

The #1 Hearing Care Practice Management Solution

Sycle Private Practice Managed Care User Guide



SETTING UP MANAGED CARE PROGRAMS

In a response to the growing Managed Care patient's practices are seeing, Sycle has added a New Managed Care section that will allow you to create Managed Care programs located within the Administration section of Sycle. Once the programs have been created, the program can be added to the patient. After a Patient is added to one of the Managed Care Programs you have created, it will be visible at the top of the Patient Summary and on the Appointment Summary.

Follow the below steps to Set up Managed Care Programs:

- 1. Navigate to the Administration Section of Sycle.
- 2. On the bottom left of the Administration page, click on the Managed Care section link.



3. Then click create new program.



4. The Add Managed Care Program screen will open. You will enter the Program Name as you want it to appear and a Description, then click **save**.

Add Manage		save close
Program Name:		
5 	required	
Description:		
	reauired	12

a. The description should be very detailed allowing you to quickly see what benefits the patient has. Please see the example below.

Program Name:	Tru Hearing	
	required	
Description:	3 Free service appointments after evaluation within 1 year, \$65 max service charge after free, L&D \$275/aid - ASH order and collect,	
	Return Fee \$100 paid by TruHearing	-

5. Should you need to make updates to any of the programs you have created, there is an **edit** link to the right of the program name.

Managed Care Programs		
Program Name	Description	Actions
Tru Hearing	3 Free service appointments after evaluation within 1 year,	Edit Delete
Test Program	3 follow up visits within first year, then \$65/visit.	Edit Delete
Epic	Level 1 = \$400.00	Edit Delete
TruHearing Select/Premium	3 Free service appointments after evaluation within 1 year, \ldots	Edit Delete

6. While in the Administration section, verify that you have added a service for your Managed Care programs. These can be added by clicking on the **Service Types** link under Purchases.

Purchases
Accessory Types
Battery Prices
Discount Types
Earmold Types
Receiver Types
Hearing Aid Prices
LACE® Prices
Invoice Numbers
Account Numbers
Remote Types
Repair Types
Service Types
Warranty/Service Plans

7. Lastly in Administration, verify that the Managed Care Companies are added as Insurance companies. *Note: This will allow you to make the Purchase Summary Due from Insurance insuring that a statement is not accidentally mailed to a patient showing they are responsible for the balance.*



Now that the Managed Care Programs have been set up, there will be a new Managed Care section in the New Patient Input for Existing Patients, and the new Managed Care section is at the bottom of the Patient Summary.

Identity Title: Title: First Name: First Name: Last Name: Suffix: Trequired Preferred Name: Street 1: Street 1:	New Patient Inp	out		noah import	save save a	nd add another
Title: Patient Type: Prospect Insurance Patient: Insurance Patient: Speech Pathology: Last Name: required Suffix: Pate of Birth: Montl V Day V required Preferred Name: Preferred Language: Street 1: Imaged Care Country: United States	identity					
First Name: Insurance Patient: Middle Initial: Speech Pathology: Last Name: required Suffix: Gender: Preferred Name: Preferred Language: English required Street 1: Phone Numbers Street 1: Ymme City: Xmma State/Province: Alabama Zip/Postal Code: Ymme Country: United States	Title:	`	_	Patient Type :	Prospect	~
Middle Initial:	First Name:	8	required	Insurance Patient:		
Last Name: required Suffix: Gender: Preferred Name: Date of Birth: Montl V Day V required Preferred Name: Preferred Language: Street 1: Home: Street 2: Work: City: X State/Province: Alabama Xip/Postal Code: X Country: United States Managed Care	Middle Initial:			Speech Pathology:		
Suffix: Gender: V Date of Birth: Montt V Day V required Preferred Name: Preferred Language: English V Preferred Language: Phone Numbers Ext Prima Street 1: Home: × (Street 2: K City: K State/Province: Alabama V Zip/Postal Code: Cell: × (Country: United States V Email Address: (managed Care Managed Care Program:Select One V	Last Name:		required	Tinnitus:		
Preferred Name: Date of Birth: Montl V Day V Preferred Language: English Phone Numbers Ext Prima Street 1: Home: Street 2: Work: City: × City: × State/Province: Alabama Zip/Postal Code: × Country: United States Winder States ×	Suffix:]	Gender:		~
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Street 2: City: State/Province: Alabama V Zip/Postal Code: Country: United States V Email Address: required Managed Care Managed Care Program:Select One	Street 1:]	Home:)×
City:	Street 2:		1	Work:		
State/Province: Alabama V Zip/Postal Code: Country: United States V managed care tanaged Care Program:Select One V	City:		ĺ	Call		
Zip/Postal Code: Other: X Country: United States Country: United States Country: United States Country: Email Address:	State/Province:	Alabama 🗸	,	Cen.		
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Managed care Managed Care Program:Select One				Email Address:	required	
Managed Care Program:Select One	managed care					
	fanaged Care Program:	Select One 🗸				

