



newsflash

Fourth Quarter 2016

New product alert: Harvard Pilgrim Stride Medicare Advantage

Effective January of 2017, we are expanding our existing partnership with Harvard Pilgrim Health Care, providing a Preventive and Diagnostic dental benefit to more than 8,700 Medicare Advantage enrollees in Massachusetts, New Hampshire and Maine. The Harvard Pilgrim Stride Medicare Advantage dental plan covers the following procedures and includes an annual plan maximum of \$500 and a \$35 annual deductible:

ADA code	Procedure description	INN Plan Pay	OON Plan Pay	Frequency limit
D0120	Periodic Oral Evaluation	100%	80%	2 Every 1 Plan Year
D0140	Limited Oral Evaluation – Problem Focused	100%	80%	2 Every 1 Plan Year
D0150	Comprehensive Oral Evaluation – New or Established Patient	100%	80%	2 Every 1 Plan Year
D0210	Intraoral – Completed Series of Radiographic Images	100%	80%	1 Every 36 Months
D0220	Intraoral – Periapical First Radiographic Image	100%	80%	8 Every 1 Plan Year
D0230	Intraoral – Periapical Each Additional Radiographic Image	100%	80%	8 Every 1 Plan Year
D0250	Extraoral – First Radiographic Image	100%	80%	2 Every 1 Plan Year
D0260	Extraoral – Each Additional Radiographic Image	100%	80%	2 Every 1 Plan Year
D0270	Bitewing – Single Radiographic Image	100%	80%	2 Every 1 Plan Year
D0272	Bitewing – Two Radiographic Images	100%	80%	2 Every 1 Plan Year
D0273	Bitewing – Three Radiographic Images	100%	80%	2 Every 1 Plan Year
D0274	Bitewing – Four Radiographic Images	100%	80%	2 Every 1 Plan Year
D0277	Vertical Bitewings – 7-8 Radiographic Image	100%	80%	1 Every 36 Months
D0330	Panoramic Radiographic Image	100%	80%	2 Every 12 Months
D0601	Caries Risk Assessment and Documentation, With a Finding of Low Risk	100%	80%	2 Every 12 Months
D0602	Caries Risk Assessment and Documentation, With a Finding of Medium Risk	100%	80%	2 Every 12 Months
D0603	Caries Risk Assessment and Documentation, With a Finding of High Risk	100%	80%	2 Every 12 Months
D1110	Prophylaxis – Adult	100%	80%	2 Every 1 Plan Year

Please note that provider compensation will be paid consistent with your current Medicare Advantage contract fee and is consistent with commercial PPO compensation.

DENTAL BENEFIT PROVIDERS





Are you using CAQH ProView for credentialing?

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](https://www.proview.caqh.org) 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](https://www.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).

The importance of a dental home.

The model of a dental home is derived from the American Academy of Pediatrics' (AAP) definition of a medical home which states pediatric primary health care is best delivered where comprehensive, continuously-accessible, family-centered, coordinated, compassionate, and culturally-effective care is available and delivered or supervised by qualified child health specialists. The American Academy of Pediatric Dentistry (AAPD) defines a dental home as the following:

The dental home is the ongoing relationship between the dentist and the patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way. Establishment of a dental home begins no later than 12 months of age and includes referral to dental specialists when appropriate.

Although the concept has been in place for many years, the value of a dental home is not widely understood or appreciated by many parents and caretakers. According to the AAPD, "Children who have a dental home are more likely to receive appropriate preventive and routine oral health care. Referral by the primary care physician or health provider has been recommended, based on risk assessment, as early as six months of age, six months after the first tooth erupts, and no later than 12 months of age. Furthermore, subsequent periodicity of reappointment is based upon risk assessment. This provides time-critical opportunities to implement preventive health practices and reduce the child's risk of preventable dental/oral disease."

According to the AAPD, a dental home should provide* :

- Comprehensive oral health care, including acute care and preventive services;
- Comprehensive assessment for oral diseases and conditions;
- An individualized preventive dental health program based upon a caries (decay) risk assessment and a periodontal disease risk assessment;
- Anticipatory guidance about growth and development issues (i.e., teething, digit or pacifier habits);
- A plan for severe dental trauma;
- Information about proper care of the child's teeth and gums. This would include the prevention, diagnosis, and treatment of disease of the supporting and surrounding tissues and the maintenance of health, function, and appearance of those structures and tissues;
- Dietary counseling;
- Referrals to dental specialists when care cannot directly be provided within the dental home.

The dental home can also provide information on early intervention programs, school programs, early childhood education and child care programs, members of the medical and dental communities, and other public and private community agencies to ensure awareness of age-specific oral health issues.

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VP Clinical Government Programs (Dental)
UnitedHealthcare Specialty Benefits

American Academy of Pediatric Dentistry Foundation, <http://www.aapd.org/foundation/pdfs/DentalHomeFinal.pdf>, revised 2015



Submitting claims with original x-rays.

