

Dentrix Enterprise (DxE) Write-back

Quick Links:

[Write-back plan level insurance information](#)

[Payers eligible for write-back](#)

[Write-back field options](#)

[Enable write-back for all eligible Payers](#)

[Enable write-back for a specific Payer](#)

[Automatic Retry when PMS goes down](#)

[Update patient's insurance information](#)

[Update plan deductible and maximum](#)

[Update patient's benefit usage](#)

[Update patient notes](#)

[Payer Roster is only applicable to Dentrix Enterprise](#)

Write-back plan level insurance information

We update plan level information

- Update last plan eligibility verified date
- Update plan/eligibility effective date
- Update plan/eligibility expiration date
- Update policy status when patient is eligible
 - *We are actively working on a ticket to handle the case when patient is not eligible or not found*
- Update max benefit for individual
- Update individual and family deductible
- Update patient benefit usage
- Update patient deductible usage
- Update patient notes

Payers eligible for write-back

- We will write back insurance benefits for the below payers
 - Payers available for write-back
- We will write back in-network values if in-network is selected as “Default Network Status”
- We will write back out-of-network values if out-of-network is selected as “Default Network Status”
- We will not write back if default network status is not selected
- Customers also have an option to write back for a particular payer

Write-back field options

You as the customer will be able to select what you would like Zuub to write back

WRITE BACK PATIENT ELIGIBILITY AND BENEFITS INTO PRACTICE MANAGEMENT SYSTEM

Enable this setting to write back your patient eligibility and benefits into the practice management system based on the settings below.

WARNING: Please consult with the CS team before enabling write back

Write back automatically

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Patient Eligibility | <input checked="" type="checkbox"/> Plan Maximum | <input checked="" type="checkbox"/> Patient Notes |
| <input checked="" type="checkbox"/> Patient Benefit Usage | <input type="checkbox"/> Coverage Percentage | <input type="checkbox"/> Plan Limitations |
| <input checked="" type="checkbox"/> Last Verification Date | <input type="checkbox"/> Copayment Amount | <input type="checkbox"/> Plan Exclusions |
| <input checked="" type="checkbox"/> Plan Deductibles | <input type="checkbox"/> Pre Authorization | <input type="checkbox"/> Coverage Limitations |
| <input type="checkbox"/> Payer Roster | | |

Enable write-back for all eligible Payers

Once you are ready to enable write-back, please reach out to your Zuub team to get this set up

Enable write-back for a specific Payer

You have the ability to turn write-back on or off for certain payers

- Go to Settings > Insurance Verification - My Insurance Payers
- Scroll down to the payer
- Enable “Automated Write-back”

The screenshot shows the 'Insurance Payer Verification Settings' for 'Aetna Dental Plans'. The interface includes a header with a blue circle containing 'E', the payer name 'Aetna Dental Plans', the ID 'INN', the status 'Enabled', and another 'Enabled' label with a close button 'X'. Below the header, there are three toggle switches, all of which are turned on (blue):

- Automated Verification** - when enabled, any patient with this insurance will automatically be verified if Auto Verification turned on.
- Manual Verification** - when enabled, any patient with this insurance will be available to verify manually by users.
- Automated Write-back** - when enabled, any patient with this insurance will have their eligibility and benefits automatically updated in PMS.

A warning message is displayed: **WARNING: Please consult with the CS team before enabling write back**

Below the warning, there is a grid of checkboxes for various verification settings:

<input checked="" type="checkbox"/> Patient Eligibility	<input checked="" type="checkbox"/> Plan Maximum	<input checked="" type="checkbox"/> Patient Notes
<input checked="" type="checkbox"/> Patient Benefit Usage	<input type="checkbox"/> Coverage Percentage	<input type="checkbox"/> Plan Limitations
<input checked="" type="checkbox"/> Last Verification Date	<input type="checkbox"/> Copayment Amount	<input type="checkbox"/> Plan Exclusions
<input checked="" type="checkbox"/> Plan Deductibles	<input type="checkbox"/> Pre Authorization	<input type="checkbox"/> Coverage Limitations
<input type="checkbox"/> Payer Roster		

Automatic Retry when PMS goes down

PMS servers can be down for various reasons, such as network issues, database outages, or directory unavailability

The retry mechanism will attempt to recover from these errors by scheduling the failed operation for retry in the future. The delay between retries will be determined based on the number of retries that have already been attempted. For example, the first retry will be scheduled for one hour after the initial failure, the second retry will be scheduled for 12 hours after the initial failure, and the third retry will be scheduled for 24 hours after the initial failure.

