MOD kevin_moloney
Moderator

10-24-2021 04:44 PM

Sensei Cloud Release 0.1.6971 (Part 1)

Sensei Cloud

Weekly Release

Build 0.1.6971 | October 24th, 2021

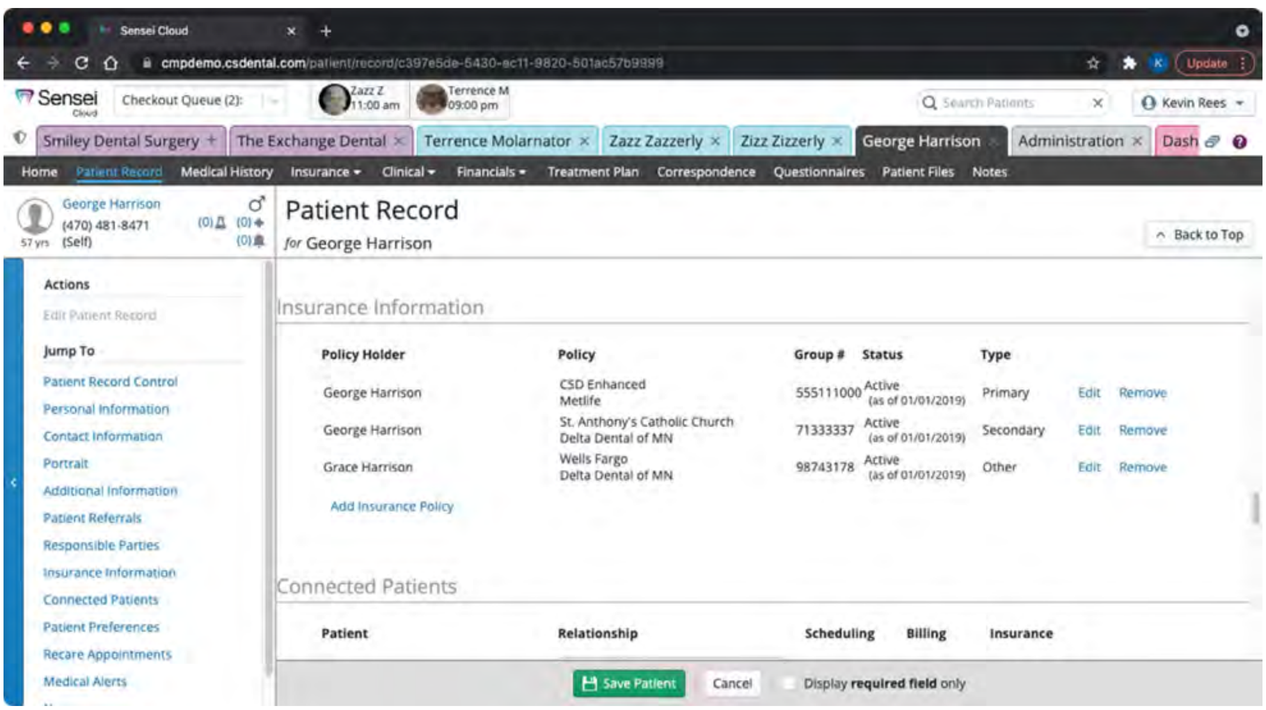
This week's Sensei Cloud updates continue to expand core application functionality and deliver on recent customer requests.

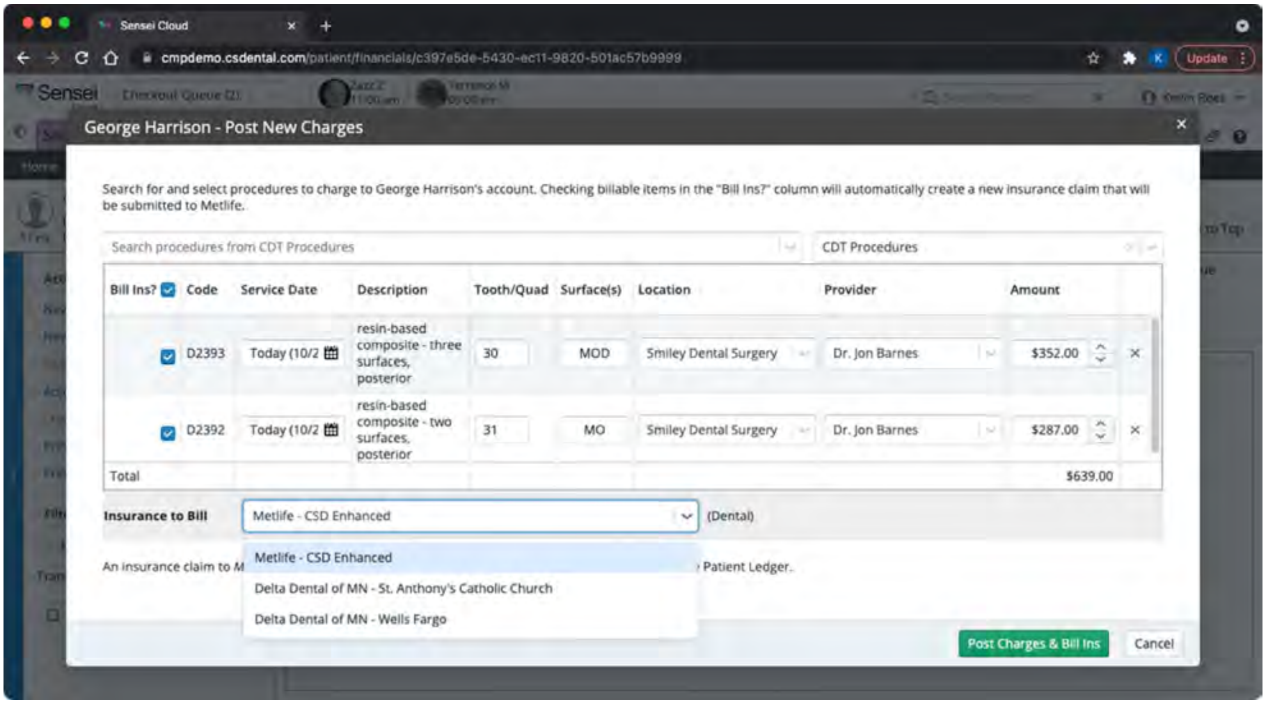
[US Only] Secondary Claim Support (AKA Billing Multiple Payers)

In response to customer feedback, Sensei Cloud now supports the creation and management of secondary - and subsequent - insurance claims. This enables you to request reimbursement from all insurance policies that may provide coverage for a patient's treatment. You can now generate a series of related claims (e.g., primary, secondary, tertiary, etc.) for a set of billable services, based on a patient's defined insurance coverage. With this update, you are now prompted to 'take next steps' once an existing insurance claim reaches its terminal state (e.g., posting of an insurance payment or manually indicating the claim is 'closed').

Review of Defining Patient Insurance Coverage

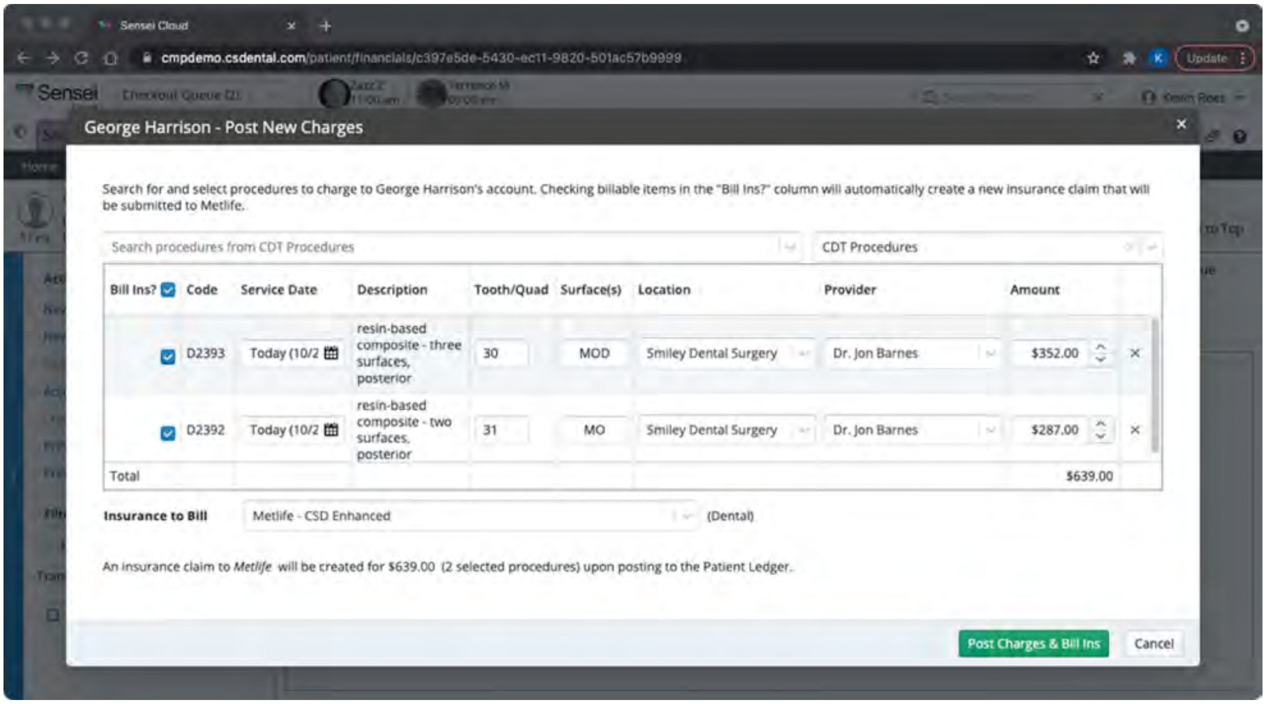
Sensei Cloud supports the definition of as many sources of insurance coverage (e.g., policies) as needed for a patient [Patient Tab > Patient Record]. The priority order (or type) of the coverage is also defined via the patient's record, with a 'Primary' or 'Secondary' (or beyond) assignment for each policy. NOTE: Each defined insurance policy beyond the 'secondary' coverage is given the general designation of 'other'. Whenever you create a new insurance claim the 'primary' policy is selected by default, but any of the patient's active, available policies can be selected.





