Release Bulletin

404 East Huntington Drive • Monrovia, California • 91016-3633 • Tel: 626 / 471-6000 • Fax: 626 / 471-6100

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Interface and Processing Changes

Allocation Changes

Automatic Allocation – Alternate Method

- In previous releases, premium payments were automatically allocated from the oldest to the newest outstanding bills. For example, a payment received from a group would first be allocated to the group's May bill, then the June bill, and finally to the July bill.

  For this release, you can choose whether you want to use the previous method, or an alternative method that allocates payments to the most recent bills first. For example, you can allocate premium amounts to a group's July bill, then the June bill, and finally to the May bill.

- With this release, you can also specify the number of days since a bill was created that a premium payment will be allocated to a previous bill. For example, if a group sends a payment check on June 30th for the June 1st bill, and your July 1st bills have already been mailed, the group's check can be allocated to the June bill, if you have specified the appropriate system default setting. This option only applies to allocation methods where payments are allocated to the most recent bills first.

- In previous releases, payments were automatically allocated if the amount of the payment was within a specified percentage of the amount owed. For example, if a group owes $100, the tolerance percentage is set to 80%, and the group pays $80, the payment would be automatically allocated. If the payment was $79, the payment must be manually allocated.

  For this release, you can also specify a maximum amount owed. For example, if a group owes $100, the tolerance percentage is set to 80%, the maximum amount owed is $10, and the group pays $80, the payment would *not* be automatically allocated because more than $10 is still owed. If the payment is $90, then the payment would be automatically allocated. This option only applies to allocation methods where payments are allocated to the most recent bills first.

- For more information about the system defaults used to control the new alternate allocation method and related options, see "System Default Changes, Group Page of the System Defaults Window" later in this bulletin.

Bill and Coupon Processing Changes

Annual Coupon Processing

- In previous releases, only one plan was considered per group when processing annual coupons. For this release, all group plans are included.
- In previous releases, single groups were erroneously selected when extracting groups for annual coupon processing. This has been resolved for this release.

Automated Clearing House (ACH)

- In previous releases, you would enter a manual adjustment to offset a non-sufficient funds (NSF) transaction when a withdrawal was made from a subscriber's account during lockbox processing. The next time billing was run, the current month's premium amount billed and the amount of this manual adjustment would be deducted from the subscriber's account.

  With this release, you can specify a system default to indicate that you only want to deduct the current month's payment amount from ACH subscriber accounts. For more information, see "System Default Changes, Group Page of the System Defaults Window" later in this bulletin.

Mid-Month Eligibility Calculations

- For this release, billing can be calculated using mid-month eligibility dates. For complete information, see "Mid-Month Eligibility" later in this bulletin.

Invoices

- A new column, named **Days**, has been added to invoices. This new column identifies the number of prorated days during the billing month that are associated with the corresponding line on the invoice. A number of days only appears for premium amounts calculated for retroactive adjustments for members with mid-month eligibility dates using full daily proration calculation methods.

Capitation Changes

Mid-Month Eligibility Calculations

- For this release, capitation can be calculated using mid-month eligibility dates. For more information, see "Mid-Month Eligibility" later in this bulletin.

Capitation Rosters

- A new column, named **Days**, has been added to capitation rosters. This new column identifies the number of prorated days during the billing month that are associated with the corresponding line on the roster. A number of days only appears for capitation amounts calculated for retroactive adjustments for members with mid-month eligibility dates using full daily pro-ration calculation methods.

Reverse Capitation

- In previous releases, you could delete a check when running the Reverse Cap program. For this release, you can no longer indicate that you want to delete a check. Rather, checks are automatically voided.

