



THE CROWN



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Covering the Dental Community

ERA Overview

Electronic Remittance Advice Overview

What Is It?

An Electronic Remittance Advice (ERA) notifies you of the amount an insurance carrier will pay on a specific claim, including the amount to be paid for each service listed on the claim. An ERA file can contain payment information on any number of claims submitted to a carrier for processing.

An ERA is equivalent to the explanation of benefits which insurance carriers print and mail to providers. The ERA reduces costs, is less labor intensive, and more useful than its paper counterpart. ERA is an American National Standards Institute transaction, ANSI X12N 835, which supports standard reason adjustment codes.

For providers, the ERA facilitates automatic posting of payments to the accounts receivable system. Automatic posting eliminates the time consuming need for keystroke entry and greatly reduces data entry errors. Information is presented to the provider in a single, standard format, with standard reason adjustment codes. Through this practice, information is easily interpreted and the review process is more efficient. ERA also improves cash flow management. Generally delivered by payers within one or two days after claim adjudication, ERA allows quicker processing of patient billing and faster payment of accounts receivable. The provider's cash flow is more predictable, thereby easier to manage.

For payers, the ERA reduces administrative costs by eliminating the creation and mailing of paper remittance advice. Productivity is increased with the introduction of an automated, standardized process.

Simply stated, Electronic Remittance Advice:

- Provides amounts allowed on specific claims
- Provides information on multiple claims
- Eliminates printing and mailing of statements
- Can facilitate posting to patient accounting systems
- Is an American National Standards Institute transaction
- Supports standard reason adjustment codes
- Is available for all types of claims

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Electronic Remittance Advices (ERAs) Coming Soon!

Emdeon Dental Services is excited about the launch of its Electronic Remittance Advice (ERA) solution. The ERA solution will be available to all providers via Emdeon's Dental Provider Services (DPS) web portal (www.emdeondental.com). It will also be available, as an integrated component, through many of our practice management system partners.

**Call your Vendor Account Executive today
for more information.**

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Frequently Asked Questions About ERAs

What is an Electronic Remittance Advice (ERA)?

An Electronic Remittance Advice (ERA) is the electronic equivalent of the Explanation of Benefit (EOB). An ERA will provide details about a provider's claim payments. If the claims are adjusted or denied, it would also contain the required explanations. ERAs include codes to help the provider identify any additional action that may be needed. For example, some codes may indicate a need to resubmit a claim with correct information, while others may indicate whether the payment decision can be appealed.

The industry standard for sending ERA data is the HIPAA X12N 835 standard. ERAs are often referred to by the HIPAA transaction number, 835.

What are the benefits of ERAs?

ERAs help improve business office workflow and productivity. In conjunction with a practice management software package, the electronic remittance information can be interpreted by the provider's system and can facilitate posting to the patient's account. Several clerical posting steps can be abbreviated or eliminated thereby potentially saving the provider time and money. ERAs are also available to the provider several days sooner than the paper remittance, which arrives via the mail.

What information is available in an ERA?

The ERA file contains payment information on the final status of claims, whether they were paid or denied.

Are pending claims included in ERAs?

No. ERAs only include final status paid or denied claims.

Where does the ERA fit into the claims processing cycle?

Once a claim has been received and accepted by the payer, it is processed and the appropriate payment is determined. The payer generates the remittance advice and sends it to the provider. If a claim does not meet coverage, medical necessity or policy requirements, providers may have the right to appeal the claim by providing additional information.

What do providers do with ERA data once it's received?

When an ERA is received, providers may:

- Post decision and payment information to the patient's account
- Identify the reasons for any adjustments (denials or payment reductions)
- Note when any EFT (electronic funds transfer) payment issued with the ERA is scheduled for deposit in the provider's bank account, or arrange for a deposit of a paper check being issued
- Submit a secondary claim that incorporates adjustments and payment data from the ERA
- Use it to identify potential problems with the way the original claim was submitted in order to avoid the same errors with similar claims in the future



Real-Time Overview

Dental Real-Time Overview

In 2006, Emdeon Dental released a real-time eligibility product that works with dental practices to increase efficiencies. With the service, dental practices can connect directly to leading commercial and government payers. Emdeon Dental's real-time product is available to providers for eligibility/plan benefits and claim status transactions.

In working with our business partners, Emdeon Dental has taken tremendous strides in educating the dental community on real-time services. From January 2006 to August 2007, the number of providers using our real-time services nearly tripled. In addition, we are excited to report the number of insurance companies added to our real-time list increased dramatically over the last year.