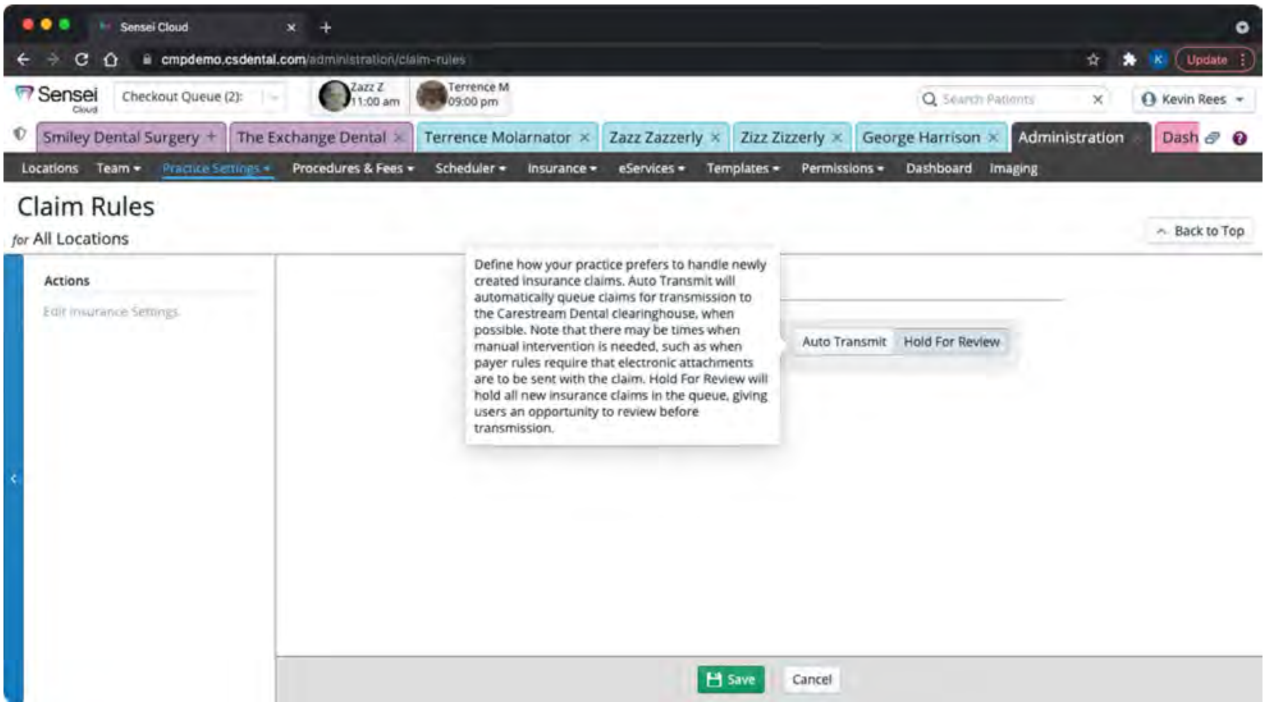
Review of Generating a Primary (Initial) Insurance Claim

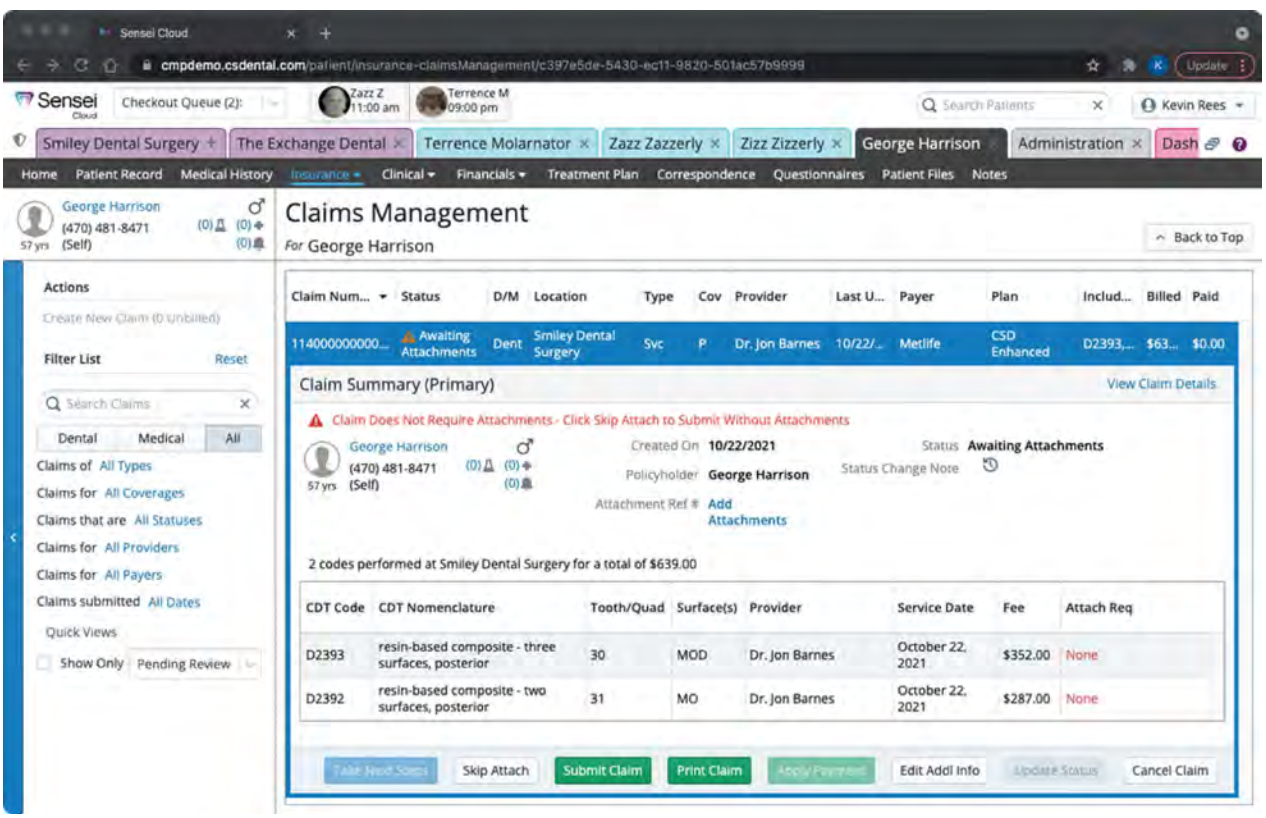
For patients with at least one defined insurance policy, an insurance claim can be created at the time of charge posting. When posting new charges - via the patient's Ledger (generally) [Patient Tab > Financial > Ledger] or the Checkout Queue (upon completion of an appointment) [Application Framework > Checkout Queue] - simply check the 'Bill Ins?' option for each billable procedure and select the applicable policy to bill. NOTE: Sensei Cloud suggests the patient's 'primary' coverage - as defined in the Patient Record - by default. In order to bill the procedures, the selected policy must have been active as of the Date of Service. Finally, click 'Post Charges & Bill Ins' to post the charges to the patient ledger and generate the primary (initial) claim record. Notifications are displayed for both the posted charges (with a link to the patient's Ledger) and the created claim (with a link to the patient's Claims Management list).