Claims Processing Changes

Second Opinion Claims

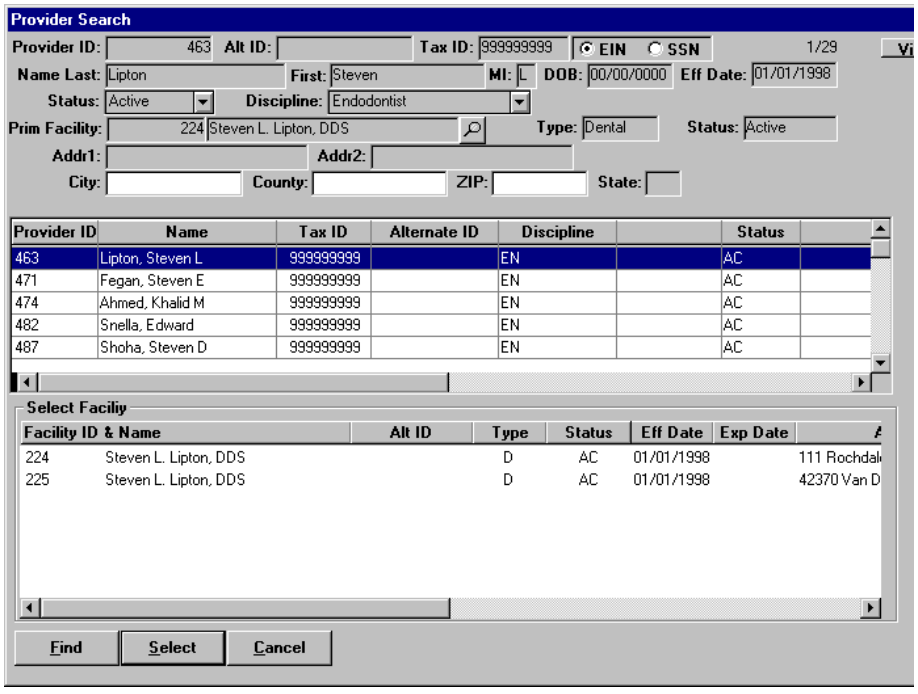
- A new HMO claim type allows you to enter a claim to pay for the procedures performed for a member who requests a second opinion from a different contracted HMO provider. Choose **Second Opinion** in the **Claim Type** field on the Claims Entry window when you are entering a claim for the doctor who performed the second opinion.
- Prior to entering a second opinion claim, you must make sure that you have completed the following:
  - Verify the **SecondOpinion** list provided by STC to make sure that it contains the appropriate second opinion procedure codes.
  - Create a fee schedule for second opinion procedures that is appropriate for your business.

Lab Reimbursement Claims

- An existing HMO claim type that allows you to reimburse a lab or a utilization provider for lab procedures is now operational. Choose **Lab PreA (LF)** in the **Claim Type** field on the Claims Entry window to enter a lab reimbursement claim.
- Prior to entering a lab reimbursement claim, you must make sure that you have completed the following:
  - Verify the **LabFee** list provided by STC to make sure that it contains the appropriate lab procedure codes for your business.
  - Create a fee schedule for lab procedures that is appropriate for your business.
  - Since DataDental does not track laboratories, you can create a "dummy" laboratory by entering it as an HMO facility. STC recommends that you set the status of this facility to **Closed** so that HMO members are not accidentally assigned to it.

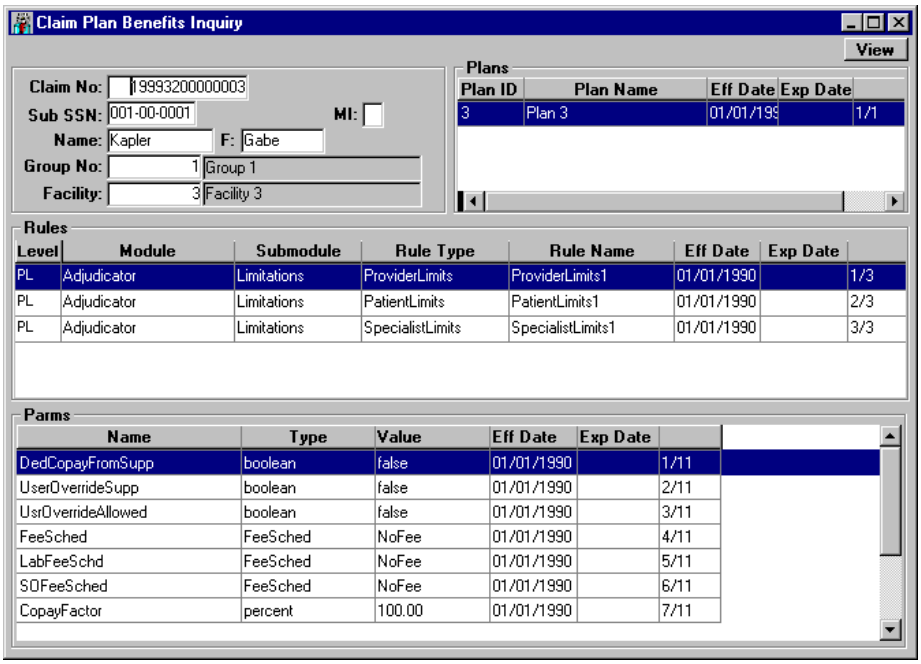
Claims Entry Provider Search Window

- In previous releases, you could search for a specialty HMO provider by specialty type only. For this release, you can now search for a specialty HMO provider by city, county, or postal code. Several new fields, including searchable **City**, **County**, and **ZIP** fields, have been added to the Provider Search window. The window was also reorganized to accommodate the new fields, as shown below.



Claim Plan Benefits Inquiry Window

- You can now view information about business rules and benefits related to the plan against which a claim is adjudicated. It will also show any group/plan, network, network/plan, facility or facility/plan rule overrides associated with the entities on the specified claim. You can use the Claim Plan Benefits Inquiry, now available from the Claim History window, to perform any of the following plan benefit-related tasks:
  - Identify the plans in which a member is enrolled and view the associated plan rules
  - Display a fee schedule to view procedures and corresponding coverage or copayment amounts
  - View claim lists
- To display this new window, display information about a claim on the Claims History window, and then choose **Benefit Package** from the Options menu. To use this new window, see the instructions provided in "Viewing Group Plan Benefits" in Chapter 4 of your *DataDental Group Administration Guide*.



