



FINANCIAL

Insurance Management Test Blueprint

- ✓ Insurance Coverage Management
- ✓ Insurance Billing & Claim Management
- ✓ Complex Insurance Management
- ✓ Office Journal



Overview

Who should earn this Insurance Management certificate?

- Team members who manage insurance processing
- Insurance Coordinators
- Anyone who wants to understand how insurance is set up and managed in Dentrix

What's on the test?

The test for Insurance Management addresses skills in three areas. They are listed here, with an approximate percentage of how much they are represented in the test.

- Insurance Coverage Management (45%)
- Insurance Billing & Claim Management (40%)
- Complex Insurance (15%)

Number of questions: 53

Time limit: 70 minutes

Passing score: 79%

How can I prepare for the test?

The skills and tasks related to this test are listed below. Please review them to help you understand and prepare for items on the examination. For study resources and more information on certificate testing, read the Mastery Tracks Web site.

How does the insurance test fit in Dentrix Mastery Tracks?

The insurance test, along with the billing & accounts receivable test, make up the financial mastery track. Successfully completing the two tests brings you the recognition and benefits of being a Dentrix Financial Specialist.



Insurance Coverage Management Skill Summary (45% of test)

The insurance coverage management portion of the test addresses competence in the following Dentrax skills:

- Assigning patients to insurance plans
- Verifying insurance eligibility
- Setting up insurance plans
- Maintaining insurance plans
- Generating reports about insurance plans
- Setting up insurance defaults

To prepare for the assessment, you should be able to perform operations and demonstrate understanding of the following detailed tasks and concepts:

A. Assigning patients to insurance plans

1. Assign primary insurance
 - a. Assign to a subscriber
 - b. Assign to a dependent
2. Assign secondary insurance
 - a. Assign to a subscriber
 - b. Assign to a dependent
3. Clear insurance from a subscriber/dependent
4. Enter deductibles met/benefits used

B. Verifying insurance eligibility

1. Use the eCentral Insurance Manager to verify patient insurance eligibility
 - a. Set up patient insurance eligibility verification
 - b. Use WebSync to automatically verify and import eligibility status on a routine basis
 - c. Use eSync to individually verify and import eligibility status
 - d. View eligibility information from the eCentral website
2. Enter patient insurance eligibility status from the Family File
3. Enter patient insurance eligibility status from the Appointment Book
4. Import eligibility documents to the Document Center



C. Setting up insurance plans

1. Add and edit an employer
2. Add and edit insurance plan information
3. Set up coverage information for a standard indemnity insurance plan
 - a. Set plan deductibles
 - b. Set plan maximums
 - c. Edit a coverage table
 - d. Add, edit, and delete insurance plan notes
 - e. Edit a Payment Table
4. Set up coverage information for a Preferred Provider Organization (PPO) insurance plan
 - a. Use a fee schedule
 - b. Set plan deductibles
 - c. Set plan maximums
 - d. Edit a coverage table
 - e. Add, edit, and delete insurance plan notes
 - f. Set up an insurance fee schedule
 - i. Edit a fee schedule name
 - ii. Add a fee schedule
 - iii. Attach a fee schedule to an insurance plan
 - g. Attach a claim format to an insurance plan
5. Use write-off adjustments
 - a. Set plan deductibles
 - b. Set plan maximums
 - c. Edit a coverage table
 - d. Add, edit, and delete insurance plan notes
 - e. Set up a payment table
 - i. Edit a fee schedule name
 - ii. Add a fee schedule
 - iii. Copy fees to the payment table
 - f. Create an insurance write-off adjustment type

D. Maintaining insurance plans

1. Remove duplicate plans from Dentrax
2. Purge insurance plans
3. Join insurance plans
4. Reset insurance benefits used
5. Update coverage tables
6. Update payment tables



E. Generating reports about insurance plans

1. Generate the Fee Schedule Report
2. Generate the Employer List
3. Generate the Insurance Carrier Report
4. Generate the Standard Coverage Tables report
5. Generate the Insurance Coverage Tables Report
6. Generate the Updated Dental Insurance Payment Table Report
7. Generate the Utilization Report for Dental Insurance
8. Generate the Provider IDs List

F. Setting up insurance defaults

1. Set the default Signature on File options for new subscribers
2. Edit the Default Coverage Table(s)
3. Add, edit, and delete insurance claim formats
4. Add, edit, and clear Provider Insurance IDs
5. Set default Provider Signature options



Insurance Billing & Claim Management Skill Summary (40% of exam)

The insurance coverage management portion of the test addresses competence in the following Dentrix skills:

- Processing insurance claims
- Tracking insurance claims
- Receiving insurance claims
- Generating insurance claim reports
- Setting up claim defaults
- Setting up electronic claims

To prepare for the assessment, you should be able to perform operations and demonstrate understanding of the following detailed tasks and concepts:

A. Processing insurance claims

1. Create and delete a pre-authorization claim
2. Create and delete a primary insurance claim
 - a. Create primary insurance claims
 - b. Delete primary insurance claims
 - c. Identify conditions that would prevent you from deleting primary insurance claims
 - d. Create primary insurance claims using the Batch Primary Insurance Claims utility
 - i. Identify reasons for not using the Batch Primary Insurance Claims utility to create claims for time spans in excess of a month
3. Create and delete a secondary insurance claim
 - a. Create secondary insurance claims
 - b. Delete secondary insurance claims
 - c. Update secondary insurance information
4. Add and edit claim information
 - a. Identify the process for correcting procedure posting errors if attached to an insurance claim
 - b. Identify the process for correcting procedure posting errors if attached to an insurance claim when the procedure is in history
 - c. Set claim information for a single claim
 - d. Set claim information permanently
 - e. Add, edit, and delete claim remarks
 - f. Add and remove claim attachments