IMPORTANT: As previously mentioned, the patient's 'primary' policy - as defined in the Patient Record - is selected by default when creating the initial claim for a set of unbilled services. However, any of the patient's applicable policies can be chosen as the target payer for the claim. The policy chosen for the initial claim is considered 'primary' for the resulting chain of related claims generated for a set of services, regardless of its designation in the Patient Record. In other words, coverage order for any given 'claim chain' is ultimately determined by which policy is chosen at the time of claim creation for each successive claim. You have full control over the order in which the patient's available policies are billed (or not).

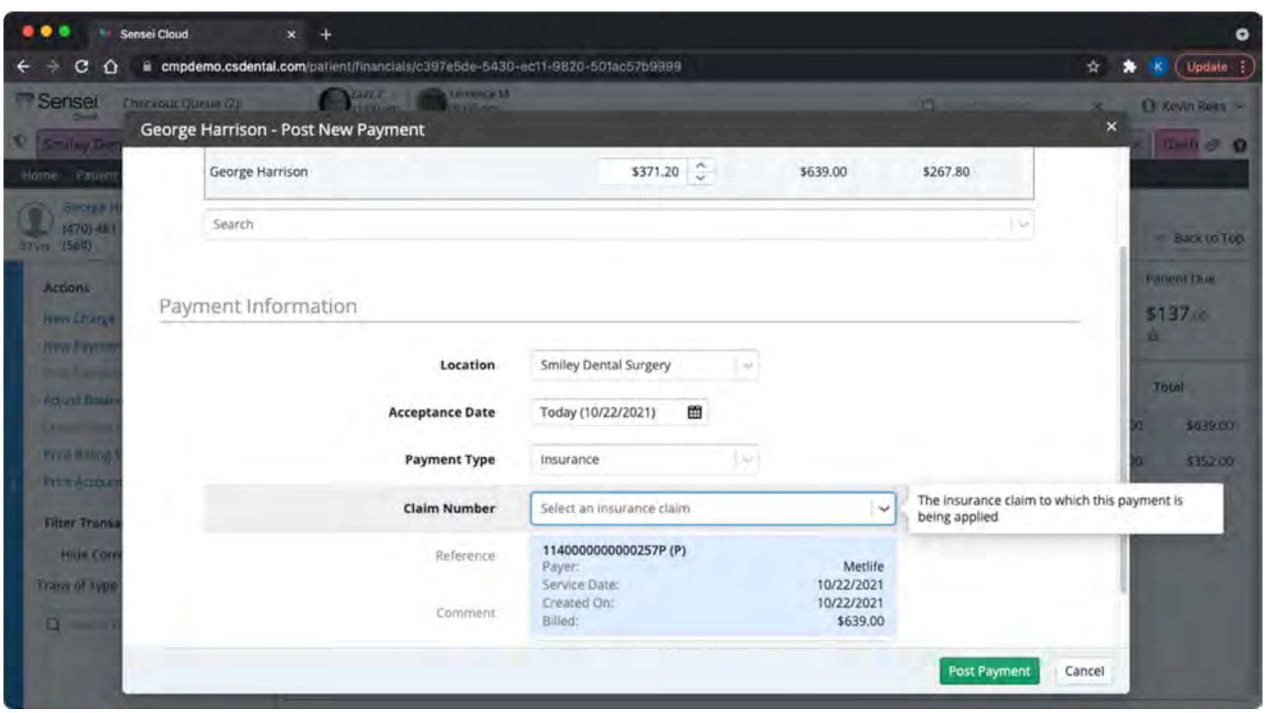
Depending on your office configuration for claim handling [Administration Tab > Practice Settings > Claim Rules] and integration with the NEA *Fast*Attach service, the initial claim record may require some additional attention prior to its submission to the clearinghouse. If your office has determined that each new claim should be reviewed prior to submission (e.g., 'Hold For Review'), then you need to manually submit the claim to queue it for submission to the clearinghouse. If the payer rules (as defined by NEA *Fast*Attach) determine that the billed services require supporting documentation, then you may need to add some (electronic) attachments to the claim record before submission. Once this initial state of ‘Pending Review’ or ‘Awaiting Attachments’ is resolved, the claim is initially ‘Queued’ and finally ‘Submitted’ (to the clearinghouse).