Manual Traffic Cop Window

- For this release, new information has been added to the Manual Traffic Cop window to explain why a claim has encountered a particular IS error. The new **Status Message** field, which appears on both sides of the Manual Traffic Cop window, contains this explanatory information.

Optimized Claims Processing

- For this release, the architecture of the claims processes has been changed to support true Java multi-threading capabilities. Now, all claim processes run in a single Java virtual machine, which uses resources more efficiently.

  You can execute claims service programs under either the previous architecture or the new, optimized architecture. You determine which method you want to use based on how you start the claims service programs. To use the previous method, continue to execute the **goClaims** command. To use the new method, you start, stop, and monitor the claims service programs using either a new GUI program or a new set of commands. Several administrative set up tasks are also required to use the new method. For more information, see the *DataDental Claims Administration Guide,* which will be provided to you, upon request, as soon as it becomes available.

Common Maintenance Changes

Facility Common Maintenance Window

- For this release, you can now directly access the General Common Maintenance window from the Facility Common Maintenance window.

Facility Changes

Facility Contracts Window

- In previous releases, if you tried to expire the only active facility contract, this message appears: **Facility is terminated, cannot expire only active contract.** For this release, this message has been changed to **Facility is active, cannot expire only active contract**.

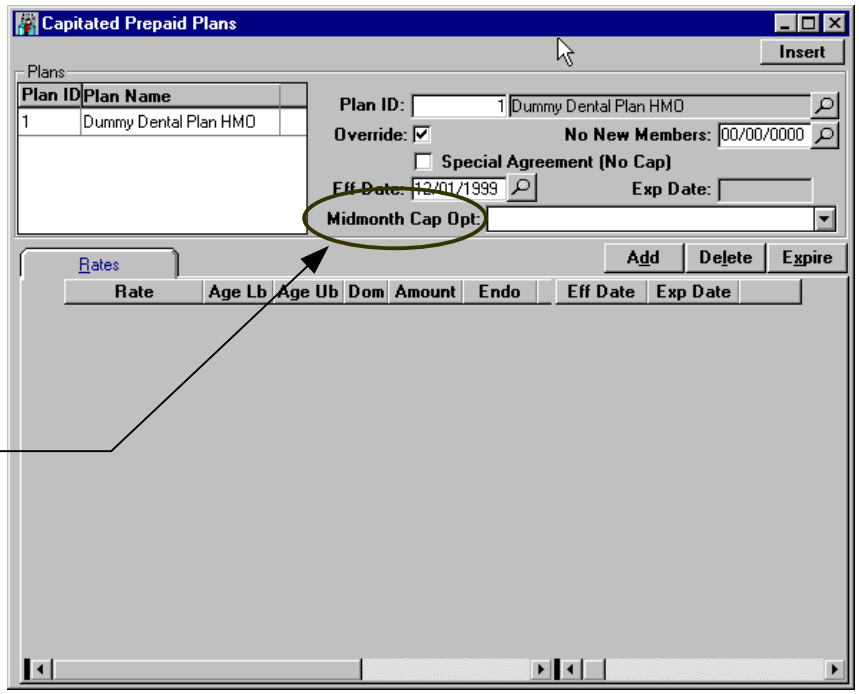
Facility Mass Transfer Window

- When you retroactively transfer members from one facility to another, you use the **Recoup Cap** check box to indicate whether or not you want to create adjustments to the capitation payments previously made to the facility from which members are transferred. In previous releases, this check box is clear by default, meaning that capitation payments would not be recouped. For this release, you can specify a system default to determine the default value of this check box. For more information, see the "System Default Changes, General Page of the System Defaults Window" later in this bulletin.

Capitated Prepaid Plans Window

- The new **Mid-Month Cap Opt** field on the Capitated Prepaid Plans window allows you to override, for the current facility, the default capitation calculation method that is used for member's with mid-month eligibility dates.

Choose this value ...	To ...
Daily Pro-Ration	Calculate capitation on a pro-rated basis based on the number of days of actual eligibility during the month. This option is only invoked if the member has a non-first of the month effective or expiration date within the facility.
all or no cap for month	Capitation is paid for the whole month if the member's eligibility date is on or before the 15th of the month. If the member's eligibility date is after the 15th of the month, the member will appear on the facility's capitation roster and will be considered eligible from that date, but no capitation is paid for the partial month. The reverse is true for members terminated from the facility mid-month. If the termination date is on or before the 15th of the month then no capitation is paid for that month, but if the member is terminated from the facility after the 15th, then capitation is paid for a full month. This option is only invoked if the member has a non-first of the month effective or expiration date within the facility.