- i. Edit attachments
 - ii. Attach from difference sources including Document Center, Screen Capture, Perio Chart, Dexis (image), and Import File
 - iii. Edit attachment information
 - iv. Remove attachments
 - v. Edit non-electronic information
 5. Print an insurance claim
- B. Send claims electronically using eTrans**
 1. Send claims from batch
 - a. Use the eTrans Validation Report to fix rejection errors
 - b. Send claims individually
 - c. Submit attachments electronically without resending the claim
 2. Check claim submissions using the eTrans Confirmation Report
 3. Generate the Insurance Claims to Process Report
 4. Generate the Pre-Treatment Estimates to Process Report
 5. Generate the Secondary Insurance Claims Not Created Report
 6. Generate the Secondary Pre-Treatment Estimates Not Created Report
 7. Generate the Procedures Not Attached to Insurance Report
- C. Tracking insurance claims**
 1. Track claims using eClaims Reports
 2. View claim statistics
 3. Track insurance claims with eCentral Insurance Manager
 4. Set and edit insurance claim status and notes
 5. Generate the Insurance Aging Report
 6. Generate the Pre-Treatment Estimate Aging Report
- D. Receiving insurance claims**
 1. Enter pre-treatment authorizations
 2. Enter insurance claim payments
 - a. Enter primary claim payments
 - b. Update payment table
 - i. Identify conditions for updating the payment table
 - ii. Update payment table
 - c. Apply deductibles
 - d. Enter secondary claim payments
 3. Split a Primary Claim
 - a. Identify the conditions when Split Primary Claim option is available
 - b. Split a primary claim
 - c. Identify how to post a partial or additional payment when the split primary claim is no longer an option
 4. Enter an additional insurance payment
 5. Enter adjustments to insurance payments



6. Enter insurance claim payments using an eEOB
 7. Enter batch insurance payments
 - a. Enter batch payments
 - b. Save and retrieve a Batch Ins. Payment session
 8. Edit a pre-treatment authorization
 9. Edit and delete insurance payments
 - a. Edit insurance payments
 - b. Delete insurance payments
 - c. Correcting insurance payment posting errors in history
 10. Enter deductible met/benefits used
 11. Add explanation of benefits to the Document Center
- E. Generating insurance claim reports**
1. Generate the Utilization Report for Dental Insurance
 2. Generate a Blank ADA Form
- F. Setting up claim defaults**
1. Set the default Signature on File options for new subscribers
 2. Add, edit, and delete insurance claim formats
 3. Assign claim formats to insurance plans
 4. Add and edit Provider Insurance IDs
 5. Set default Provider Signature options
 6. Set up default Insurance Claim Providers
 7. Set up default Insurance payment options
 8. Set up claim remark custom notes
 9. Set up direct processing options
 10. Set up fast checkout options
- G. Setting up electronic claims**
1. Set up electronic claims
 2. Set up eEOBs



Complex Insurance Management Skill Summary (15% of test)

The complex insurance management portion of the test addresses competence in the following Dentrax skills:

- Setting up and using diagnostic codes
- Setting up capitation/DHMO insurance plans
- Setting up incentivized insurance plans
- Setting up dental discount plans
- Assigning patients to complex insurance plans
- Billing and payment with complex insurance coverages
- Generating reports about insurance plans
- Assigning insurance in complex family insurance situations

To prepare for the test, you should be able to perform operations and demonstrate understanding of the following detailed tasks and concepts:

A. Setting up and using diagnostic codes

1. Add and edit dental diagnostic codes
2. Cross code dental diagnostic codes
3. Add a dental diagnostic code to a procedure code
 - a. Edit or remove a dental diagnostic code from a procedure code
4. Sort dental diagnostic codes for printing on an insurance claim

B. Setting up capitation/DHMO insurance plans

1. Create a Plan Payment Type
2. Create a Plan Billing Type
3. Set Up a DHMO using a fee schedule
 - a. Adding a fee schedule name
 - b. Creating a fee schedule
 - c. Set up the insurance plan to work with the fee schedule
4. Set up a DHMO Using the coverage table
 - a. Create a Plan Adjustment Type
 - b. Set Up DHMO plan coverage table

C. Setting up incentivized insurance plans

1. Adding Tier 1 for an incentive plan
2. Adding Tier 2 for an incentive plan
3. Adding additional tiers for an incentive plan



D. Setting Up dental discount plans

1. Set up the discount plan as insurance
 - a. Add a Plan Billing Type
 - b. Add a Plan Fee Schedule Name
 - c. Add a Discounted Fee Schedule

E. Assigning patients to complex insurance plans

1. Assign DHMO patients to an insurance plan
2. Assign DHMO patients to a billing type
3. Assign patients to an incentivized insurance plan
4. Assign patients to a Dental Discount Plan
5. Assign Dental Discount Patients to a Billing Type

F. Billing and payment with complex insurance coverages

1. Billing DHMO Patients (Fee Schedule Option)
2. Billing DHMO Patients (Coverage Table Option)
3. Billing Patients Assigned to Dental Discount Plans
4. Posting Capitation Payments

G. Generating reports about insurance plans

1. Generate the Utilization Report for Dental Insurance
2. Generate the Day Sheet with the Compare to Fee Schedule option activated

H. Assigning insurance in complex family situations

1. Understand differences between a head-of-household and an Insurance Subscriber
2. Set Up insurance coverage for children with divorced/unmarried parents
 - a. Add an insurance subscriber as a Non-patient, Other Family Member
 - b. Assign insurance to children covered by a Non-patient, Other Family Member
3. Create a tertiary insurance claim
4. Set up insurance coverage for married parents with separate accounts