

Dental Office Update

Winter 2006

THE **ODS** COMPANIES



Protect yourself and your practice from healthcare fraud

The crime of healthcare fraud is on the rise. Current studies predict that healthcare fraud costs Americans \$100 billion a year. Healthcare fraud is a crime that affects everyone—the rise in fraudulent activities results in the rise of healthcare costs. These costs are paid in the form of higher healthcare premiums for employers and higher benefit costs for employees and members. The best way to combat this crime is to be aware of it and make sure it is not happening to you.

The two most common types of healthcare fraud are member fraud

and provider fraud.

To ensure that, as a provider, you are not the victim of healthcare fraud, take the following precautions:

- ◆ Always ask for photo identification of new patients. Place a photocopy in his/her chart. If you are able to take a photo of your patients, do so.
- ◆ Make sure to have a signature on file in the patient's handwriting.
- ◆ Thoroughly check the Payment Disbursement Register (PDR) that ODS sends you. Make sure as you review the PDR that the dates, patient and services are correct.

Also, make sure this was an appointment the patient actually attended — it is not uncommon for criminals to bill for services not received and ask for the payment to be sent to them.

If you suspect you are the victim of fraud or if you suspect a member is committing fraud, please call ODS immediately on our fraud hotline at 503-382-5333 or 1-877-372-8356. ODS will investigate all reports of fraud to protect our providers and members.

Primary Payment Letters

We are making a change to our Coordination of Benefits (COB) process to reduce potential claim adjustments. Current state regulations require insurers to process COB claims for insured groups even when the primary payment is not yet known. As you may be aware, in these situations we must estimate primary payment, a process that leads to adjustments once the correct payment details are known.

To reduce instances of estimating and to speed processing, when ODS is secondary, we will send a letter to your office to request primary payment details. Please return the

letter with the prime payment information so we can accurately process your claim.

If your practice management system allows, it is preferable to wait on secondary claims and bill us only after you have the prime payment amount. Then you can include the Explanation Of Benefits (EOB) or list the prime payment amount in your claim remarks. This information will allow us to quickly finalize payment.

Q. Does this process impact patients with two ODS plans?

A. No, for those patients you can continue to send one claim

listing both insurances and we will automatically process under both records.

Q. What if I don't know which plan is primary?

A. There are many COB determination rules. The first one is that the plan on which the patient is the subscriber is always primary to a plan on which the patient is a dependent. For patients who are a dependent on two plans, other rules apply. If you are not sure, send us the claim and we will make a determination after investigating.

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Claims Change

ODS is implementing two new procedures to streamline claims processing. These changes—primary payment letters and the overpayment process—are being phased in over time. We will gradually add new groups and expect to have all groups on the new process within a year.



ODS Online Dental Benefits
and Eligibility

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Overpayment Process

Our current overpayment process is complex and causes a variety of challenges, including the receipt of incorrect refund amounts, as well as information and payments crossing in the mail. To resolve these concerns and increase efficiency, we will start showing the negative adjustment directly on your Payment Disbursement Register (PDR). The PDR will show details regarding the claims impacted to assist in debiting the patient's account. The associated claims payment check will have the amount deducted, so a check from your office will no longer be necessary.

Prior to any deductions, we will send your office an advance

notification a couple weeks before the disbursement deduction. This will give your office time to contact us with any questions or concerns you may have. We understand that no one likes refund requests, so we are also working to reduce avoidable overpayments.

How to recognize the new process:

The notification letter will have different wording than the refund request letter. The notification letter will specifically request that a check not be sent, in order to avoid duplicate deductions.

If you have questions after receiving this new letter, please contact Customer Service.

PDR Example:

Patient:	Carol X	Insured ID:	999999999	DOS:	09-5-06
Previously Paid:					\$125
Actual Benefit:					\$ 25
Overpayment Deduction:					(\$100)

The ODS logo, consisting of the letters "ODS" in white on a red square background.

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