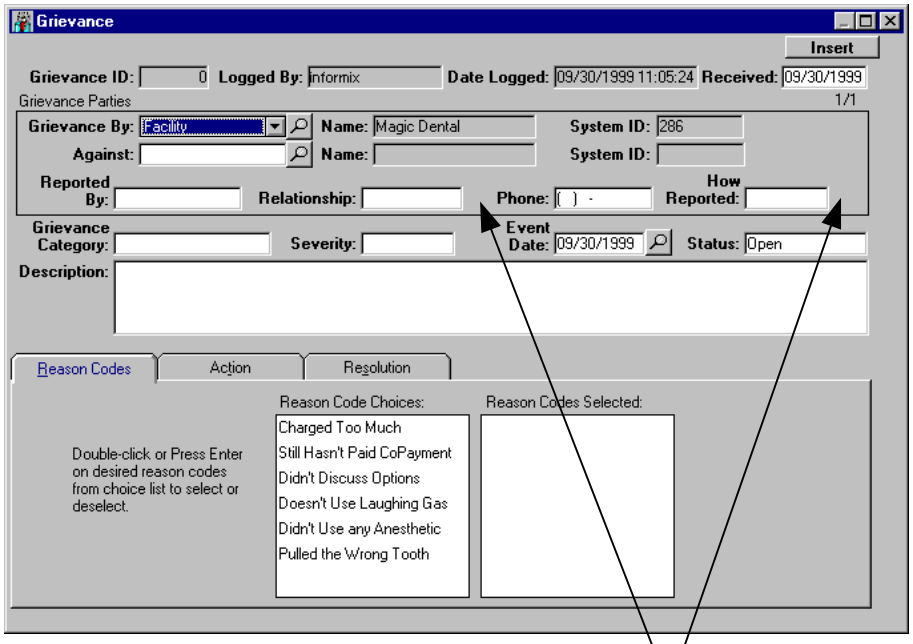
New field to specify how to pay capitation for members with mid-month eligibility dates

Grievance Changes

Grievance Window

For this release, numerous general cleanup changes were made to the Grievance module, some of which include:

- The yellow arrow buttons that appears to the right of the **Relationship** and **How Reported** fields have been removed.



Yellow arrow buttons that used to appear here have been removed

- In previous releases, you could delete an open grievance while viewing the grievance on the Grievance window in Edit mode. For this release, if you attempt to delete the currently displayed grievance while in Edit mode, this message appears: **This Operation is irreversible Do you wish to Delete this row?** If you click **Yes,** the grievance is permanently deleted. If you do not want to delete the grievance, click **No**.
- In previous releases, you could assign a grievance-related action item to a DataDental user whose account was expired. With this release, you can only assign these action items to users with active DataDental accounts.
- In previous releases, if you saved a grievance resolution without specifying a description, this message appeared: **Unable to update resolution description. Blob variable for UPDATEEBLOB cannot be empty SQL=**. For this release, this message now reads: **Resolution description is required**.

Group Changes

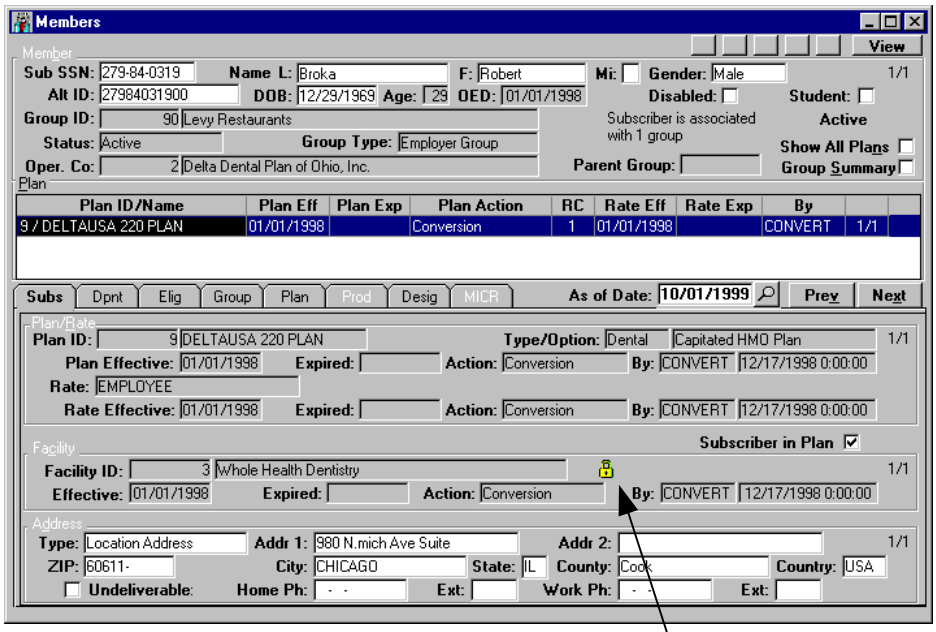
Group Change Status Window

- When you reinstate a terminated employer or single group, you specify both the next bill date and the reinstatement date. In previous releases, the next bill date you specified was used for the next bill date. For this release, to accommodate mid-month eligibility, the earliest of either the next bill date or the reinstatement date is used for the group's next bill date. However, the next bill date cannot be prior to the date that the group was last billed before they were terminated.

