Insurance Plan Types Explained

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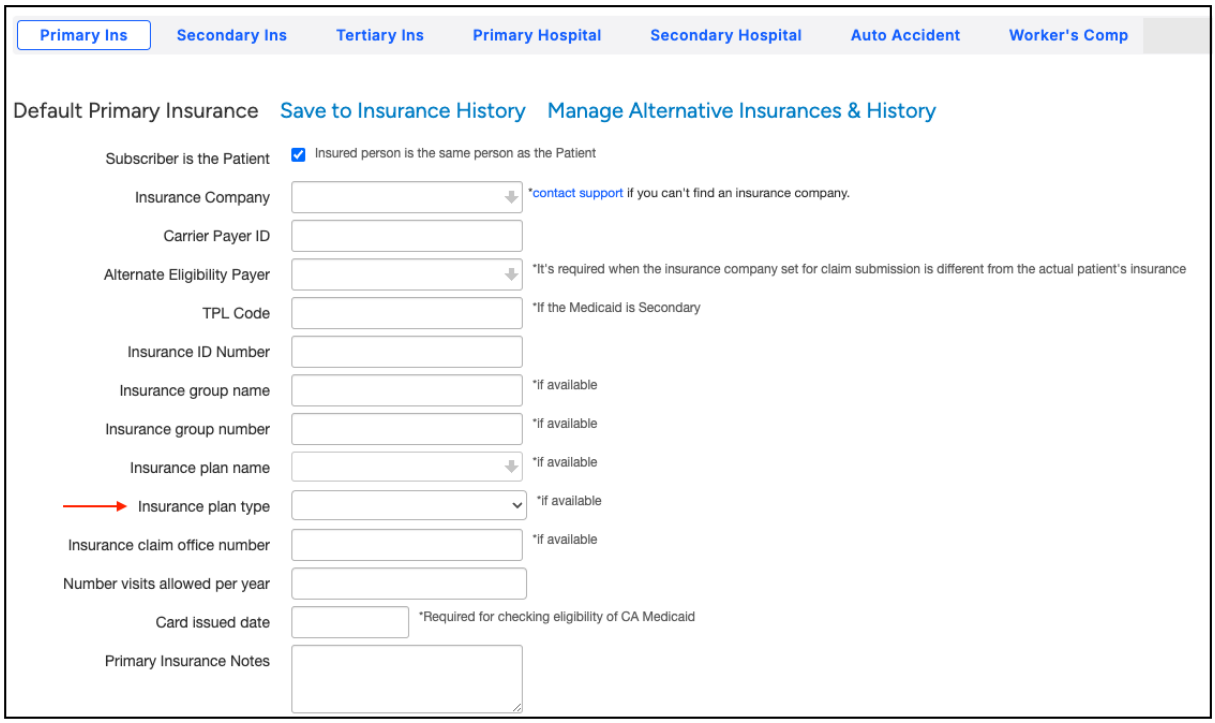
When adding a patient's insurance plan in DrChrono, an important field to fill in is the **Insurance Plan Type**. Entering it at the time of check-in can reduce the likelihood of the claim being rejected for this information. Typically the type of insurance plan is listed on the patient's insurance card.



Here is the listing of Insurance Plan Types available in DrChrono:

- **Automobile Medical**
  - Coverage for medical care arising out of an automobile accident
- **Blue Cross/Blue Shield**
  - A large organization that provides health insurance and a variety of plans
- **Champus**
  - Stands for Civilian Health and Medical Program of the Uniformed Services
  - More commonly known as Tricare, this is a government-funded healthcare program for active duty and retired members of the military and their dependents.
- **Commercial Insurance Co**
  - Health insurance coverage is issued by a private company or entity and not provided or maintained by any government-run program.
- **Dental Maintenance Organization**
  - Consists of a network of dental providers who provide dental care at a fixed cost.
- **Disability**
  - A government program for patients who cannot work because they have a medical condition that prevents them from working and is expected to last at least one year, or result in death.
- **Exclusive Provider Organization (EPO)**
  - A managed care plan where patients must use physicians, specialists, and hospitals in the plan's network for non-emergency care.
- **Federal Employees Program**
  - Often referred to as FEP, this is a fee-for-service plan offered to employees of the U.S. Federal Government and their families. It is administered through CareFirst Blue Cross Blue Shield.
- **Health Maintenance Organization (HMO)**
  - A health plan that limits coverage to providers in the payer's network for all non-emergency care.
- **Health Maintenance Organization (HMO) Medicare Risk**
  - A plan offered by a private company that covers most of a patient's Part A and Part B benefits instead of the original, government-issued Medicare. Also referred to as Medicare Advantage Plans, or Medicare Part C, once a patient opts for a Medicare Advantage Plan or Medicare Part C plan, they no longer have regular Medicare. They also must utilize providers within the private company's plan and might be required to obtain a referral from their primary care physician before seeking specialist care.
- **Indemnity Insurance**
  - A plan where care can be sought from any provider. Common indemnity plans include accident fixed indemnity, critical illness, and hospital sickness plans. Reimbursement is based on replacement cost or fair market value.
- **Liability Medical**
  - A policy that reimburses when injuries occur to the insured or anyone covered by the policy is legally responsible for another's injuries. Coverage could also apply to medical expenses incurred by the driver and passengers after an accident, regardless of who is at fault.
- **Medicaid**
  - A government plan that pays for care for adults and children with limited income
- **Medicare Part A**
  - Covers inpatient hospital, skilled nursing facility care, hospice care, and some home health care claims
- **Medicare Part B**
  - Covers outpatient care, certain physician services, medical supplies, and preventive service claims
- **Mutually Defined**
  - Utilized when the plan type is unknown or does not fit any other category
- **Other Federal Program**

    - A plan or program that is sponsored by the federal government
- **Other Non-Federal Programs**
    - A plan or program that is not sponsored by the federal government
- **Point of Service (POS)**
    - A plan where a patient's financial responsibility for care is reduced if they seek care from providers within the plan's network. POS plans require a patient to obtain a referral from their primary care physician before seeking specialty care.
- **Preferred Provider Organization (PPO)**
    - A plan where a patient's financial responsibility for care is reduced if they seek care from providers within the plan's network. Care can be sought outside of the network, without a referral, at a higher out-of-pocket cost for the patient.
- **Title V**
    - A program that provides preventive and primary care services to pregnant women, mothers, and infants in their first year of life. Services for children with special medical needs that are family-centered and community-based are also covered.
- **Veterans Affairs Plan**
    - A federal government program that pays for healthcare for military veterans.
- **Workers' Compensation Health Claim**
    - A plan sponsored by employers to cover medical care for employees injured in the course and scope of their job