EDINewsflash

Third Quarter 2017

EDI: Making Electronic Claim Submission Work For You

Did you know that electronic claims submission help dental practices reduce the administrative burden and expense generally associated with manual claims processing and submission? The use of electronic claims can result in significant financial savings for both dental offices and payers. Health Information Technology (HIT) solutions are on the rise as more practices are submitting electronic claims to payers. By doing so, your office may experience potential increase in practice efficiencies and savings in their practice(s) claims revenue cycle.

Electronic claims submissions have proven:

- Reduction in time and resources devoted to manual administrative functions—time that can be better spent with patients or focused on other practice efficiencies.
- Pre-audit claim fields automatically scan for potential errors before submission to a payer.
- Identify claim issues and provide online claim resolution before processing by a payer.
- Submit claims almost instantaneously to a payer
- Reduce duplicate claim submission as claims are instantly submitted and tracked.
- Reduce postage, supplies and mailing expenditures.
- Track a claim’s progress between intermediaries (e.g., a billing service or clearinghouse) and a payer through an electronic audit trail.
- Confirm a payer’s receipt of a claim through electronic reports.
- Expedite a payer’s claims processing turnaround and potential payment time frame for claims and Pre Treatment Estimates.
- Improve the practice’s accounts receivable.

UnitedHealthcare Dental also has resources available for your office to learn more about the electronic claim submission process. We use three vendors that allow for eligibility and claim processing at minimal fees. If your office would like to learn more about electronic claim submission, we encourage you to contact the vendors below:

- Dental Xchange
- Tesia
- Change Healthcare Dental Connect

Electronic Claim Submission Payer ID

Commercial – Facets Based Products: 52133
Government – Scion Based Products: GP133
UnitedHealthcare works with CAQH ProView to help healthcare providers in our network reduce the administrative burden associated with submitting and maintaining credentialing information. An online solution, CAQH ProView is the industry standard for capturing and sharing self-reported provider data. It is used by more than 1.3 million physicians, and other providers and nearly 800 health plans, hospitals and provider groups. UnitedHealthcare is excited to share this growing service with our participating dentists.

There is no cost for providers and practice management teams to use CAQH ProView, which reduces duplicative paperwork, saving your practice money and freeing up time to focus more on patients. Benefits of using CAQH ProView include:

- A single process to enter data only once into your “provider profile,” and the ability to share your information with multiple healthcare organizations in every state.
- A user-friendly system for both entering and maintaining self-reported professional data.
- Eliminating paper forms, faxes and mailing.
- Completing and attesting to multiple state credentialing applications in one intelligent workflow design.
- Robust standards to maintain privacy and security of data.

Once your provider data is entered into CAQH ProView, keeping credentialing information up-to-date is easier and requires minimal follow up. Visit CAQH ProView to explore how the solution can help you streamline the credentialing process. There you will find a number of helpful resources including how-to videos and quick reference guides.

Getting started is simple. You can self-register in CAQH ProView by visiting proview.caqh.org. If you need assistance, contact the CAQH ProView Support Center at providerhelp@ProView.CAQH.org or 888-599-1771.

If You Are an Existing CAQH Provider please remember the following items to ensure timely credentialing.

Add UnitedHealthcare/Dental Benefit Providers allow access to utilize your information.

Ensure all of your documentation along with ID and address/phone is current.

Ensure you have updated all of your documents (application/attestation, insurance, license, CDS and DEA).

What is Recredentialing?

To remain a participating provider, all providers must go through periodic Recredentialing approval (typically every (3) three years unless otherwise mandated by the state in which you practice). Depending on the state, DBP will review all current information relative to your license, sanctions, malpractice insurance coverage, etc. This is a separate requisite then when you begin employment at a new office. Please be observant of the specific mailings and the requested documents which include dates to return by. If you have any questions or concerns please contact Provider Services at 1-800-822-5353.

Are You Using CAQH ProView For Credentialing?

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Dentists and Physicians Partnering on Patient Health

August 21, 2017

Undoubtedly, given all the recent press, we are all aware of the growing body of science linking oral disease, particularly periodontal disease, with chronic medical conditions; the strongest evidence currently exists for the connection between periodontal disease and diabetes, but links have also been established to heart disease, pregnancy complications, kidney disease, respiratory diseases, osteoporosis and certain types of cancer. UnitedHealthcare, has responded to the growing evidence, as well as an internal study demonstrating the financial impact of dental care on medical costs, by creating targeted outreach programs focusing on key conditions such as diabetes and heart disease, identifying those who have not visited the dentist and urging them to schedule an appointment. In addition to targeting those who may be at risk, UHC also offers more general outreach to its overall population, focusing on wellness and prevention, disseminating educational materials on dental and overall health through our web, videos and written materials.

