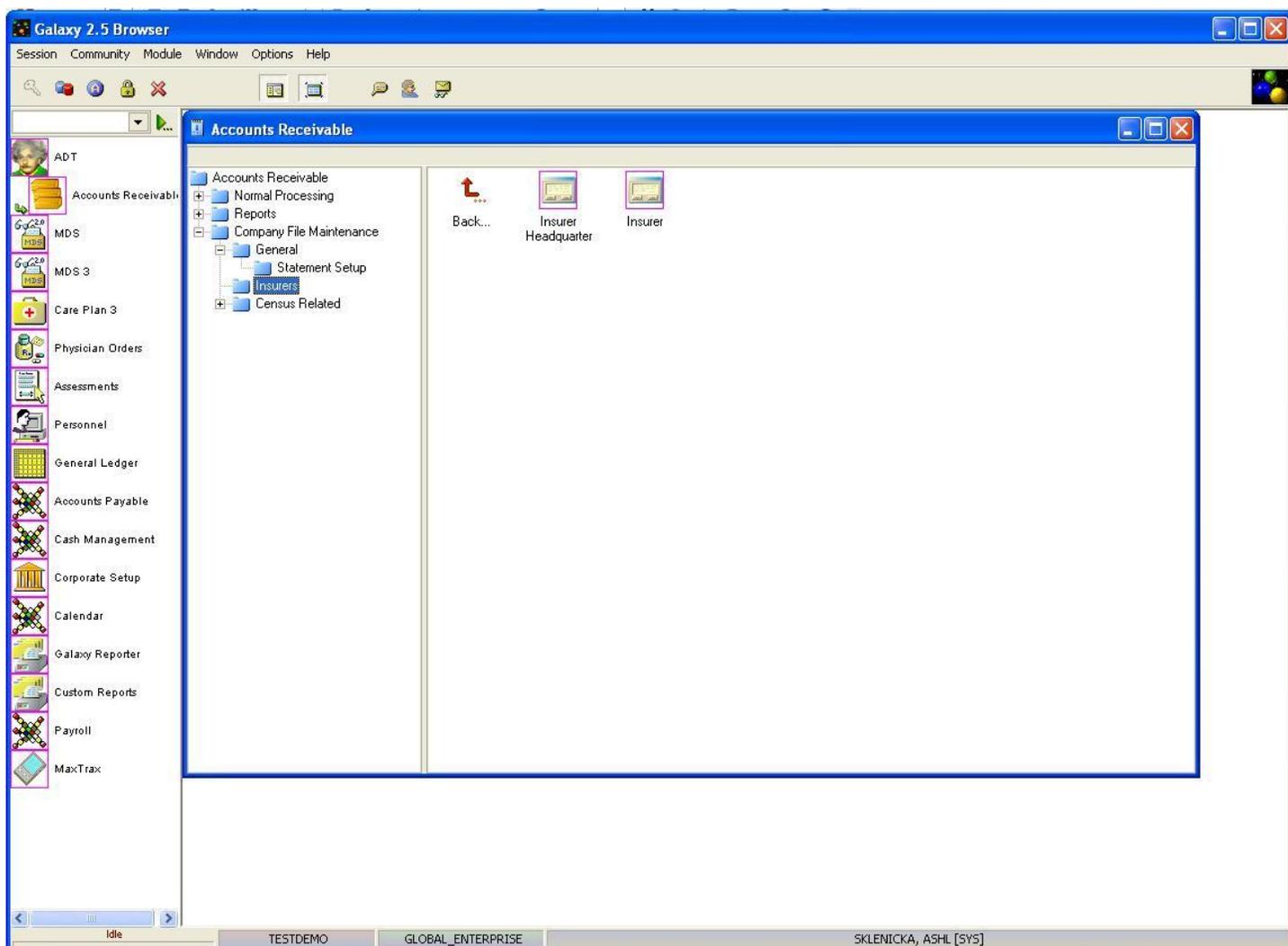


INSURERS and all modules that fall under this folder



Looking at the folder called **Insurers** under **Company File Maintenance** you will see 2 parts:

- **Insurer Headquarters**
- **Insurer**

Galaxy 2.5 Browser

Session Community Module Window Options Help

Accounts Receivable <Insurer Headquarter>

Master Detail

Company Name	City	State	Current Use
ADMINISTAR FEDERAL	Chicago	IL	T
Blue Cross Blue Shield	Des Moines	IA	T
ILLINOIS DEPT PUBLIC AID	Springfield	IL	T
Mutual of Omaha	Omaha	NE	T
UNISYS	Tallahassee	FL	T
United Healthcare	Atlanta	GA	T

Filter And Refresh Master Data

Field: [None] Relates: >= % Advanced Filter

Value: Apply Simple Filter Refresh Data Facility Constraint

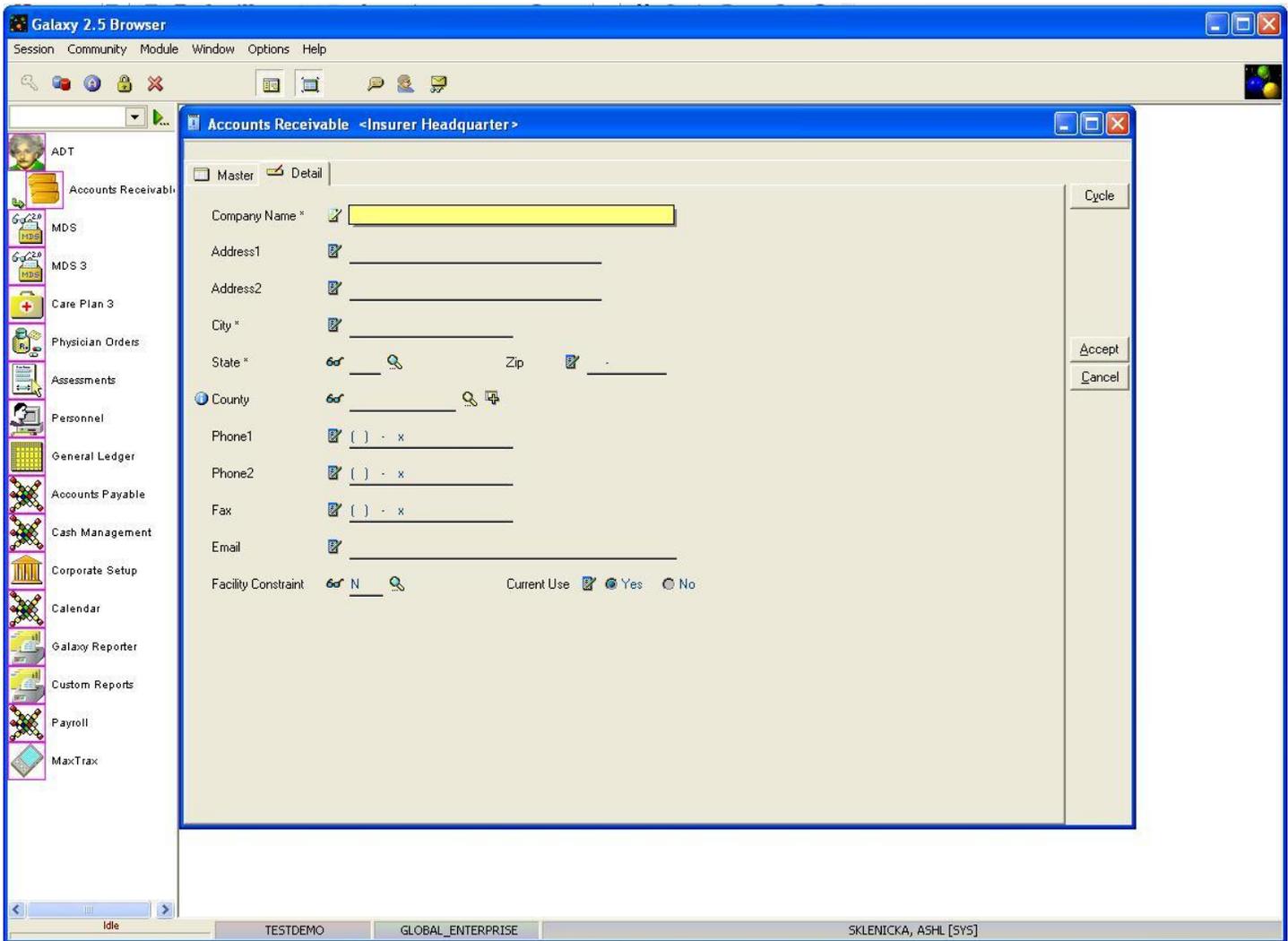
Contact

Buttons: New, Edit, Clone, Delete, Print, Close

Bottom Bar: Idle TESTDEMO GLOBAL_ENTERPRISE SKLENICKA, ASHL [SYS]

Insurer Headquarters- This module under **Insurers** in **Company File Maintenance** allows a facility to enter in all the contact information for the different insurance companies they interact with in normal operations and where they are headquartered. Currently there are record(s) on the master screen in our *demo facility*.

To add/create record(s) press the **new** button; to change information on an existing record use the **edit** button.



Insurer Headquarter Detail- This is the input screen used to enter specific information like address, city, state, etc., relating to the insurance companies your facility interacts with. Here you will see the following fields:

- **Company Name-** type in the name of the Insurer. **THIS IS A REQUIRED FIELD.**
- **Address 1 & 2-** fill in the address of the Insurance Headquarter and if there is a specific floor, wing, etc. that goes with the address listed in 1 place on line 2.
- **City-** type in the city of where the company is headquartered. **THIS IS A REQUIRED FIELD.**
- **State-** select the appropriate state from the magnifying glass. **THIS IS A REQUIRED FIELD.**
- **Zip-** enter the postal zip code for the company.
- **Phone 1 & 2-** enter the telephone numbers that are used to get in contact with the insurance provider.
- **Fax-** enter the fax number for the insurance provider.
- **E-mail-** type in an e-mail address if known.
- **Facility Constraint-** this option is used if you want the record(s) to only appear in the selected facility in the event your facility is a part of an enterprise and has multiple facilities using the Galaxy system.

- **Current Use-** select appropriate option based on if this record is being used.

Please fill in as much information as possible making sure the required fields are entered and press the **cycle** button to create another record (*will show up on the master list*), or the **accept** button to complete the current record.

Once all record(s) have been placed on the master screen, press the **close** button to exit the module and move on to the **Insurer** module located in **Insurers Folder** within **Company File Maintenance**.

NOTE: If you have multiple mailing sites for an insurer please only create one record for that insurer. It is up to the facility to select which mailing address will be used for that record.

Insurer Module within Company File Maintenance

The screenshot shows the 'Accounts Receivable - Insurer' module in the Galaxy 2.5 Browser. The interface includes a navigation pane on the left with icons for various system functions. The main window displays a table of insurer records. Below the table is a filter section titled 'Filter And Refresh Master Data' with options for field selection, relation operators, and various filter criteria.

Company Name	Insurer	Financial Class	Primary ID	City	State	Current Use
ADMINISTAR FEDERAL	ADMIN-A	MCR	415214	Chicago	IL	T
ADMINISTAR FEDERAL	ADMIN-B	PTB	415214	Chicago	IL	T
Blue Cross Blue Shield	BC/BS-FL	INS	245981247	Des Moines	IA	T
Blue Cross Blue Shield	BC/BS-IL	INS	512157452	Des Moines	IA	T
UNISYS	Medicaid-FL	MCD	5140315896	Tallahassee	FL	T
ILLINOIS DEPT PUBLIC AID	Medicaid-IL	MCD	4195132478	Springfield	IL	T
Mutual of Omaha	Mutual-A	MCR	245147	Omaha	NE	T
Mutual of Omaha	Mutual-B	PTB	245147	Omaha	NE	T
United Healthcare	United	INS	475154596	Atlanta	GA	T

Filter And Refresh Master Data

Field: [None] Relates: >= % Advanced Filter

Value: [] Apply Simple Filter Refresh Data Facility Constraint

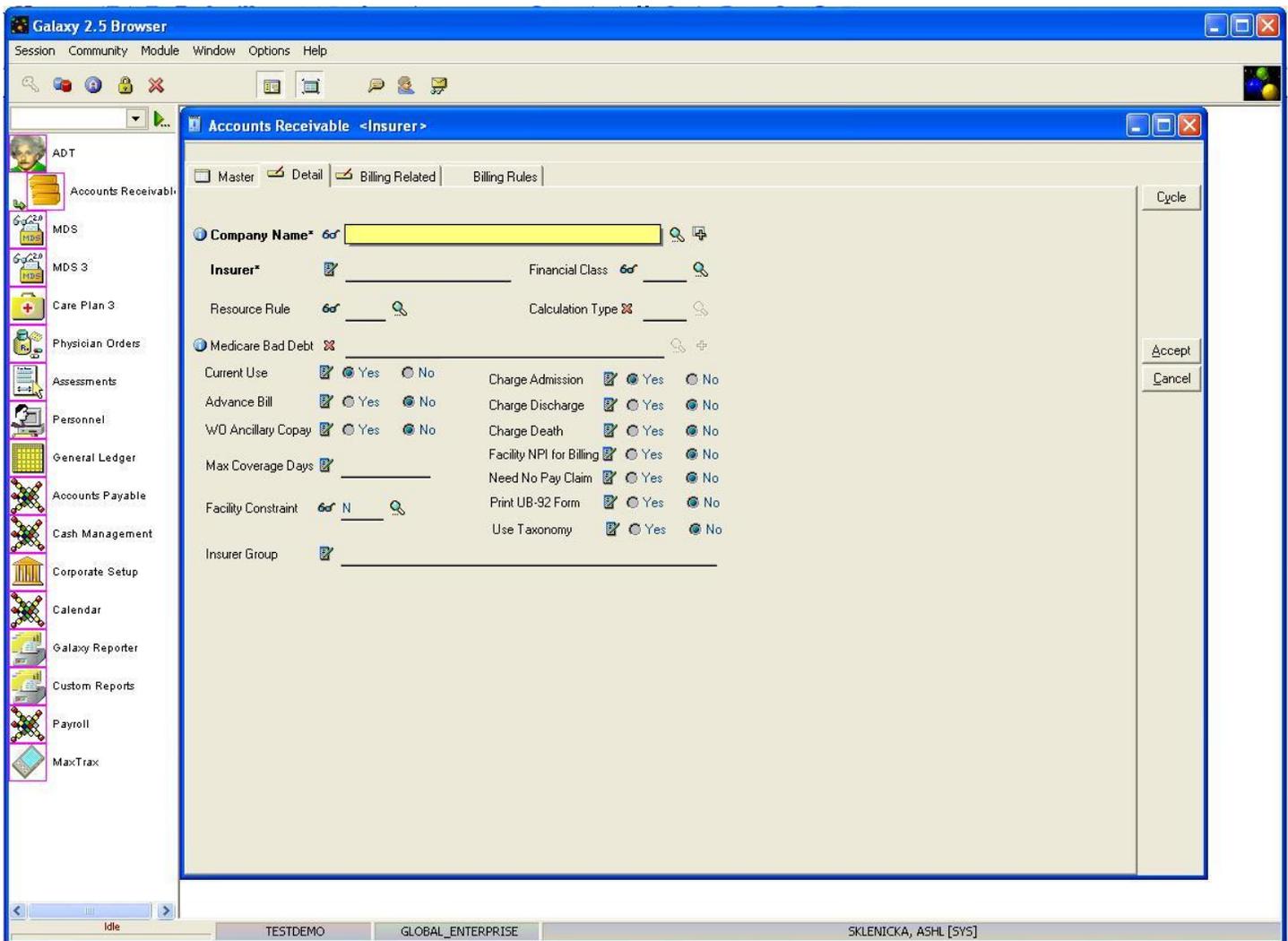
Provider Numbers
 Covered Ancillary
 Not Billable Ancillary

Valid Diagnosis
 Co-Pay
 Contact

Facility Billing Rules

Insurer- This module in **Insurers** under **Company File Maintenance**, is where the system will keep track of billing information like Provider ID's, Covered/Non-covered Ancillaries, and any other billing rules established by the insurer that a facility must comply with. Currently there are multiple record(s) within the master screen of our *demo facility*.

