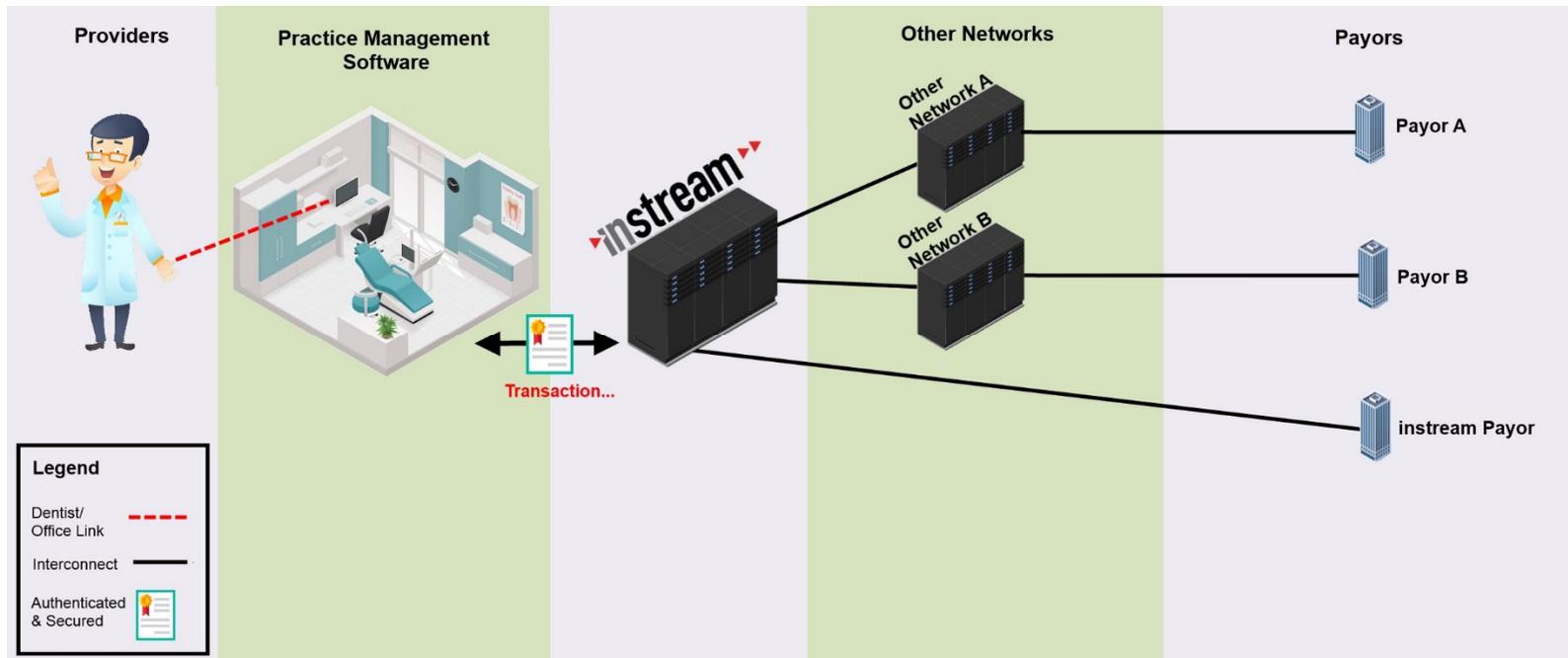# How the instream CLAIMS Service works?

The Figure 1 below shows the current state of the instream CLAIMS Ecosystem.

For a listing of all instream Payors including their Contact Information, Carrier ID, Claim Version, Accept Window, Supported Transaction Types and Network please visit our website at:

http://instreamcanada.com/payors

How do I send claims electronically?

1. **Providers:**

   - The Dental Provider performs their work.

2. **Practice Management Software:**

   - Office Staff enters the information in the Practice Management Software in order to create a claim and send it electronically.

3. **instream System:**

- Once the claim has been sent, it will first go through the instream System for some basic validation.
- Some of these validations include:
    - Validating that the instream Digital Certificate is installed and valid.
    - Assuring that the Provider's information is accurate and still active within the instream database.
    - Verifying each field in the transaction to assure that all required fields are completed and that the data in the fields is following the basic requirements and format. (Example: Postal Code must be 3 characters and 3 numbers)
    - Verify each Procedures to assure that the Procedure Codes entered are valid codes in our system.

4. **Network (Step 1):**

- Once the claim has gone through the basic validation of the instream System, instream will take care of transmitting the claim to the Payors directly or to the External Network, who will then send the claim to its Payors.

5. **Payors**

- Once the claim is received by the Payors, it will first go through their system for some basic validation.
- Some of these validations include:
    - Validating that the Provider information (Provider ID, Site ID) is in their system
    - Validating that the Patient information (Policy/Plan Number, Subscriber ID Number) is in their system
    - Verifying the Patient's coverage
- Once completed, the adjudicating engine will create a response.

6. **Networks (Step 2):**

- After being processed by the Payors, the response will be sent back to the Network.
- Once the network receives the claim, it will be sent to instream who will take care of relaying the response to the Dental office.

7. **Practice Management Software (Step 2):**

- Once received, the Practice Management Software will take care of relaying the response to the Dental office Staff.

Frequently Asked Questions:

1. What are the requirements to start sending transactions electronically using the instream CLAIMS service?

   - Subscribe to the appropriate Association in order to obtain your Provider Information (Provider ID and Site ID) such as:

     - CDHA™: Canadian Dental Hygienists Association
     - DAC™: Denturist Association of Canada
     - ACDQ®: Association des Chirurgiens Dentistes du Québec

   - Obtain a Practice Management Software to manage your Practice and also provide the ability so send transactions electronically to instream.

