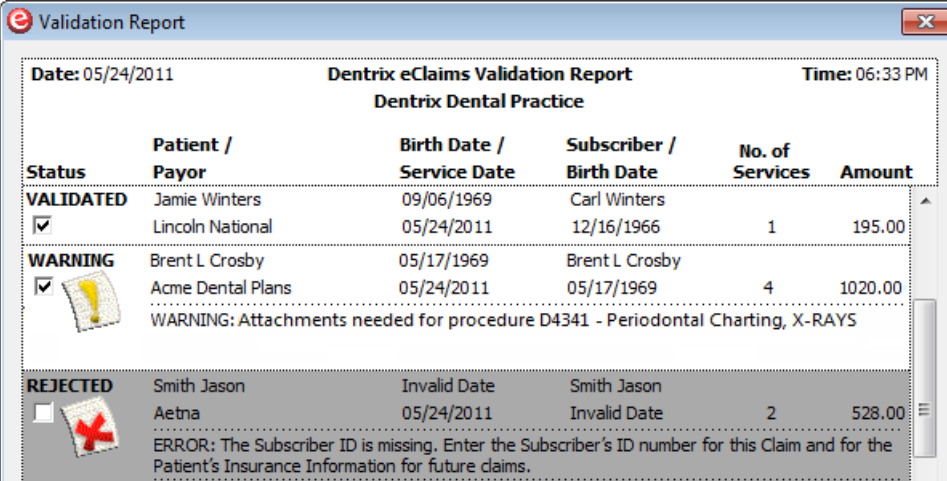


# SUBMITTING INSURANCE CLAIMS AND ATTACHMENTS ELECTRONICALLY

Over 70% of the 250 million claims submitted annually are settled by computer. As a result, carriers must convert paper claims to an electronic format which can lead to errors that delay payment. According to the National Association of Dental Plans, the best way to avoid processing delays is to submit your claims electronically. With eTrans your claims are screened for common errors before submission, so they reach the carrier faster, they are processed faster, and you get paid faster.

The eTrans Validation Report (Figure 1) gives you screening information about your claims before they are transmitted to insurance carriers.

eTrans performs 250 checks to verify that necessary information has been entered on to a claim before it's submitted. If there is an issue that may lead to a delay or rejection, the Validation report will notify you and allow you to edit the claim to correct the issue before submission.



**e Validation Report**

Date: 05/24/2011      Dentrix eClaims Validation Report      Time: 06:33 PM  
Dentrix Dental Practice

| Status  | Patient / Payor   | Birth Date / Service Date | Subscriber / Birth Date | No. of Services | Amount  |
|---|-------------------|---------------------------|-------------------------|-----------------|---------|
| <b>VALIDATED</b>  | Jamie Winters     | 09/06/1969                | Carl Winters            |                 |         |
| <input checked="" type="checkbox"/>   | Lincoln National  | 05/24/2011                | 12/16/1966              | 1               | 195.00  |
| <b>WARNING</b>  | Brent L Crosby    | 05/17/1969                | Brent L Crosby          |                 |         |
| <input checked="" type="checkbox"/>   | Acme Dental Plans | 05/24/2011                | 05/17/1969              | 4               | 1020.00 |
| WARNING: Attachments needed for procedure D4341 - Periodontal Charting, X-RAYS  |                   |                           |                         |                 |         |
| <b>REJECTED</b>   | Smith Jason       | Invalid Date              | Smith Jason             |                 |         |
| <input type="checkbox"/>  | Aetna             | 05/24/2011                | Invalid Date            | 2               | 528.00  |
| ERROR: The Subscriber ID is missing. Enter the Subscriber's ID number for this Claim and for the Patient's Insurance Information for future claims. |                   |                           |                         |                 |         |

Figure 1

Log in to [www.dentrixenterprise.com/resource-center](http://www.dentrixenterprise.com/resource-center) and search for article 62510 to watch video demonstrations of the tasks in this guide.