To add/create a record(s) use the **new** button. To make changes to an existing record use the **edit** button.



Insurer Detail- This is the input screen that is used in creating record(s) that will be stored in the master screen.

Here you will see the following fields:

- **Company Name-** select the appropriate insurer from the drop down menu by clicking on the magnifying glass, if you do not see the insurer company name you can add it to the list by clicking the “+” sign. **THIS IS A REQUIRED FIELD**
- **Insurer-** type the name of the company that is providing the insurance. Example: Blue Cross/Blue Shield. **THIS IS A REQUIRED FIELD.**

Note: if the selected **company name** is used solely for Medicare, you will want to create two records for Medicare with an **Insurer** field for MCR A & MCR B; if the selected **company name** is used solely for Medicaid create a record with the **Insurer** field saying Medicaid.

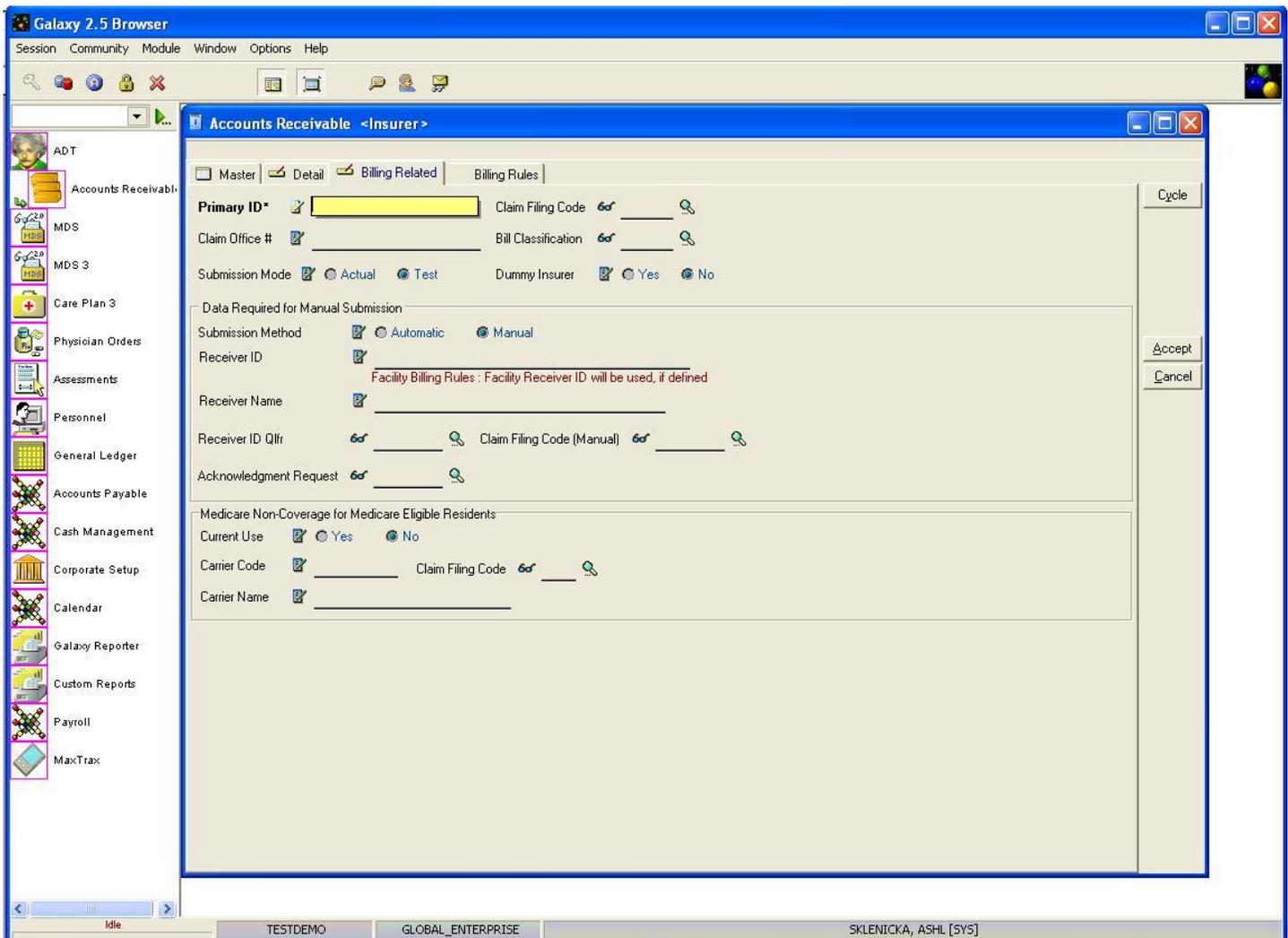
- **Financial Class-** select the appropriate option from the drop down menu by clicking the magnifying glass. **THIS IS A REQUIRED FIELD**
- **Resource Rule** – this option deals with the policy used by a facility in regards to the resources used in paying the co-pay when it comes to Medicaid. In other words, what gets used first in paying the co-pay. Select the appropriate option from the drop down menu by clicking the

magnifying glass. Your choices are listed below:

- **Ful-** this option is selected when the full resource amount is charged towards the resident regardless of how many days the resident is present in the facility.
- **Res-** this option is selected when the resource amount is exhausted first before any other payor source is charged.
- **Mon-** this option is selected when the resources are prorated based on how many census days the resident has during the month.
- **Ann-** this option is selected when the resources are annualized the prorated based on how many census days the resident has during the month.
- **TXP-** this option is used only for facilities in the state of Texas and is similar to the **Mon** proration option.
- **Calculation Type-** this option becomes available when there is a crossover of Medicare residents that have Medicaid paying the co-insurance. Select the appropriate option from the drop down menu by clicking the magnifying glass. Your choices are listed below:
 - **FUL-** this option is selected when the Medicaid insurer pays the full Medicare Co-insurance rate.
 - **COI-** this option is selected when the Medicaid insurer will only pay the Medicaid reimbursement rate if it is less than the Medicare Co-insurance rate.
 - **TTL-** this option is selected when the Medicaid insurer will pay the difference between Medicaid's reimbursement rate and the amount that Medicare will pay.
- **Medicare Bad Debt-** if a facility has an account they use for Medicare Bad Debt, then select the appropriate account by clicking the magnifying glass or adding the account using the “+” sign.
- **Current Use-** select “Yes” if this record will be used in operations, “No” if it will not.
- **Advance Bill** – will allow you to create a bill for the insurer in advance.
- **WO Ancillary Copay-** will allow the system to write off the ancillary copay when there is a difference between net and gross charges.
- **Max Coverage Days-** this field gets filled in for Medicare insurance, it is the maximum number of days the resident can have under Medicare.
- **Facility Constraint-** this option is used if you want the record(s) to only appear in the selected facility in the event your facility is a part of an enterprise and has multiple facilities using the Galaxy system.
- **Insurer Group-** allows the facility to type in the group number on the record that is being created.

- **Charge Admission-** select the appropriate option based on whether your facility charges for admission.
- **Charge Discharge-** select the appropriate option based on your facility's policy when it comes to discharging a patient.
- **Charge Death-** select the appropriate option based on your facility's policy on how a death of a patient is handled.
- **Facility NPI for Billing-** select the appropriate option if your facility is required to show their NPI number on their forms. Works for facilities using Galaxy electronic billing
- **Need No Pay Claim-** select the appropriate option based on the insurers policy when it comes to the need the no pay claim form.
- **Print 5010 Form-** Select the appropriate option based on whether your facility would like to use the 5010 form format.
- **Use Taxonomy-** select the appropriate option based on whether your facility would like another number assigned to the long term care facility; like a tax category code which helps to identify a specific type of organization. This field is used for billing purposes, if “yes” is selected your facility's taxonomy code will be used for billing purposes.

Please fill in as much information as possible making sure the required fields are entered. Move onto the **Billing Related** tab to continue with the set-up.



Insurer Billing Related- This is where all billing related information is stored for each record within the master. This tab will need to be filled out by all facilities even if your facility is not using electronic billing. Here you will see the following fields:

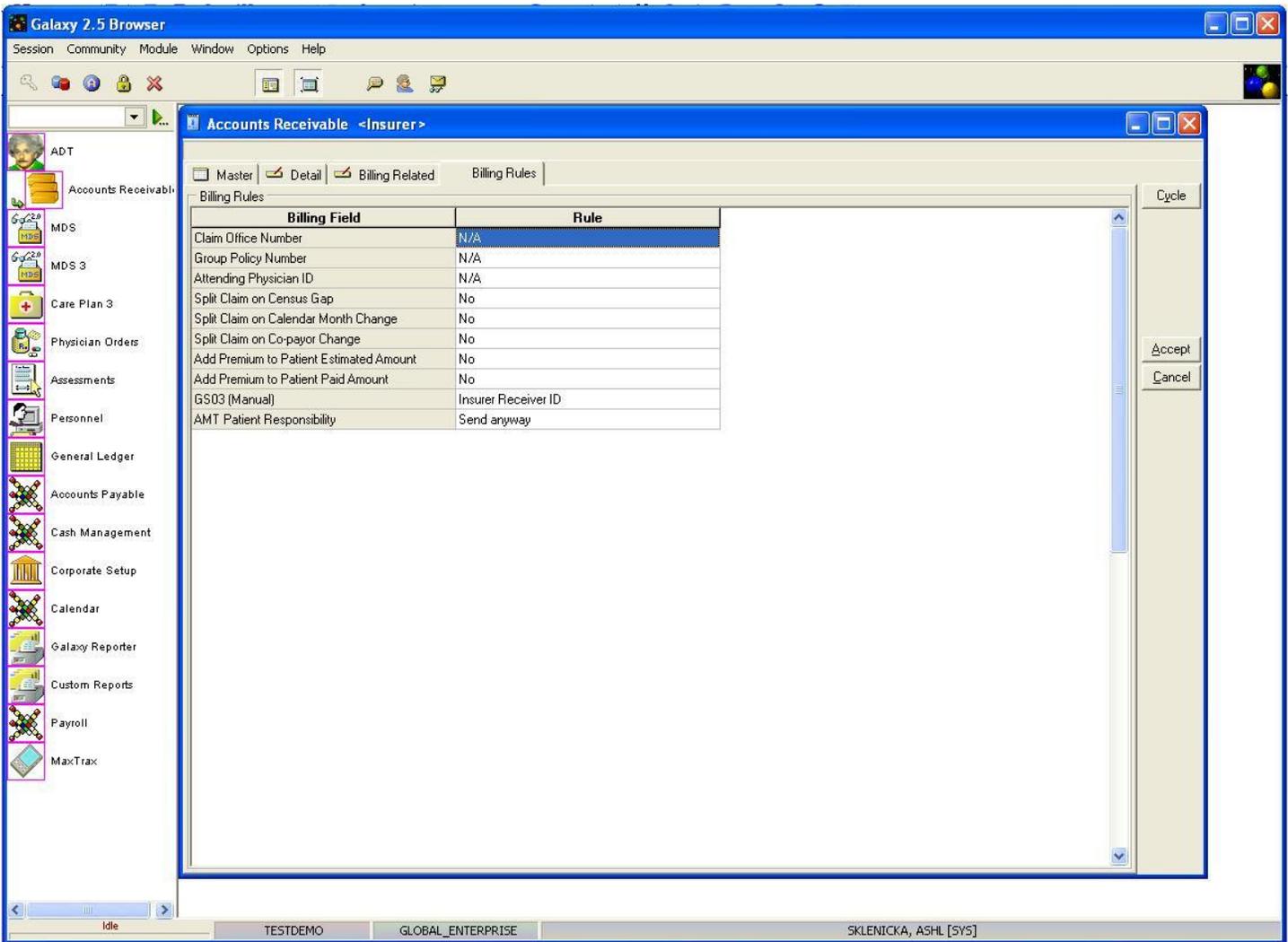
- **Primary ID-** clients should know the insurer's Primary ID that is used for billing. In the event you do not have the primary ID, type **PILOT** in to the box; we can edit this information once the primary ID is received. **THIS IS A REQUIRED FIELD.**
- **Claim Filing Code-** select the appropriate option from the drop down list by clicking on the magnifying glass.
- **Claim Office # -** this is an alpha-numeric code that identifies the office that the insurance claims are sent to when using electronic billing. The insurance company is the one who has this information.
- **Bill Classification-** select the appropriate option from the drop down list by clicking on the magnifying glass.
- **Submission Mode-** “Actual” will be selected when you want to use the billing, “Test” is used when a facility is not doing actual billing but still wants to create the billing file.

- **Dummy Insurer-** If your facility wants to create an insurer that does not receive a bill fill out the detail tabs and select “Yes” under Dummy Insurer.

Data Required for Manual Submission- is used when a facility wants to bill electronically. Contact Galaxy for assistance in setting up electronic billing.

Medicare Non-Coverage for Medicare Eligible Residents –This area is set up for electronic billing contact Galaxy if your facility is using electronic billing and we will assist with the set-up.

Please fill in as much information as possible making sure the required fields are entered and move onto the **Billing Rules** tab.

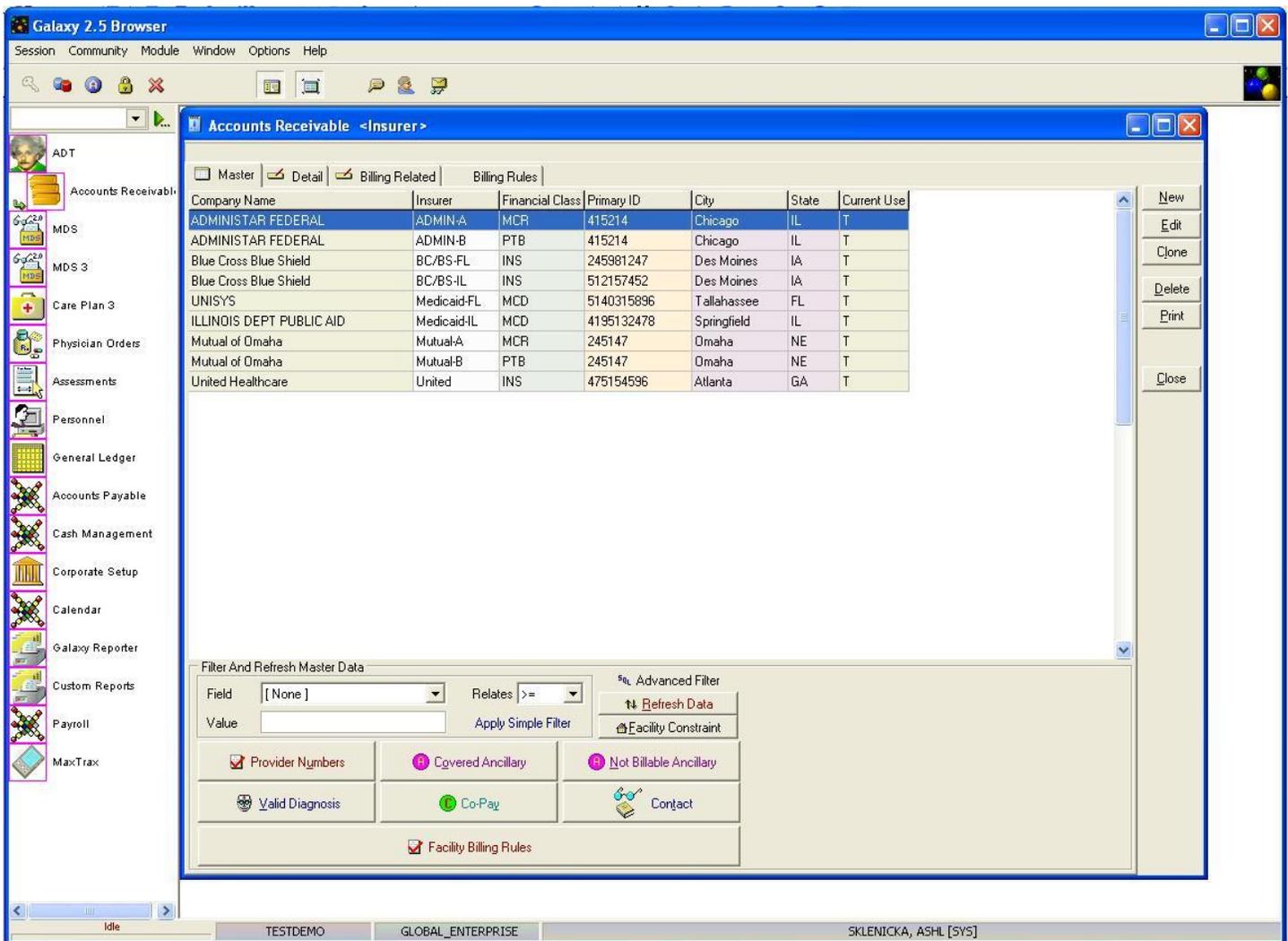


Insurer Billing Rules- This is the set-up screen used to establish the billing rules for the selected insurer. Look over the list and in the event something needs to be changed, click on the rule highlighting it in blue, then press the  icon to make changes.

