# Dental capitation reports

**Applicable Products**: Family Preventive, Basic Dental and Aetna Advantage™ Dental
**Report schedule**: Monthly

| Dental Capitation Listing Cycle Date: XX/XX/XX (1) | | | | | Office: (2) | | | | General Dentist, DDS Street Address City, ST ZIP code Page# | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Aetna Network Name | | | | | | | | | |
| (3) | (4) | (5) | | | (6) | (7) | (8) | (9) | (10) | (11) |
| Plan | Name | Member ID | Sex | Age | Eff. Date | Rate | Adjust. Amt. | Adjust. Date | Amount Due | Comments |
| BD | Doe, John | ABCD1010 | M | 45 | xx/xx/xx | $00.00 | | | $00.00 | New |
| BD | Doe, Jane | ABCD1020 | F | 35 | xx/xx/xx | $00.00 | | | $00.00 | New |
| AD | Smith, John | EFGH1010 | M | 25 | xx/xx/xx | $00.00 | | | $00.00 | New |
| | Total Dental Plan | | | | | | | | | |
| | # = Total # of Members Office Grand Total | | | | | | | | | |

## Definition of fields

| Field | Definition |
|---|---|
| **(1) Cycle date** | This is the first date in the period for which the capitation amount is prepaid. |
| **(2) Office** | Aetna dental office number. |
| **(3) Plan** | Indicates the member's Aetna plan and identifies the appropriate member copayment schedule. FD (Family Preventive Dental). BD (Basic Dental). AD (Aetna Advantage™ Dental). |
| **(4) Name** | Member name: Last name, First name, MI |
| **(5) Member ID** | Member's individual Aetna ID number. The first six digits are identical for each family member. The last two digits are different. |
| **(6) Effective date** | Date member became effective in your office. |
| **(7) Rate** | Indicates the base capitation rate being paid to your office for the individual member for the capitation period. The rate is dependent upon the plan and member age |
| **(8) Adjustment amount** | Indicates positive (+) (add or new) or negative (–) (transfer or termination) adjustments to total payment |
| **(9) Adjustment date** | Indicates effective date of any transactions when a new (or add) member enrolls in your office, or an existing member terminates or requests a transfer to or from your office |
| **(10) Amount due** | Itemizes the amount of base capitation paid in the capitation check for each individual member. This amount includes any adjustments that may have been made for a member |
| **(11) Comments** | Describes adjustments made to capitation listing (See next page) |

# Definition of comments

| Comment | Definition |
|---|---|
| New | New Aetna member added to dentist's capitation list |
| Add | Addition of an existing Aetna member to dentist's capitation list (transfer from another primary office) |
| Transfer | Deletion of member transferring from your office to another dentist's office |
| Term | Aetna plan terminated for this member |
| Reinstate | Reinstatement of terminated member's Aetna coverage |
| Manual adj. | Indicates that a manual capitation adjustment was made |
| Prior Adj. | Example: Member transfers from dentist's office and then terminates retroactively prior to date of transfer |
| Adjustment | Member had more than one dentist change in same cycle |
| Term adj. | Change in member's termination date |
| Effective date adj. | Change in the date the member became effective in the dentist's office |

# Summary report

| Office: | | General Dentist, DDS<br>Street Address<br>City, ST, ZIP Code | | **Cycle Date: XX/XX/XX** | |
|---|---|---|---|---|---|
| Your payment consists of the following: | | | | | |
| | **Member** | **Adj. Units** | **Total Units** | **Current Payments** | **Y-T-D Units Payments** |
| **DENTAL CAPITATION** | | | | | |
| Basic Dental Plan | | | | | |
| Family Preventive Plan | | | | | |
| **MANUAL ADJUSTMENTS** | | | | | |
| TOTAL CHECK | | | | | |

## Sample — Aetna DMO Active Patient Roster

| Office Number: | xxxxxxxxxx | | | | | | | | Process Date: | | xx/xx/xx | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Provider: | xxxxxxxxxx | | | | | | | | Cycle Date: | | xx/xx/xx | | | |
| Address: | City, ST, Zip | | TIN/SSN: | | xx-xxxxxx | | | | | | | | | |
| | | | | | | | | | Page No. | | xx | | | |
| Cap Payee: | B0000000000 | | | | | | | | | | | | | |

| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13) | (14) | (15) | (16) | (17) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SYS | Member ID | Patient Name | DOB | L E | R E L | S E X | Office Eff Date | Control Number | -Ortho- Cov | Pay % | Plan Code | Office Copay | Base | Retro | Adjsmnt | Adj Pay |
| | wxxxxxxxxx | Member A | xx/xx/xxxx | Y | C | M | xx/xx/xxxx | xxxxxxx | Y | 50 | °L | 005 | 2.60 | 0.00 | 0.00 | 2.60 |
| | wxxxxxxxxx | Member B | xx/xx/xxxx | | E | F | xx/xx/xxxx | xxxxxxx | Y | $$ | #M | 000 | 7.00 | 0.00 | 0.00 | 7.00 |

## Sample — Aetna DMO Terminated Patient Roster

| Office Number: | xxxxxxxxxx | | | | | | | | Process Date: | | xx/xx/xx | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Provider: | xxxxxxxxxx | | | | | | | | Cycle Date: | | xx/xx/xx | | | |
| Address: | City, ST, Zip | | TIN/SSN: | | xx-xxxxxx | | | | | | | | | |
| | | | | | | | | | Page No. | | xx | | | |
| Cap Payee: | B0000000000 | | | | | | | | | | | | | |

| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13) | (14) | (15) | (16) | (17) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SYS | Member ID | Patient Name | DOB | L E | R E L | S E X | Member Trm Date | Control Number | -Ortho- Cov | Pay % | Plan Code | Office Copay | Base | Retro | Adjsmnt | Adj Pay |
| | wxxxxxxxxx | Member C | xx/xx/xxxx | Y | C | M | xx/xx/xxxx | xxxxxxx | Y | 50 | °L | 005 | 0.00 | 0.00 | 0.00 | 0.00 |
| | wxxxxxxxxx | Member D | xx/xx/xxxx | | E | F | xx/xx/xxxx | xxxxxxx | Y | $$ | #M | 000 | 0.00 | 0.00 | 0.00 | 0.00 |