Update patient's insurance information

- Update eligibility start date
- Update eligibility end date
- Update last eligibility check date

Dental Insurance | Medical Insurance

Insurance Plans

Coverage Order

1. Principal
2. None
3. None
4. None

Change order

↑

↓

Clear Coverage

Plan Information

Subscriber: >>

Carrier: Principal >>

Group Plan: Max 1000 100/100/50 >>

Subscriber Id #: 967366745

Plan External ID:

Signature on File

Release of Information Assignment of Benefits

Last Plan Eligibility Check:

Plan Effective Date: Plan Expiration Date:

Patient Information

Relation to Subscriber:

Self

Spouse

Child

Other

Not Eligible **E**

Last Eligibility Check:

Eligibility Start:

Eligibility End:

Insurance Data

Coverage Table

Payment Table

Ded/Benefits

Update plan deductible and maximum

- Update annual standard deductible
- Maximum benefit per individual

Insurance Coverage - (Principal/Max 1000 100/100/50) X

Deductible

	Lifetime Individual	Annual Individual	Annual Family
Standard	0	59234	0
Preventive	0	0	0
Other	0	0	0

Maximum Benefit

Individual: 1737 Family: 0

Ortho Plan - Use as Ortho Lifetime Max

Claim Deadline: 2M >>

Coverage Table

Beg Proc	End Proc	Category	Cov %	Ded	Co-Pay	Pre Est?
D0100	D1999	Diag/Preventive	100	Pr	0.00	<input type="checkbox"/>
D0100	-D1999	Diag/Preventive	100	P	0.00	N
D2000	-D2699	Basic Restor	100	S	0.00	N
D2700	-D2899	Crowns	50	S	0.00	N
D2900	-D2999	Other Restor.	50	S	0.00	N
D3000	-D3999	Endodontics	50	S	0.00	N
D4000	-D4999	Periodontics	50	S	0.00	N
D5000	-D5899	Prosthodontics	50	S	0.00	N

Select Category

Co-Payment Calculations for Ins Portion:

- Total Fee x Coverage %
- (Total Fee - Co-Pay) x Cov %
- (Total Fee x Cov %) - Co-Pay

Select Table: >>

Buttons: Add, Change, Delete, Clear Table

Notes: [] OK Cancel

Update patient's benefit usage

- Standard Individual deductible applied
- Standard family deductible applied
- Total Individual benefits applied
- Total Family benefits applied

Edit Deductible Met / Benefits Used [X]

Deductible			
	Lifetime Individual	Annual Individual	Annual Family
Standard Required:	0.00	59234.00	0.00
Met:	100.00	100.00	0.00
Preventive Required:	0.00	0.00	0.00
Met:	0.00	0.00	0.00
Other Required:	0.00	0.00	0.00
Met:	0.00	0.00	0.00

	Individual	Family
Maximum Benefits:	1737.00	0.00
Benefits Applied:	800.00	0.00

OK Cancel

Update patient notes

- We will append a note to patient notes when we update patient coverage data

Dentrix Family File [CENTRAL] [UTC -05:00 [EST]] [005-EA-O] [MO3771]

Name: _____ **Chart #:** MO3771
Address: _____ **Consent:** 09/21/2023 **Clinic:** CENTRAL
Phone: H (626)200-9760 **First Visit:** 09/21/2023 **SS#:** _____
Status: Active, M, Single, Guar, Ins, H-of-H **Last Visit:** _____ **Birthdate:** _____
Missed Appt: 10/26/2023, 8 **Provider:** 005-EA-O
E-Mail: _____ **Fee Sched:** <Prov Default>

Medical Alerts **Employer** _____ **Cont. Care** 09/22/23 FMX 10/24/23 BITEWINGS
 09/22/23 PANOREX 10/24/23 EXAM

Insurance: Dental Primary **Patient Notes** Hide
Company: Principal
Group Plan: Max 1000 100/100/50
Group #: 1027317-10001
Fee Sched: _____
Coverage: 1737.00 **Used:** 800.00
Ded. S/P/O: 59234/0/0 **Met:** 100/0/0
Patient Notes
 - Mon - Oct 30, 2023 - Zuub verified Primary insurance: "Status: True, Maximum: \$2,772.00, Remaining Maximum: \$2,128.34, Deductible: \$43,155.00, Remaining Deductible: \$43,064.00"
 - Mon - Oct 30, 2023 - Zuub verified Primary insurance: "Status: True, Maximum: \$3,445.00, Remaining Maximum: \$2,934.87, Deductible: \$8,245.00, Remaining Deductible: \$8,147.00"
 - Mon - Oct 30, 2023 - Zuub verified Primary insurance: "Status:

0-->30	31-->60	61-->90	91-->	Suspended	Balance
0.00	0.00	0.00	0.00	0.00	0.00

Payment Amt: NA **Amt Past Due:** NA
Bill Type: 1 **Last Payment:** 0.00

Referred By 09/21/2023
 Lee, Kyle
Referred To

Status	Name	Position	Gender	Patient	Birthdate
HofH Guar Ins		Single	Male	Yes	

- Note example:
Mon - Oct 30, 2023 : Zuub verified Primary insurance: "Status: True, Maximum: \$2,772.00, Remaining Maximum: \$2,128,34, Deductible: \$43,155.00, Remaining Deductible: \$43,064.00"

Payer Roster is only applicable to Dentrix Enterprise

- Aetna payer roster write-back is live
- Cigna payer roster is in development