

eTrans 5.1 for Easy Dental

USER'S GUIDE

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Introduction

Welcome to eTrans 5.1 for Easy Dental. eTrans 5.1 simplifies the complex and time consuming task of sending insurance claims by allowing you to send claims electronically through the Reports module. Using eTrans will lead to faster resolution of your claims and give you the time you need to interact with your patients.

With eTrans, the cost of sending claims electronically is significantly lower than the cost of sending paper claims. eTrans saves time, materials, and postage. And, if your claim cannot be sent to the payor electronically, the eServices department will print them and mail them for you, so you can send all of your claims electronically even if the payor doesn't accept electronic claims.

When you send eclaims through eTrans, your claims arrive at the insurance company faster and go directly into the insurance company's computer. So, your office receives payment in about half the time it would take you to receive payment if you had mailed the claims.

This manual includes all the information you need to use eTrans quickly and easily.

Minimum System Requirements

- Easy Dental 2008
- Modem or Internet connection capabilities

Note:

- Software modems (also called "winmodems" or "softmodems") are not recommended for use with this program.
- If you will be sending your existing paper documents electronically, you must have a 32-bit TWAIN-compliant scanner.

Special Enrollment

Some insurance payors require notification before they will accept claims electronically from your office. These payors are identified on the Payer Search tool, which is included in your Welcome Kit and can be found online at www.EasyDental.com/eservices/payer-search.aspx.

Until the insurance payors have received eclaims notification from your office, you must print these claims and mail them to the payor. When you receive confirmation from the payor that the notification has been received, you can enter the proper Payor ID and begin sending claims to that payor electronically.

Note: Until confirmation is received from the insurance company, claims submitted electronically to that insurance company will be rejected.

Special Enrollment Forms

Special Enrollment Forms and instructions for completion and processing of these enrollment forms are outlined on the front page of each special enrollment packet. Contact the eServices Enrollment department at 1-800-734-5561 option 2 for more information about these forms or to receive additional Special Enrollment forms.

How to Get Help

Should you have questions about eClaims, the eServices department of Henry Schein Practice Solutions is available to provide you with exceptional customer service and support. You can reach the eServices department by calling 1-800-734-5561. When you call the eServices department of Henry Schein Practice Solutions, you have the option to speak with technical support, sales, finance, or enrollment. Use the guidelines below to decide which resource will be able to best help you.

- **Technical Support** – Option 1
 - Installation, setup and use of eClaims
 - Reading or printing reports
 - Claim tracking
- **Sales** – Option 2
 - New sales of eTrans
- **Finance Department** – Option 3
 - Billing questions
 - Changing pre-authorized payment selection
 - Reconciling invoices to statements or reports
- **Enrollment** – Option 4
 - Registration
 - Special Enrollment
 - Change in Federal Tax ID numbers
 - Adding new providers to your practice
- **Account Management Specialist** – Option 5

eServices Technical Support

Toll-free telephone support is available only to registered eServices users. Support is limited to the current version of the software and one prior release. When calling Support, be near a computer running the Easy Dental and eTrans software programs, and have a copy of the eTrans User's Guide available. Be prepared to give the following information:

- Your name and the name of the practice
- The Easy Dental customer number assigned to the practice
- The version number of the product(s) being used
- The type of network being used, if applicable
- The version of Windows installed on the computer
- The exact wording of any messages that have appeared on the screen
- The circumstances surrounding the question or problem or question
- Steps that have been taken to reach a solution

Note: The eServices Support department has extensive experience supporting the eTrans product and its integration with Easy Dental. However, the eServices Support department is not authorized to help with any hardware, network, or operating system questions or problems, including configuration. Hardware, network, and operating environments vary from installation to installation; therefore, these questions should be referred to a hardware and/or operating system support representative or other integration expert. Operating system questions can generally be answered in the Windows documentation.

