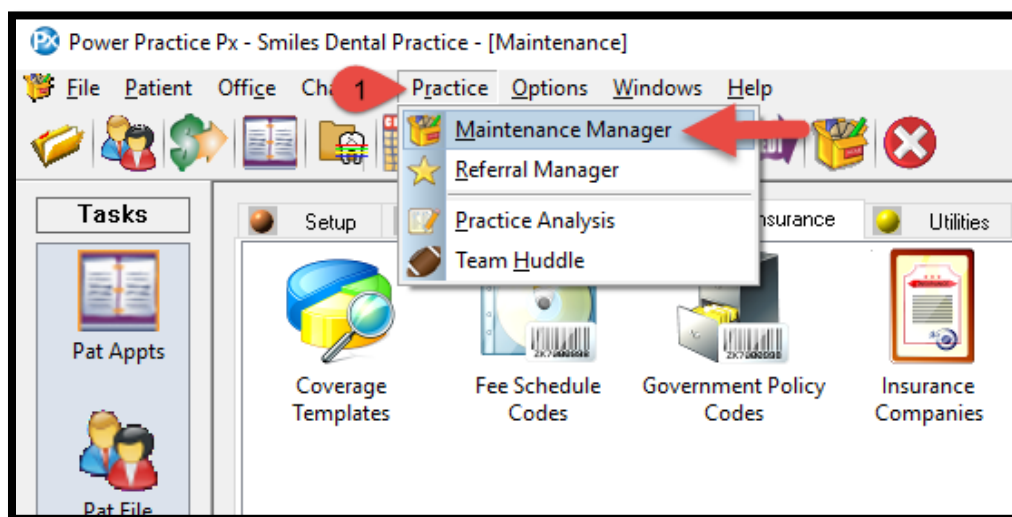


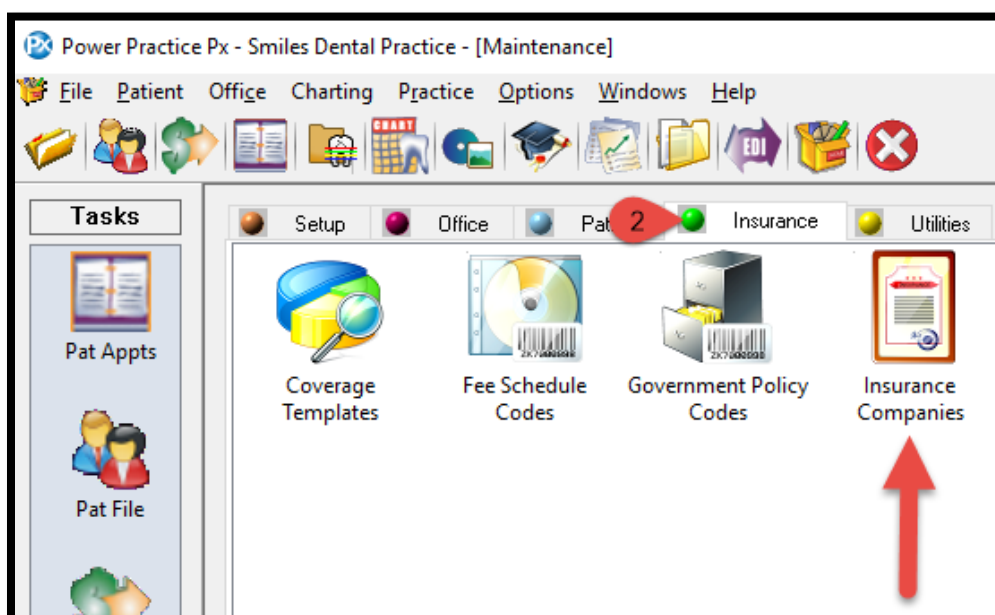
Please keep in mind, it is highly advisable that you do not change the **Non-Insured Health Benefits (NIHB) EDI Code, Fee Schedule or Policy Group Number** before the changes take effect on **September 16, 2019**.

