# May 20 - Third-Party Payors & Insurance Billing

This webinar covers recent updates to the dashboard for providers and provides a comprehensive guide on managing third-party insurance billing within the system.

**New Widgets**: Four customizable widgets have been added to the provider dashboard to allow for quick access to information without needing to open patient profiles.

**Functionality**: These widgets act as shortcuts for reviewing appointment history, intake forms, documents, and prescription history.

# Feature Title: Provider Dashboard Widgets & Third-Party Billing Configuration

## Problem Solved

- **Dashboard Widgets:** Providers previously had to exit the dashboard and open a patient profile or an in-progress chart just to look up basic information like appointment history, intake forms, or documents. This led to a high frequency of accidental duplicate charts or incomplete "in-progress" charts being left open in the system.
- **Third-Party Billing Configuration:** Managing complex and varied insurer-specific rules (such as combined discipline caps, different evaluation rates, or province-specific accident protocols) manually at checkout caused front-desk bottlenecks, mathematical errors, and incorrect invoice splits.

## Core Functionality

### 1. Custom Provider Widgets

Providers can now view and customize four quick-access shortcut widgets directly on their main dashboard:

- **Appointment History:** Shows the last visit detail and external appointments with other clinic providers.
- **Intake Forms:** Allows rapid inline review of completed forms without leaving the dashboard or opening a patient record.

- **Documents:** Provides quick view/close access to files attached to the patient profile.
- **Prescription History:** Displays chronological prescription history (if utilized by the clinic).

### 2. Advanced Third-Party Billing Engine

The system allows automated rule-building for insurance, provincial, and accident claims:

- **Telus e-Claims Integration:** Dynamically pulls and validates insurer codes to prevent submissions using mismatched or out-of-date insurance profiles.
- **Detailed Category Calculations:** Allows clinics to create custom multi-discipline groups (e.g., combining Acupuncture, Chiro, and Massage) that draw from a unified annual fund pool.
- **Block Fees:** Configures fixed lump-sum approvals over a designated timeframe for specific protocol-based billing (e.g., MPI in Manitoba or non-protocol services in Alberta).

# Technical Implementation / Config

## Dashboard Customization

- Widgets do not automatically appear on the interface. Providers must navigate to their settings on the **My Day** tab to toggle individual check-boxes to turn the shortcuts on or off.

## Third-Party Company Setup

- Path: `Settings` -> `Companies and Contacts`.
- To route Telus e-Claims electronically, you must assign the corresponding **Telus Claims Code** inside the third-party company profile.
- For Health Claims for Auto Insurance (HCAI), it is required to use the native API integration to automatically pull branch numbers and operational details.

## Patient Insurance Rule Hierarchy

When configuring an active insurance policy on a patient's profile, the system evaluates the checkout balance using custom logic inputs:

- **Billing Order Fields:** Set as `First`, `Second`, or `Not Assigned`. When set to a numerical order, checkout defaults to the insurer; when set to `Not Assigned`, it automatically flips the balance to the patient.
- **Used Elsewhere Offset:** Provides an input field to subtract a specific dollar amount from the total annual cap if a client has exhausted part of their insurance balance at a different clinic location.

**Policy Rule Configuration Path**
Patient Profile -> Insurance Details -> Policy Rules -> Per Detailed Category -> Create Combination

**Caveats & Limitations**
Telus Coordination of Benefits Restriction: Per Telus policy regulations, a Telus-integrated insurer can never be set as the secondary (Second) billing order in Juvonno. It must be processed as primary, or the client must pay out-of-pocket and submit manually. Exception: Coordination of benefits is allowed exclusively through the external Telus Portal if both the primary and secondary accounts are with Canada Life.
Data Permanence Warning: Never delete an insurance profile from a patient's account. Deleting an insurance profile permanently destroys associated historical invoice data and cannot be recovered. Expired or maxed policies must be set to Inactive or Not Assigned instead.
Block Fee Requirements: Block fee configurations strictly require both a defined Start Date and an End Date. Omitting the end date will trigger a system exception and prevent any billing from being applied to the insurer.
Portal Redirection: Plans requiring doctor prescriptions or notes on the very first visit must be filed directly on the insurer portal initially, as that specific documentation metadata cannot transfer through the basic integration api.

**Best Practices**
Insurer Grouping: It is highly recommended to explicitly categorize third-party companies into defined groups (e.g., EHB vs. Law Firms). This prevents dashboard latency and exhaustive scrolling, particularly in regions like Ontario where HCAI imports over 300 insurance profiles by default.
Automated PDF Form Attachments: Do not use the "auto-generate form on checkout" function unless an insurance company absolutely mandates a physical signature for every treatment. Enabling this "just in case" causes unnecessary administrative friction by forcing staff to manually dismiss a PDF pop-up during every checkout transaction.
Handling Maxed Policies: When an EOB shows a patient has maxed out their annual coverage, do not delete or immediately turn off the policy. Instead, append a custom label like Max 2026 for internal tracking, and change the Billing Order field to Not Assigned. This preserves invoice history, forces checkout balances to default cleanly to the patient, and allows simple re-activation when the calendar year rolls over.
Service Category Exclusion: Proactively edit service categories that are categorically ineligible for third-party coverage (such as internal membership subscriptions or wellness packages) and uncheck "Display in insurance policy rules". This clears them out of all policy engines, defaults them to 0%, and eliminates downstream front-desk calculation mistakes.

**Keywords:** juvonno-widgets, third-party-billing, telus-eclaims, policy-rules, block-fees

**Searchable Summary:** Technical guide detailing Juvonno dashboard widget configurations and advanced rule-based architectures for multi-discipline third-party billing setups.

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