The insurer that receives the claims will define what billing rules need to be established, in which the record(s) for those rules will be created here.

Please fill in as much information as possible making sure the required fields are entered and press **cycle** to create additional record(s) or **accept** to create the current record.

Once all insurer record(s) are in the master list, go to page 12 in this manual to finish with the set-up of the record(s) in the master list.



Bottom of Insurer Main Screen- Here you will see some additional buttons that relate to the setup of the records within the **Insurer Master list**.

- **Provider Numbers-** a number must be assigned to each record on the master list. Go to page 14-18 on setting up the records for provider numbers. **THIS IS REQUIRED.**
- **Covered Ancillary-** allows set up of ancillaries that are covered by insurers in the master screen. Go to page 19-22 on setting up the records for covered ancillaries.
- **Not Billable Ancillary-** allows set up of ancillaries that insurers do not want to be billed for. This could include ancillaries that are not covered. Go to page 23-26 on setting up the records for not billable ancillaries.
- **Valid Diagnosis-** allows set up of specific diagnoses that need to be valid in order for resident to be covered by a specific insurer on the master list. Go to page 27-30 on setting up the records for valid diagnosis.
- **Co-Pay-** allows for set up of Co-pay amounts for any record on the master list. Go to page 31-34 on setting up the records for Co-pay amounts. Note: When insurers issue new coverage or co-pay amounts a new record will need to be created.

- **Contact-** allows the facility to identify a point of contact for each record within the master list. Go to page 35-38 on setting up the records for contact.
- **Facility Billing Rules-**this feature is set-up if a facility is using electronic billing. Go to page 39-43 on how to create records for facility billing rules if your facility will be using Galaxy for electronic billing.

Once you have created all insurance record(s) and addressed the needed areas in regards to the buttons at the bottom of the Insurer Module, you will press the **close** button to go back to **Company File maintenance** and click on the **Census Related** folder to continue with the next phase of the set-up process.

Entering Provider Numbers for Insurer Records

The screenshot shows the Galaxy 2.5 Browser interface. The main window is titled "Accounts Receivable - Insurer". It contains a table with the following data:

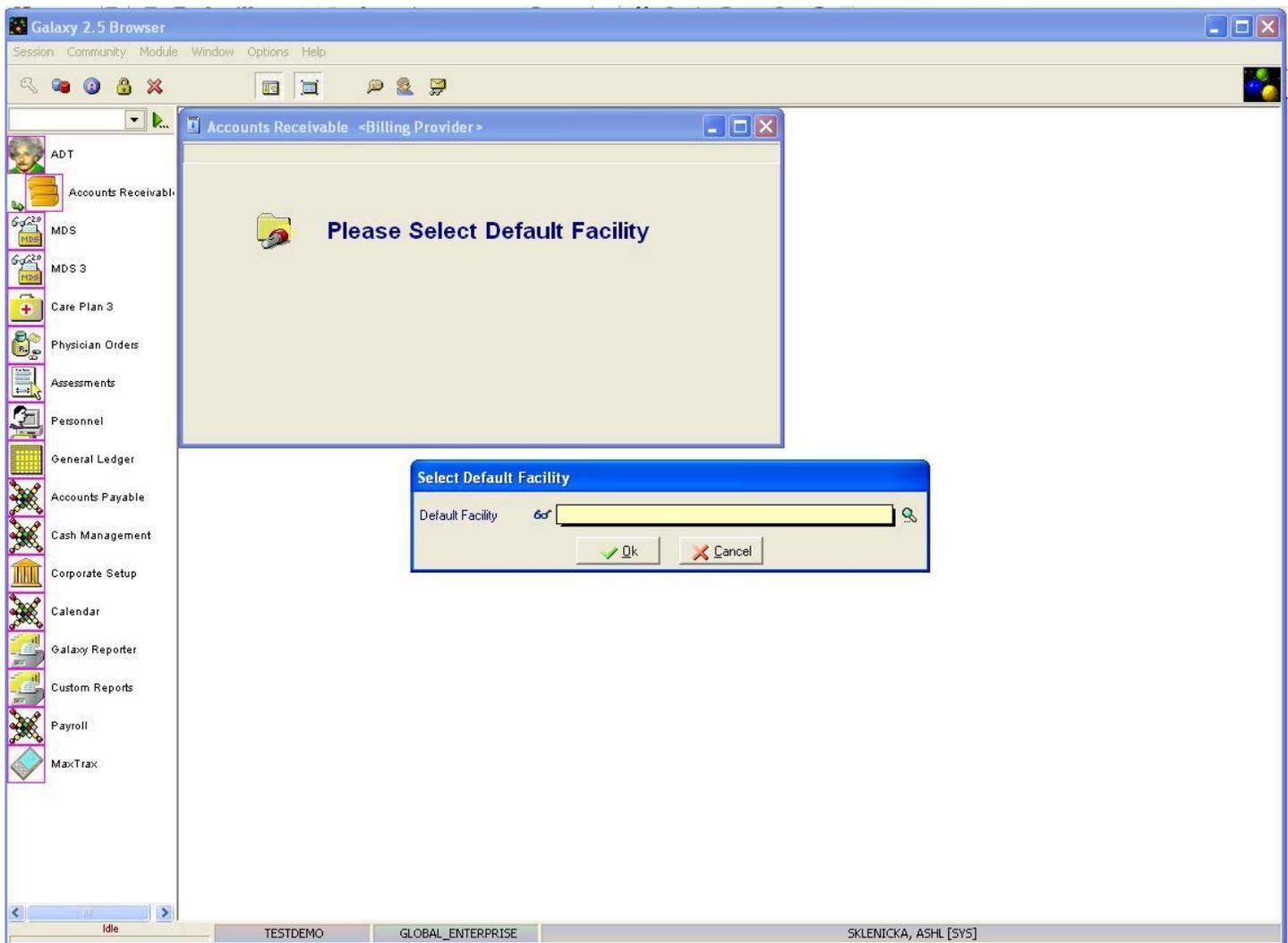
Company Name	Insurer	Financial Class	Primary ID	City	State	Current Use
ADMINISTAR FEDERAL	ADMIN-A	MCR	415214	Chicago	IL	T
ADMINISTAR FEDERAL	ADMIN-B	PTB	415214	Chicago	IL	T
Blue Cross Blue Shield	BC/BS-FL	INS	245981247	Des Moines	IA	T
Blue Cross Blue Shield	BC/BS-IL	INS	512157452	Des Moines	IA	T
UNISYS	Medicaid-FL	MCD	5140315896	Tallahassee	FL	T
ILLINOIS DEPT PUBLIC AID	Medicaid-IL	MCD	4195132478	Springfield	IL	T
Mutual of Omaha	Mutual-A	MCR	245147	Omaha	NE	T
Mutual of Omaha	Mutual-B	PTB	245147	Omaha	NE	T
United Healthcare	United	INS	475154596	Atlanta	GA	T

At the bottom of the screen, there is a "Filter And Refresh Master Data" section. A black arrow points to the "Provider Numbers" button in this section. Other buttons include "Covered Ancillary", "Not Billable Ancillary", "Valid Diagnosis", "Co-Pay", "Contact", and "Facility Billing Rules".

To enter provider numbers for your insurer record(s) you will want to highlight the record that needs a provider number so it is in blue, then press the **Provider Numbers** button on the bottom left side of the screen. Once you do this you will see the screen on the next page.

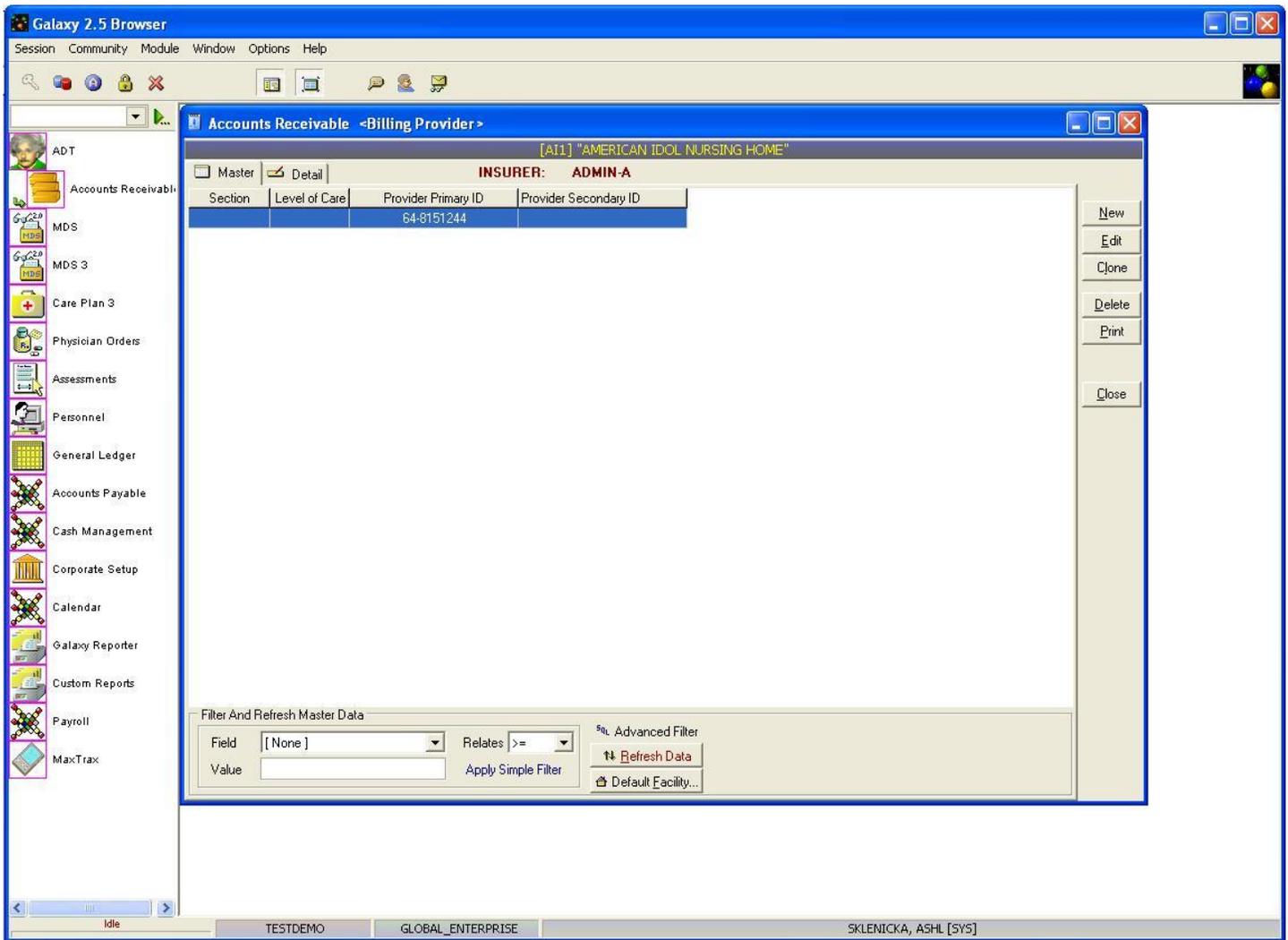
Note: All record(s) on the master list will need provider numbers.

Note: The simple filter and advance filter options can be used to help locate a specific record when a master list that has multiple record(s).

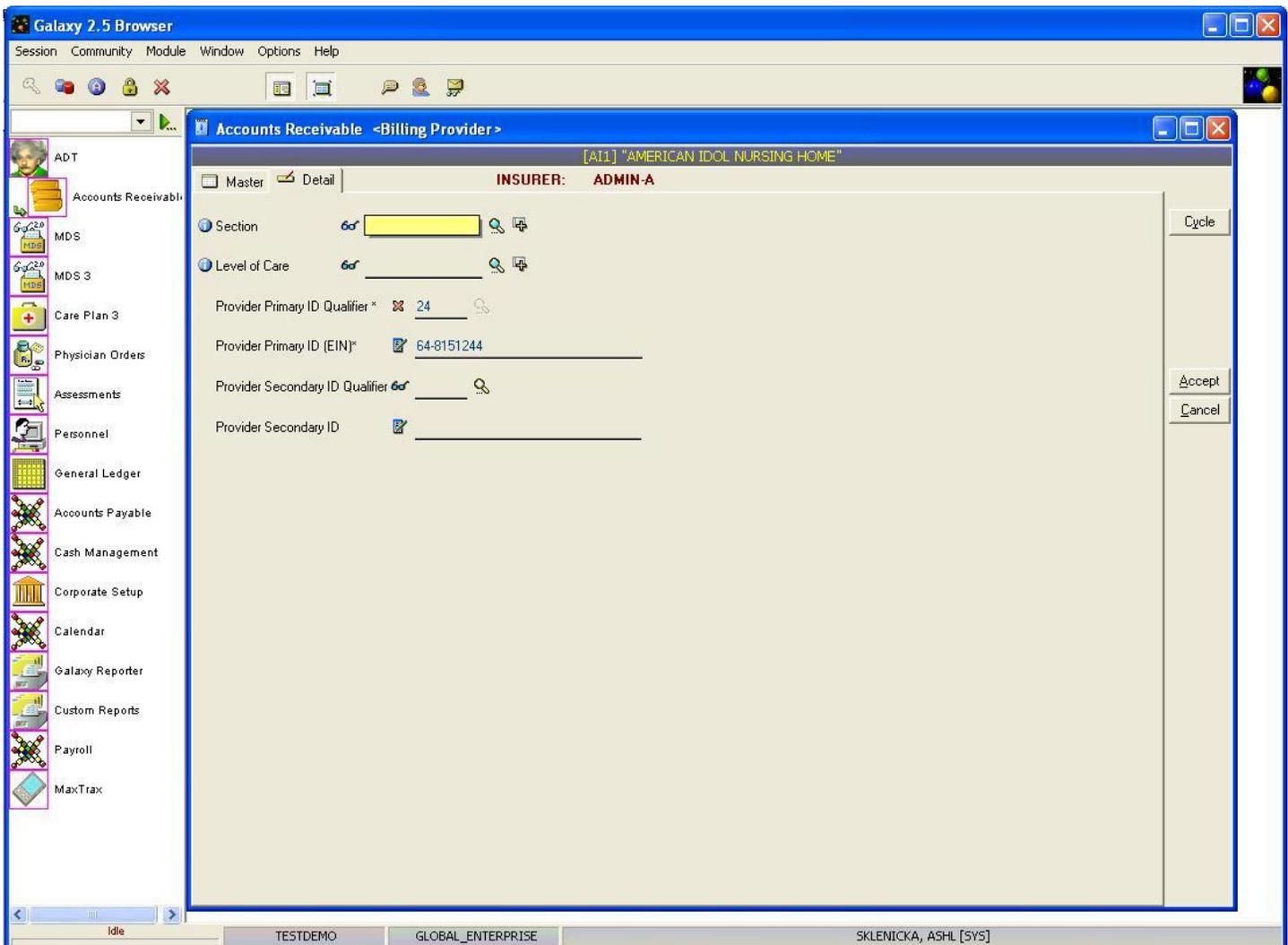


This screen will load if your facility is a part of an enterprise. Select the appropriate facility from the drop down menu by clicking on the magnifying glass. After the facility has been identified, you will see the screen on the next page.