Setting up eTrans 5.1

Before you can use eTrans 5.1 to send insurance claims electronically, you must set up eTrans in Easy Dental and adjust a few settings to accommodate the electronic claim submission process. You must adjust the settings in the **eTrans 5.1 Setup** dialog box, test your eTrans server connection, specify direct print options for insurance claims, and update the Payor ID numbers before you can send electronic claims.

Before you can send claims electronically, you must set up eTrans in the Reports module using the **eTrans 5.1 Setup** dialog box.

To open the eTrans 5.1 Setup dialog box

Open the Reports module, click the **Practice Setup** button, and then select **Electronic Claims Setup**.

The **eTrans 5.1 Setup** dialog box appears.

The **eTrans 5.1 Setup** dialog box is divided into five sections:

- User Settings
- Connection Method
- Transfer Method
- Post Submission
- Advanced Options

These are explained in the following sections.

Setting Up the User Account Settings

To set up the user account settings

1. In the **User ID** field, enter your user ID that was e-mailed to you with your eTrans Welcome Kit (for example, '019036UTD').
2. Click the **Change Password** button.
3. In the **New Password** field, enter the password that was e-mailed to you with your eTrans Welcome Kit.
4. Enter the password again in the **Confirm Password** field.
5. Click **OK**.
6. If you have not registered previously, click the **Register** button to open the eServices Registration Wizard from which you can register your eServices products.

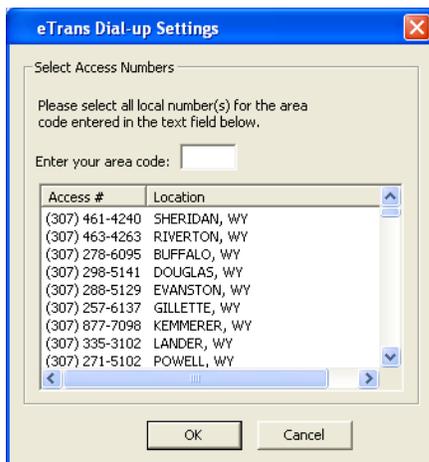
Note: You must complete the eServices Registration process before you can begin using your eServices products.

Setting the Connection Method

You can specify the type of Internet connection you are using to submit eclaims: either Dial-up and Internet.

To specify the connection method

1. Under **Connection Method**, select the connection method that applies to your office:
 - **Dial-up** - Select this connection method if you do not have any type of Internet connection in your office, and you are going to connect through an eServices department server.
 - **Internet** - Select this connection method if you have any type of Internet connection in your office.
2. If you selected Dial-up as your connection method, click the **Dial-up Settings** button to open the **eTrans Dial-up Settings** dialog box.



3. Enter your area code in the field provided, and then select the local phone number(s) for your area code. The number(s) you select will be used to connect to the eTrans Server when you send your eclaims.
4. Click **OK**.

Setting the Transfer Method

You can select the file transfer method that you will use to send your claims electronically.

To specify a transfer method

- Under **Transfer Method**, select the preferred transfer method for your office:
 - FTP** - File Transfer Protocol; a standard network protocol used to copy a file from one computer to another.
 - PFTP** - Port File Transfer Protocol; a non-standard network protocol that some claim is faster than FTP.
 - HTTP** - Hypertext Transfer Protocol; a standard but non-secure network protocol used for data transfer on the Internet.
 - HTTPS** - Hypertext Transfer Protocol Secure; a standard, secure network protocol used for data transfer on the Internet. Data is protected through encrypted communication and secure identification.

By default, the HTTPS transfer method is selected.

Note: Check with your hardware technician to find out which transfer method you should use in your office.

- It is recommended that you select **Try other transfer methods if the preferred method fails**. If you have checked this option, eTrans will try all the transfer methods, starting with the preferred method, when sending your eclaims, so that your claims are sent regardless of the transfer method you select.