The ability to coordinate care between dental and medical facilitates care that is patient centric and helps identify those who may be at risk, whether a physician or dentist sees them first; this allows for earlier identification and treatment. In many cases, patients visit their dentist more regularly than their physician. This puts dentists in a unique position to spot certain medical conditions and encourage members to follow up with their physicians, making dentists important members of the overall health team.

To a large extent, dentists already play that role by taking a thorough medical history and performing a complete examination. The medical history can reveal important information which not only affects the course of dental treatment but can impact the patient’s overall health. Additionally, dentists and physicians communicate on number of issues such as medication and accommodations the dentist may need to make in that patient’s treatment plan due to their medical condition.

Dentists are also starting to play a larger role by incorporating simple biometric screenings into their practices. All dentists are trained to take blood pressure readings in dental school; increasingly, dentists are adding other screenings such as BMI, HbA1c and even cholesterol screening. Dentists can refer patients at high risk for serious medical conditions to their physicians and offer important information to support dental treatment. For example, taking an HbA1c on a periodontal patient may provide important background regarding their diabetes status which could significantly impact the course of treatment.

Dentists can also play an important role, in encouraging patients to avoid hospital emergency rooms for routine emergencies, by reinforcing post care instructions, what patients should do in case of dental pain or other emergency, providing patients with information on how the practice can be contacted after hours and encouraging all patients, (particularly those who come in primarily for emergencies), to engage in comprehensive care emphasizing prevention and early intervention.

By taking a patient centric approach, we can better focus on each patient’s individual needs and better manage their risk. Dentists can play an important role by helping to identify members who may be at risk of debilitating and costly medical conditions and ensure that they get into care sooner rather than later. Additionally, as the clinical evidence increasingly supports a link between oral health and chronic conditions such as diabetes, early identification can help dentists impact not only medical but dental health.

Michael D. Weitzner, DMD, MS
VP Clinical Government Programs (Dental)
Lincoln DentalConnect®

Lincoln DentalConnect® DHMO is the marketing name for Lincoln Financial Group’s DHMO plans. Lincoln started offering the DHMO products in January 2011. As a reminder, members may visit your office to obtain dental services using the Lincoln DentalConnect name.

Market and Product offerings include:

- DHMO in CA, FL and TX marketed as Lincoln DentalConnect:
  - CA DHMO will be administered and underwritten as Dental Benefit Providers of California, Inc. (DBPCA).
  - FL will be administered by Dental Benefit Providers, Inc. and underwritten by Solstice Benefits, Inc. (SBI).
  - TX DHMO will be administered and underwritten by National Pacific Dental, Inc. (NPD).

Product offering:

- DHMO marketed and sold as Lincoln DentalConnect DHMO.
- Dental products will be marketed and sold under Lincoln DentalConnect DHMO.

Referral Process:

**CA:**
GD referral to network specialist requires pre-authorization and must be approved by plan.

**FL Non-S Plans:**
Members can self-refer to a network specialist without a referral and receive a 25% discount off provider’s UCR.

**TX:**
GD referral to network specialist requires pre-authorization and must be approved by plan.
OptumHealth Allies/UnitedHealth Allies Discount Program.

As part of the UnitedHealthcare/Dental Benefit Providers, Inc. network, you may be providing service to some of the approximately 10 million members of the OptumHealth Allies/UnitedHealth Allies discount program, if you opted to participate in the discount program.

The discount program is known by different names depending on the population served, but one thing is consistent across all populations: The discount plan is NOT insurance. Members must pay in full for any services purchased, but they are entitled to a discounted rate per your contract with UnitedHealthcare/DBP.

Here are some FAQs about the discount program:

Q: What’s the difference between “OptumHealth Allies” and “UnitedHealth Allies”?
A: “UnitedHealth Allies” is the plan name for UnitedHealthcare medical plan enrollees. “OptumHealth Allies” is used for non-UnitedHealthcare populations, including direct-to-consumer sales. The OptumHealth Allies program is sometimes cobranded with the name of a sponsoring or otherwise affiliated organization, but the OptumHealth Allies logo should always appear on the card.