Date Sent	Mail Code	Title	Description This letter thanks the patient for their decision to seek better hearing
05/31/2019	NEWCRM.72	Thank You Letter	through hearing aids. It is used to reinforce their decision and should be sent out the day after the purchase.
06/06/2019	NEWCRM.72	Thank You Letter	This letter thanks the patient for their decision to seek better hearing through hearing aids. It is used to reinforce their decision and should be sent out the day after the purchase.
7/25/2019	NEWCRM.72	Thank You Letter	This letter thanks the patient for their decision to seek better hearing through hearing aids. It is used to reinforce their decision and should be sent out the day after the purchase.
0/08/2019	NEWCRM.404	Thank You Letter(2)	This letter thanks the patient for their decision to seek better hearing through hearing aids. It is used to reinforce their decision and should be sent out the day after the purchase.
1/26/2019	NEWCRM.404	Thank You Letter(2)	This letter thanks the patient for their decision to seek better hearing through hearing aids. It is used to reinforce their decision and should be sent out the day after the purchase.
05/21/2020	NEWCRM.176	Test No Sale	This letter reinforces the importance of treating hearing loss early, and the solutions available to the patient. This should be sent out the day after the patient was seen.
nanaged car	e		add

Finally, now that a Managed Care program has been added to a patient, you will be able to see the program at the top of the Patient Summary and on the Appointment summary.

Patient Summary	patient finance	chart history	HCFA pur	chase new appointmen	t archive
Patient: John Adams Managed Care: Tru Hearing (Exp.	. 05/18/2022) <u>See Det</u>	tails			
Appointment Summa	ry				
Patient: John Adams (205) 555-12 Preferred Name: Time Since Last Purchase: 0.6 year	<u>235</u> rs				NOAH

Click on **details** to see the program description.

	Managed Care Program	×
Managed Care Program:	Tru Hearing	
Program Expiry Date:	05/18/2022	
Program Description:	3 Free service appointments after evaluation within 1 year, \$65 max service charge after free, L&D \$275/aid - ASH order and collect, Return Fee \$100 paid by TruHearing Fit \$325/aid	
		//,

ADDING A NEW MANAGED CARE PATIENT AND SCHEDULING THE APPOINTMENT

Adding Patient and Appointment

- 1. Click the **Add New Patient** link and enter the patient demographics, referral source and the Managed Care Program. Then click **Save + New Appointment**.
- 2. Next, select the appropriate Appointment type.
- 3. Then select the appropriate Referral Source (if this was not selected when adding the patient).

	munem		
Patient: John Orig Ref Src: Orig Sub Ref S	. Adams Physician Referral Src: Dr. So and So		
Managed Care	: Tru Hearing (Exp. 05/18/2022) See Details		
dentity			
	Address: AL USA	Patient Type: Curre Phone Number: (205) E-mail Address:	nt 555-1235 (cell)
ppointment			
Clinic: Provider:	Helena George Lucas Managed Care Evaluation	Date: Time:	05/19/2021 10:00 AM
Referral Source:	required Managed Care required	✓ Status:	Not Confirmed
Referral	TruHearing required	Prior Auth. #:	E
Subcategory:			1 11 11 1

COMPLETING A DIAGNOSTIC EVALUATION AND CREATING A PURCHASE SUMMARY

Completing Diagnostic Evaluation

- 1. To complete the Diagnostic Evaluation in Sycle, click on the **appointment in your schedule** to open the Appointment Summary.
- 2. Click on enter outcome.
- 3. Log notes in Outcome Notes section.
- 4. In the hearing test section, choose **DID NOT TEST**.

hearing test				Select One 💙 NOAH
	Left Ear Hearing Loss		Right Ear Hearing Loss	
Level:	Did Not Test 🗸 🗸	required Level:	Did Not Test	required
Type:	Select One 🗸 🗸	required Type:	Select One V	required
Shape:	None 🗸	Shape:	None 🗸	

5. Scroll down to Purchases and ensure yes is selected.

purchases
Were there any purchases with this appointment?
● Yes ○ No
Send John Adams a CaptionCall phone for no cost, no obligation. Delivery and install included.

- 6. Click on **services** and choose fitting fee type (TruHearing Fitting Fee, United Healthcare Fitting Fee, etc).
- 7. Put in the amount of fee that you will be receiving, and click save.