Setting the Post Submission Option

When you submit an eclaim, the Error Report is automatically displayed when there are claims that have errors or need attention. You can specify if you do not want this report to be displayed when there are no claims that need attention.

To specify whether the Error Report will appear if there are no claims that need attention

Under **Post Submission**, clear the **If no claims need attention, do not display Error Report** check box.

Setting Advanced Options

To set the Advanced setup options

Click **Show Advanced** to open the view, and then change any of the following advanced eTrans transmission options:

- Server** - This field displays the name of the eTrans server to which you are connecting to send your eclaims. Do not change this information.
- Port** - This field displays the number through which you are connecting to the eTrans server to send your eclaims. Do not change this information.
- eClaims Path** - This is the path where your eTrans program files are saved on your computer.
- Suppress warning messages on validation reports** - When selected, this option suppresses warning messages on validation reports so that you are not notified if there are problems with your eclaims.

Click **Hide Advanced** to hide the advanced options.

Saving Changes

Click **OK** to save your changes. Or, click **Apply** to save your changes but not exit the eTrans Setup.

Testing Your eTrans Server Connection

It is important for you to test your eTrans connection to ensure that you are connecting to the eTrans server properly so that you can send your claims electronically. You can do this two different ways:

To test your eTrans connection using the Test Connection button

1. In the Reports module, click the **Practice Setup** button and then select **Electronic Claims Setup**.
The **eTrans 5.1 Setup** dialog box appears.
2. Click **Test Connection** to test your eTrans Server connection.

To test your eTrans connection using the Retrieve Reports option

1. In the Reports module, click the **Electronic Claim Submission** button.



The **Electronic Claims Submission** dialog box appears.



2. Select the **Retrieve Reports** option, then click **OK**.

The **Retrieving Reports** dialog box appears, detailing the status of the transmission.



Note: This option is normally used to retrieve new reports on claims you have already sent, but you can also use it to test your connection.

3. When the process has been completed successfully, a message box appears stating that your reports have been retrieved successfully. Click **OK** to close the message box.
4. Click **Finish** to close the **Retrieving Reports** dialog box.

Note: If you are sending eclaims over the Internet with a dial-up connection, you will usually need to connect to your ISP before testing your connection or sending eclaims.

Downloading eTrans Updates

Occasionally, updates become available for you to download from the eTrans server. When an update is available, the **New eTrans Client Available** dialog box will appear after you submit electronic claims.



1. In the **New eTrans Client Available** dialog box, you can select one of three options:
 - **Download and install it right now**
 - **Download it and put a shortcut to the installer on my desktop**
 - **Don't remind me again until...**(If you select this option, select the desired option from the drop-down menu.)
2. After you have selected the desired option, click **OK**. If you selected the **Download and install it right now option**, a message box shows the progress of the download.

Updating Payor ID Numbers

The eServices department assigns electronic payor numbers to the insurance providers that will receive electronic claims from your office. These numbers, called Payor ID numbers, act like an address that directs the electronic claims to the correct insurance company.

You can find a complete list of Payor ID numbers in the Insurance Data dialog box. If you have not used eClaims before, this field may be blank. In order to send electronic claims, you must set up Payor ID numbers for the insurance carriers to whom you will be sending electronic claims.

You can use either an automatic process or a manual process to update Payor ID numbers. It is recommended that you use the automatic process to update as many Payor ID numbers as possible and then use the manual process to update any remaining Payor IDs.

To update Payor ID numbers

1. Double-click the **Insurance Information** block in the Patients module.

The **Insurance Information** dialog box appears.

2. Click **Ins Data** to open the **Primary Dental Insurance Plan Information** dialog box.

3. Click the **search** button next to the **Payer ID** field to display a list of available Payer IDs. Select the appropriate Payer ID from the list.

Note:

- If there is a Payer ID on the Electronic Payor List that is not listed in the **Payer ID** dialog box list, you can enter that number directly into the **Payer ID** field.
- Do not contact the insurance company for a Payer ID number; these are assigned by the clearinghouse.