Membership Changes

Members Window

- In previous releases, you could only identify which members were locked into a facility by accessing the Facility Members window in the Facility module. With this release, a lock icon appears to the right of the facility name on the Subs page of the Members window to indicate that the member is locked into that facility. Likewise, for per-member-per-month plans, this icon also appears on the **Dpnt** page if the dependent is locked into a particular facility.
- In previous releases, you could only enter a date starting with the first day of a month in the **As of Date** field, which is the member's date of eligibility. You can now enter any date into this field.

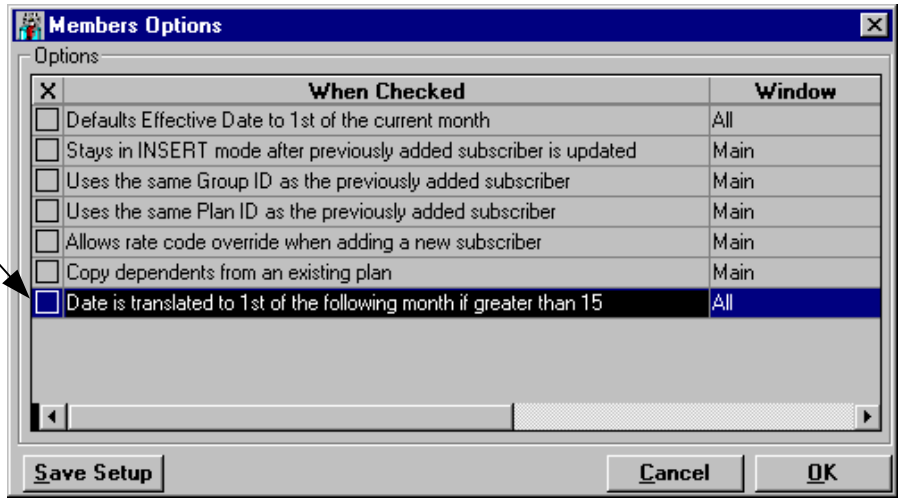


This icon indicates that this member is locked into the specified facility

Members Options Window

- The last option on this window (**Date is translated to 1st of the following month if greater than 15**) has been disabled. The new system default values that control calculations based on eligibility dates are now used instead (for more information, see "System Default Changes, Group Page of the System Defaults Window" later in this bulletin).

This option is disabled



Facility Change Window

- When you retroactively transfer a member from one facility to another, you use the **Recoup cap payments from Facility?** check box to indicate whether or not you want to create adjustments to the capitation payments previously made to the facility from which the member is transferred. In previous releases, this check box is clear by default, meaning that capitation payments would not be recouped. For this release, you can use the new **Default Recoup Cap** check box on the General page of the System Defaults window to change the default value of this check box. For more information about this check box, see "System Default Changes, General Page of the System Defaults Window" later in this bulletin.

Mid-Month Member Eligibility

Prior to this release, you could only add a new member to DataDental using effective and termination dates that start on the first day of a month. You could set a member preference option to translate an eligibility date you enter to either the first day of the current month or the first day of the next month, depending on whether the actual date falls in the first or second half of the month. For example, with this option set, if you entered 10/6/1999, the date was automatically changed to 10/1/1999. If you entered 10/27/1999, the date was automatically changed to 11/1/1999.

For this release, you can now specify any date during the month as a member eligibility date. In addition, you can prorate billing and capitation calculations, in one of the following ways:

- **Daily Prorated Billing**
  Billing is calculated based on the number of days the member is eligible for coverage within a given month. For example, if a member's eligibility effective date is July 13th, billing and capitation for July are calculated for 19 days (31 – 13 + 1 days).
- **Daily Prorated Capitation**
  Capitation is calculated based on the number of days the member is eligible for coverage within a given month. For example, if a member's eligibility effective date is July 13th, billing and capitation for July are calculated for 19 days (31 – 13 + 1 days).

- **All or None Billing**
  Premiums for a given month are charged in full for members whose eligibility effective date is on or before the 15th of the month. No premium is charged for this month for members whose eligibility date is after the 15th of the month. For members whose eligibility is terminated on or before the 15th of the month, no premium will be charged for that month, but members whose eligibility is terminated after the 15th of the month, will be charged the full month's premium.
- **All or None Capitation**
  Capitation for a given month is paid in full for members whose eligibility effective date is on or before the 15th of the month. No capitation is paid for this month for members whose eligibility date is after the 15th of the month. For members whose eligibility is terminated on or before the 15th of the month, no capitation will be paid for that month, but facilities will be paid the full month's capitation for members whose eligibility is terminated after the 15th of the month.