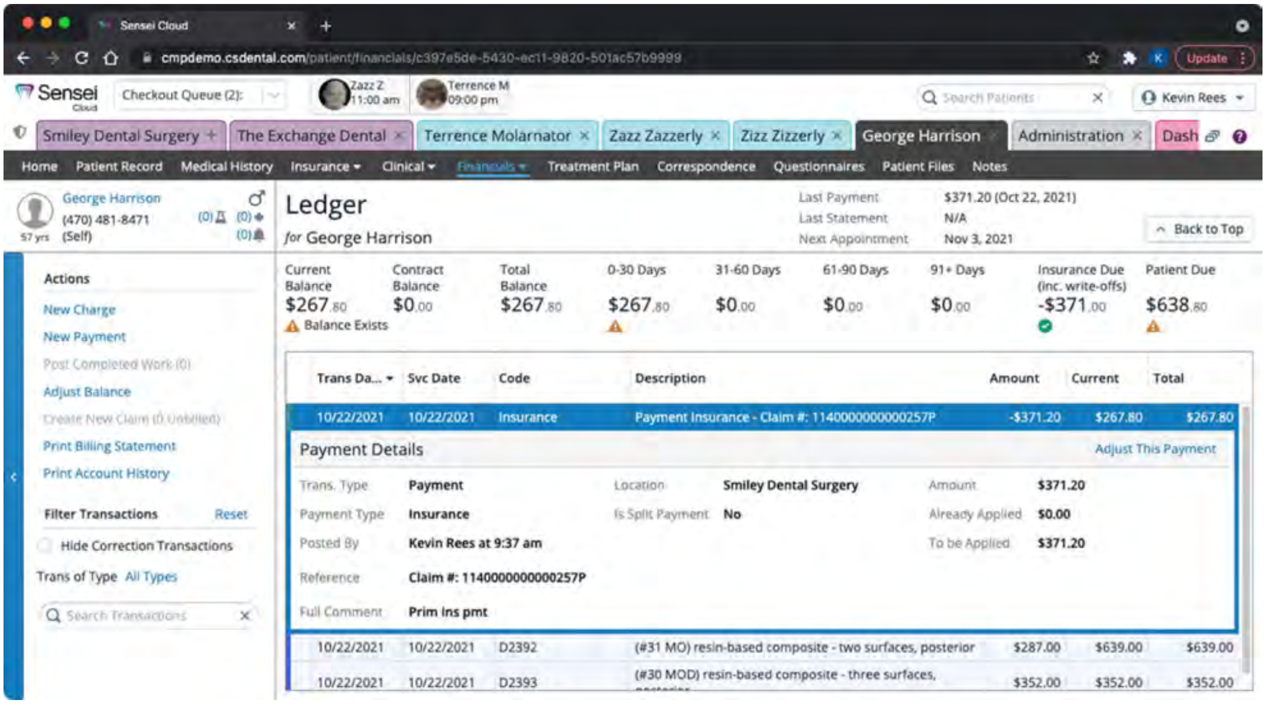


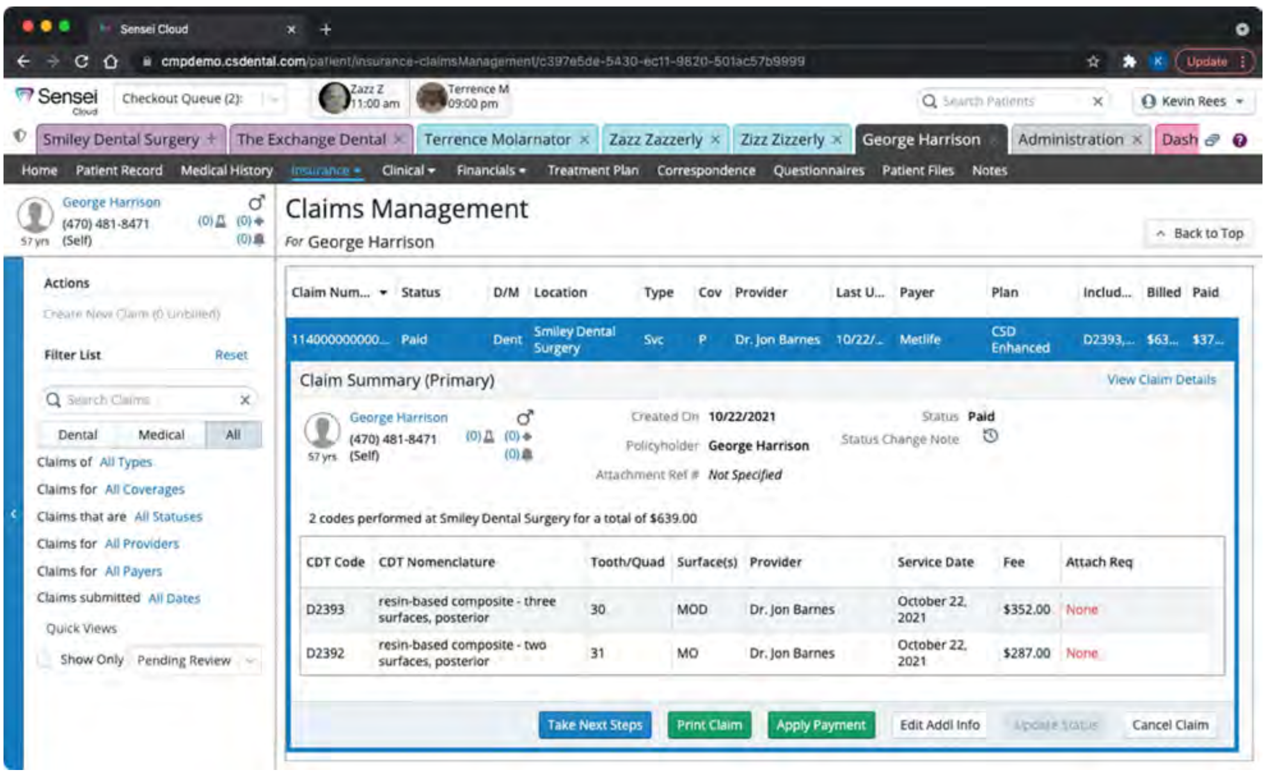


Review of ‘Closing’ an Existing Insurance Claim

Once the remittance advice or EOB for the primary (initial) claim is received, you can appropriately ‘close’ the initial (primary) claim. This includes the posting of any insurance payment received or manually updating the claim record to a ‘terminal’ status (e.g., ‘Closed’, ‘Completed’, ‘Denied', ‘Paid’, or ‘Rejected’). If payment has not been received, you can manually update the claim record’s status (once in a ‘Submitted’ (or ‘Printed’) state) to one of the aforementioned ‘terminal’ states by clicking ‘Update Status’ in the Claim Summary UI [Patient Tab > Insurance > Claims Management > {Select Claim}]. If remittance has been received, navigate to the patient’s Ledger, click ‘New Payment’ and then specify the payment amount, select the ‘Insurance’ payment type, select the associated claim, and finally click ‘Post Payment’ [Patient Tab > Financials > Ledger]. This posts the payment to the patient’s ledger and automatically puts the associated claim in a ‘Paid’ status. NOTE: The ‘Claim Number’ search control when posting an insurance payment has been enhanced, making it easier to find and identify the claim associated with the payment received. You can now search by partial claim number (using the last, unique digits of the claim ID), payer name, or service date. All of these details are now displayed in the list of available claims, along with each claim’s creation date, billed amount, and coverage type (e.g., P for primary, S for secondary, O for tertiary or successive).




Sensei Cloud
cmpdemo.csdental.com/patient/financials/c397e5de-5430-ec11-9820-501ac57b9999
Sensei
Checkout Queue (2):
Zazz Z 11:00 am
Terrence M 09:00 pm
Search Patients
Kevin Rees
Smiley Dental Surgery
The Exchange Dental
Terrence Molarnator
Zazz Zazzerly
Zizz Zizzerly
George Harrison
Administration
Dash
Home
Patient Record
Medical History
Insurance
Clinical
Financials
Treatment Plan
Correspondence
Questionnaires
Patient Files
Notes
George Harrison
(470) 481-8471
57 yrs (Self)
Ledger
for George Harrison
Last Payment $371.20 (Oct 22, 2021)
Last Statement N/A
Next Appointment Nov 3, 2021
Back to Top
Actions
New Charge
New Payment
Post Completed Work (0)
Adjust Balance
Create New Claim (0 Unbilled)
Print Billing Statement
Print Account History
Filter Transactions
Reset
Hide Correction Transactions
Trans of Type All Types
Search Transactions
Current Balance $267.80
Balance Exists
Contract Balance $0.00
Total Balance $267.80
0-30 Days $267.80
31-60 Days $0.00
61-90 Days $0.00
91+ Days $0.00
Insurance Due (inc. write-offs) -$371.00
Patient Due $638.80
Trans Da... Svc Date Code Description Amount Current Total
10/22/2021 10/22/2021 Insurance Payment Insurance - Claim #: 1140000000000257P -$371.20 $267.80 $267.80
Payment Details
Adjust This Payment
Trans. Type Payment
Location Smiley Dental Surgery
Amount $371.20
Payment Type Insurance
Is Split Payment No
Already Applied $0.00
Posted By Kevin Rees at 9:37 am
To be Applied $371.20
Reference Claim #: 1140000000000257P
Full Comment Prim ins pmt
10/22/2021 10/22/2021 D2392 (#31 MO) resin-based composite - two surfaces, posterior $287.00 $639.00 $639.00
10/22/2021 10/22/2021 D2393 (#30 MOD) resin-based composite - three surfaces, $352.00 $352.00 $352.00