Using eTrans for Easy Dental

eTrans 5.1 is the program that transmits insurance claims electronically from your Easy Dental system to the insurance carriers. Electronic Claims can only be sent from a computer with an Internet connection and/or a modem.

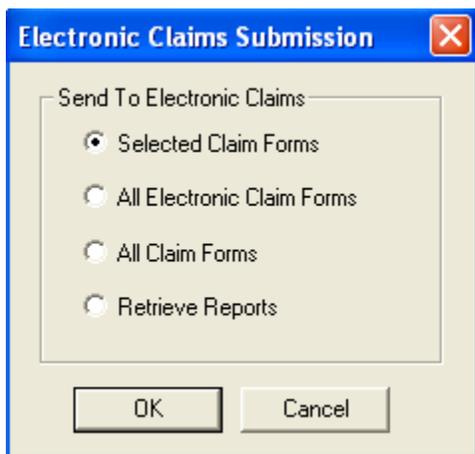
To send electronic claims with eTrans 5.1

1. Create an insurance claim in Easy Dental.

Note: For information about creating insurance claims, refer to your Easy Dental User's Guide.

2. When you are ready to submit your claims, click the **Electronic Claim Submission** button in the Reports module.

The **Electronic Claim Submission** dialog box appears.



3. Select **All Dental and Medical Claim Forms** and click **OK**.

The **Electronic Claims Validation** dialog box appears.

Note: You can send only selected claims by highlighting the desired claims to send in the Batch Processor and marking the *Selected Dental Claim Forms* or *Selected Medical Claim Forms* option.

e Validation Report

Date: 10/01/2010 Easy Dental eClaims Validation Report Time: 12:34 PM
 Easy Dental Practice - Tutor Database

Status	Patient / Payor	Birth Date / Service Date	Subscriber / Birth Date	No. of Services	Amount
VALIDATED <input checked="" type="checkbox"/>	Brent L Crosby Metlife	05/17/1967 01/02/2009	Brent L Crosby 05/17/1967	3	132.00
REJECTED <input type="checkbox"/>	Elisabeth M Reeves Ameritas	12/29/1981 10/01/2010	Joshua Reeves 11/14/1981	2	807.00
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. WARNING: Attachments needed for procedure D7240 - Narrative, Periodontal Charting, X-RAY Edit					

	Count	Amount
Total Claims:	2	\$ 939.00
Total Validated:	1	\$ 132.00
Total Warning:	0	\$ 0.00
Total Rejected:	1	\$ 807.00
Total With Attachments:	0	

Select claims you want to send electronically, and deselect claims you don't want to send. Validated claims and claims with only warnings have already been selected for you.

4. eTrans performs a check on all of the claims you are sending, and each claim is given one of three statuses:
- **Validated** - This status is assigned to claims that contain all the required information and are ready to be sent electronically.
 - **Warning** - This status is assigned to claims that are missing information (e.g. payor ID numbers, insurance plan numbers, etc.). This status is also assigned to claims that require attachments (e.g. X-rays, panoramic films, periodontal charting information, etc.).
 - **Rejected** - This status is assigned to claims that have an error that would cause the insurance company to reject the claim.

Check the Validation report for claims with a Warning or Rejected status.

5. If there are any claims with the status of Warning or Rejected, click the **Edit** link in the **Status** column to display the **Edit Missing Claim Information** dialog box.

Note: You can also click **Print Report** in the **Validation Report** dialog box to produce a working copy of the Validation Report. You can use this report to see which errors need to be corrected on the claims before they can be sent. If you click **Print**, the claims will not be sent.