Note: If your facility is not a part of an enterprise you should see the screen on page 16 of this manual.



This is where you will create the provider number record for the selected insurer. To add/create a record press the **new** button; to make changes to an existing record use the **edit** button.



Billing Provider Detail- Once you have pressed **new** or **edit** you will see this screen. Here you will see the following fields:

- **Section-** select the appropriate option from the drop down menu by using the magnifying glass. Note: if this field is left blank it will allow for greater flexibility within the Galaxy system.
- **Level of Care-** select the appropriate option from the drop down menu by using the magnifying glass. Note: if this field is left blank it will allow for greater flexibility within the Galaxy system.
- **Provider Primary ID Qualifier-** the system will automatically fill in this field for you based on information that was entered into the facility master. Check to make sure there is a value in this field. **THIS IS A REQUIRED FIELD.**
- **Provider Primary ID (EIN) -** this is where you will want to fill your facility's provider number if it is not already in here. The system will pull this number from the **Facility Master** within the **Corporate Setup Module.** **THIS IS A REQUIRED FIELD.**
- **Provider Secondary ID Qualifier-** this gets filled in on the insurer record(s) that mainly have a FC designation of MCD or MCR but can be used on other FC classifications. Select the appropriate option from the drop down menu by clicking on the magnifying glass if the insurance

record has a secondary ID qualifier. THIS IS REQUIRED ON SPECIFIC INSURER RECORD(S)

- **Provider Secondary ID-** this gets filled in on the insurer record(s) that mainly have a FC designation of MCD or MCR but can be used on other FC classifications Type in the MCD or MCR provider number here. THIS IS REQUIRED ON SPECIFIC INSURER RECORD(S)

Please enter as much information as possible making sure the required fields are filled in. Once you have completed the data entry press **accept** to create the current record. This will take you to the Provider Number master list where you can see the record(s) that were created.

To get back to the **Insurer Master List** to repeat this process for the rest of the record(s) on the insurers list press the **close** button.

Once provider numbers have been entered for all insurance record(s) you will want to move onto the other button options (*covered ancillary, not billable ancillary, co-pay, etc.*) located on the bottom of the **Insurer** master list. Go back to page 12 of this manual to determine what other options need to be filled in for the insurer record(s).

Entering Records for Covered Ancillary within Insurer

The screenshot shows the 'Accounts Receivable - Insurer' window in Galaxy 2.5 Browser. The window contains a table with the following data:

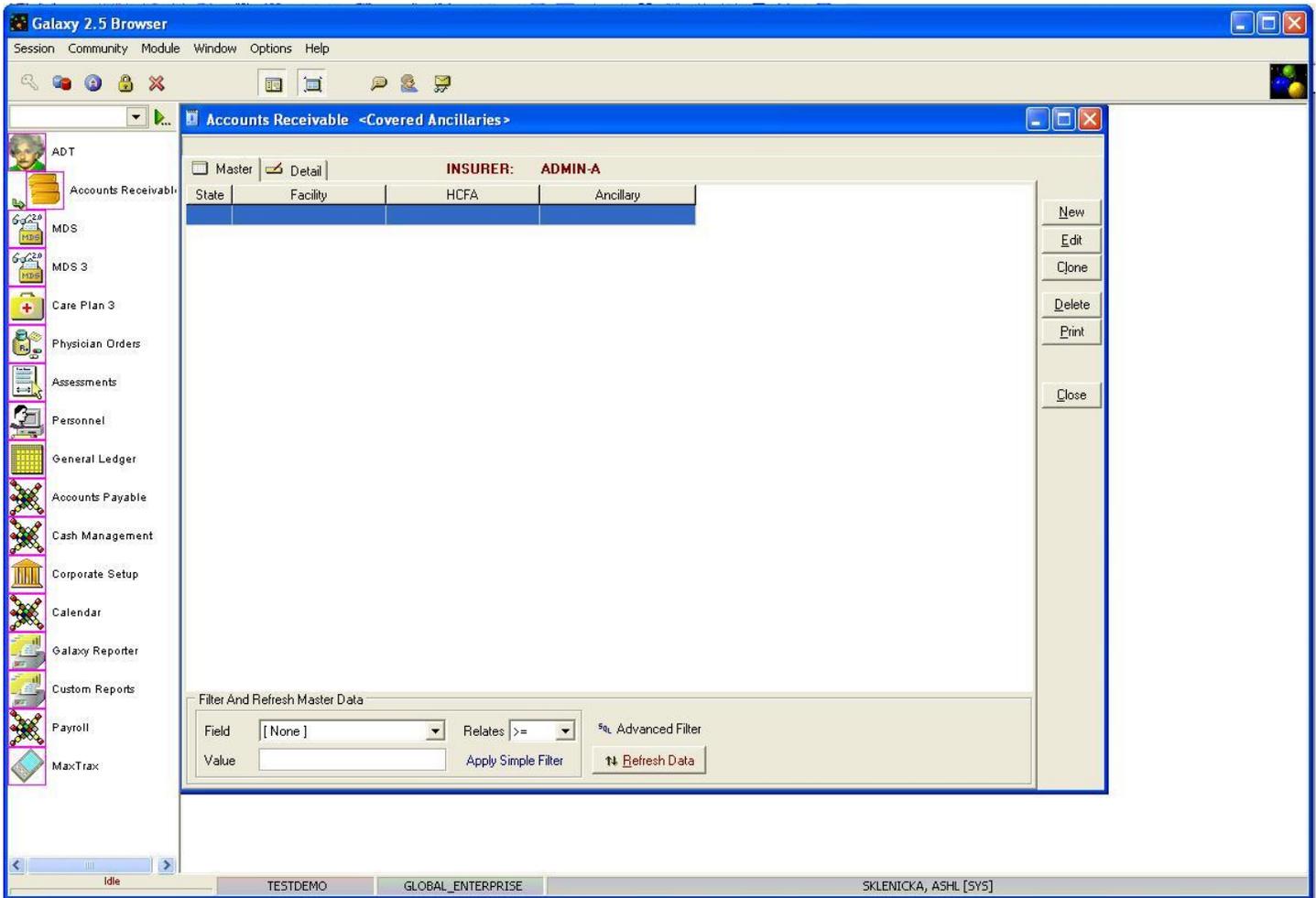
Company Name	Insurer	Financial Class	Primary ID	City	State	Current Use
ADMINISTAR FEDERAL	ADMIN-A	MCR	415214	Chicago	IL	T
ADMINISTAR FEDERAL	ADMIN-B	PTB	415214	Chicago	IL	T
Blue Cross Blue Shield	BC/BS-FL	INS	245981247	Des Moines	IA	T
Blue Cross Blue Shield	BC/BS-IL	INS	512157452	Des Moines	IA	T
UNISYS	Medicaid-FL	MCD	5140315896	Tallahassee	FL	T
ILLINOIS DEPT PUBLIC AID	Medicaid-IL	MCD	4195132478	Springfield	IL	T
Mutual of Omaha	Mutual-A	MCR	245147	Omaha	NE	T
Mutual of Omaha	Mutual-B	PTB	245147	Omaha	NE	T
United Healthcare	United	INS	475154596	Atlanta	GA	T

Below the table, there is a 'Filter And Refresh Master Data' section with the following options:

- Field: [None]
- Relates: >=
- Value: []
- Apply Simple Filter
- Advanced Filter
- Refresh Data
- Facility Constraint
- Provider Numbers
- Covered Ancillary (highlighted with a black arrow)
- Not Billable Ancillary
- Valid Diagnosis
- Co-Pay
- Contact
- Facility Billing Rules

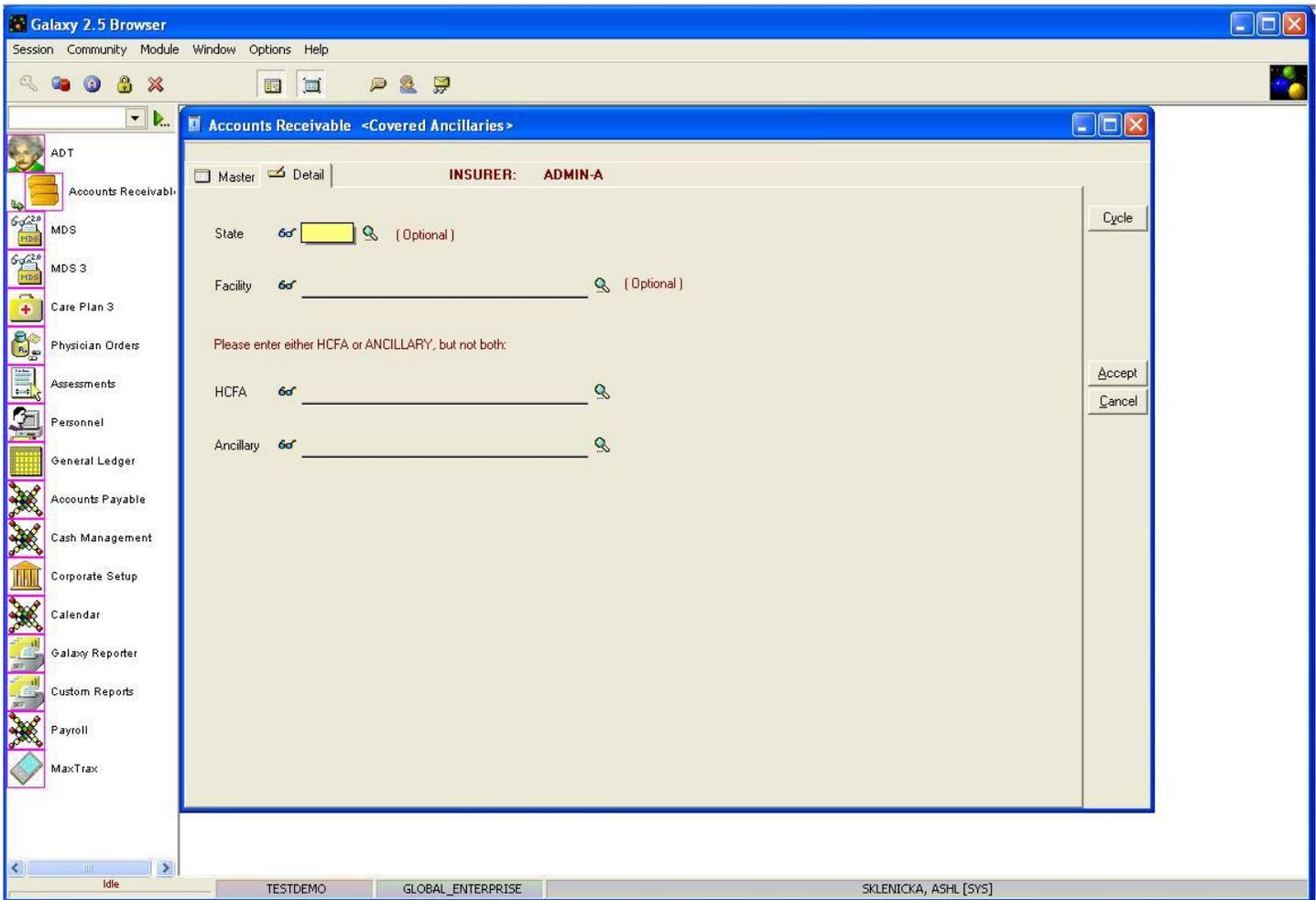
Select the insurer from the master list, highlighting it in blue. Click the **Covered Ancillary** button to pull up the next screen.

Note: The simple filter and advance filter options can be used to help locate a specific record when a master list that has multiple record(s).



Covered Ancillaries Master-Currently there are no record(s) in the **Covered Ancillary** master list of our *demo* facility.

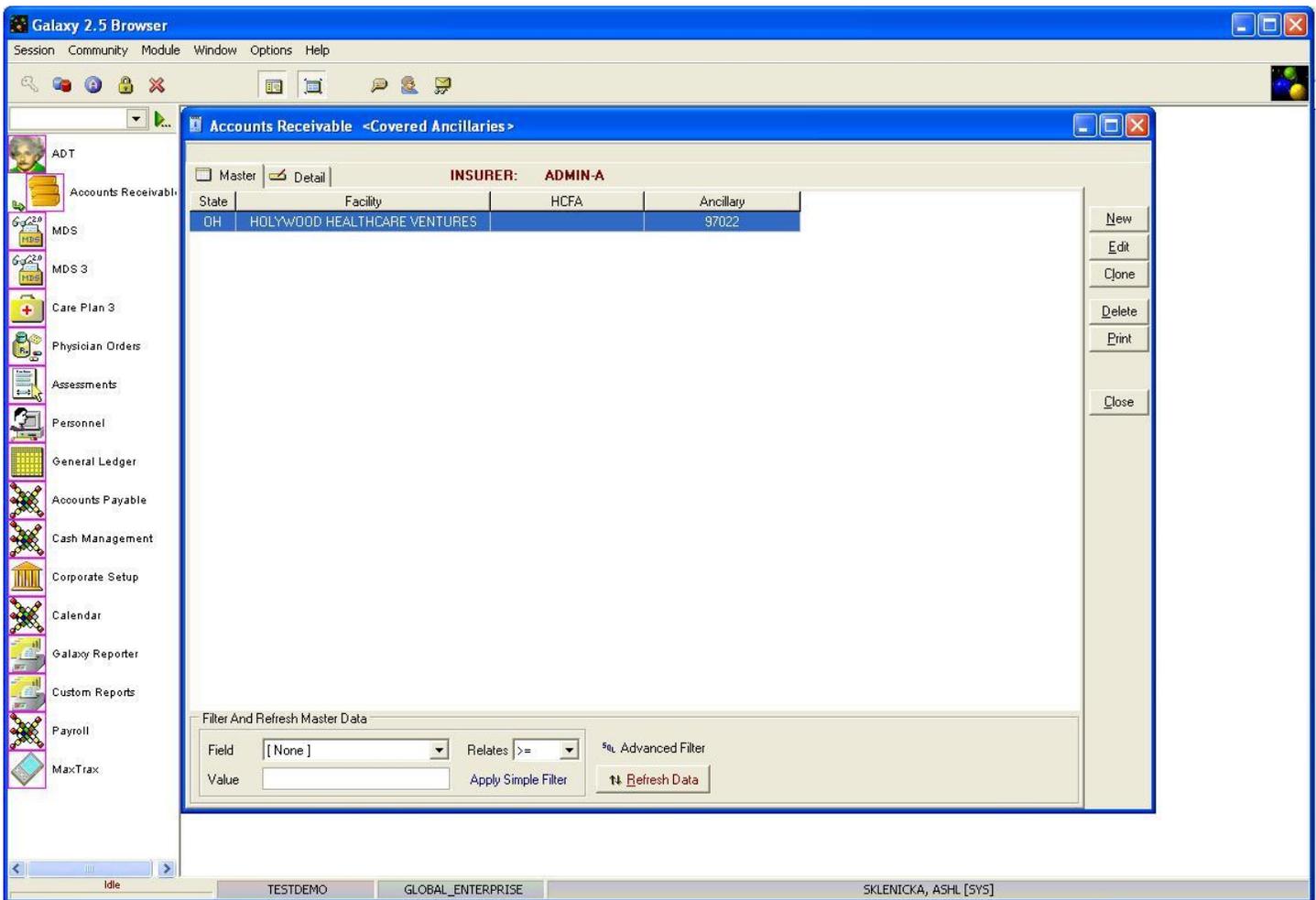
To create/add record(s) use the **new** button; to make changes on existing record(s) use the **edit** button.