Additional mid-month eligibility changes for this release include:

- New system defaults that allow you to indicate the primary billing and capitation calculation methods, based on member eligibility dates, that are necessary for your business. These values can be subsequently overridden when plans are selected for groups, networks, and facilities.
- When you select plans for a group, you can override the system default values that control billing calculation methods based on member eligibility dates (for more information, see "Group Changes, Group Change Status Window" earlier in this bulletin).
- When you select plans for a network, you can indicate how you want to calculate capitation for members with mid-month eligibility dates (for more information, see "Network Changes, HMO Page of the Network Plans Window" later in this bulletin). This method of calculation is used for all facilities attached to the network, unless a facility override exists.
- When you select plans for a facility, you can indicate how you want to calculate, for that facility, capitation for members with mid-month eligibility dates (for more information, see "Facility Changes, Capitated Prepaid Plan Window" earlier in this bulletin).

- When you add a new member, you can enter any date during a month as the member's eligibility date as long as the Group allows mid-month dates for the member's plan (for more information, see "Membership Changes, Members Window" earlier in this bulletin).
- You can now terminate a member's eligibility using a date other than the first of a month.

Important! To ensure that billing and capitation calculations using mid-month eligibility methods are calculated properly, the next billing date and the next capitation date must be set for each pertinent group and facility. If necessary, you can add the dates from the DataDental "back end" to legacy data prior to conversion.

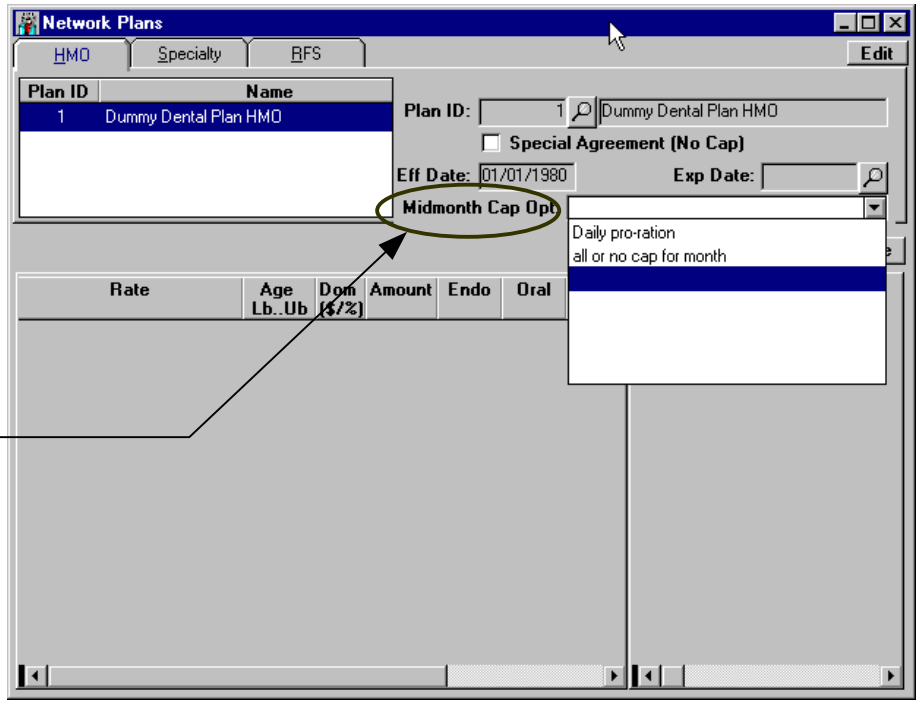
Network Changes

HMO Page of the Network Plans Window

The new **Mid-month Cap Opt** field on the Network Plans window allows you to override the group/plans default capitation calculation method that is used for member's with mid-month eligibility dates. You can use another new field on the Facility Plans window to override this setting for a particular facility (for more information, see "Mid-Month Member Eligibility" earlier in this bulletin).

Choose this value ...	To ...
Daily Pro-Ration	Calculate capitation on a pro-rated basis based on the number of days of actual eligibility during the month. This option is only invoked if the member has a non-first of the month effective or expiration date within the facility.
all or no cap for month	Capitation is paid for the whole month if the member's eligibility date is on or before the 15th of the month. If the member's eligibility date is after the 15th of the month, the member will appear on the facility's capitation roster and will be considered eligible from that date, but no capitation is paid for the partial month. The reverse is true for members terminated from the facility mid-month. If the termination date is on or before the 15th of the month then no capitation is paid for that month, but if the member is terminated from the facility after the 15th, then capitation is paid for a full month. This option is only invoked if the member has a non-first of the month effective or expiration date within the facility.