6. Review the claim information in the five tabs in the **Edit Missing Claim Information** dialog box and make any needed corrections. (Changes you make in this dialog box are saved in the Easy Dental database and reflected in the Family File and other areas of Easy Dental the next time you open those modules.)
7. Open the claim(s) that require attachments in the Accounts module, double-click the **Claim Information** block, and check the attachments you want to include with the claim. Click the **Include Attachment(s)** button to add attachments to the claim. Click **OK** after all the necessary attachments have been added to the claim.
8. Once you have corrected the errors and added the necessary attachments to the claims, click the **Electronic Claim Submission** button in the Reports module to regenerate the Validation report.
9. Review the warnings and rejection errors and check or uncheck claims as necessary. By default, claims with the status of Validated or Warning are automatically checked. A check mark indicates that the claim will be sent.
10. Click **Send Selected Claims** to send all claims that are checked. The Sending Claims dialog box appears.

11. After you send electronic claims, eTrans sends reports to the Batch Processor. These reports include the Validation report and the Transmission report. If any of the claims you sent were rejected, the Error report will open on your screen after you send electronic claims. Review these reports to ensure that your claims are being processed and view important information about the electronic claims you have sent and your eTrans account.
12. Once the claims have been successfully transmitted, delete the claims from the Batch Processor.

Note: Deleting a claim in the Batch Processor does not delete the claim in the Ledger. The claim will still be available for access in the patient's Ledger.

13. If you use eCentral, your eTrans reports are stored online in the Insurance Manager module, so you can delete the eTrans reports from the Batch Processor.

eTrans 5.1 Reports

When you send claims electronically, you receive reports containing important information about your claims and your eTrans account. The information in these reports comes from three sources: Henry Schein Practice Solutions, the secondary clearinghouses involved in processing your claims, and the insurance company/payor. Reading and understanding your eTrans reports will help you ensure that you receive payment in a timely manner.

There are two reports that will appear in your Batch Processor when you send eClaims: the Validation Report and the eTrans Transmission report. These reports are discussed in detail in the following sections.

Validation Report

Before claims are transmitted, the eTrans software performs over 250 checks to assure that the information in the claims is complete and that the claims are ready to be sent to the insurance company/payor. The Validation Report shows you if your claims are Validated, Warning, or Rejected.

- **Validated:** Claims with a Validated status contain all the necessary information and attachments and are ready to be sent to the insurance company/payor.
- **Warning:** Claims with a Warning status are missing information and/or attachments that should be included with the claim. You can send claims with a Warning status to the insurance company/payor, but you should correct the information in the claim before you send it.
- **Rejected:** Claims with a Rejected status are missing information that will cause the claim to be rejected by the insurance company/payor. If the error is caused by information included on the claim, delete the claim from the Accounts module. Correct the error(s), recreate the claim, and re-send it to the Batch Processor for processing with your next batch of claims. You can send rejected claims by placing a check mark in the box under the status column, but this is not recommended.

A copy of the Validation report will be placed in the Batch Processor after you send your electronic claims.

Note: The Validation Report is not a transmission report and is not an indication that you have successfully submitted your claims.

Transmission Report

The Transmission report is a compilation of reports from Henry Schein Practice Solutions that is delivered after you send electronic claims. This report may contain any the following five reports: the Confirmation Report, the Payer/Clearinghouse Report, the Passthrough Report, the Attachment Status Report, and/or the Billing Statement. You can view each of these reports by previewing or printing the eTrans Transmission Report.

Confirmation Report

The Confirmation Report shows all the claims Henry Schein Practice Solutions received in a given transmission. Henry Schein Practice Solutions assigns a unique number to each claim on this report so that you can distinguish between the claims submitted for the same patient. The Confirmation Report also indicates whether each claim was accepted for electronic processing or was rejected before being submitted to the insurance company/payor.

If a claim is rejected, the report will include information about the reason for the rejection. You should receive this report immediately after you submit claims. If you do not receive this report at the time of submission, resubmit the claims or contact eServices Support at 1-800-734-5561 for further assistance.