Covered Ancillaries Detail-This is the input screen that will be used to create the record(s) for all ancillaries that are covered by the selected insurer. Here you see the following fields:

- **State** - select the appropriate state from the drop down menu by clicking on the magnifying glass.
- **Facility**- If a part of an enterprise please select your facility from the drop down menu by clicking on the magnifying glass. Note: if a value is placed in this field, the record will only show/work for the facility that is selected for this field.
- **HCFA**- select the ancillary's HCFA Code from the drop down menu by clicking on the magnifying glass. Note: choose either HCFA or Ancillary not both.
- **Ancillary** - select the ancillary from the drop down menu by clicking on the magnifying glass. Note: choose either HCFA or Ancillary, not both.

If this insurer covers multiple ancillaries use the **cycle** button to create the additional record(s); click **accept** to create this record or the last record of the cycle process.



Covered Ancillaries Master- After finishing a cycle or accepting a record you will be taken back to the **Covered Ancillary** master list where you can see the record(s) that were created.

Once all record(s) have been created for covered ancillaries for the selected insurer, press the **close** button to go back to the **Insurer Master** list.

Repeat this process for all insurer record(s) on the **Insurer Master** list that will cover specific ancillaries.

Once all record(s) have been created go back to page 12 of this manual to what other options need to be filled in for the insurer record(s).

Entering Records for Not Billable Ancillaries within Insurer

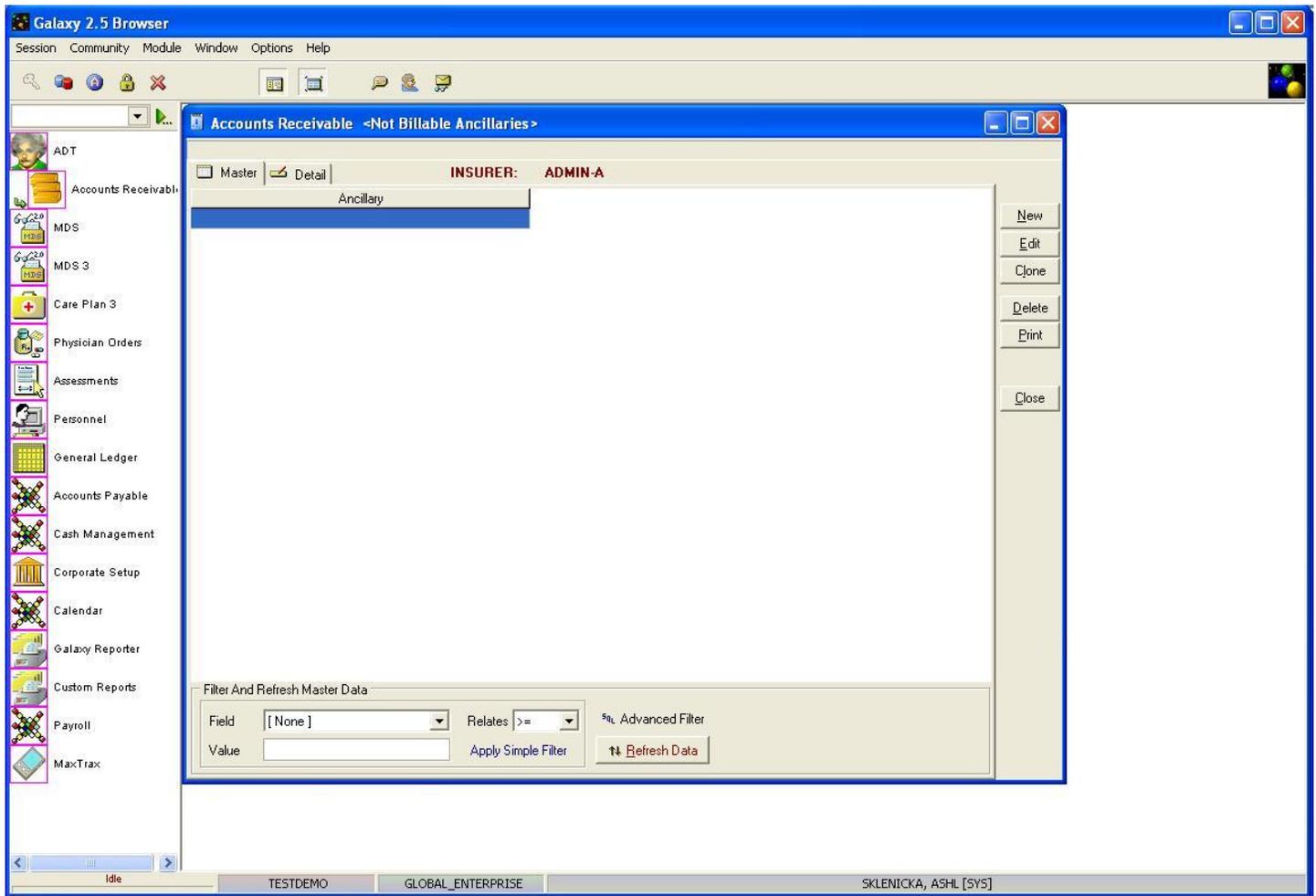
The screenshot shows the Galaxy 2.5 Browser interface. The main window is titled "Accounts Receivable - Insurer". It contains a table with the following data:

Company Name	Insurer	Financial Class	Primary ID	City	State	Current Use
ADMINISTAR FEDERAL	ADMIN-A	MCR	415214	Chicago	IL	T
ADMINISTAR FEDERAL	ADMIN-B	PTB	415214	Chicago	IL	T
Blue Cross Blue Shield	BC/BS-FL	INS	245981247	Des Moines	IA	T
Blue Cross Blue Shield	BC/BS-IL	INS	512157452	Des Moines	IA	T
UNISYS	Medicaid-FL	MCD	5140315896	Tallahassee	FL	T
ILLINOIS DEPT PUBLIC AID	Medicaid-IL	MCD	4195132478	Springfield	IL	T
Mutual of Omaha	Mutual-A	MCR	245147	Omaha	NE	T
Mutual of Omaha	Mutual-B	PTB	245147	Omaha	NE	T
United Healthcare	United	INS	475154596	Atlanta	GA	T

Below the table, there is a "Filter And Refresh Master Data" section. It includes a "Field" dropdown set to "[None]", a "Relates" dropdown set to ">=", and a "Value" input field. There are buttons for "Apply Simple Filter", "Refresh Data", and "Facility Constraint". Below this, there are several filter buttons: "Provider Numbers", "Covered Ancillary", "Not Billable Ancillary", "Valid Diagnosis", "Co-Pay", "Contact", and "Facility Billing Rules". An arrow points to the "Not Billable Ancillary" button.

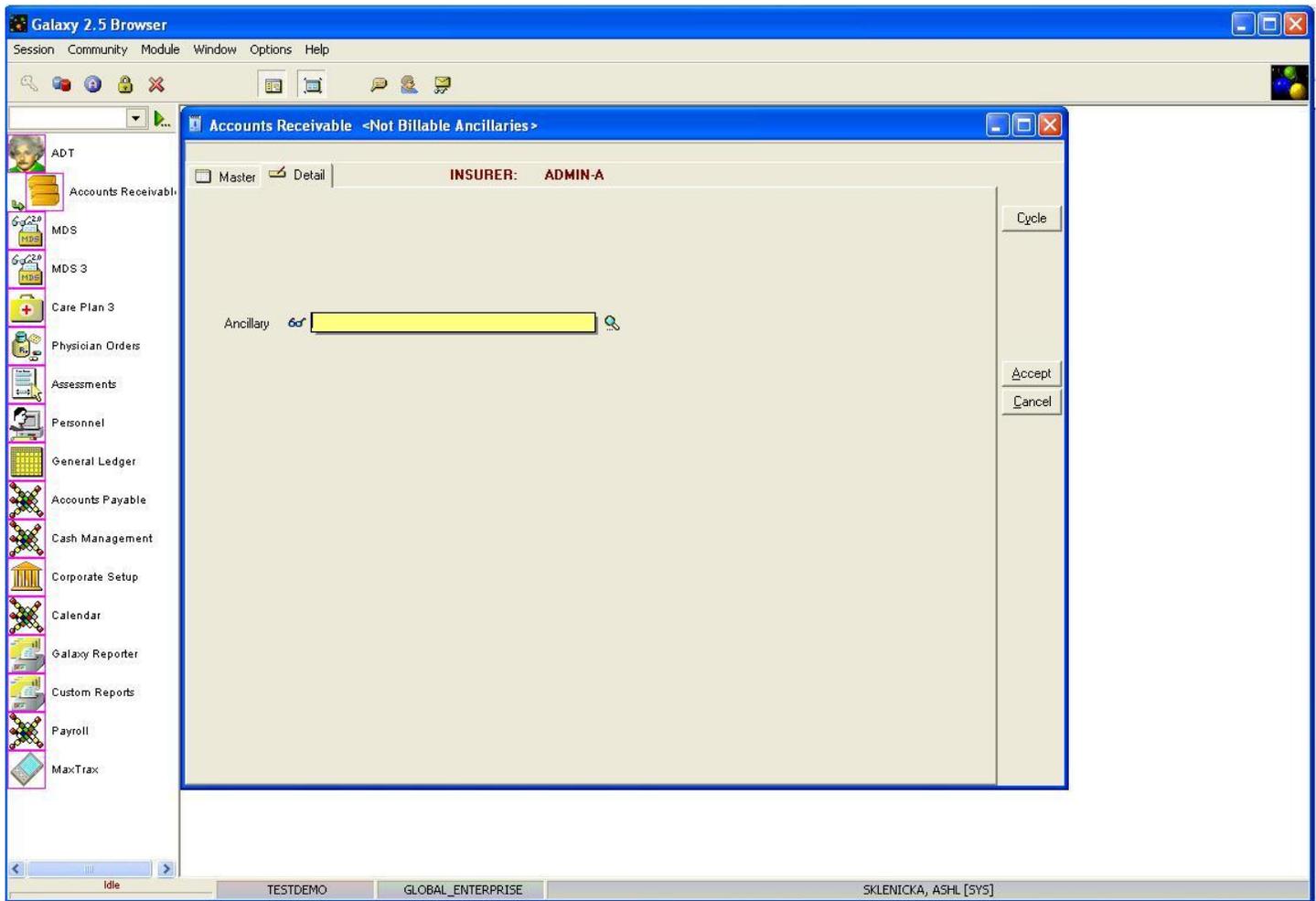
Select the insurer from the master list, highlighting it in blue. Click the **Not Billable Ancillary** button to pull up the next screen.

Note: The simple filter and advance filter options can be used to help locate a specific record when a master list that has multiple record(s).



Not Billable Ancillaries Master- Currently there are no record(s) in the **Not Billable Ancillaries** master list for our *demo facility*.

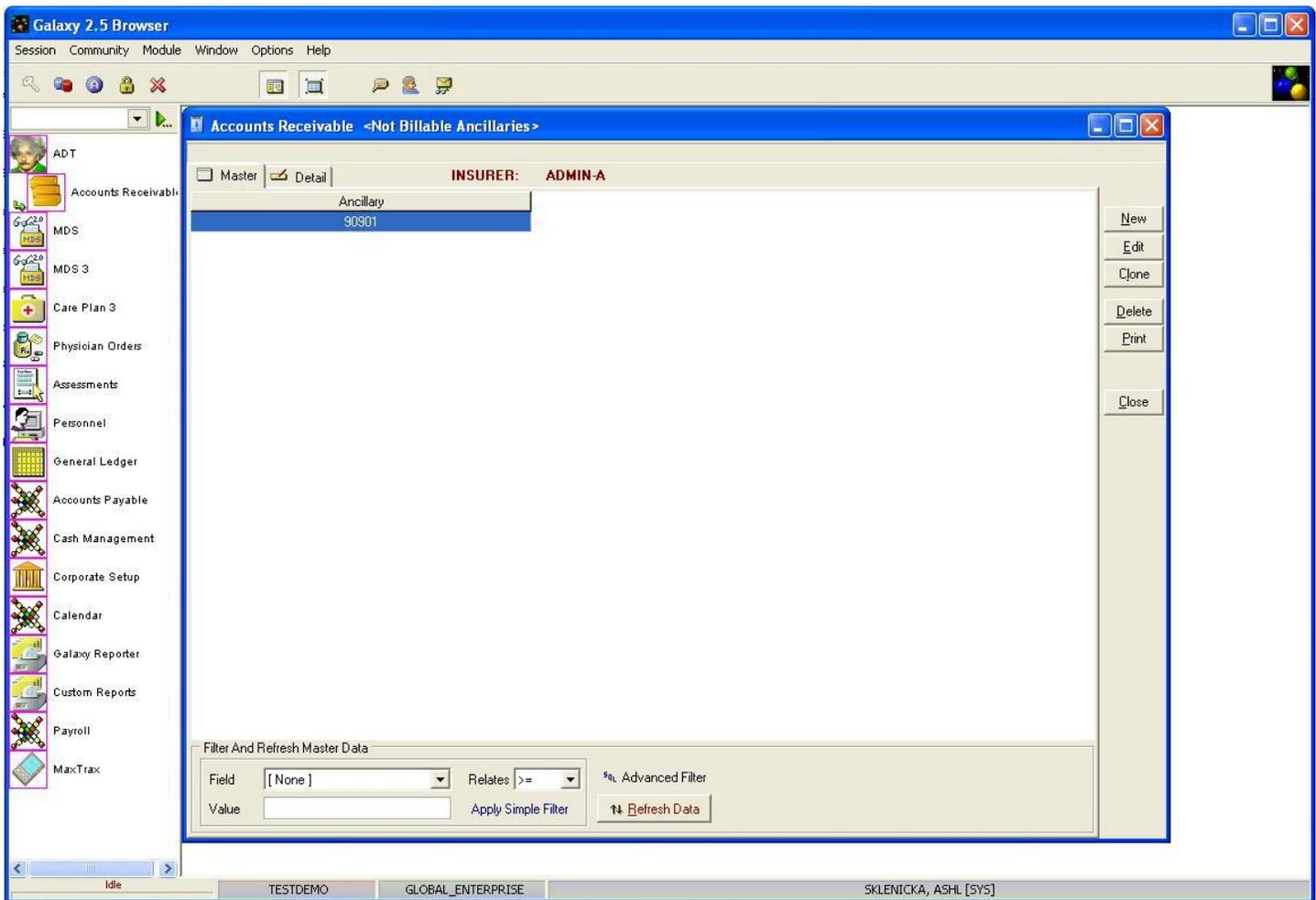
To create/add record(s) use the **new** button; to make changes on existing record(s) use the **edit** button.



Not Billable Ancillaries Detail-This is the input screen that will be used to create the record(s) for the not billable ancillaries that the selected insurer will not cover and does not want to be billed for. Here you see the following fields:

- **Ancillary**- select the appropriate ancillary from the drop down menu by clicking on the magnifying glass

If this insurer will not cover multiple ancillaries use the **cycle** button to create the additional record(s); press the **accept** button to create this record or the last record of the cycle process.



Not Billable Ancillaries Master- After you finish cycling record(s) or accepting a record you will see it here on the master list. Once all record(s) have been added to this master list you will use the **close** button to get back to the **Insurer Master List**.

Repeat the process for all insurance record(s) that have **Not Billable Ancillaries** on the **Insurer Master list**. Once all record(s) are finished go to page 12 in this manual to determine what other options need to be filled in for the insurer record(s) in the **Insurer Module**.