New field to specify how to pay capitation for members with mid-month eligibility dates

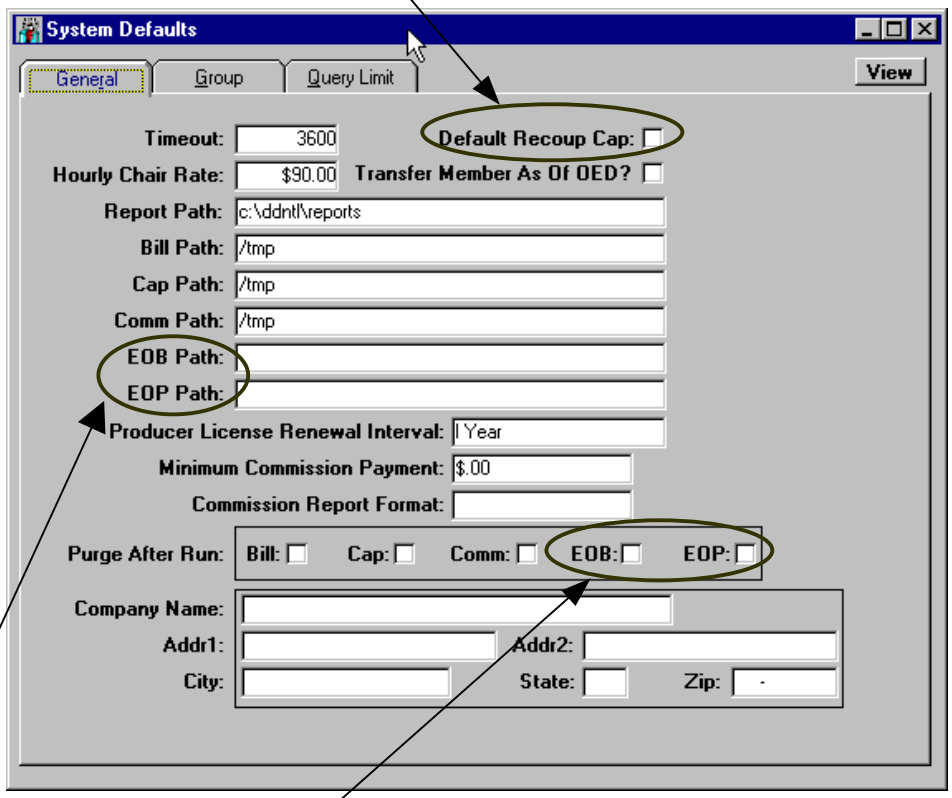


System Default Changes

General Page of the System Defaults Window

- The following obsolete fields were removed from the General page of the System Defaults window: **Printer**, **Primary Teeth**, and **Infection Fee**.
- The ability to choose whether you want to purge EOB and EOP statement print files after statements are printed or store them in the same directory in which capitation rosters are stored was provided in the previous release. With this release, you can use the new **EOB Path** and **EOP Path** fields on the General page of the System Defaults window to specify separate directories for these print files.
- In the previous release, if you chose to save capitation roster print files after they were printed, then EOP and EOB statement print files were also saved after they printed. With this release, you can use the new **EOB** and **EOP** check boxes to choose whether or not to save EOB and EOP statement print files, regardless of your Capitation roster setting.
- The new **Default Recoup Cap** check box allows you to specify the default value of the **Recoup Cap** check box on the Facility Mass Transfer Window and the Membership – Facility Change window.. For more information, see “Facility Changes, Facility Mass Transfer Window” earlier in this bulletin.

New field to set the default recoup capitation value



New EOB and EOP print file fields

Group Page of the System Defaults Window

- Use the new **Eligibility Option** field to indicate whether most of the member eligibility dates that will be entered into your DataDental system will start on the first of a month (**1st of the month eligibility**) or on any day during the month (**Mid-month eligibility**). You can override this setting when you select a plan for a particular group.

- Use the new **Eligibility Option Bill Detail** field to specify how billing should be calculated. You can override this default when you select a plan for a particular group.

Choose this value ...	To specify ...
1st of month	The only acceptable member date is the first of a month. **Tip** If you selected **1st of the month eligibility** in the **Eligibility Option** field, then the value of this field automatically changes to whatever value you select for the **Eligibility Option Cap Detail** field.
Roundoff Rule	Calculate billing starting with the first day of the month following a member's eligibility date, if that date falls on or after the 16th day of the month. This option is only available if **1st of the month eligibility** is selected in the **Eligibility Option** field. **Tip** If you selected **1st of the month eligibility** in the **Eligibility Option** field, then the value of this field automatically changes to whatever value you select for the **Eligibility Option Cap Detail** field.
Daily Pro-Ration	Calculate billing on a pro-rated basis based on the number of days of actual eligibility during the month. This option is only available if **Mid-month eligibility** is selected in the **Eligibility Option** field.
all or no cap for month	Calculate billing starting with the either first day of the eligibility month, if the member's eligibility date is on or before the 15th of the month, or the first day of the following month, if the member's eligibility date is on or after the 16th of the month. This option is only available if **Mid-month eligibility** is selected in the **Eligibility Option** field.

- Use the new **Eligibility Option Cap Detail** field to specify how capitation should be calculated depending upon a member's eligibility date. You can override this default when you select a plan for a particular network or facility.