   - Fill out the instream CLAIMS Enrollment form (Available Here) and email or fax it to instream

   - Once the enrollment is processed instream will mail or fax your instream Digital Certificate Installation instructions

2. How do I configure my Office to start sending transactions electronically?

   - Once you've received the instream Digital Certificate Installation instructions you will need to contact your Software Vendor so they can configure your Practice Management Software to send claims electronically.

3. How do I send my transactions electronically once everything has been configured?

   - Once the Practice Management Software is configured and the instream Digital Certificate has been installed you are ready to start sending electronically via your Dental Software.

   - In order to start sending claims electronically you will need to contact your Practice Management Software Vendor so they can provide you with the instructions on how to submit electronically.

4. When will I be getting a response back to my transaction?

- The process that takes place when you send your transactions (As seen in Question 4) can range from an 8 to 60 seconds delay before the response is received.

5. What types of responses can I expect?

- The type of responses you can expect are: Claim Explanation Of Benefits, Claim Reversal Response, Predetermination Explanation of Benefits, Outstanding Response and Eligibility Response
- The Response will be communicated to your by your Practice Management Software.

6. What do I do if I have an issue I can't address?

- If you are having an issue with the response that was sent back to you from a Payor, please contact the Payor directly by referring to our Provider listing available at: http://instreamcanada.com/payors.
- If you are having Technical Difficulties, please contact instream Support at 1-855-521-1121 Ext. 2 and we will be glad to help you resolve your issue.
- If you are having issues with features in your Practice Management Software, please contact your Vendor directly by referring to our Practice Management Software listing available at: http://instreamcanada.com/instream-claims-support/

Primary Stakeholders

Insurance Carriers

Also known as payors or carriers this group consists of insurance companies and TPAs. At their core, insurance companies offer insured products (disability plans, life, accidental death, etc), financial products as well as insured and non-insured health and dental benefits to form group benefit plans. Additional services include eligibility and enrolment management, call centre services for inquiries, and various e-services to help employees self-manage their insurance benefits.

Providers

Also known as providers in the context of employers and insurers or ASOs, or oral health care professionals, this group performs the service to patients. In oral health, providers include dentists, dental hygienists and denturists.

Other Stakeholders

Dental Associations

This group consists of the Canadian Dental Hygienists Association (CDHA), Denturist Association of Canada (DAC), Association des chirurgiens dentistes du Québec (ACDQ) and Provincial and territorial Dental Associations (PDAs).

Whereas the focus of the PDAs is to support members in the provision of comprehensive, quality oral health care, generally within the practice, the CDHA, DAC and ACDQ manage programs related to dental education, patient awareness and advocacy work on issues that pertain to oral health and dentistry in Canada. As an example, the PDAs will administer the procedure codes to be used throughout the country and also publish the provincial fee guides based on those codes.

Other example is claims standards. CDAnet was created over 25 years ago to provide services related to the electronic transmission of dental benefit claims. Governed and managed by the CDA, the CDAnet Program offers an array of services that enable a smooth claims workflow for dentists that includes services to dentists, denturists, hygienists, software vendors and networks & carriers.

Claims Networks

Also known as the claims switches, or simply networks, this group represents the vendors that offer value-added services such as provider authentication, store and forward capability, secure transport connections, error detection based on the messaging standard and version translation prior to forwarding the claims to insurance carriers for processing.

Practice Management Software Vendors

Also known as PMS vendors or software vendors, this group represent the vendors that offer tools by which providers and their staff enter information for claims delivery. Consisting primarily of patient information, scheduling, and billing modules, this application currently resides within the dental office and is connected to the various claims networks for claims transmission and delivery. Approximately 40 vendors serve the Canadian market.

Dental Regulators

Also known as regulatory colleges, or colleges, dental regulators are the governing bodies for dentists. Each province and territory has its own regulatory authority and often times these colleges are associated with or part of their provincial dental association counterpart. As a self-regulated authority, their primary mission is to protect the public's right to quality dental services. Providers will receive their license to practice dentistry from their respective provincial college.

Standards Bodies

Standards bodies and interest groups make up the rest of this group. Their purpose is to facilitate the exchange of electronic information at all levels.

Current examples of this are: HL7, and NeCST (under HL7).

Glossary

Adjudication	The process by which insurers and TPAs use their rules based systems to determine the eligibility of the plan member and patient. If eligible they it also determines what dental services are reimbursable and which are not.
Messaging Standard	Standard outlining the transactions (or messages) to be transmitted by any Canadian dental claims networks
Claims	The paper or electronic document used to request reimbursement of dental services.
Claims Network	The people, process, and digital entities that facilitate the submission, adjudication, and outcome notification of dental claims.
Explanation of Benefits	Electronic or paper document used to explain how a claim was processed by an insurance carrier or TPA.
Insurance Carrier	A provider of insurance and claim processing service to a subscriber. Usually in the case of dental claims, subscribers are employers or professional associations.
Payor	An insurance carrier or Third Party Administrator (TPA).
Provider	A dental care giver that bills patients for services.
instream Communications Agent (iCA)	Communication application provided by instream that allows the ability to send the input files (Claim) created by the Practice Management Software and receive the output files (Claim response) created by the Insurance Carrier/Payor.
Procedure Codes	Codes generated by the Dental Associations to indicate the type of treatment that was made.