Entering Records for Valid Diagnosis within Insurer

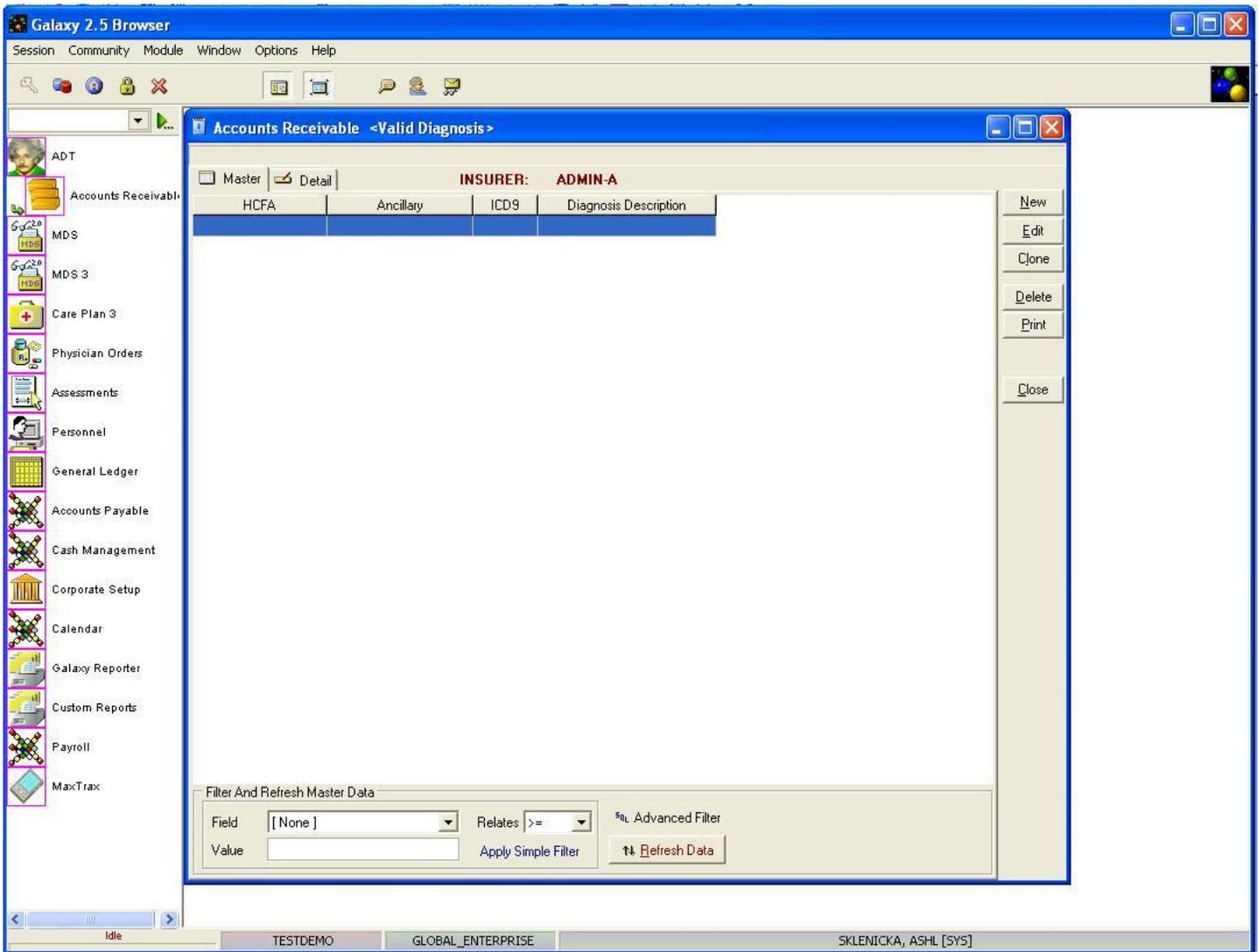
The screenshot shows the Galaxy 2.5 Browser interface. The main window is titled "Accounts Receivable - Insurer". It contains a table with the following data:

Company Name	Insurer	Financial Class	Primary ID	City	State	Current Use
ADMINISTAR FEDERAL	ADMIN-A	MCR	415214	Chicago	IL	T
ADMINISTAR FEDERAL	ADMIN-B	PTB	415214	Chicago	IL	T
Blue Cross Blue Shield	BC/BS-FL	INS	245981247	Des Moines	IA	T
Blue Cross Blue Shield	BC/BS-IL	INS	512157452	Des Moines	IA	T
UNISYS	Medicaid-FL	MCD	5140315896	Tallahassee	FL	T
ILLINOIS DEPT PUBLIC AID	Medicaid-IL	MCD	4195132478	Springfield	IL	T
Mutual of Omaha	Mutual-A	MCR	245147	Omaha	NE	T
Mutual of Omaha	Mutual-B	PTB	245147	Omaha	NE	T
United Healthcare	United	INS	475154596	Atlanta	GA	T

Below the table, there is a "Filter And Refresh Master Data" section. It includes a "Field" dropdown set to "[None]", a "Relates" dropdown set to ">=", and a "Value" input field. There are buttons for "Apply Simple Filter", "Refresh Data", and "Facility Constraint". Below this, there are several filter buttons: "Provider Numbers", "Valid Diagnosis" (highlighted with a black arrow), "Covered Ancillary", "Co-Pay", "Not Billable Ancillary", and "Contact". At the bottom, there is a "Facility Billing Rules" button.

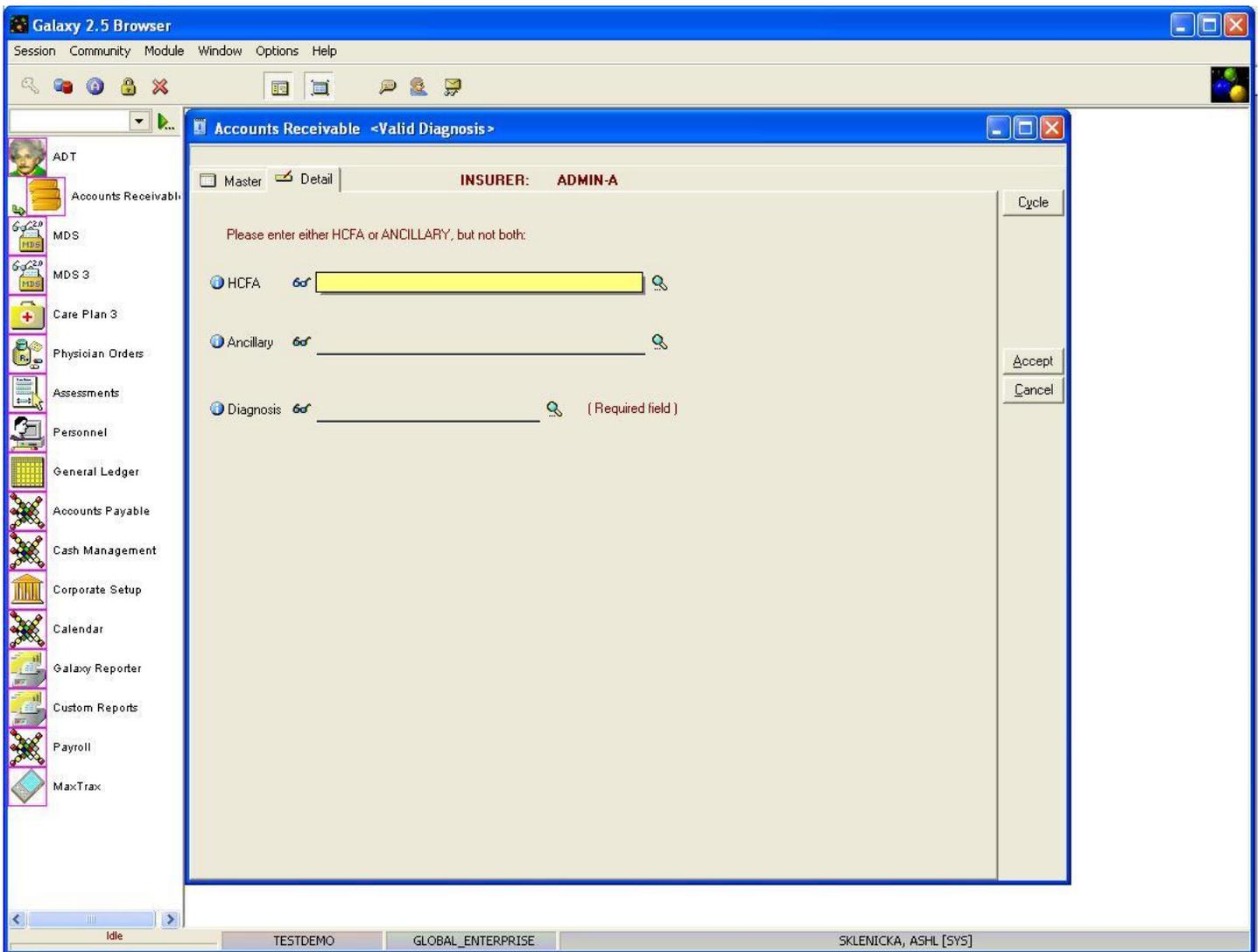
Select the insurer from the master list, highlighting it in blue. Click the **Valid Diagnosis** button to pull up the next screen.

Note: The simple filter and advance filter options can be used to help locate the specific record you are trying to find if a master list has several records.



Valid Diagnosis Master- Currently there are no records within this master list.

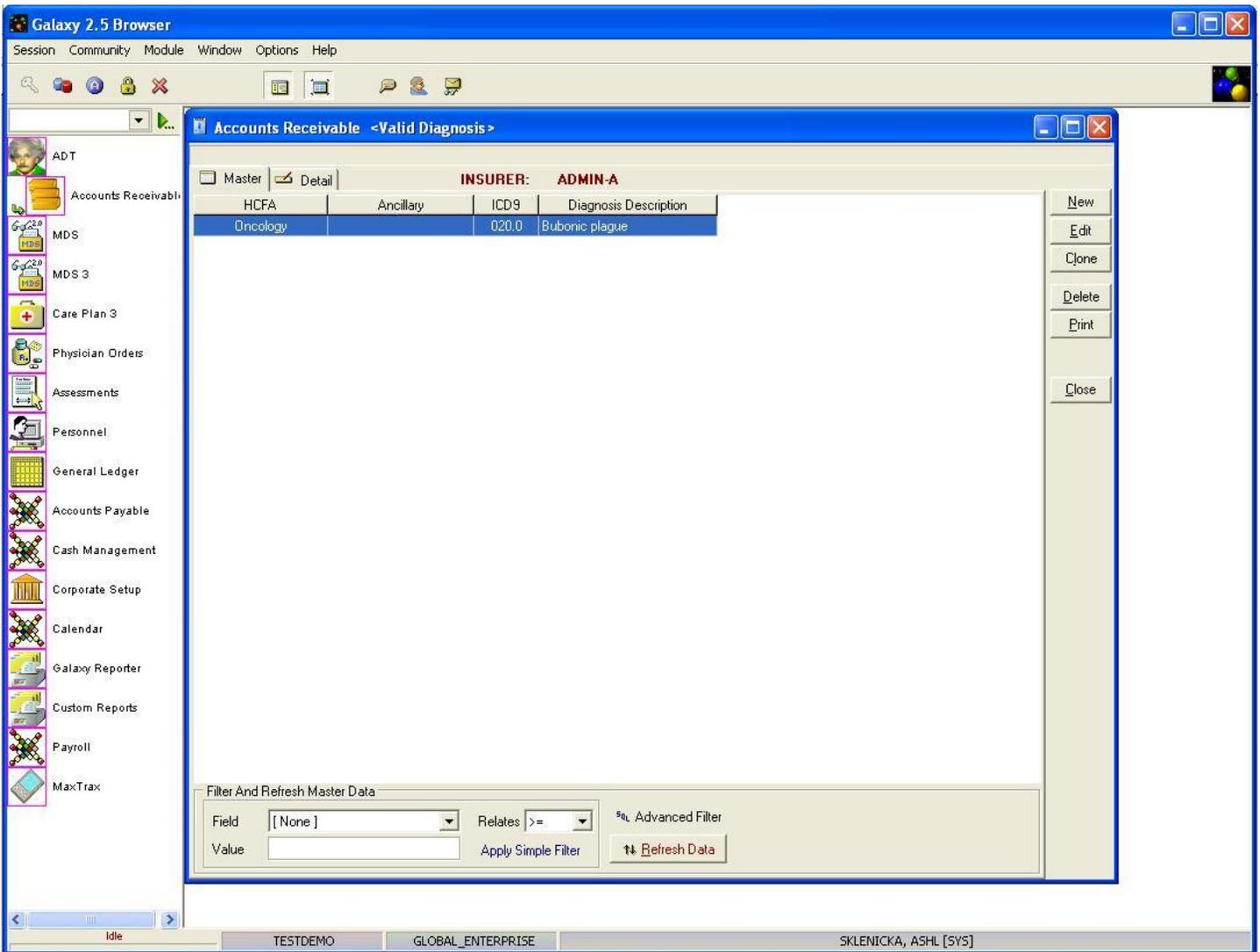
To add/create a record use the **new** button; to make changes to existing records use the **edit** button.



Valid Diagnosis Detail- This is the screen that is used to enter in the diagnoses that are covered by the selected insurer. Here you can see the following fields:

- **HCFA** - select the appropriate HCFA from the drop down menu by clicking on the magnifying glass. *Note: If you fill in this field you do not need to select an Ancillary option.*
- **Ancillary** - select the appropriate Ancillary from the drop down menu by clicking on the magnifying glass. *Note: If you fill in this field you do not need to select a HCFA option.*
- **Diagnosis** - select the appropriate option from the drop down menu by clicking on the magnifying glass. **THIS IS A REQUIRED FIELD.**

Please fill in as much information as possible making sure the required fields are entered and press **cycle** to create additional record(s) or **accept** to create the current record.



Valid Diagnosis Master- When finished entering all the record(s) needed for the selected insurer press the **close** button to go back to the **Insurer Master** screen. Please refer to page 12 in this manual to continue with the set-up of **Insurer**.

Entering Records for Co-Pay within Insurer

The screenshot shows the Galaxy 2.5 Browser interface. The main window is titled "Accounts Receivable - Insurer". It contains a table with the following data:

Company Name	Insurer	Financial Class	Primary ID	City	State	Current Use
ADMINISTAR FEDERAL	ADMIN-A	MCR	415214	Chicago	IL	T
ADMINISTAR FEDERAL	ADMIN-B	PTB	415214	Chicago	IL	T
Blue Cross Blue Shield	BC/BS-FL	INS	245981247	Des Moines	IA	T
Blue Cross Blue Shield	BC/BS-IL	INS	512157452	Des Moines	IA	T
UNISYS	Medicaid-FL	MCD	5140315896	Tallahassee	FL	T
ILLINOIS DEPT PUBLIC AID	Medicaid-IL	MCD	4195132478	Springfield	IL	T
Mutual of Omaha	Mutual-A	MCR	245147	Omaha	NE	T
Mutual of Omaha	Mutual-B	PTB	245147	Omaha	NE	T
United Healthcare	United	INS	475154596	Atlanta	GA	T

Below the table is a filter section titled "Filter And Refresh Master Data". It includes a "Field" dropdown set to "[None]", a "Relates" dropdown set to ">=", and a "Value" input field. There are buttons for "Apply Simple Filter", "Refresh Data", and "Facility Constraint". Below these are several filter options: "Provider Numbers", "Covered Ancillary", "Co-Pay", "Valid Diagnosis", "Not Billable Ancillary", and "Contact". A black arrow points to the "Co-Pay" button. At the bottom of the screen, the status bar shows "Idle", "TESTDEMO", "GLOBAL_ENTERPRISE", and "SKLENICKA, ASHL [SYS]".

Select the insurer from the master list, highlighting it in blue. Click the **Co-Pay** button to pull up the screen used to hold the information relating to the financial amounts the insurer will pay.