Attachment Status Report

The Attachment Status Report contains information about the eclaim attachments sent by your office. You should receive this report immediately after you submit attachments. If you do not receive this report at the time of submission, resubmit the attachments or contact eServices Support at 1-800-734-5561 for further assistance. You will also receive this report when a payor needs additional information about attachments you sent previously.

Payer/Clearinghouse Report

The Payer/Clearinghouse Report is a compilation of status messages received from either the clearinghouse or the insurance companies that are processing the claims you previously submitted. Because a status message could be generated for each step of the submission process, a claim could appear on this report several times. To help you distinguish between different claims submitted for the same patient, some basic patient information and the Henry Schein Practice Solutions claim number (which can be found on the Confirmation Report) is included with each message. You will only receive this report when new information is available.

Passthrough Report

The Passthrough Report contains information similar to information on the Payer/Clearinghouse Report. However, the Passthrough Report is more detailed and only contains information for each claim once. This report does not contain the Henry Schein Practice Solutions claim number because it is created by the payor or clearinghouse and is merely transmitted to your Batch Processor through Henry Schein Practice Solutions.

Billing Statement

The Billing Statement is sent to you at the beginning of each month. This report contains a complete list of the claims processed by Henry Schein Practice Solutions during the previous month, some basic statistical data about the number of claims you have submitted, and the total charges to be remitted to Henry Schein Practice Solutions.

Depending on the payment method you selected when you registered for eTrans, the charge may be deducted automatically from a checking account or charged to a credit card. Otherwise, you will need to send payment to Henry Schein Practice Solutions at the address listed on the Billing Statement.

Error Report

The Error Report appears after you send your claims electronically. This report only appears if one or more of the claims that you sent were rejected by the eServices department or by the payor.

The top section of the Error Report displays claims and the statuses of those claims. The bottom section displays totals, such as the total number of claims rejected and dollar amount of those claims. The important information area serves as a reminder that any claim listed on this report needs your attention.

If you use eCentral the Error Report provides you with links to your eCentral account. If you click the eCentral link in the error report, your eCentral account is opened to the Reports Manager, where you can see all the reports for the claim. If you click the claim number, your eCentral account is opened to the claim detail information. If you click the Claims Search button, your eCentral account is opened to the Claims Manager.

Frequently Asked Questions about eTrans

This section lists some of the most frequently asked question about eTrans and the answers that correspond to those questions. Read these questions to see if your question is answered here before contacting eServices Support.

Sending eClaims

Q: When can I send claims?

A: Claims can be sent 24 hours a day, seven days a week. However, the high-peak transmission time is from 3:00 pm to 6:00 pm Mountain Time, Tuesday through Thursday. To avoid busy signals and connection difficulties, you may want to schedule your claims submission for the early morning hours.

Note: Occasionally, enhancements and maintenance are performed on our computers and other systems that may cause you to be unable to send claims. You will be notified in advance when this will occur. Maintenance will be done during non-peak hours.

Q: How do I send a claim that requires X-Rays or other documentation?

A: You can submit your attachments to the eServices department electronically along with the claim. See your Easy Dental Help or Easy Dental User's Guide for instructions on how to include an attachment with a claim.

Q: How many claims can/should I send at any given time?

A: The eServices department recommends that you submit less than 100 claims per batch. Additionally, it is recommended that you submit all of your claims for any given day in one large batch, either at the end of your work day or at the beginning of the following work day. Offices who submit one claim at a time frequently experience duplicate claim problems and confusion trying to match up reports. Submitting one large batch per day keeps your reports consolidated and easy to manage.

Q: How do I know if a claim was submitted successfully?

A: The status of each claim you send is listed on the Confirmation Report (part of the eTrans Transmission Report) that is delivered to the Batch Processor immediately following your transmission. If you do not receive this report, please contact eServices Customer Support at 1-800-734-5561, option 1.

Q: How do I resubmit a claim?