Sensei Cloud
cmpdemo.csdental.com/patient/insurance-claimsManagement/c397e5de-5430-ec11-9820-501ac57b9999
Sensei
Checkout Queue (2):
Zazz Z 11:00 am
Terrence M 09:00 pm
Search Patients
Kevin Rees
Smiley Dental Surgery
The Exchange Dental
Terrence Molarnator
Zazz Zazzerly
Zizz Zizzerly
George Harrison
Administration
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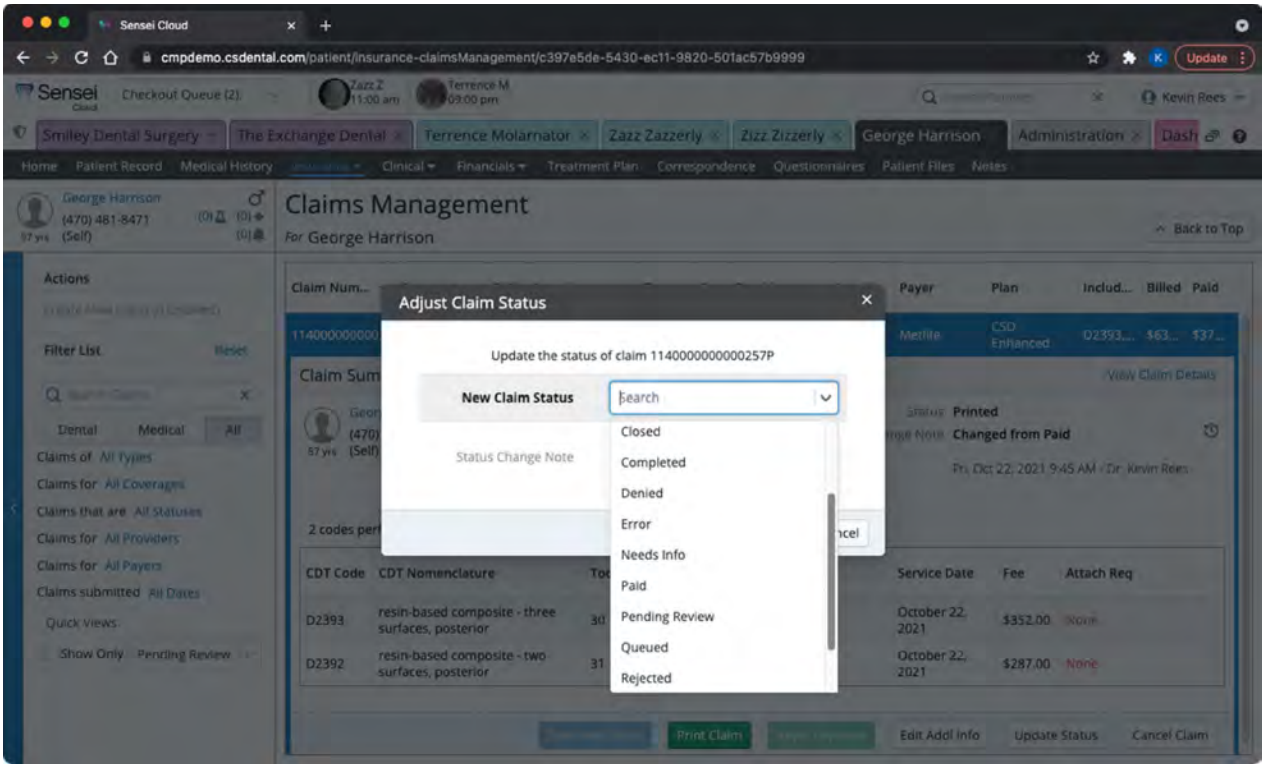
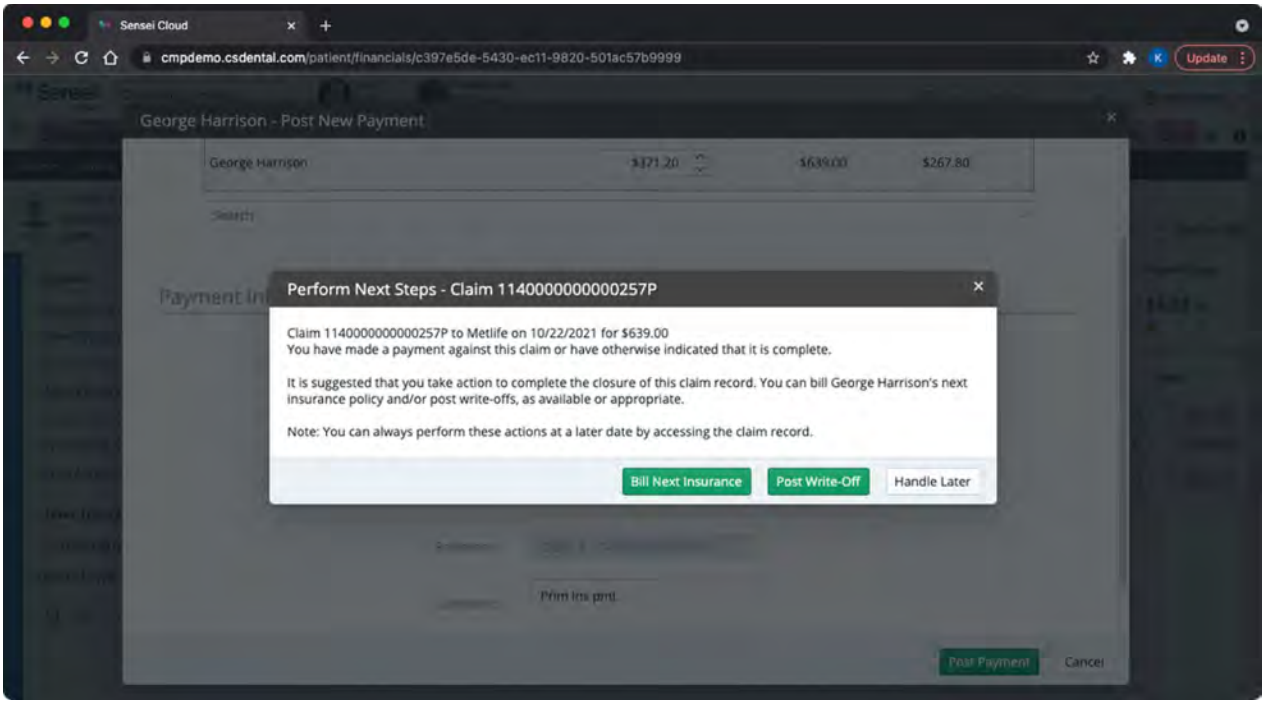
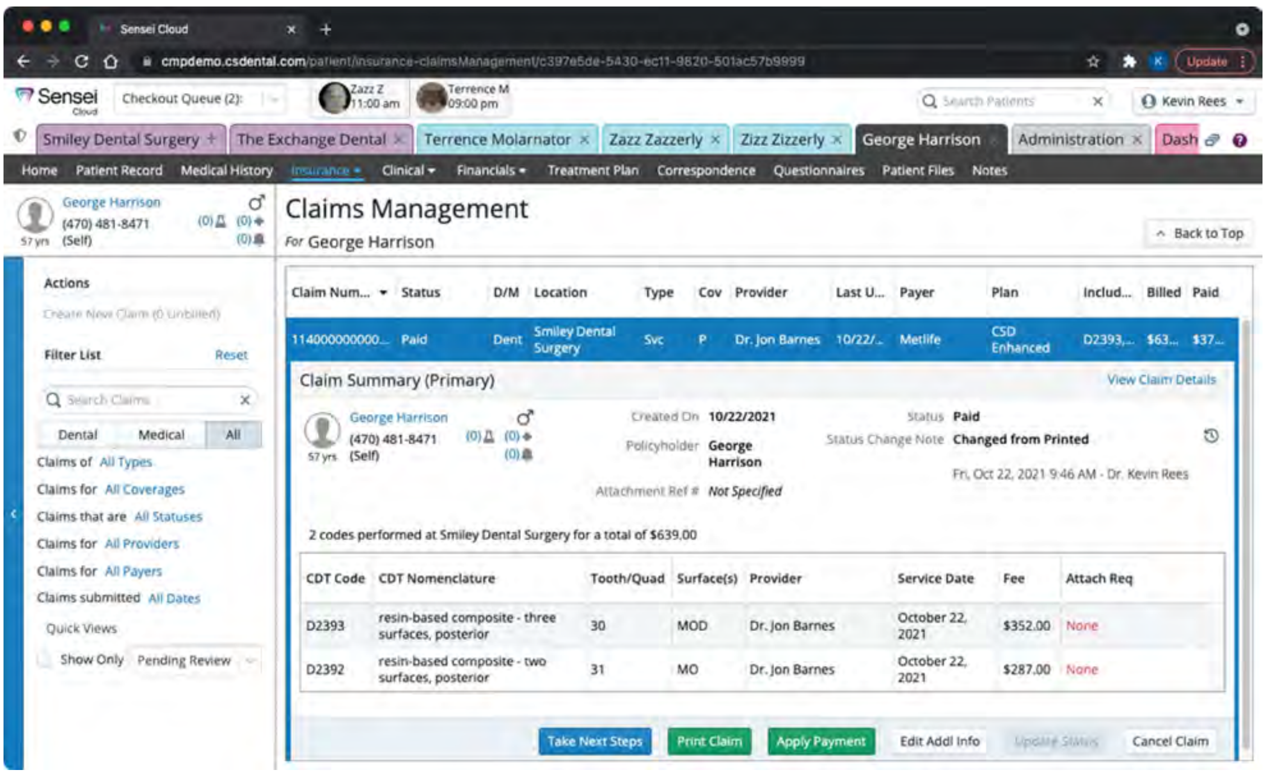
Patient Record
Medical History
Insurance
Clinical
Financials
Treatment Plan
Correspondence
Questionnaires
Patient Files
Notes
George Harrison
(470) 481-8471
57 yrs (Self)
Claims Management
For George Harrison
Back to Top
Actions
Create New Claim (0 Unbilled)
Filter List
Reset
Search Claims
Dental Medical All
Claims of All Types
Claims for All Coverages
Claims that are All Statuses
Claims for All Providers
Claims for All Payers
Claims submitted All Dates
Quick Views
Show Only Pending Review
Claim Num... Status D/M Location Type Cov Provider Last U... Payer Plan Includ... Billed Paid
114000000000... Paid Dent Smiley Dental Surgery Svc P Dr. Jon Barnes 10/22/... Metlife CSD Enhanced D2393,... $63... $37...
Claim Summary (Primary)
View Claim Details
George Harrison
(470) 481-8471
57 yrs (Self)
Created On 10/22/2021
Policyholder George Harrison
Attachment Ref # Not Specified
Status Paid
Status Change Note
2 codes performed at Smiley Dental Surgery for a total of $639.00
CDT Code CDT Nomenclature Tooth/Quad Surface(s) Provider Service Date Fee Attach Req
D2393 resin-based composite - three surfaces, posterior 30 MOD Dr. Jon Barnes October 22, 2021 $352.00 None
D2392 resin-based composite - two surfaces, posterior 31 MO Dr. Jon Barnes October 22, 2021 $287.00 None
Take Next Steps
Print Claim
Apply Payment
Edit Addl Info
Update Status
Cancel Claim