Note: The simple filter and advance filter options can be used to help locate the specific record you are trying to find if a master list has several records.

Galaxy 2.5 Browser

Session Community Module Window Options Help

Accounts Receivable <Co-Pay>

INSURER: ADMIN-A

Master Detail

Ancillary/Census	Start Date	End Date	Co-Pay Amount	Percent/Dollar	Day/Month	Alter Days
C	01/01/2009		133.5	D	D	20
C	01/01/2008	12/31/2008	128	D	D	20
C	01/01/2007	12/31/2007	124	D	D	20

Filter And Refresh Master Data

Field: [None] Relates: >= % Advanced Filter

Value: Apply Simple Filter Refresh Data

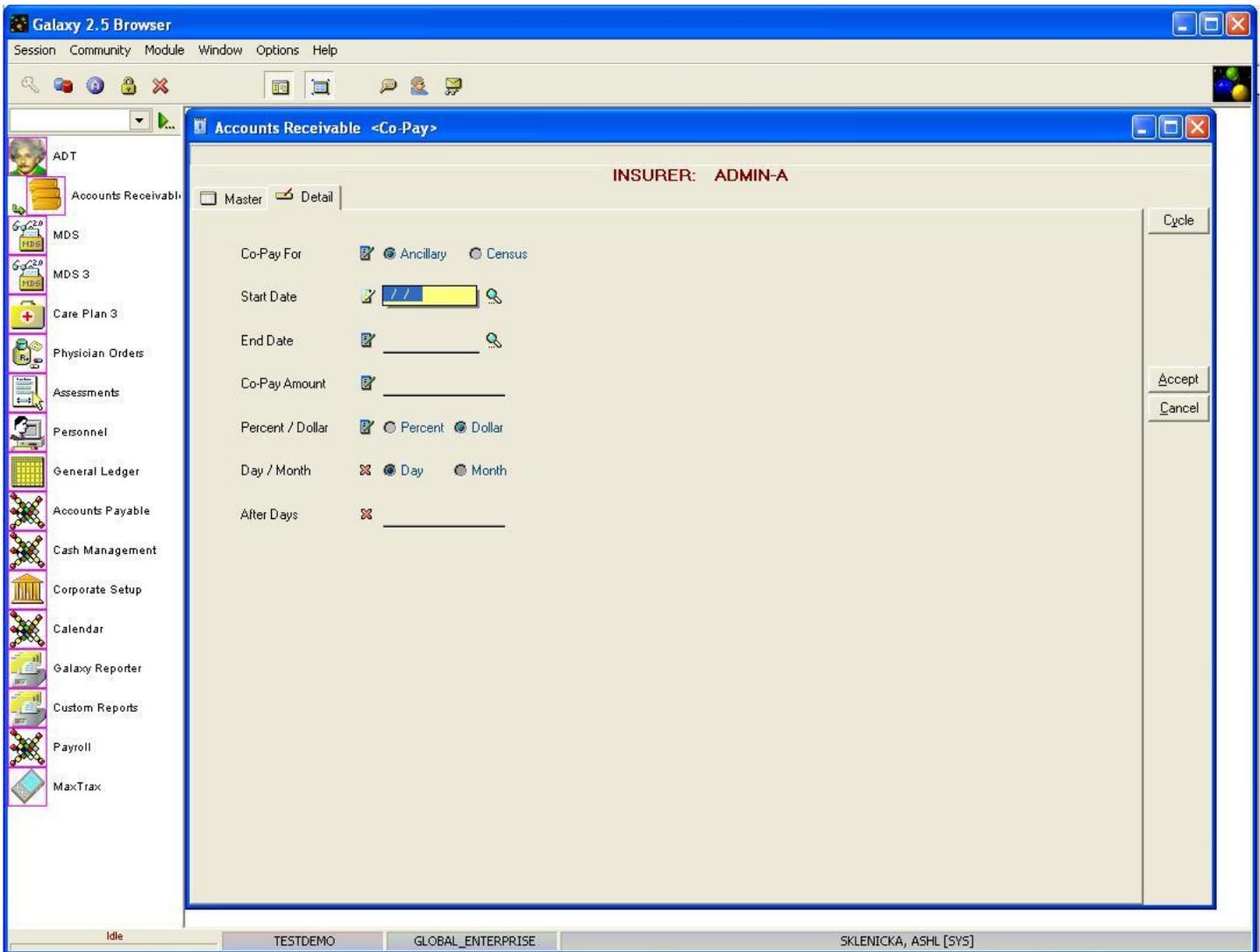
Co-pay Ancillary Exceptions

ADT
Accounts Receivable
MDS
MDS 3
Care Plan 3
Physician Orders
Assessments
Personnel
General Ledger
Accounts Payable
Cash Management
Corporate Setup
Calendar
Galaxy Reporter
Custom Reports
Payroll
MaxTrax

Idle TESTDEMO GLOBAL_ENTERPRISE SKLENICKA, ASHL [SYS]

Co-Pay Master- Here you can see records already exist for the co-pay for the selected insurer.

It is important to remember that if an insurer issues a co-pay price change to use the **new** button to create the record. DO NOT edit any of the existing records in this module expect for the date that the new price became effective.



Co-Pay Detail- This is the input screen used to create the record(s) for the price the selected insurer will pay as their co-pay. Here you can see the following fields:

- **Co-Pay For-** select the appropriate option depending on if the selected insurer's co-pay is for census charges or ancillary charges. **THIS IS A REQUIRED FIELD**
- **Start Date -** enter the date the co-pay price became effective by clicking on the magnifying glass to pull up the interactive calendar. **THIS IS A REQUIRED FIELD**
- **End Date-** this field gets filled in when there has been a co-pay price change and a new record has been created. The end date gets filled in on the old co-pay price record.
- **Co-Pay Amount -** enter the amount the insurer will be responsible for when it comes to the co-pay.
- **Percent/Dollar-** select the appropriate option if this is a percent or dollar charge.
- **Day/Month-** select the appropriate option if the charge should be daily or monthly
- **After Days-** Used for Medicare insurance it is the number of days the resident must wait until Medicare co-insurance will start.

Please fill in as much information as possible making sure the required fields are entered and press **accept** to

create the current record.

Once you have created the record(s) needed for the co-pay amounts covered by the selected insurer, press the **close** button to go back to the **Insurer Master** screen. Go back to page 12 in this manual to continue with the setup of **Insurer**.

Entering Records for Contact within Insurer

The screenshot shows the Galaxy 2.5 Browser interface. The main window is titled "Accounts Receivable - Insurer". It contains a table with the following data:

Company Name	Insurer	Financial Class	Primary ID	City	State	Current Use
ADMINISTAR FEDERAL	ADMIN-A	MCR	415214	Chicago	IL	T
ADMINISTAR FEDERAL	ADMIN-B	PTB	415214	Chicago	IL	T
Blue Cross Blue Shield	BC/BS-FL	INS	245981247	Des Moines	IA	T
Blue Cross Blue Shield	BC/BS-IL	INS	512157452	Des Moines	IA	T
UNISYS	Medicaid-FL	MCD	5140315896	Tallahassee	FL	T
ILLINOIS DEPT PUBLIC AID	Medicaid-IL	MCD	4195132478	Springfield	IL	T
Mutual of Omaha	Mutual-A	MCR	245147	Omaha	NE	T
Mutual of Omaha	Mutual-B	PTB	245147	Omaha	NE	T
United Healthcare	United	INS	475154596	Atlanta	GA	T

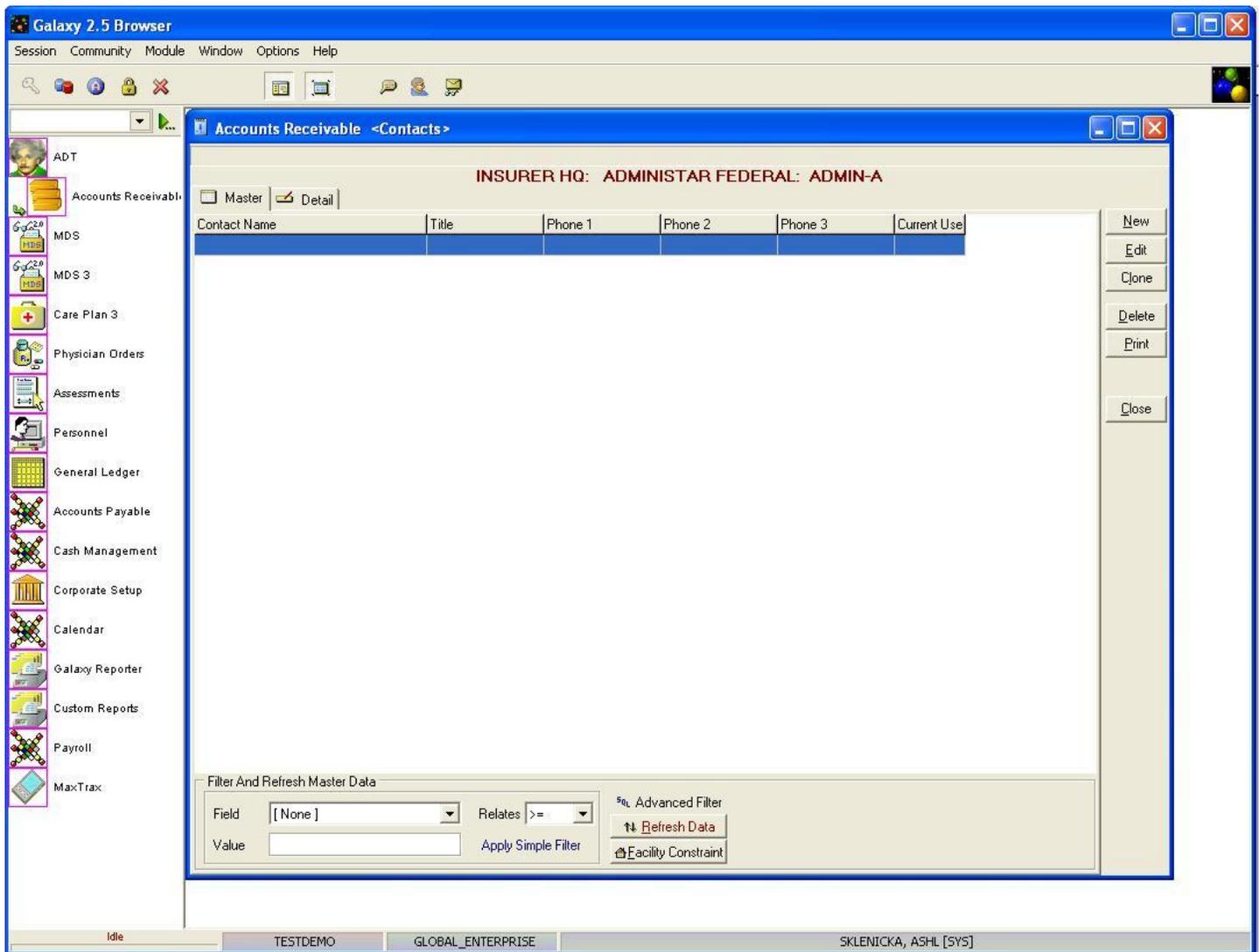
Below the table is a "Filter And Refresh Master Data" section with the following options:

- Field: [None]
- Relates: >=
- Value: []
- Apply Simple Filter
- Advanced Filter
- Refresh Data
- Facility Constraint
- Provider Numbers
- Covered Ancillary
- Not Billable Ancillary
- Valid Diagnosis
- Co-Pay
- Contact
- Facility Billing Rules

An arrow points to the "Contact" button.

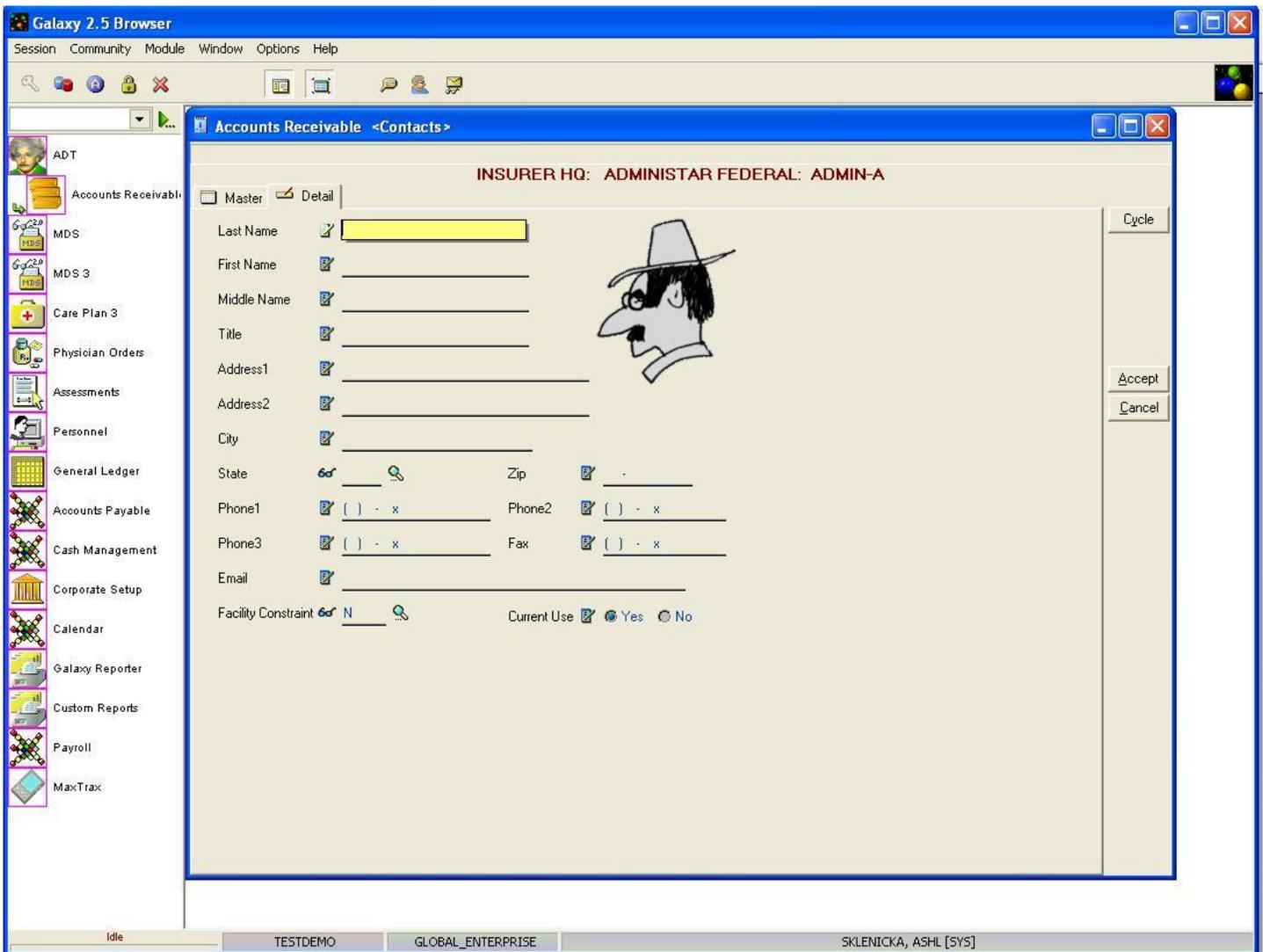
Select the insurer from the master list, highlighting it in blue. Click the **Contact** button to pull up the screen used to hold the contact information.

Note: The simple filter and advance filter options can be used to help locate the specific record you are trying to find if a master list has several records.



Contact Master- Currently there are no record(s) created for the selected insurer.

To add/create records use the **new** button; to make changes to the information on existing records use the **edit** button.