A: To resubmit a claim, you need to correct any erroneous information, delete and recreate the claim in the Ledger, and re-send it to the Batch Processor to go with your daily batch of electronic claims. The eServices department does not have the ability to resubmit claims for your office.

Q: How do I cancel or delete a claim once it has been transmitted?

A: Claims are processed in "real-time." That means as soon as your claim is received by eServices, processing begins. Therefore, we are unable to delete claims. Review your validation report carefully before transmitting your claims to eliminate the possibility of sending claims you did not intend to send.

Q: Can I still submit a claim electronically if the insurance company is not found on the Electronic Payor List?

A: Yes. If a particular carrier does not accept claims electronically, the eServices department will print the claims to paper and mail it to them for you.

Q: Now that I send claims electronically, does that mean I don't have to follow up with insurance companies?

A: We recommend that you follow up with insurance companies after 30-45 days about outstanding claims that have been submitted but not settled. eTrans claim submission is a service that provides you with faster claim submission and tracking information. The insurance companies are still responsible for processing and paying your claims.

Changing Account Information

Q: Do I need to notify anyone if I add a new dentist to my practice?

A: Yes! It is extremely important that you notify the eServices Enrollment department prior to submitting claims for a new dentist. Otherwise, all claims for this provider will be automatically rejected. eServices Enrollment can be reached at 1-800-734-5561, option 4.

Q: Do I need to notify anyone if I have a new address, telephone number, or tax identification number?

A: Yes! It is extremely important that our records be as accurate as possible. So, it is important that you relay any changes made to your account to the eServices Enrollment department at 1-800-734-5561, option 4. Changes to your tax identification number must also be communicated directly to all insurance companies to whom you submit claims through eTrans. Changes made to your eTrans enrollment are not necessarily picked up by the insurance companies. Therefore, they must be notified directly. Any changes not properly communicated to the eServices Enrollment department and/or the insurance companies can result in claim delays and/or rejections.

Billing

Q: What am I charged for each claim I send through eTrans?

A: You are charged 50 cents for any claims that are accepted on the Clearinghouse Report and forwarded on to the insurance company, regardless of whether the claim is fully electronic (meaning it has a payor ID number) or whether the eServices department is printing it and mailing it for you.

Q: Am I charged for all claims transmitted? What claims am I charged for?

A: You are not charged for any claims that are marked as Rejects on the Confirmation.

Q: How often do I receive billing statements?

A: Once a month, you will receive a billing statement as part of your eTrans Submission Report. This billing statement will list the method of payment you selected when you signed up for electronic claims (draft from checking, charge to credit card, or monthly billing with a deposit). If checking or charge are noted on your billing statement, you will be billed automatically on or around the 15th of the month. If monthly billing is noted on your billing statement, you need to remit payment to Henry Schein Practice Solutions by the end of the month.

Support

Q: What if an insurance company says they never received my claim?

A: Verify the claim information (name, social security number, date of birth, group ID, etc.) with the insurance company. If the correct information was submitted and the claim was submitted through eTrans, contact eServices Customer Support at 1-800-734-5561, option 1.

Note: The eServices department is unable to research any claim that is older than 6 months from the submission date. Please run an Insurance Aging Report from Easy Dental on a regular basis to ensure that claims are not aging more than 45-60 days.

Q: Who do I call if I have questions or concerns?

A: Depending on the type of question you have, you can contact one of the Support teams listed below:

- eServices Customer Support is available at 1-800-734-5561, option 1 to provide you with any help you need to ensure your claims are processed quickly and efficiently. eServices Customer Support can help you find the information you need to ensure that your claims are being processed correctly and can assist you with any software related troubleshooting.
- If you have questions regarding a charge to your account or any of the Henry Schein Practice Solutions eServices, contact the Finance department at 1-800-734-5561, option 3.
- If you have claims which are rejected because the “provider is not registered for ECS or is invalid,” or if you know you are going to need to request special enrollment with an insurance company, contact the eServices Enrollment department at 1-800-734-5561, option 4.