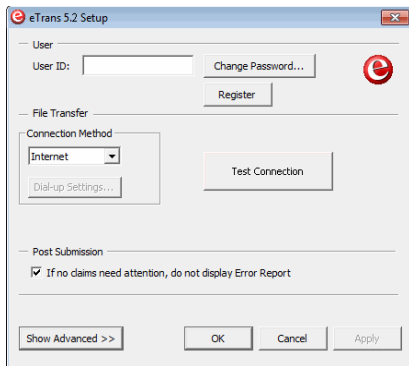


Figure 2

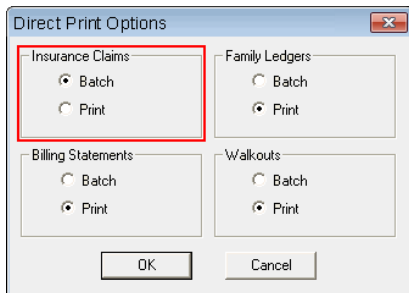


Figure 3

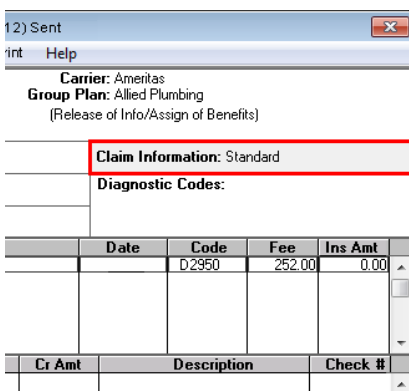


Figure 4

## Prerequisites

Before you begin sending claims electronically, you must have eTrans version 5.0 or higher installed and have completed the eTrans setup (Figure 2). Follow the steps below to set up eTrans.

1. In the Office Manager, click Maintenance > Practice Setup > Electronic Claims Setup. The eTrans 5.2 Setup dialog box appears (Figure 2).
2. Enter the eTrans ID given to you when you registered for the eTrans service.
3. Click the Change Password button to open the Change eTrans Password dialog box. Enter and confirm the password given to you when you registered for your eTrans account. Click OK.
4. Set the Connection Method to Internet. (If you are using a modem, set the Connection Method to Dial-up and then configure your dial up settings.)
5. Click the If no claims need attention, do not display Error Report option.
6. Test your eTrans connection by clicking the Test Connection button. The Test eTrans Connection dialog box appears. After the connection tests successfully, a Success dialog box appears. Click OK to return to the eTrans Setup dialog box.
7. Click OK to finish the eTrans setup.

Log in to [www.dentrixenterprise.com/resource-center](http://www.dentrixenterprise.com/resource-center) and search for article 62510 to watch video demonstrations of these steps.

## Set Up Direct Processing Options

To make sure that claims are sent electronically instead of being printed you'll need to set up your insurance Direct Processing Options (Figure 3).

1. From the Ledger, select File > Direct Print Options.
2. Under Insurance Claims, choose Batch to send your claims to the Batch Processor and submit them all at the same time at the end of the day. (Recommended).

Log in to [www.dentrixenterprise.com/resource-center](http://www.dentrixenterprise.com/resource-center) and search for article 62510 to watch video demonstrations of these steps.

## Including Attachments with Electronic Claims

Dentrix Enterprise and eTrans allow you to submit electronic attachments to carriers that accept them. You can attach digital X-rays, image files, Dentrix Perio exams, scanned images from the Document Center, and text files. Follow the steps below to include a digital attachment with an electronic claim.

1. From the Ledger, select the patient and then open the insurance claim to which you want to add an attachment.
2. Double click the Insurance Claim Information block (Figure 4).
3. From the Insurance Claim Information dialog box (Figure 5), in the Attachments group box, select the type(s) of documents you'll be attaching to the claim.

Enter how many of each kind of attachment you are including. Then, click the Include Attachment(s) button.

- From the Include Attachment(s) dialog box (Figure 6), select the document(s) you want to attach. If you are submitting an image, such as a scanned X-ray, click the Attachment Information button to add the date the image was taken as an Attachment Note.
- Click Close to save your changes and return to the Insurance Claim Information dialog box.
- Send the claim to the Batch to be submitted with your other insurance claims at the end of the day.

Log in to [www.dentrixenterprise.com/resource-center](http://www.dentrixenterprise.com/resource-center) and search for article 62510 to watch video demonstrations of these steps.

Figure 5

## Sending Electronic Claims

You can create claims during the day and send them to the Batch Processor for processing in a group. Follow the steps below to submit claims electronically.

