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for dentists involved in managed dental care plans.

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Who's Who



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Meet Michaela Muniz!
(pronounced Michella)

Located in Tampa, Fla., she joined Ameritas in November 2002. She is a senior provider network specialist working with PPO providers in Alabama, Florida, Georgia, North Carolina and Tennessee.

Michaela Muniz

Major job duties involve recruiting and retaining PPO dentists in her territory, performing onsite office evaluations, handling compliance issues, representing the company at dental conventions, working with Ameritas sales reps in her area, and assisting providers and fellow associates.

A graduate of the University of Florida in Gainesville, her hobbies include traveling, golfing and snow skiing. She and her husband, Craig, have a dog named Ashley.

Say "Hello" to Michaela by emailing her at mmuniz@ameritas.com.

2004 Panel Fees Reminder

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ur 2004 panel fees were mailed to all participating providers in October 2003.

Why so early? At least two states have new legislation mandating that providers are to receive contract updates within 30-45 business days prior to the effective date of the change. So we said, no problem! State compliance concerning our dental network is paramount.

If for some reason you haven't received the 2004 fees for your area, contact our Provider Relations Department at 800-755-8844 today and receive them ASAP by fax or email.

Process Is King

“Always do right. This will gratify some people and astonish the rest.”
—Mark Twain

From dental plan installation to processing claims, having specific procedures in place helps ensure accuracy and consistency for all customers. Across the industry, the following issues are constantly under scrutiny for improvement and consistency in processes:

- Automated adjudication of claims
- Processing of pretreatment estimates
- Procedure code use and claims review
- Timeliness of processing correct, complete claims
- Billing and payment
- Accuracy of patient eligibility information
- Usual and customary reimbursement
- Fee schedules and provider contracts
- Provider information on websites

Following are highlights from an Ameritas/First Ameritas perspective. Our claims practices are part of long-standing initiatives we call Be The Best and Best Practices. We continually strive to enhance customer relations and the services we provide.

Auto-Adjudication and Pretreatment Estimates: Our state-of-the-art claims-paying system auto-adjudicated over 70 percent of the correct, complete claims we received in 2003. We do not require precertification for any services, but offer pretreatment estimates to assist patients with financial planning. For an estimate, the dentist need only complete a claim form, note it's a pretreatment estimate, and submit the applicable diagnostic data (X-rays, periodontal charting, narrative).

Procedure Code Use and Claims Review: We follow a written claims review process based on plan design and ADA procedure definitions. Documented processes ensure consistency and compliance. If a claim requires professional review (recommendation for payment), it goes to one of our dental consultants. We contract with three general dentists, two periodontists, one oral surgeon and an outside consulting group to ensure accurate, professional reviews and compliance with individual state mandates.

Timeliness of Claim Payment: At Ameritas and First Ameritas, customary claims-processing turnaround times average between 5 and 10 working days. Last year, we processed an impressive 90 percent of claims in 7.5 working days or less. These processing times apply to all correct, complete paper and electronic claims submitted. But as you might guess, electronic claims process much faster. Right now, more

than 38 percent of our claims are received electronically through one of our contracted clearinghouses. We also accept e-attachments so additional diagnostic information may be submitted with e-claims. The clearinghouses we work with forward e-claim submissions to us within 24 hours of receipt. What's more, 70 percent of those e-claims are *automatically* processed by our computerized claims-paying system within two business days.

Billing and Payment: We always look at how our processes impact internal and external customers. For example, we process claims up to 15 months after a procedure was performed for in-force policies, and up to 90 days for terminated plans. It's no problem, because our claims-paying system is fully integrated with plan design and patient eligibility information. And for our PPO providers, the check consolidation process takes only seven working days maximum, then the check is mailed.

Usual and Customary Reimbursement (U&C): Our U&C reimbursement amounts for procedures in specific ZIP Code areas are calculated and updated periodically using a combination of nationally recognized industry databases and our own claims-paying experience. To ensure consistency of reimbursement, our U&C allowances are based on ADA procedure codes. We do not assign varying allowances based on the complexity of the procedure. So when a dentist's charge is more than a claim's applicable U&C reimbursement amount, our Explanation of Benefits states simply that the charge exceeds the plan allowance. When responding to phone inquiries, we inform callers that reimbursement is based on the level of coverage purchased by the employer.

Fee Schedules and Provider Contracts: Ameritas and First Ameritas promptly mail updated provider fee schedules every year. If one of our providers does not receive this information for some reason, all it takes is a quick verbal or written request from the provider to our Provider Relations Department. A copy of a provider's contract also may be requested through provider relations. In addition, we encourage the free and open exchange of information between patients and providers, and the provider owns all dental records. We happily recognize all current assignments of benefits to providers.

Provider Website Information: Ameritasgroup.com and firstameritasgroup.com give patients and providers quick access to benefits and claim status online. It's also where patients can find a PPO provider using our online directory, which is updated weekly. Our PPO providers may request directory changes via fax, telephone or email.

Every day, in every way, we regard our PPO providers as vital partners. Through the highest standards of compliance and teamwork, we've built one of the nation's finest, largest provider networks backed by our solid reputation for claims service excellence.

Paper Claims Readability, Processing

With our imaging technology, we scan paper claims into our computer system, making them easier and faster to process.

What does this mean for you? Scanning enables instantaneous recall of imaged claims for quick reference. This provides enhanced customer service and increases our ability to identify and correct any submission or processing discrepancies, which assures rapid processing of your paper claims or superbills.

Helpful guidelines for faster processing:

- DO** submit clear, legible claim forms.
- DO** underline or circle important information.
- DO** use fresh ribbon/ink in your printer.
- DO** use a black ink or black felt-tip pen.
- DO** use original claim forms or superbills.
- DO** type, print or stamp the dentist's name, address and TIN or SSN clearly.
- DO** identify the member information and relationship of the patient to the member clearly.

- Don't** submit dark copies of claim forms. (They scan in dark and unreadable.)
- Don't** highlight. (Highlighted areas scan in dark and unreadable.)
- Don't** submit poor quality dot-matrix printed claims.
- Don't** use color ink, fine-point pens or pencils.
- Don't** use photocopied claim forms or superbill carbons.

Films and Charting—Include films with surgical extractions, crowns and bridges. Label duplicate films left and right. All films should be dated. Note: Periodontal charting is required for all reported periodontal procedures.

Prosthesis, Initial or Replacement—If the crown, bridge or partial/complete denture is a replacement, please note the prior placement date. If it is initial and an extraction is not listed on the claim, please include the date the tooth was extracted.

Tooth Number/Letters—Site-specific information is required. List quadrant/arch and tooth number in accordance with ADA code.

Just a friendly reminder, we gladly accept any standard ADA claim form. Or you may print our dental claim form (GC140 for Ameritas, FA32 for First Ameritas) by visiting the Ameritas or First Ameritas website and selecting Forms.

If you are interested in contributing to *Biting Edge*, please e-mail Lori McPherson at lmcperson@ameritas.com.

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