

# Running Eligibility when the Claim goes to an Alternative Payer

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DrChrono has added an exciting new feature for those claims where the eligibility information comes from one company, and the claim goes to another payer for processing. This scenario is most common in the chiropractic and mental health fields.

Now, there are 2 separate lines where you can store both the company that is processing the claim as well as the payer from whom you receive eligibility information. An example is included below. The claim in the example receives eligibility information from Cigna, while the claim is sent to American Specialty Health for processing.

**Insurance Company field** = (purple box) payer who will be processing the claim

**Alternative Eligibility Payer** = (orange box) payer who provides eligibility information

Primary Ins   Secondary Ins   Tertiary Ins   Primary Hosp   Secondary Hosp   Auto Accident   Worker's Comp   Durable Med Eqpt

Default Primary Insurance   Save to Insurance History   Manage Alternative Insurances & History

Subscriber is the Patient    Insured person is the same person as the Patient

Insurance Company		American Specialty Health Plan	Claims	Remittance	Eligibility	
Claim submission			Service Type	✓	✓	✗
Carrier Payer ID			Enrollment Required	Yes	No	No
			<a href="#">Click here</a> to view the current enrollment status for the payer			

Alternate Eligibility Payer   Cigna (62308)   \*It's required when the insurance company set for claim submission is different from the actual patient's insurance

TPL Code   \*If the Medicaid is Secondary   Patient Eligibility

Insurance ID Number   62308

When a patient's account is set up in this fashion:

- The Insurance ID Number (orange box under Alternative Eligibility Payer) will be used when requesting eligibility information.
- The Carrier Payer ID (purple box under Insurance Company) will be used when submitting the claim for processing.

This feature is available for Primary Ins, Secondary Ins, Primary Hospital, and Secondary Hospital.

\*\*\*NOTE \*\*\* If you are utilizing ePS for your clearinghouse, the information regarding Claims/Remittance/Eligibility pertains to the company listed in the Insurance Company field (purple box above).