Q: What proof of eligibility should I look for?
A: Most UnitedHealthcare members will use their medical ID plan as proof as eligibility, although some may present a UnitedHealth Allies ID card. All OptumHealth Allies members should present ID cards. In addition, all members, regardless of brand, are encouraged to print a confirmation voucher to bring to your office. Prior to providing service, contact OptumHealth Allies to verify member eligibility by calling the number on the ID card or confirmation voucher. Or, call 1-877-441-4458.

Q: How do members find participating providers?
A: Members may choose a dental provider by using either the health discount program web site or by calling the Customer Care Center. OptumHealth Allies will notify you the first time a member confirms a request to see you. The member will call you directly to make an appointment.

Q: How do I collect payment?
A: The patient will pay you in full at the time of service, according to your UnitedHealthcare/DBP PPO fee schedule amount. You don’t have to file any insurance claims. If you have any questions regarding OptumHealth Allies, please do not hesitate to contact the UnitedHealthcare Dental/Dental Benefit Providers Customer Service team at 1-877-441-4458.
2018 Provider Quick Reference Guides (QRGs) for the Medicare Advantage Dental Plans.

• What they are? Provider Quick Reference Guides are 100% for our provider community. These guides detail each Medicare Advantage Dental Plan administered by UnitedHealthcare Dental (DBP). It gives the provider important information about toll-free numbers and website to reach out to for member eligibility, benefit design, claim questions, etc. These are valuable tools for our providers to keep and use throughout the calendar year.

• When will they be released? We are on schedule to release the postcard in October and have the online link up & running on dbp.com.

• How will they be released this year and what to look out for? Providers should keep an eye out for a large postcard that provides when the 2018 Provider Quick Reference Guides (QRGs) will be available online at dbp.com. The providers can view a digital magazine of the Provider QRG Book for 2018. They can customize or download the complete book and/or print on demand. We recommend saving to their computer desktop under a UHC Dental Folder for quick reference for their front-desk associates serving members.

Providers with BSCA County of Orange members.

All County of Orange members were given new member ID’s, effective 1/1/17. To ensure accurate and timely claims adjudication, please ask to see their new ID card, so you can ensure your system has the most up to date information.

Sample of County of Orange ID card:

PPO Options 20 – how this impacts you.

PPO Options 20 is a network that is offered to members who are looking for a more cost effective plan. The plans within this network are designed to allow the member to have access to our network of providers who offer the deepest discounts, which in turn, decreases members’ premium and out-of-pocket costs.

Since PPO Options 20 was created to lower members’ out of pocket costs, participating dentists in this network must meet certain contractual requirements in order to see these members as an In Network provider.

This network went into effect 4/1/16. Newly-added dentists after that date may not be included in the PPO Options 20 network if their compensation schedule is above the normal threshold for this network.

We encourage you to call our Provider Services Team at 800-822-5353 if you have any further questions.
Directory Accuracy And You.

Federal and state regulators are making it an industry focus to ensure that provider directory information is accurate and up to date. We at UnitedHealthcare Dental are using this opportunity to ensure all of our directories are up to date.

These steps are being taken to improve the member experience when looking for your office. This improved experience begins with a partnership between your office and UnitedHealthcare Dental with a goal of having the most accurate dental provider data in our system and on our directory.

To achieve this goal, we want to make this validation process as easy as possible. UnitedHealthcare Dental opened a provider portal for you to utilize and manage your data accuracy. This portal can be accessed by copying this link: dbp.com into your web browser on your computer.

Steps to access the provider self service area:

• Login to the DBP Portal.
• Register for Login Credentials if you do not already have them.
• In the “Quick Links” section on the home page, click on the “Provider Self Service” link.

What we are asking you to do:

• Log into the portal at least one time a quarter and follow the steps outlined on the screen
• Verify all information for each of your locations is “Correct” or “Incorrect”.
• If you practice at multiple locations, you will see a “Next” link at the bottom of the page; you must provide a “Correct” or “Incorrect” response for each location.
• Validate all your providers are still active along with their provider type
• Validate all office and provider information is accurate.

In the event that you do identify a discrepancy in your data your office will be contacted by our provider services to help gather the correct information and update the data within 30 days. If all data is accurate, then there is nothing more for you to do until next quarter. We will send you a reminder notification each quarter.

Encounter data submissions with DHMO plans.

Accurate and timely submission of encounter data is critical to analyzing dentist compensation, providing group-specific utilization data, and determining appropriate premium rates, capitation rates and fee schedules.

Encounter reporting or utilization data is an integral part of our Quality Management Program. The data collected validates the volume and frequency of dental care delivered and minimum guarantee payments are paid from utilization submissions.