Updating Non-Insured Health Benefits (NIHB) EDI Code & EDI Settings

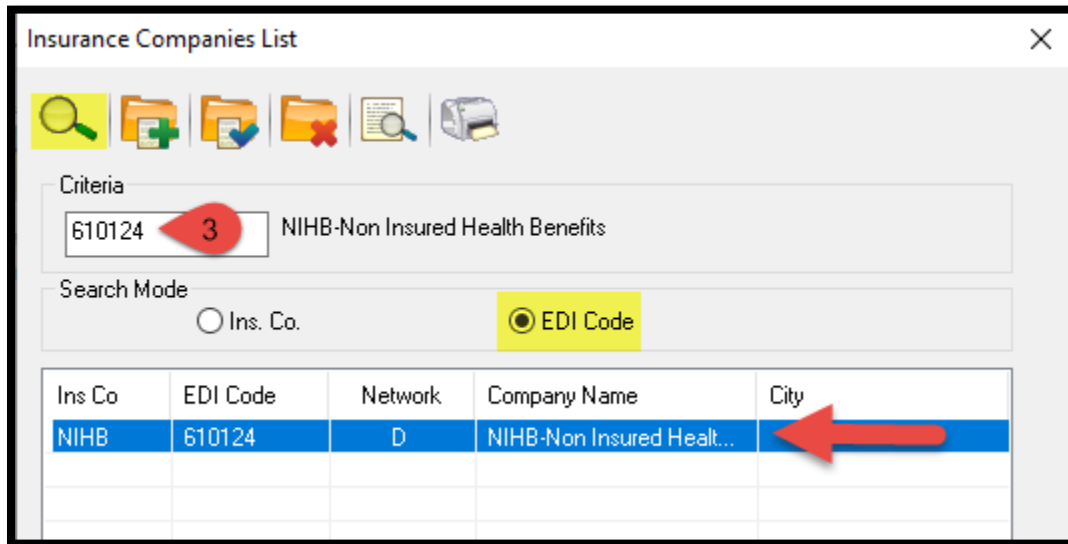
1. At the top of Power Practice click on **Practice** then go into **Maintenance Manager**.



2. Next click on **Insurance** tab, then go into **Insurance Companies**.



3. Search for **EDI Code 610124**, this will display all insurance company billing to NIHB.



The 'Insurance Companies List' window shows a search criteria of '610124' (highlighted with a red circle and number 3) and 'NIHB-Non Insured Health Benefits'. The search mode is set to 'EDI Code' (highlighted in yellow). The results table below shows one entry for 'NIHB' with EDI Code '610124' and Network 'D'. A red arrow points to the 'City' column header.

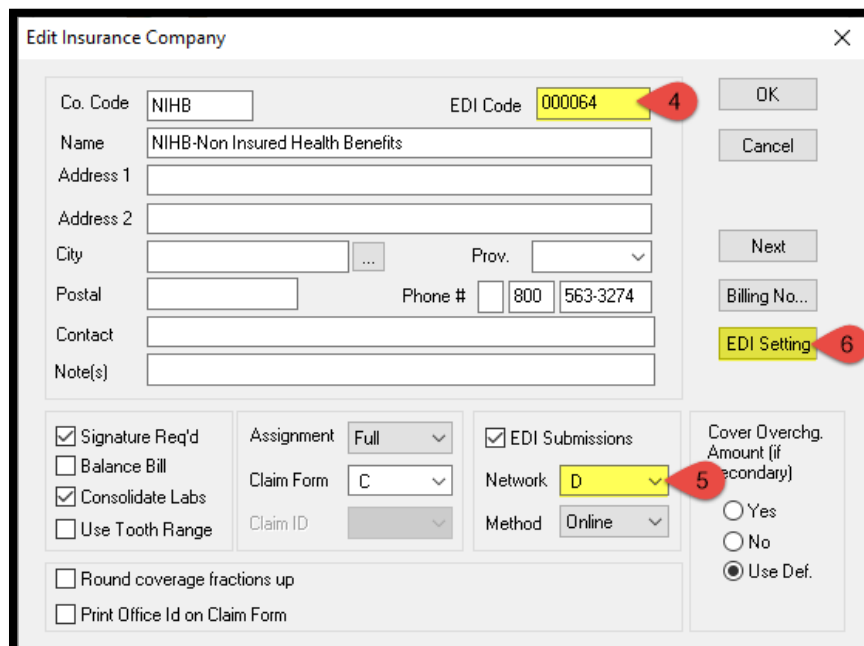
Ins Co	EDI Code	Network	Company Name	City
NIHB	610124	D	NIHB-Non Insured Health...	