8. Also, on the invoice click **add** next to due from insurance. From the drop-down menu, choose the correct managed care and click **save**. This will easily allow you to track balances due from the managed care programs.

add	Hearing Aids	Batteries add
add	Earmolds	2 Services add 4
add	Warranties	1 Accessories add
add	Repairs	LACE® add
add	Loan	1 Remotes add
add	Receivers	Due from Insurance add 🛛 🛻

Purc	hase Sumr	nary		Helena Fenta Clinic 1008 Maryanna Rd						
Apply (apply Patient: AL USA (205) 55 Manage Tru Hear (Exp. 05 See Deta PO#:	for HealthiPlan® y now : John Adams :5-1235 : : : : : : : : : : : : : : : : : : :) Instant Credit	Payment Calculator		Calera, / USA (256) 99 (205) 4 Staff: [Clinic: Date: [Trackin Invoice	AL 354085436 09-7373 15-6971 George Lucas Helena 5 V 19 19 19 19 19 19 19 19 19 19	▼ ▼ 2021 7055] -] E	ĮĮ	
Qty	Item	Description		Unit Price	Amount	Order Tracking	(Delivered)		Action	
2	Service	Service: : TruHearing Prem Fee	ium Fitting	\$400.00	\$800.00			<u>edit</u>	delete	<u>return</u>
	Due From Insurance	Benefit from TruHearing amt unknown						<u>edit</u>	<u>delete</u>	<u>denial</u>
Invoice Sales Ta Grand Tr Insurant Total Wr Patient I Amount Amount	Total otal ce Payments rite-Offs Payments Due From Insura Due from Patient ent write off	nce refund fee	delete ali	show det	ails c	reate PO#	save	P	s	\$800.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

To Enter in Audiogram Results

- 1. Search patient in Sycle and **click on patient name** to get into patient summary.
- 2. Scroll down to hearing loss section, and click on edit.
- 3. Put in the test date, type of loss, and click **save**.

earing	test												N	DAH	R	efres	:h		-		edit	1	mpo
	Lef	t Ear:							R	ight	Ear:					L	ast T	est I	Date:				
dit Pati	ent H	earing	l Los :	S																			
	Test Da <u>Lev</u> Ty Sha	Ite: Mont	I V Da I A - Moo orineura	ay V ring Loss derate al ring Lev	s v els in d	required required Bs	•		-			Test	Date: Level: Type: Shape:	Month N Right E Level 4 Sensori None Right E	Day Day ar Hear Moder ineural ar Hear 750	ing Los	vels in	required required dBs	94	414			
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Ксри	t Comf										RC M	ost Cor	of Lyle	<u> </u>	_								
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To Enter Patients Hearing Aid(s)

- 1. Once hearing aids are received in your office, search patient in Sycle and click on **patient name** to get into patient summary.
- 2. From the Patient Summary, scroll down to other equipment, and click add.

current	receivers			view all
other eq	uipment		view all equipment	add equipment
Ear Left	Item PhonakAudeo P90-RRICDigital	S/N 5623599	Purchase Date 10/23/2020	Price \$3,000.00

3. Put in all the information about the hearing aid(s) (make, model, type, battery size, purchase date, warranty dates, etc.).

Patient Equip	oment Edit		save
current equipmen	ıt		
	Left Ear		Right Ear binaural fit
Manufacturer:	Select One 🗸	Manufacturer:	Select One
Type:	Select One 🗸	Туре:	Select One V
Model:	Select One V	Model:	Select One 🗸
Technology Lvl:	Select One 🗸	Technology LvI:	Select One 🗸
Serial Number:	<u> </u>	Serial Number:	
Battery Type:	Select One 🗸	Battery Type:	Select One V
Purchase Date:	Month V Day V	Purchase Date:	Montr V Day V
Mfr Warranty	Montf V Day V Year	✓ Mfr Warranty Exp:	Montr V Day V Year V
L&D Warranty	Month V Day V Year	L&D Warranty Even	Month V Day V Year V
Ext Warranty	Month V Day V Year	Ext Warranty	Month V Day V Year V
Repair Warranty Exp:	Month V Day V Year	Repair Warranty Exp:	Montr V Day V Year V
Replacement	\$	Replacement	\$

- 4. Click save.
- 5. This will then import the hearing aids into the current equipment section of Sycle where you may process repairs or replacements if needed.

Please note that these patients are not purchasing the hearing aids directly from your office. They are purchasing through the managed care program, and your office is getting reimbursed a fitting fee for service.

If you have any questions or need help with third party fittings, please contact us at (888) 881-7925.