To make utilization reporting easier and consistent for all DHMO plans, all services should be reported via one of the following:

2012 ADA Claim Form or;

Encounter Reports
(must include the following):

• Subscriber Name
• Subscriber ID
• Subscriber Date of Birth
• Group Name or Number
• Patient’s Full Name
• Relationship to Subscriber
• ADA Code Performed
• Tooth # / Quadrant
• Surface
• Treating Dentist Name
• Dentist Tax I.D. for Billing
• Physical Address

Blue Shield of California PPO members can be seen nationwide.

Since 1998, Dental Benefit Providers of California, Inc. and its affiliates (“DBP”) have entered into an agreement with Blue Shield of California (“BSCA”). DBP administers BSCA-branded dental products for both DHMO and DPPO within California, and for DPPO in the other 49 states. BSCA utilizes the DBP provider networks to service its covered dental members. BSCA covers 400,000 dental members in total, with 380,000 located within California and 20,000 spread out to all other states.
California Notices.

California after-hour emergency requirement

Each year, the Plan is required to inform you of the after-hour emergency requirement mandating that all California providers provide after-hour emergency services to plan enrollees.

All contracted California providers must employ an answering service or a telephone answering machine during non-business hours, which provides instructions on how plan enrollees may obtain urgent or emergency care when applicable, how to contact another provider who has agreed to be on call to triage or screen by phone, or if needed deliver urgent or emergency care.

California dentists: Reminder and update to the Language Assistance Regulations

Each year, we are required to inform you of the DMHC Language Assistance Regulation mandating that all health plans in California provide language assistance services to limited.

English proficiency (LEP) members. This regulation went into effect January 1, 2009.

Information regarding this very important regulation is contained within your provider manual and on our website dbp.com for your reference.

This includes information:

• To train office staff on handling routine contact with LEP members.
• On how to access language assistance services for DBP-CA members.
• About DBP of California’s policies and procedures for providing language-assistance services.

As a contacted provider, you also have access to CA language assistance instructions 24/7 through the DBP provider portal located at dbp.com.

Claim Submission Match Process

When submitting a claim, we use a three-point match process to determine if a claim should be processed in network. These three items must be a match to our internal records to ensure we are adjudicating claims accurately. The goal of three-point matching is to highlight any discrepancies in three important elements of a claim. If the information provided on the claim form is not an exact match of all three items listed below, a new provider record will be created and paid out of network.

The three point match must include exact matches of the following data:

• Rendering Provider Name.
• Tax ID.
• Treatment/Billing Address.

Common reasons for claim mismatches include:

• Use of nicknames.
  • In Network dental provider records will match the name as shown on the license.
• PO Boxes for treatment address.
  • Treating locations should never be a PO Box.
• Tax ID mismatch.
  • The Tax ID that is submitted with the claim should be an exact match with the IRS database.
• Incorrect data will cause discrepancies when filing taxes for the office.
## Electronic Payments & Statements – Provider Webinars
### 2017 Training Calendar

Take advantage of free instructor-led EPS training sessions. Topics covered include an overview of Search Remittance, View Payments, Data Bundles, Proper Use and Set-up of Users and How to Understand and Read Provider Level Adjustments.

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<th>Topic</th>
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| **Provider Level Adjustments:**            | **Date:** Monday, November 27, 2017  
**Time:** 3 pm, Central Standard            |
| Learn how to read common provider level    |                                                 |
| adjustments on the 835 and EPRA.          |                                                 |

*Benefits for the UnitedHealthcare Dental DHMO/Direct Compensation plans are offered by Dental Benefit Providers of California, Inc. UnitedHealthcare Dental is affiliated with UnitedHealthcare.

Disclosure: The Dental Discount Program is administered by Dental Benefit Providers, Inc. The Dental Discount Program is NOT insurance. The discount program provides discounts at certain dental care providers for dental services. The discount program does not make payments directly to the providers of dental services. The discount program member is obligated to pay for all dental care services but will receive a discount from those dental care providers who have contracted with the discount plan organization. Dental Benefit Providers, Inc. is located at 6220 Old Dobbins Lane, Liberty 6, Suite 200, Columbia, MD 21045, 1-877-816-3596, myuhc.com. The dental discount program is offered to members of certain products underwritten or provided by UnitedHealthcare Insurance Company or its affiliates to provide specific discounts and to encourage participation in wellness programs. Dental care professional availability for certain services may be dependent on licensure, scope of practice restrictions or other requirements in the state. UnitedHealthcare does not endorse or guarantee dental products/services available through the discount program.

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