- From the Batch Processor in the Office Manager, select the claims and attachments you want to send electronically. Click the Electronic Claims Submission button. The Electronic Claims Submission dialog box appears.
- Click the Selected Claim Forms option and click OK. The Validation Report dialog box appears (Figure 7).
- eTrans performs checks on all the claims you are sending to help eliminate denials and rejections. After reviewing a claim, eTrans assigns one of three statuses:
  - Validated:** eTrans has checked these claims and found no missing information. They are ready for submission. *Note: eTrans checks to make sure that all fields have been filled in, but can't verify that the information is accurate. Inaccurate information can cause a validated claim to be rejected by the insurance payor.*
  - Warning:** eTrans has found a problem that could cause payment to be delayed. The report will list the specific problem that should be corrected (such as a missing Payor ID or missing attachments).
  - Rejected:** eTrans has found a problem with a claim that would cause the insurance company to reject the claim. The report will list the specific problem to be corrected (such as a missing subscriber ID number).

- Click Edit on the Validation report to make changes to a claim flagged with a Rejected status. (Figure 7). The Edit Missing Claim Information dialog box appears.
- Click the tab for the information that needs to be fixed. (For example, if the subscriber ID is missing, you would click the Claim Subscriber tab and then enter the number in the appropriate field.) Click OK to exit the Edit Missing Claim Information dialog box. Your changes will be saved and the Validation report will be regenerated.
- Once you have corrected errors and are ready to submit, select the check boxes of the corrected claims you want to send and then click the Send Selected

Figure 6

| Status    | Patient / Payor | Birth Date / Service Date | Subscriber / Birth Date | No. of Services | Amount  |
|-----------|-----------------|---------------------------|-------------------------|-----------------|---------|
| VALIDATED | Jane Winters    | 08/06/1969                | Carl Winters            | 1               | 195.00  |
| WARNING   | Brent L. Crosby | 05/17/1969                | Brent L. Crosby         | 4               | 1020.00 |
| REJECTED  | Smith Jason     | Invalid Date              | Smith Jason             | 2               | 528.00  |

|                         | Count | Amount     |
|-------------------------|-------|------------|
| Total Claims:           | 6     | \$ 2753.00 |
| Total Validated:        | 4     | \$ 995.00  |
| Total Warning:          | 0     | \$ 0.00    |
| Total Rejected:         | 2     | \$ 758.00  |
| Total With Attachments: | 0     |            |

Figure 7

Claims button. After the claims have been submitted, eTrans sends a copy of the Validation Report and a Transmission Report to the Batch Processor in the Office Manager.

7. Review and fix any errors listed on the Transmission report. Resubmit corrected claims. (You will need to wait 24 hours before resubmitting rejected claims.)
8. Delete Sent claims and the Validation Report from the Batch Processor.

Log in to [www.dentrixenterprise.com/resource-center](http://www.dentrixenterprise.com/resource-center) and search for article 62510 to watch video demonstrations of these steps.

## Working with Reports

After you've submitted claims you will receive several reports in a Transmission Report.

| Report Name                | Contents  | Action Required   |
|----------------------------|---|---|
| Confirmation Report        | Lists each claim accepted for processing and assigns it a claim number. Also lists any rejected claims with a reason for the rejection. | Review this report immediately after submission to fix and resubmit rejected claims. File the report for reference in claim tracking. |
| Attachment Status Report   | Contains information about any attachments submitted electronically. May also contain requests for additional information from a payor. | Review this report after submission to find any action items related to attachments. File the report for reference.                   |
| Payor/Clearinghouse Report | Includes status messages received from the payor or clearinghouse.  | Review this report after receipt. Follow up on any requests for more information. File the report.                                    |
| Passthrough Report         | Contains detailed information about a claim upon receipt by the payor or clearinghouse.   | Review this report after receipt. Follow up on any requests for more information. File the report.                                    |

## More Information

Log in to [www.dentrixenterprise.com/resource-center](http://www.dentrixenterprise.com/resource-center) and search for article 62510 to watch video demonstrations of these steps and to find more information about sending electronic claims, including additional training options.

Click the Help link at the top of any Dentrix Enterprise module to search the Help files and find more information about sending electronic claims. For more information on eTrans see the *eTrans 5.0/5.1/5.2 for Dentrix Enterprise User's Guide*.

For technical assistance, contact eServices Customer Support at 1-800-734-5561, option 1.

[www.DentrixEnterprise.com](http://www.DentrixEnterprise.com) | 1-800-459-8067, option 2