Dental offices have the ability to connect with Emdeon's real-time product through one of three solutions: an integrated practice management solution, Dental Provider Services (DPS), or Emdeon's Dental Direct Solution (DDS).

Below is an outline of each option:

Integrated 270/271 – More and more practice management vendors are choosing to integrate real-time services as part of their systems. When a practice management vendor decides to integrate 270/271, dental practices have access to a one-stop shopping package for their claim and real-time needs...no more moving from one system to another.

Dental Provider Services (DPS) – Practice management vendors currently testing the integrated 270/271 product or who have still not decided on whether or not to integrate real-time services can direct their clients to use our web portal link option (DPS) through emdeondental.com. The site is easy to access and once the dental practice has registered, they can access the tool from any computer, at any time.

Dental Direct Solution (DDS) – For offices currently utilizing Emdeon's DDS desktop product, the office has real-time capabilities directly from Emdeon's communication software.

To learn more about partnering with Emdeon, please contact your account executive:
Jenny Dykes at 770.662.2330 or jdykes@emdeon.com
Jack Kingston at 770.521.8857 or jkingston@emdeon.com

NATIONAL PROVIDER IDENTIFIER

Emdeon has played a vital role in assisting its healthcare trading partners comply with the administrative simplification requirements of the Health Insurance Portability and Accountability Act (HIPAA). As a result, many trading partners are seeking our assistance with the implementation of the National Provider Identifier (NPI). Recognizing this, the Workgroup on Electronic Data Interchange (WEDI), through the National Provider Identifier Outreach Initiative (NPIOI), invited Emdeon to comment on the NPI and its effect on electronic healthcare transactions.

Emdeon is committed to meeting HIPAA requirements regarding the NPI and has dedicated significant resources toward assuring the readiness of its systems for NPI implementation. In fact, Emdeon is capable of accepting NPI on applicable, HIPAA transactions and transmitting NPI to payers with NPI-ready systems.

For practice management systems that currently support NPI for production with Emdeon, we thank you for your efforts. If your systems are using an NPI-capable file format, we would like to remind you that Emdeon is prepared to accept NPI and you should contact us to begin testing immediately. If your systems are using a file format that does not support NPI, please contact us to discuss available migration file formats. *For additional information or materials, please contact Jenny Dykes at 770-662-2330 or jdykes@emdeon.com.*

Emdeon is committed to ensuring NPI's smooth implementation. If you have questions or need NPI assistance, please contact your Emdeon Account Manager.

Important Information about Emdeon's National Provider Identifier (NPI) Contingency Plan

Emdeon Business Services (EBS) and our customers have made significant progress toward implementing the NPI in HIPAA-standard electronic healthcare transactions. Since March 2006, EBS has been receiving and forwarding the National Provider Identifier to customers who elect to send and receive the NPI. Today, Emdeon Business Services' clearinghouse switch services can receive and forward the NPI in all transactions, and all of Emdeon Business Services' currently marketed software products for claim management can properly handle the NPI. Emdeon Business Services is aware, however, that many providers and health plans are not yet using the NPI in all transactions.

Recognizing the significant effort required to transition an entire industry and the fact that many in the healthcare community will not be prepared to fully adopt the NPI standard, the government agency charged with enforcement - the Center for Medicare and Medicaid Services (CMS) - is permitting the use of "contingency plans" to help prevent "adverse effects on covered entities' cash flow and business operations during the 12 month transition to the NPI standards, as well as on the availability and quality of patient care."

Leading by example, CMS announced that Medicare will implement a contingency plan and that, for now, Medicare will continue to accept both the NPI and legacy identifiers.

Emdeon Business Services' Contingency Plan

Emdeon Business Services has been engaged in, and will continue, outreach to its provider and health plan customers about the NPI Rule. Emdeon Business Services has informed its provider and health plan customers that, in general, unless the customer is changing transaction formats in connection with the adoption of the NPI, no additional testing is required with Emdeon Business Services. Emdeon Business Services' clearinghouse systems support NPI testing between providers and payers.

Emdeon Business Services' NPI contingency plan is as follows:

Continued Use of Legacy Identifiers

Until May 23, 2008, Emdeon Business Services will continue to transmit claims and other transactions containing legacy primary and secondary identifiers, unless directed otherwise by its trading partners. Emdeon Business Services will monitor industry preparedness and CMS guidance and as appropriate, advise our customers of changes related to using legacy identifiers.

Vendor Marketing Programs

Emdeon Business Services is Your Resource for Total Solutions... ...What Does That Mean?