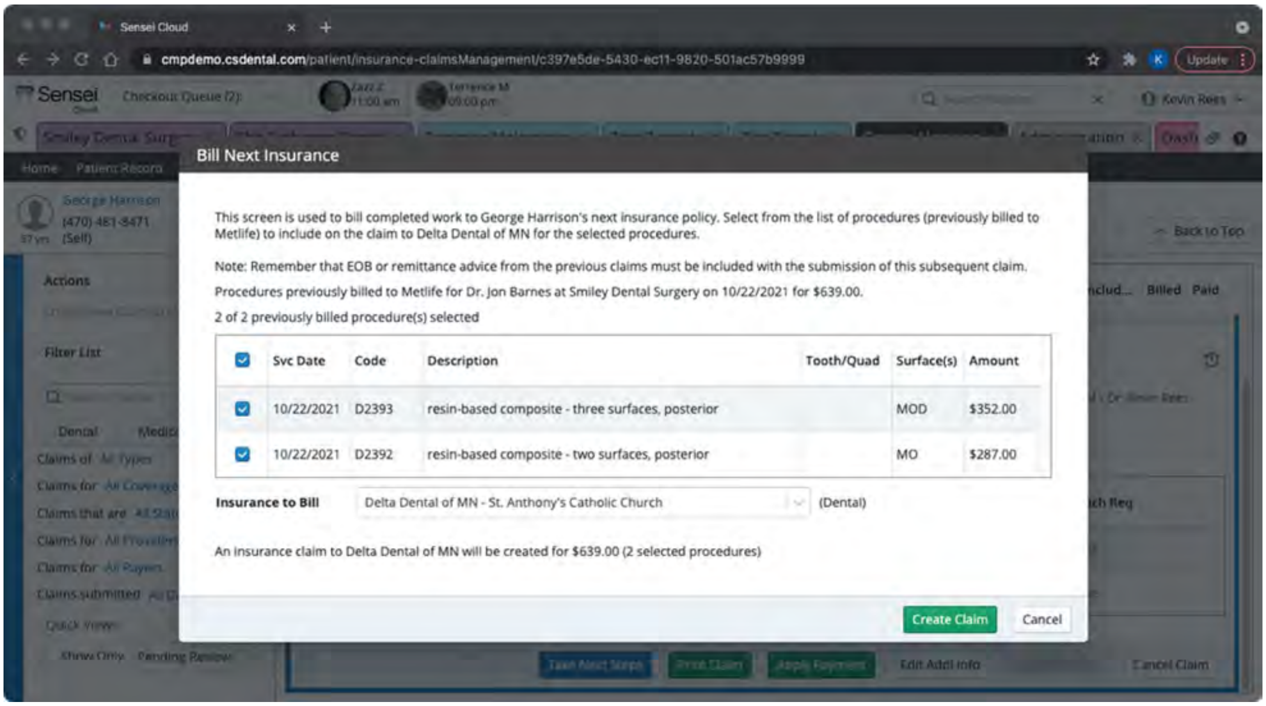
NEW - Generating a Secondary (or Subsequent) Claim

Once the initial claim has reached a ‘terminal’ state - via the posting of an insurance payment against it or manual assignment of a ‘terminal’ status - Sensei Cloud now prompts you to ‘take next steps’ to continue or finalize the billing of the associated services. If the patient has additional policies that provide coverage, click ‘Bill Next Insurance’. If no additional coverage applies (e.g., no additional policies) or is not necessary (e.g., anticipated remittance received), click ‘Post Write-Off’ to resolve any uncovered portion of the office fees. If you are currently unsure or not ready to proceed, click ‘Handle Later’ to defer any additional action to a later time. NOTE: You can access the ‘Perform Next Steps’ dialog by navigating to the patient’s claim list, clicking on the associated claim (to display the ‘Claim Summary’), and then clicking ‘Take Next Steps’ [Patient Tab > Insurance > Claims Management].

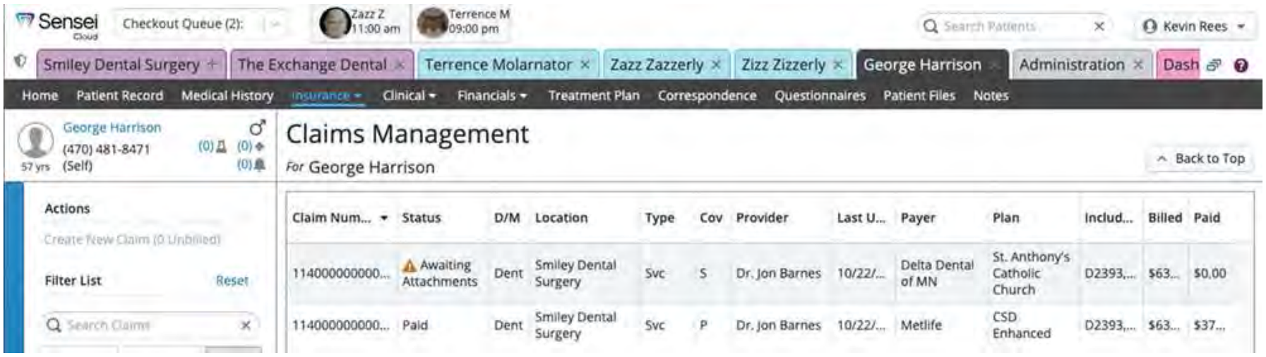




Clicking ‘Bill Next Insurance’ begins the creation of a secondary (or subsequent) claim record. A summary of the primary (or preceding) claim is provided, along with a list of the previously billed services. At this time, you can deselect any procedures that you don’t want to include in the next claim submission. Finally, specify the policy to use for the secondary (or subsequent) claim and click ‘Create Claim’ to generate the new claim record. NOTE: As with initial claim generation, the ability to include specific service line items may be impacted by your selection of the policy that is to be billed for each subsequent claim (e.g., checkboxes may become unchecked and disabled). The selected policy must provide coverage for the types of services being billed, must not have been already billed for the services, and must have been active at the time of the Service Date. NOTE: Carestream Dental's recommendation is that you wait for the payer response to the primary (or preceding) claim before proceeding with the generation of a secondary (or subsequent) claim.



The secondary (or subsequent) claim record is added to the patient's claim list [Patient Tab > Insurance > Claims Management]. The claim record is automatically populated with the 'primary' policy information as the 'Other Insurance' (e.g., Item 11) and any previous amount(s) paid (by insurance) towards the billed services in the 'Remarks' (e.g., Item 35). By default, the secondary claim is held prior to submission, providing you with an opportunity to review the claim information and provide any necessary supporting documentation (e.g., EOBs). Refer to the next section of these release notes for more information on attaching EOB(s) from the preceding claim (or claims).