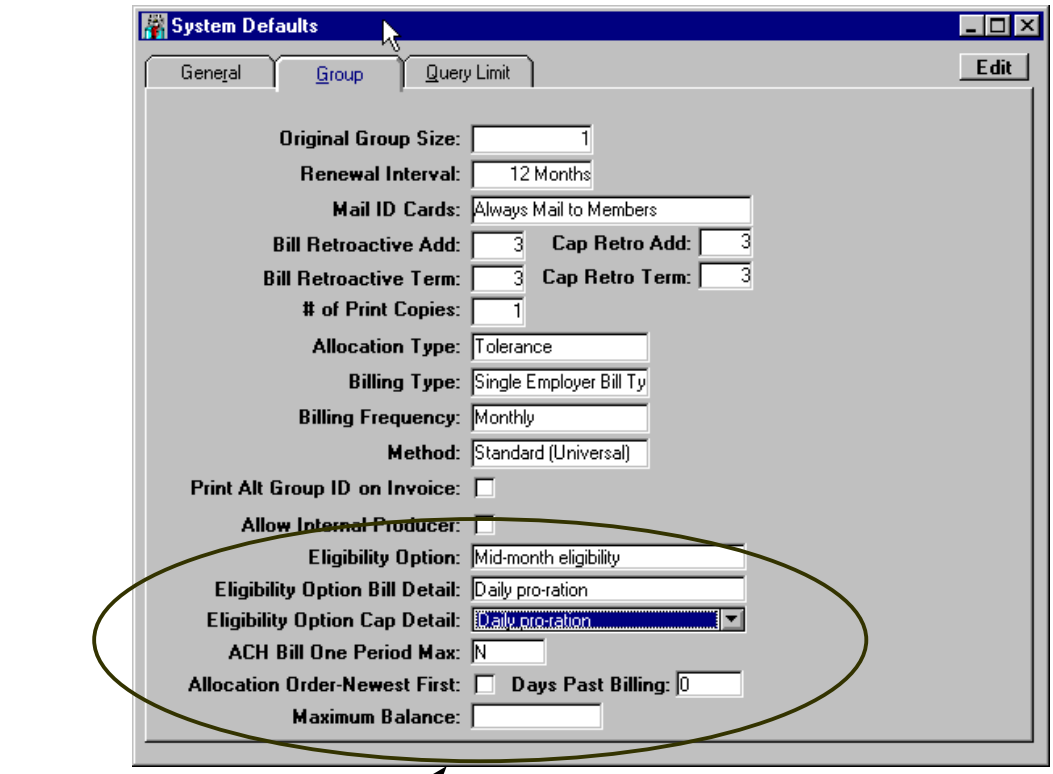
Choose this value ...	To ...
1st of month	The only acceptable member date is the first of a month. **Tip** If you selected **1st of the month eligibility** in the **Eligibility Option** field, then the value of this field automatically changes to whatever value you select for the **Eligibility Option Bill Detail** field.
Roundoff Rule	Calculate capitation starting with the first day of the month following a member's eligibility date, if that date falls on or after the 16th day of the month. This option is only available if **1st of the month eligibility** is selected in the **Eligibility Option** field. **Tip** If you selected **1st of the month eligibility** in the **Eligibility Option** field, then the value of this field automatically changes to whatever value you select for the **Eligibility Option Bill Detail** field.
Daily Pro-Ration	Calculate capitation on a pro-rated basis based on the number of days of actual eligibility during the month. This option is only available if **Mid-month eligibility** is selected in the **Eligibility Option** field.
all or no cap for month	Calculate capitation starting with the either first day of the eligibility month, if the member's eligibility date is on or before the 15th of the month, or the first day of the following month, if the member's eligibility date is on or after the 16th of the month. This option is only available if **Mid-month eligibility** is selected in the **Eligibility Option** field.

- Use the new **ACH Bill One Period Max** field to indicate that you only want to deduct the current month's payment amount from ACH subscriber accounts. Type **Y** to deduct only the current month's payment amount or, type **N** to deduct the current and previous month payment amounts. For more information, see "Bill and Coupon Processing Changes, Automated Clearing House (ACH)" earlier in this bulletin.

- Use the new **Allocation Order–Newest First** check box to indicate whether you want to allocate payments to the most recent bills first (selected) or allocated from the oldest to the newest outstanding bills (clear). For more information, see "Allocation Changes, Automatic Allocation" earlier in this bulletin.

- Use the new **Days Past Billing** field to specify the number of days since a bill was created that a premium payment will be allocated to a previous bill. This option only applies if you also select the **Allocation Order – Newest First** check box. For more information, see "Allocation Changes, Automatic Allocation" earlier in this bulletin.

- Use the new **Maximum Balance** field to specify the maximum amount owed by a group before a payment must be manually allocated, even if the payment is within the tolerance amount specified for the group. This option only applies if you also select the **Allocation Order – Newest First** check box. For more information, see "Allocation Changes, Automatic Allocation" earlier in this bulletin.



New group-related default fields