Do you have the staff or time to reach out to your client base? Emdeon Dental's Vendor Account Managers, along with our Dental Market team, can work with you to design a program which will allow you to connect with your customers and educate them on electronic claims and real-time services. Some of the programs we offer include:

- Joint collateral mailings – postcards/letters/inserts
- Webinars for your technical staff
- Vendor outreach programs

These are just a few programs we have implemented in collaboration with our Vendor Partners. Are you interested in designing a marketing initiative with Emdeon Dental? If so, contact your Account Manager to discuss your specific needs.

*Jenny Dykes at 770.662.2330 or jdykes@emdeon.com
Jack Kingston at 770.521.8857 or jkingston@emdeon.com*

eStatement News

eStatements

Interested in teaming up with Emdeon to provide e-statements to your customers? To learn how you can begin offering eStatements, please call us today at **800.537.7563.**

Upcoming Events

Mark Your Calendar:

Yankee Dental Congress: Booth 524, Boston, MA - January 31-February 2, 2008

Spring Scientific Session: Anaheim, CA - May 1-4, 2008

NDEDIC: Phoenix, AZ - May 15-18, 2008

Electronic Payer Updates

New Dental Electronic Payers for 2007

Payer Name	Payer ID
3P Admin of WI	20413
AARP	AARPI
ACS Benefit Services	61474
Administrative Services	CX076
Adventist Health Claims Central	95340
Allied Benefits	37308
Amalgamated Life - PA / Alcare	13343
Anchor Benefits Consulting, Inc.	53085
Ascent Benefits	CX072
ASR Corporation	38265
BCBS MT	CBMTI
Benefit Administrative Systems	36149
Boon-Chapman Benefit Administrators	74237
Butler Benefits	42150
CDO Technologies	87065
CDS Group Health	88022
C. L. Frates	CX075
Cannon Cochran Management Services, Inc.	71057
Central States Health and Welfare Fund	36215
Community Choice Health Plan Westchester	61948
Companion Life	77828
Cook Children's Health Plan	CPPCH
Crescent Dental	CX074
Dart Management Corporation	06172
EHN Medical Group IPA	36364
Employee Benefits Services of LA	41198
Foundation Benefit Admin (FBA) - Boon Group	B00NG
Gettysburg	CX064
Group Insurance Service Center, Inc.	37276
Healthcomp	85729
Health Future, LLC	30946
Health Plan Services	59140
Hometown Health Plans of NV	88023
Indiana Childrens Special Healthcare	CX070
LBA Healthplans	52193
Line Construction Benefit Fund	LCB01
MBA Benefit Administrators, Inc.	87065
MBA of Wyoming	87065
Medicaid NE	CKNEI

Methodist First Choice	23550
Nationwide Health	31417
Netcare Life and Health Insurance Company	66055
North Dakota Medicaid	CKNDI
Northwest Suburban IPA	36346
PA Faculty Health & Welfare	CX066
Pequot Plus Health Administrators of CT / Mashantucket Pequot Tribal Nation	37121
Physicians Care Network	36345
Physicians Health Assoc of IL	37136
PMI	CDCAP
Regional Care, Inc.	47076
Samba	37259
Scan Health Plan	73172
Scan Long Term Care	20460
Self Insured Plans, LLC	36404
Set Seg	38610
South Central Preferred via Innovative Health Services	23266
Southpoint Hotel and Casino	35227
St. Therese Physician Associates	37116
StarHRG	59225
Texas Children's Health Insurance	CPPTX
Total Admin. Inc. / North Broward Hospital District	37314
Transmile	CX069
Unified Group Services	35198
Upper Peninsula Health Group	37324
William Earhart	93050

Vendor Customer Support

Is your support staff currently using Emdeon's Vendor Customer Support System (VCSS)?

Emdeon Business Services places great value on our relationships with practice management system vendor partners. In an effort to provide for simplicity and efficiency throughout the electronic claims process, a specialized tool called Vendor Customer Support System (VCSS) has been developed. Emdeon Business Services is confident that you will find this tool to be of exceptional value.

VCSS allows you to query claims submitted through the Emdeon Dental platform. In addition, the tool allows for setup and transaction review for Emdeon Dental gateway based real-time eligibility and claims status/claim tracking transactions. The VCSS provides information that is based on both Emdeon and payer systems.

If you are not using VCSS, contact your account manager today. They will be happy to provide you with information on how you can benefit from this free service which will dramatically improve support to your provider base.

Emdeon Dental News, Payer Lists, EDI Services, Flash Demo and Tutorial available at:

www.emdeondental.com