Contact Detail- This is the input screen used to hold information pertaining to the selected insurer. Note: this screen can be accessed under the **Insurer Headquarter** module. Here you will see the following fields:

- **Last Name** - enter the last name of the contact person you are creating this record for.
- **First Name**- enter the first name of the contact person you are creating this record for.
- **Middle Name**- enter the middle name or initial if known.
- **Title**- enter the title the person has for the record being created. Ex: Administrator, IT, President, etc.
- **Address 1**- enter in the mailing address of the insurer or the mailing address of the person you are creating a record for.
- **Address 2**- used if there is a postal box or specific floor, etc.
- **City**- enter the city of the mailing address.
- **State**- enter the state of the mailing address.
- **Zip**- enter the postal zip code.
- **Phone 1-3**- list all phone numbers you have on file for this contact person.

- **Fax-** enter in the fax number of the contact's business.
- **E-mail-** enter the e-mail of the contact person if known.
- **Facility Constraint-** this is used if your facility is a part of an enterprise that has many facilities using Galaxy. Mark “N” if there is no constraint between facilities and the record will appear for all facilities in the enterprise or select the appropriate option from the drop down menu by clicking on the magnifying glass.
- **Current Use-** select the appropriate option based on if the record is still being used or not.

Please fill in as much information as possible making sure the required fields are entered and press **cycle** to create additional record(s) or **accept** to create the current record.

Once all record(s) have been entered on the master screen, press the **close** button to get back to **Insurer Master**.
Go back to page 12 in this manual to finish with the set-up of **Insurer Module**.

Entering Records for Facility Billing Rules within Insurer

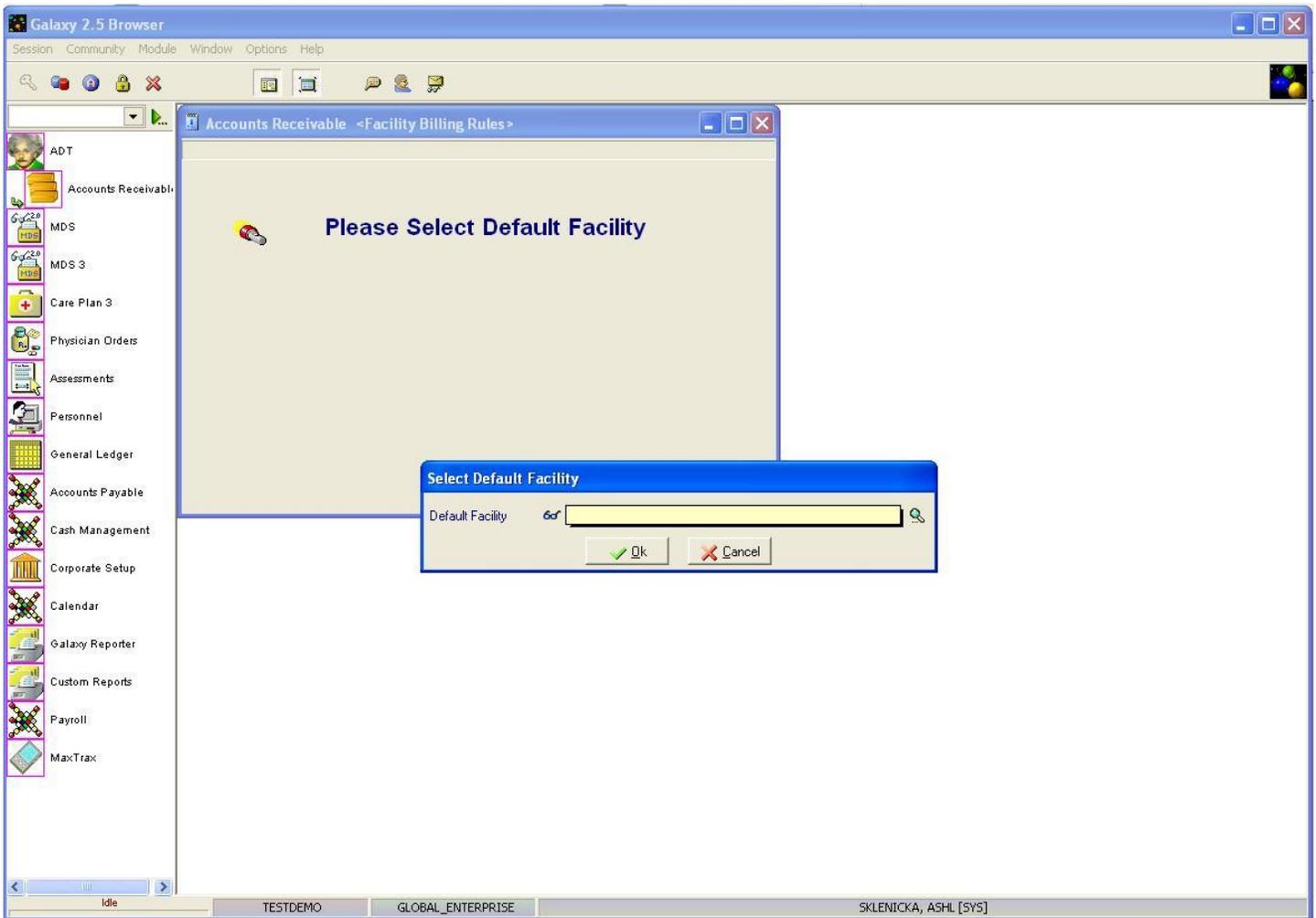
The screenshot shows the Galaxy 2.5 Browser interface. The main window is titled "Accounts Receivable - Insurer". It features a table with the following data:

Company Name	Insurer	Financial Class	Primary ID	City	State	Current Use
ADMINISTAR FEDERAL	ADMIN-A	MCR	415214	Chicago	IL	T
ADMINISTAR FEDERAL	ADMIN-B	PTB	415214	Chicago	IL	T
Blue Cross Blue Shield	BC/BS-FL	INS	245981247	Des Moines	IA	T
Blue Cross Blue Shield	BC/BS-IL	INS	512157452	Des Moines	IA	T
UNISYS	Medicaid-FL	MCD	5140315896	Tallahassee	FL	T
ILLINOIS DEPT PUBLIC AID	Medicaid-IL	MCD	4195132478	Springfield	IL	T
Mutual of Omaha	Mutual-A	MCR	245147	Omaha	NE	T
Mutual of Omaha	Mutual-B	PTB	245147	Omaha	NE	T
United Healthcare	United	INS	475154596	Atlanta	GA	T

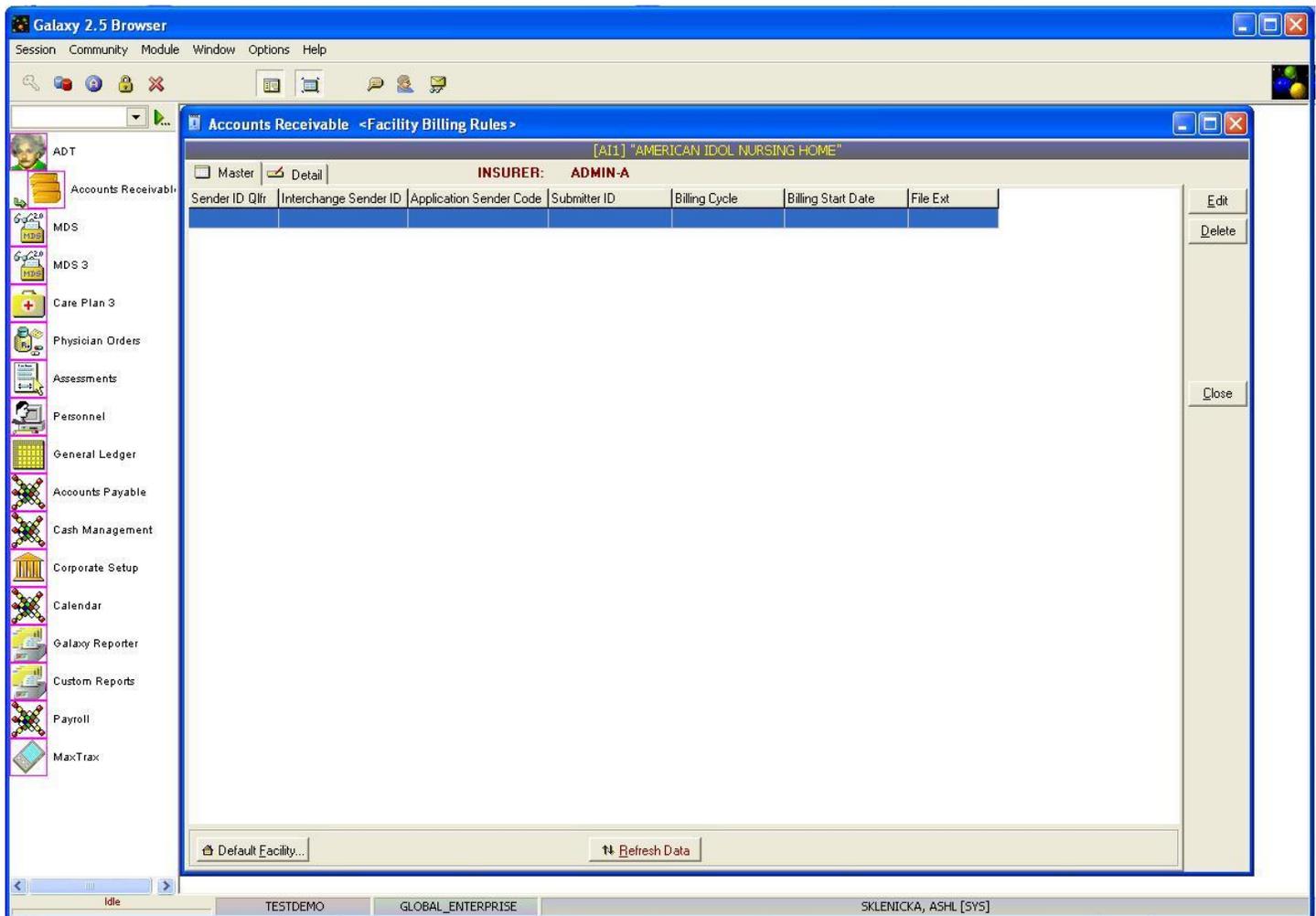
Below the table, there is a "Filter And Refresh Master Data" section. It includes a "Field" dropdown set to "[None]", a "Relates" dropdown set to ">=", and a "Value" input field. There are buttons for "Apply Simple Filter", "Refresh Data", and "Facility Constraint". Below this, there are several filter buttons: "Provider Numbers", "Covered Ancillary", "Not Billable Ancillary", "Valid Diagnosis", "Co-Pay", and "Contact". At the bottom, there is a "Facility Billing Rules" button, which is highlighted with a red border and an arrow pointing to it.

Select the insurer from the master list, highlighting it in blue. Click the **Facility Billing Rules** button to pull up the screen used to hold the rules for electronic billing for the selected insurer.

Note: The simple filter and advance filter options can be used to help locate the specific record you are trying to find if a master list has multiple records.

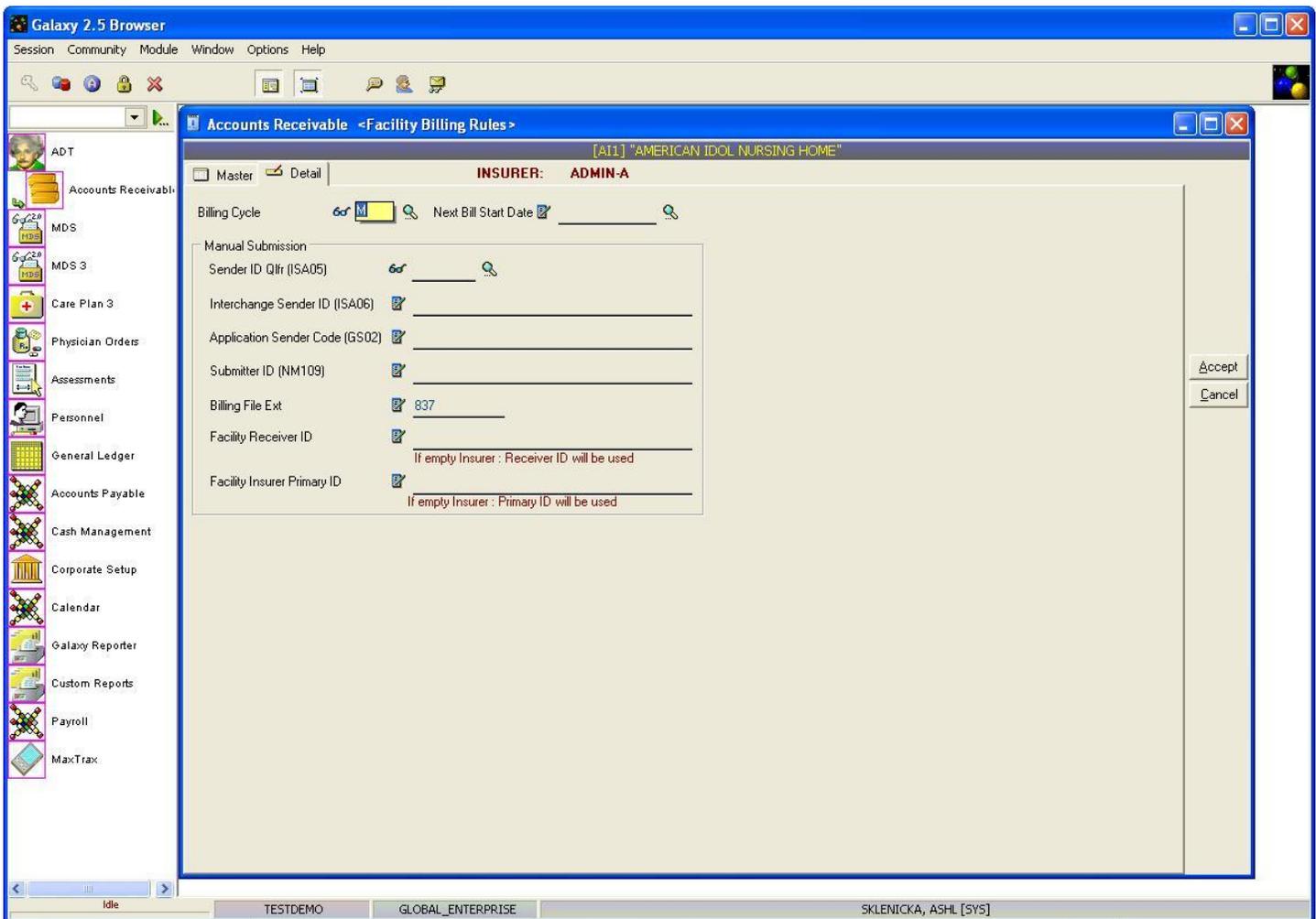


Facility Selector- If you see this screen you will need to select your facility from the drop down menu by clicking on the magnifying glass. If your facility is not a part of an enterprise your facility name will default and automatically load the next screen.



Facility Billing Rules Master- Currently there are no record(s) created in the master list of our *demo facility*.

To create or make changes to an existing record use the **edit** button. Note: There can only be one record on this master list.



Facility Billing Rules Detail- This is the input screen used to create the record that will be used in for the Facility Billing Rules. Here you will see the following fields:

- **Billing Cycle-** select the option based on how you want the billing cycle to be conducted by clicking on the magnifying glass to pull up the drop down menu.
- **Next Bill Start Date-** click on the magnifying glass to pull up the interactive calendar. Select the date that will be used in the billing cycle. *NOTE: once a month end close has been conducted this field will update automatically.*

Manual Submission: contact Galaxy if your facility is looking to establish electronic billing and we will assist with the setup needed to accomplish electronic billing.

Please fill in as much information as possible making sure the required fields are entered and press **accept** to create the current record.

Once the record has been entered on the master screen press the close button to get back to Insurer Master. Go back to page12 in this manual to finish with the set-up of **Insurer Module**.

Once you have addressed all the additional buttons on the bottom of the **Insurer Master list** you can proceed with the set-up of the AR Module by clicking on the **Census Related Folder** within **Company File maintenance**.