# Key to your DMO Patient Roster

**NOTE**: The payment factor and EFT indicators will not appear in the roster heading. They will appear on the payment summary page.

| | |
|---|---|
| **(1) System code** | Not in use at this time |
| **(2) Member ID** | The member's identification number, used to verify eligibility, determine plan benefits or answer other plan inquiries |
| **(3) Patient name** | Listed in alphabetical order |
| **(4) DOB** | Patient's date of birth |
| **(5) LE** | A "Y" indicates that the member is a "late entrant" and has limited coverage for 12 months. The "Y" will automatically be removed after the 12-month period. During this 12-month period, the member is eligible for the following services: |
| | Exams, examinations of oral tissue, prophylaxis, fluoride treatment, oral hygiene instruction. |
| | Emergency palliative treatment, study models, sealants, pulp vitality tests Panorex, full-mouth series, periapicals, bitewings, intraoral images and extraoral images. Services rendered due to an accident (after medical plan consideration) |
| | After 12 months have passed from the member's effective date, the member is eligible for all services covered under the plan. The exception is orthodontic care, which has a 2-year waiting period (if the member's plan covers orthodontic treatment). If a member is considered a late entrant and the member's plan covers orthodontic care, an "O" in addition to the "Y" will appear. The "O" will automatically be removed after 24 months. |
| **(6) Rel** | Indicates the relationship of the patient to the employee. "E" indicates employee, "S" is spouse and "C" is child. |
| **(7) Sex** | Indicates the patient's gender. |
| **(8) Office effective date or Member term date** | The date the patient was effective in your office or terminated from your office |
| **(9) Control number** | Identifies the employer or other group with whom the patient has coverage. |
| **(10) Ortho — or cov** | Indicates whether the patient has orthodontic coverage. A "Y" indicates "Yes," the patient has orthodontic coverage. An "N" indicates "No," the patient does not have orthodontic coverage. |
| **(11) Ortho — pay %** | This represents the percentage covered by the plan. "$$" indicates that the patient has a fixed copayment for orthodontic treatment. |
| **(12) Plan code** | Identifies the plan code of the patient's coverage. The symbol placed before the plan code indicates the standard provisions applicable to the plan code. |
| | * Pre-November 1, 2000, Standards are indicated by an asterisk (*) |
| | + November 1, 2000, Standards shown with a plus sign (+) — associated with plan codes BD, ADV, ADS, AD1 & AD5 |
| | # DMO standards are indicated by a number sign(#) |
| | **Key to plan codes:** Plan codes with single letters and either single or double digit numbers are DMO **BD:** Basic Dental **ADV:** Advantage Dental **ADS:** Advantage Student Dental Plan **AD1** and **AD5:** Advantage $5.00 office visit copay |
| **(13) Office visit copay** | If the plan has an office visit copay, the amount of the copayment will appear in this column. If no amount is listed, then no office visit copay applies to this patient. If an "EX" appears in this column, the patient is exempt from any office visit copay the plan has. |
| **(14) Base** | The amount of base compensation for the patient |
| **(15) Retro** | The amount of additional compensation for patients who were eligible in your office but for whom you may not have received payment |

# Key to your DMO patient roster (cont.)

| (16) Adjsmnt | Adjustment—This represents a positive or negative member adjustment. Negative adjustments represent deductions from compensation (for example, overpayments, eligibility, etc.). In addition, if an office does not follow the specialty referral guidelines, compensation may be deducted when Aetna compensates another provider for services that are determined to be the contractual responsibility of the Primary Care Dentist. Compensation may also be deducted if the Primary Care Dentist collected an inappropriate copayment and has not refunded the member. This field may also show any other negative adjustments made for any reason. |
|---|---|
| (17) Adj pay | The total compensation for the patient |

## Sample — Aetna DMO Payment Summary

| Office Number: xxxxx | | Process Date: | xx/xx/xx |
|---|---|---|---|
| Provider: xxxxx | | Cycle Date: | xx/xx/xx |
| Address: xxxxx | | | |

| | | | |
|---|---|---|---|
| | TIN/SSN#: | xxx-xx-xxxx | |
| | EFT: N | | |
| Cap Payee: xxxxxxxxx | | | |
| | Aetna DMO | | |
| Cap Office Number | xxxxxx | | |
| Payee TIN | xx-xxxxxxxx | | |
| EFT | N | | |
| | | | |
| Base Payment | $69.70 | | |
| Retro Payment | $0.00 | | |
| Adjustment | $0.00 | | |
| | | | |
| Total Adjusted Pay | $69.70 | | |
| Positive Office Adjustment | $1555.60 | | |
| Negative Office Adjustment | $0.00 | | |
| Term Adjustment | $0.00 | | |
| Payment Factor Adjustment | $14.77 | | |
| Total Payment | $1640.07 | | |
| | | | |
| Member Count | | | |
| Adult | 1 | | |
| Child | 3 | | |
| Total | 4 | | |

### Key to Payment Summary

The totals from the active/termination list will be listed in the appropriate columns: Base Payment, Retro Payment, Adjustment, Term Adjustment, Payment Factor Adjustment and Total Payment.

This report will also list the individual cap office number, payee TIN, cap payment factor, EFT indicator and the member counts.