Sensei Cloud
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The Exchange Dental
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Claims Management
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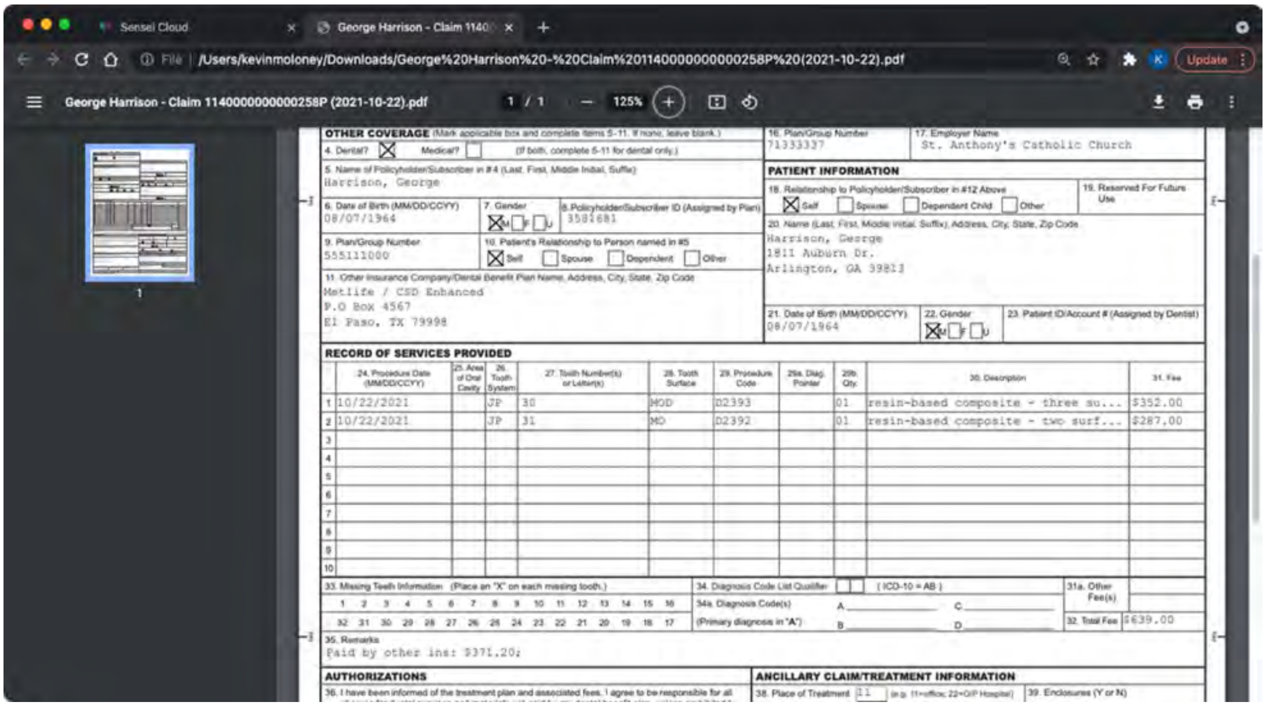
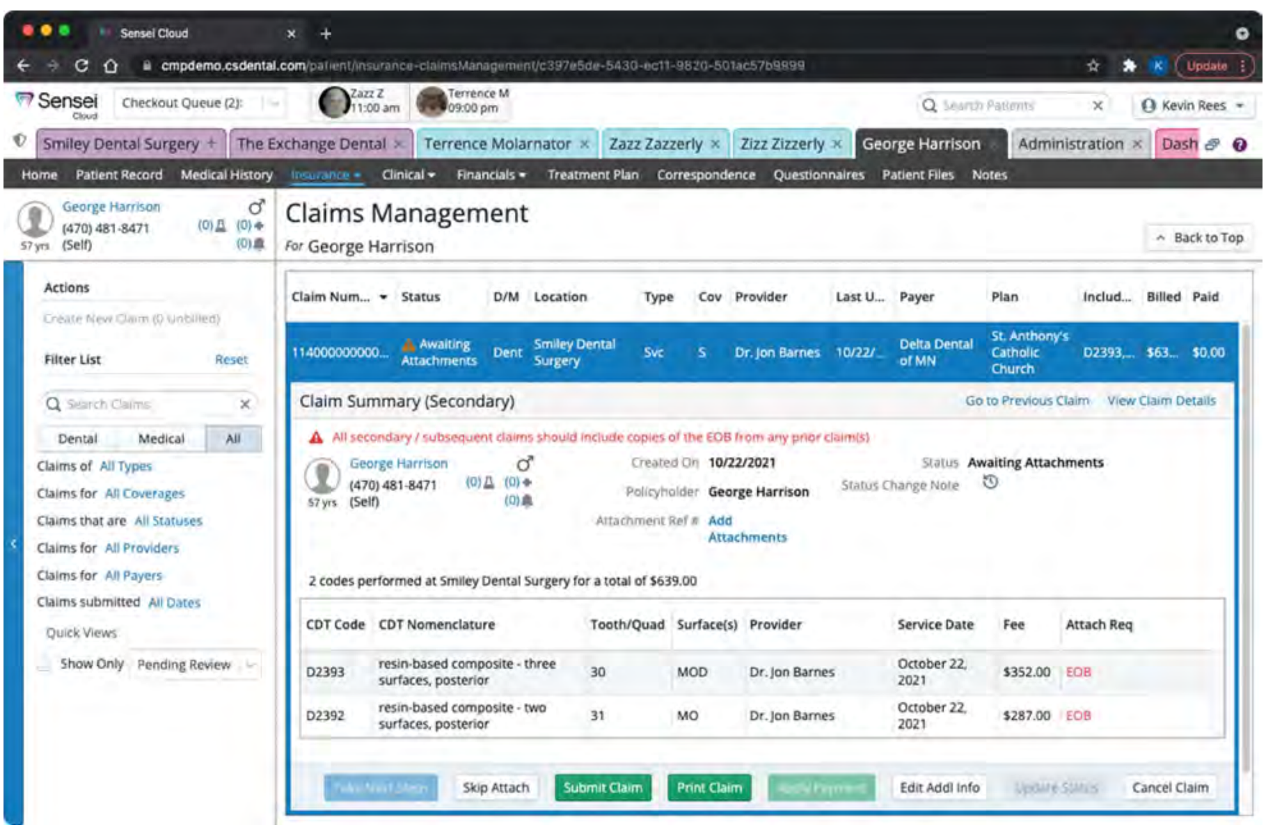
Filter List
Reset
Search Claims
Claim Num... Status D/M Location Type Cov Provider Last U... Payer Plan Includ... Billed Paid
114000000000... Awaiting Attachments Dent Smiley Dental Surgery Svc S Dr. Jon Barnes 10/22/... Delta Dental of MN St. Anthony's Catholic Church D2393,... $63... $0.00
114000000000... Paid Dent Smiley Dental Surgery Svc P Dr. Jon Barnes 10/22/... Metlife CSD Enhanced D2393,... $63... $37...


Sensei Cloud
George Harrison - Claim 1140...
/Users/kevinmoloney/Downloads/George%20Harrison%20-%20Claim%20114000000000258P%20(2021-10-22).pdf
Update
George Harrison - Claim 114000000000258P (2021-10-22).pdf
1 / 1
125%
OTHER COVERAGE
4. Dental? Medical?
5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)
Harrison, George
6. Date of Birth (MM/DD/CCYY)
08/07/1964
7. Gender
8. Policyholder/Subscriber ID (Assigned by Plan)
3581681
9. Plan/Group Number
555111000
10. Patient's Relationship to Person named in #5
Self Spouse Dependent Other
11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code
Metlife / CSD Enhanced
P.O Box 4567
El Paso, TX 79998
16. Plan/Group Number
71333337
17. Employer Name
St. Anthony's Catholic Church
PATIENT INFORMATION
18. Relationship to Policyholder/Subscriber in #12 Above
Self Spouse Dependent Child Other
19. Reserved For Future Use
20. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code
Harrison, George
1811 Auburn Dr.
Arlington, GA 39813
21. Date of Birth (MM/DD/CCYY)
08/07/1964
22. Gender
23. Patient ID/Account # (Assigned by Dentist)
RECORD OF SERVICES PROVIDED
1 10/22/2021 JP 30 MOD D2393 01 resin-based composite - three su... $352.00
2 10/22/2021 JP 31 MO D2392 01 resin-based composite - two surf... $287.00
33. Missing Teeth Information
34. Diagnosis Code List Qualifier
31a. Other Fee(s)
32. Total Fee $639.00
35. Remarks
Paid by other ins: $371.20;
AUTHORIZATIONS
ANCILLARY CLAIM/TREATMENT INFORMATION
38. Place of Treatment 11
39. Enclosures (Y or N)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Claims for All Coverages
Claims that are All Statuses
Claims for All Providers
Claims for All Payers
Claims submitted All Dates
Quick Views
Show Only Pending Review
Claim Num... Status D/M Location Type Cov Provider Last U... Payer Plan Includ... Billed Paid
114000000000... Awaiting Attachments Dent Smiley Dental Surgery Svc S Dr. Jon Barnes 10/22/... Delta Dental of MN St. Anthony's Catholic Church D2393,... $63... $0.00
Claim Summary (Secondary)
Go to Previous Claim
View Claim Details
All secondary / subsequent claims should include copies of the EOB from any prior claim(s)
George Harrison
(470) 481-8471
57 yrs (Self)
Created On 10/22/2021
Policyholder George Harrison
Attachment Ref # Add Attachments
Status Awaiting Attachments
Status Change Note
2 codes performed at Smiley Dental Surgery for a total of $639.00
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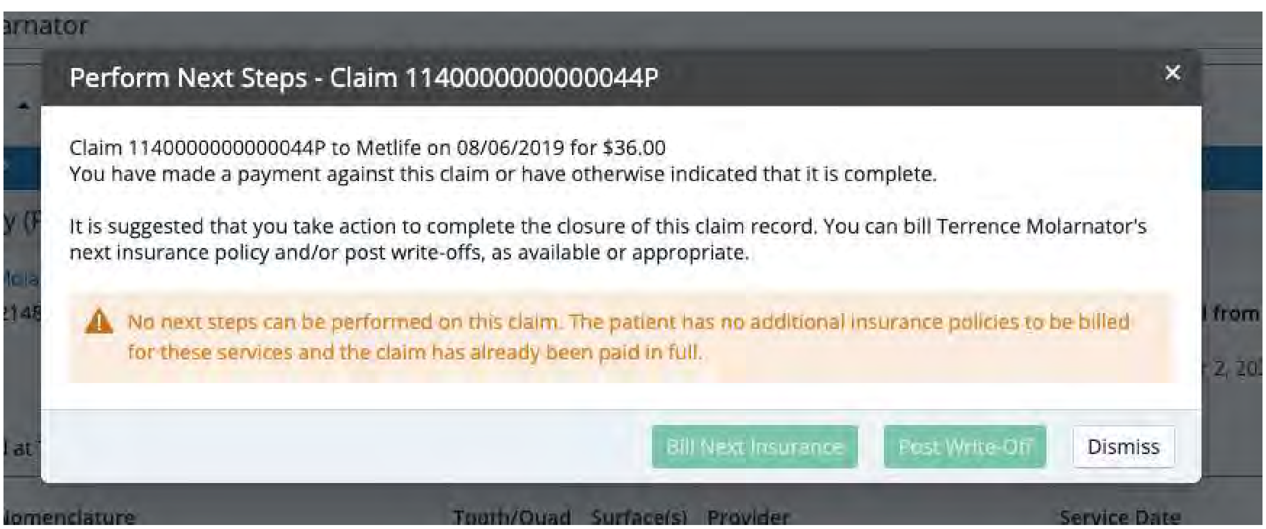
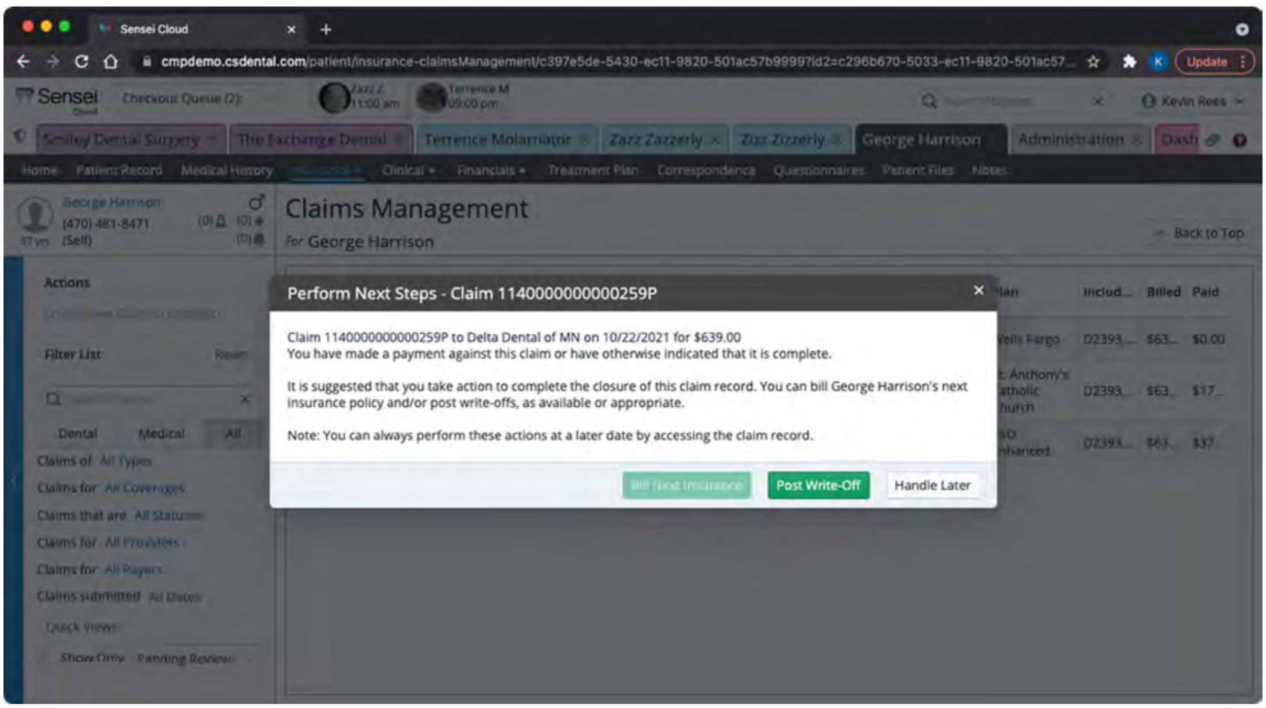
D2392 resin-based composite - two surfaces, posterior 31 MO Dr. Jon Barnes October 22, 2021 $287.00 EOB
Take Next Steps
Skip Attach
Submit Claim
Print Claim
Apply Payment
Edit Addl Info
Update Status
Cancel Claim