Note: Henry Schein Practice Solutions hours of operation are Monday through Thursday from 6:00 a.m. to 6:00 p.m. Mountain Standard Time, and Friday from 6:00 a.m. to 5:00 p.m. Mountain Standard Time.

Q: What other services are available through the eServices department?

A: Henry Schein Practice Solutions constantly reviews, updates, and creates services that can assist your office. The following are some of the additional services that you may find extremely helpful. Contact the eServices Sales department at 1-800-734-5561, option 2 for further information.

Electronic Attachments: Another time saving feature that makes your work easier is the ability to send Attachments with your eClaims. Simply attach information stored in the Document Center (patient x-rays, perio charts, and other patient information) electronically to insurance companies. This eliminates paperwork hassles and x-ray duplication and allows you to save on postage. Plus, you get paid faster.

QuickBill: Why waste time and money processing your own billing statements each month? With the click of a button, you can transmit your patient statements electronically to the eServices department, and they will be printed, stuffed, and mailed for you.

Technical Troubleshooting

Q: When I select a Dial-up install, the install program pops up a message asking me to insert my Windows CD. What should I do?

A: If you have your Windows CD, insert it into the CD-ROM drive. The eTrans install is trying to install Dial-up Networking, and it requires some files on the Windows CD. If your computer did not come with a Windows CD, the files are probably on your computer. If you do not feel comfortable installing operating system components, have your technician help you with this part of the install.

Q: I installed eTrans to send claims over a dial-up connection, and now I want to send them over the Internet. What do I do?

A: In the Reports module, select Electronic Claims Setup in the Practice Setup menu. Change the Connection Method drop-down to “Internet,” and click **OK**.

Q: Why is my dial-up networking or Internet connection suddenly unable to connect to the eTrans server to transmit my claims?

A: If you are trying to submit claims during a high-peak time (between 3:00 pm and 6:00 pm Mountain Time, Tuesdays through Thursdays) and receive an “unable to connect” message, you may be calling during an extremely busy time. Early morning is the best time to transmit easily and quickly.

Q: What does the message “No Dial tone” mean?

A: Your modem is not able to get a dial tone. Check all connections between your computer and the telephone jack. Also, check the telephone line for a dial tone. If you still have no dial tone, contact your telephone company.

Q: What does the message “Could not initialize modem” mean?

A: Your modem is not responding. You will need to reset your modem.

- **Internal modems** (inside your computer): Exit all running software programs, turn your computer off, count to five, turn your computer back on, and try submitting claims again.
- **External modems** (outside your computer): Turn your modem off, count to three, turn your modem back on, and try submitting claims again.

Note: Any problems with your modem or incorrect communication settings in your software or hardware setups will cause this message. If resetting the modem does not work, have it checked out or replaced by a professional technician.

Q: When running the eTrans install, I get the message, “Setup could not detect an installed TCP/IP protocol. Your computer does not appear to be set up to connect to the Internet. Please make sure to get an Internet connection before trying to send claims.”

A: When you tell the install that you want to send claims over the Internet, it tries to determine whether or not your computer can connect to the Internet. If it does not appear that it can, you get this warning. If you know that you have an Internet connection, you can safely ignore this message.

Q: After I’m finished sending, I get a message that says eTrans couldn’t send my claims using my preferred transmission method, but was able to send them using another method. It wants to change my preferred method to that. What should I do?

A: Most of the time, it’s perfectly safe to click “Yes” since eTrans was able to find a transmission method that works. If you are sending claims via the Internet through a secure connection, and your preferred transmission method is already Secure HTTP, you may want to click “No” for now. (All of the transmission methods are reasonably secure for Internet transmission, but it is not clear yet whether HIPAA requires a method as unbreakable as Secure HTTP.) If you don’t want eTrans to try transmission methods other than your preferred method, you can change that in Electronic Claims Setup. Please call eTrans technical support if you have any questions.