4. Change EDI Code to **000064** for each Insurance Company (if there are more than 1).

5. Please set **Network** to **D**.

6. Go into **EDI Settings** and tick the following features:

- **Claim Transaction**
- **Claim Reversal**
- **Predetermination**
- **Request for Outstanding Transactions**



The 'Edit Insurance Company' window shows the company 'NIHB' with EDI Code '000064' (highlighted with a red circle and number 4). The network is set to 'D' (highlighted with a red circle and number 5). The 'EDI Setting' button is highlighted with a red circle and number 6. The 'Cover Overchg. Amount (if secondary)' is set to 'Use Def.'.

Co. Code: NIHB EDI Code: 000064

Name: NIHB-Non Insured Health Benefits

Address 1: Address 2: City: Prov: Postal: Phone #: 800 563-3274

Contact: Note(s):

☒ Signature Req'd ☐ Balance Bill ☒ Consolidate Labs ☐ Use Tooth Range

Assignment: Full Claim Form: C Claim ID:

☒ EDI Submissions Network: D Method: Online

☐ Round coverage fractions up ☐ Print Office Id on Claim Form

Cover Overchg. Amount (if secondary): ☐ Yes ☐ No ☒ Use Def.

CDA Net 4.0 Setting

Insurance Company NIHB

Alternate Phone #1

Alternate Phone #2

Encryption Method 1-No encryption applied

Transaction Prefix

OK

Cancel

Select the available features and the corresponding phone

<input checked="" type="checkbox"/> Claim Transaction	Default phone
<input type="checkbox"/> Eligibility Transaction	Default phone
<input checked="" type="checkbox"/> Claim Reversal	Default phone
<input checked="" type="checkbox"/> Predetermination	Default phone
<input checked="" type="checkbox"/> Request for Outstanding Transactions	Default phone
<input type="checkbox"/> Request for Summary Reconciliation	Default phone
<input type="checkbox"/> Request for Payment Reconciliation	Default phone
<input type="checkbox"/> Coordination of Benefit Transaction	Default phone
<input type="checkbox"/> Embedded Transaction	Default phone

Updating (NIHB) Policy Fee Schedule & Policy Group Number

Our next Step is to update **Policy Fee Schedule** and **Policy Group Number**. We suggest changing these as you come across these patient & policies.

7. Open **Patient File** and go under **Insurance** tab.
 - Select **Policy**.
 - Change **Group** Number to **40000**.
 - Change **Sched** to **P** (PBC Fee Schedule).
 - Click on **Blue Check Mark** to **Save** record.

Tim Wall (000012)

Patient Personal Additional Referrals Account Employer Insurance **7** Medical

Policy Holder Birthdate Ins Employer Group

Tim	Apr10,58	NIHB	First Canadian Health Claims	08000
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Policy Holder: Wall, Tim

Policy Id: 99999999

Group: **40000**

Ins. Co: NIHB

Employer: First Canadian Health Claims

Comment:

Change Date: 09/09/2019

Govt. Cd:

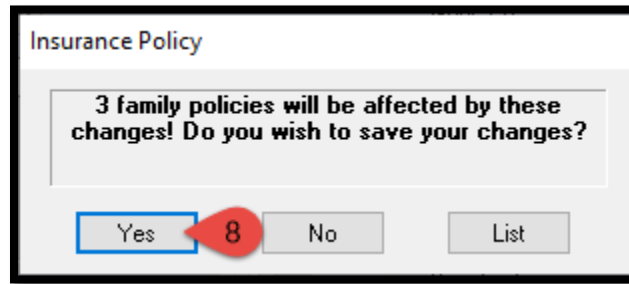
Sched: **P**

Coverage Type: Family

Form To: Insurance

Year End: 12

8. You will see a popup asking to confirm the policy update for all other families under the same policy: “Do you wish to save your changes?”
- Click **Yes**.



This will update all families under the same policy.