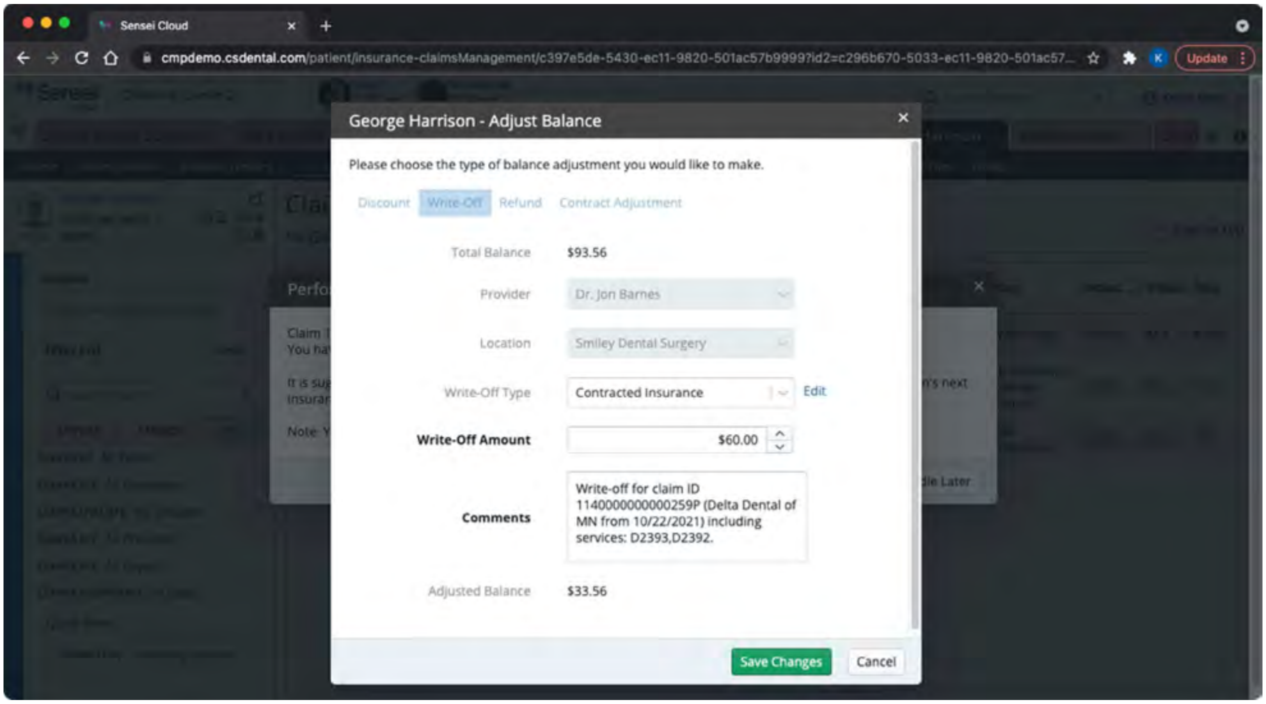
IMPORTANT: If your practice regularly submits secondary (or subsequent) claims, then it is suggested that you set your ‘New Claim Handling’ rule to ‘Hold For Review’ [Administration Tab > Practice Settings > Claim Rules]. This ensures that all claims are prevented from being automatically queued before you have a chance to review the (secondary or subsequent) claim, as you may need to print and manually send the claim to the payer and include a copy of the EOB. This prevents your secondary (or subsequent) claims from getting unnecessarily rejected in case the payer does not accept electronic attachments or if your practice does not utilize the NEA *Fast*Attach service.

Once submitted to the clearinghouse, repeat the process of getting the secondary (or subsequent) claim to a ‘terminal’ state. Once ‘paid’ (via the posting of an insurance payment) or manually assigned another ‘terminal’ status (e.g., ‘Closed’, ‘Completed’, ‘Denied', or ‘Rejected’), you are again prompted to ‘perform next steps’. You can continue to bill each available, remaining insurance policy or post a write-off, as appropriate. NOTE: The ‘next steps’ actions available to you vary with the contextual conditions of the patient coverage and the existing claim’s status. ‘Bill Next Insurance’ is only available when the patient has an applicable insurance policy that has not yet been billed for the associated services (and was active at the time of the Service Date). Additionally, if the billed services have been already paid in full by insurance, then the options to ‘Bill Next Insurance’ or ‘Post Write-Off’ are unavailable (as the billed services have already been completely covered).



When the patient has no remaining coverage to bill and/or all of the expected reimbursement has been received, click ‘Post Write-Off’ to resolve the remaining portion of the unpaid balance from the billed services. This opens the ‘Adjust Balance’ dialog and automatically selects the ‘Write-Off’ adjustment type. The claim’s associated provider and location are assigned by default. The ‘Contracted Insurance’ write-off type has also been defaulted, although you can change this to any active write-off type. Additionally, a comment with associated claim details has been added for contextual reference, which includes the claim number, payer, date of service, and the billed services (e.g., procedures). Specify the amount of the write-off and click ‘Save Changes’ to post the write-off to the patient ledger. NOTE: Carestream Dental’s recommendation is that you wait to post a write-off until all of the submitted claims have been adjudicated, so that the lowest acceptable write-off can be posted.





[0.1.6971 RELEASE UPDATES CONTINUED ON PART 2]

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