Did you know...that ALL X-Rays can be sent as paper photos? No need to send original X-rays that would have to be returned to you via mail!

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 of 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.



Pre Treatment Estimate Address:

Need to get a speedy response on a Pre Treatment Estimate for a member on our commercial plans but need to mail the PTE? We have a mailbox available for this specific purpose:

PTE and Prior Authorizations
PO Box 30552
Salt Lake City UT 84130-0552



Peer to Peer Request Timeline

Effective Jan 1, 2017, UnitedHealthcare dental providers will have 30 calendar days from the date of the denial letter to request a peer to peer call.

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: www.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.

RlteSmiles revises orthodontic benefit limitations.

In September of 2015, UnitedHealthcare announced changes to how orthodontic benefits and case submissions are evaluated. Specifically, prior authorizations require submission of a completed HLD (Handicapping labio-lingual deviation) form with a minimum score of 26 to qualify for orthodontic benefits.

As part of this change, sections of the HLD form have been restructured and include conditions that automatically qualify orthodontic benefits under Part A. Such conditions meriting case approval include the following:

- Deep Impinging Overbite: Indicate with an X only if tissue damage is present.
- Anterior Crossbite: Indicate with an X only if tissue destruction is present.
- Impacted anterior teeth when extraction is not indicated: Indicate with an X.
- Overjet > 9mm
- Reverse overjet > 3.5mm- auto approval.

Additional changes to the HLD form Part B for scoring instructions include the following:

- Ectopic Eruption: count each tooth. Do not score both anterior crowding and anterior ectopic eruption, use more severe of two.
- Add Openbite to scoring (moved from Part A to Part B). Score in mm x 4.
- Add Deep impinging bite to scoring (moved from Part A). 3 points if palatal tissue is damaged.
- Severe traumatic deviation.
- Reverse Overjet (Mandibular Protrusion) in mm (1 to or <3.5mm).
- Posterior Unilateral Crossbite.

Completed HLD forms using “Rhode Island Medicaid Handicapping Labio-Lingual Deviation Index Scoring Instructions” should be completed and submitted to UnitedHealthcare for consideration of case approval.

For additional information regarding RlteSmiles orthodontic benefits and/or to obtain the new HLD form, please call 1-877-378-5303.



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.

Medicare Advantage 101: AARP Medicare Complete and Platinum Rider Plan

Open enrollment has concluded for the Medicare population. UnitedHealthcare works with AARP to bring supplemental dental insurance to this demographic to ensure there are a variety of options made available for our potential members.

These are dental plans available to the AARP membership:

- AARP Medicare Complete
- AARP Medicare Complete Platinum Rider Plan.

While both plans allow for members to pay co-insurances on a “for service” basis, the covered services will range between the plans. The plans are co-insurance based with annual maximums as well.

AARP Medicare Complete covers basic services such as Preventive and Diagnostic CDT codes. All other services are offered at a discounted rate to which the member would reimburse you directly.

AARP Medicare Complete also empowers the member to purchase the Platinum Rider plan. This additional benefit has a broad range of comprehensive covered services.

There are three options to obtain benefits and eligibility:

1. Use our dental provider portal for real time information: www.dbp.com
2. Call the Dental phone number on the back of the member’s card
3. Faxed information to your office directly using our IVR Fax Back

Example of AARP Medicare Complete member id card with website and phone number highlighted for your convenience:

Medicare Members - Please note we are entrusted with the care of a vulnerable population. As such, make every effort to help the member understand their benefits and be identified correctly with coverage. If there is confusion around their benefit coverage, please do not tell them they do not have dental benefits. It is likely that they do have and their eligibility may be on a different system. Again, please make every effort to find their benefits online via www.dbp.com or by calling the Dental Provider Service Toll-Free Number on the ID Card.

Focus on Products by Platform

Medicare - FACETS; www.dbp.com, go to the ‘Provider Log In’ landing page tile (upper right). This will route you to the system that manages the Medicare members.

Medicaid/DSNP/CIP - SCION; go to www.dbp.com, go to the ‘Community & State’ landing page tile (bottom right corner) & click ‘Log In’ button. This will route you to the system that manages the Medicaid/DSNP & CIP members.

MediCARE - FACETS; www.dbp.com, go to the ‘Provider Log In’ landing page tile (upper right). This will route you to the system that manages the MediCARE members.

MediCAID/DSNP/CIP - SCION; go to www.dbp.com, go to the ‘Community & State’ landing page tile (bottom right corner) & click ‘Log In’ button. This will route you to the system that manages the MediCAID, DSNP & CIP members.

AARP MedicareComplete
UnitedHealthcare

Health Plan (80840): **911-87726-04**

Member ID: **9999999-99** Group Number: **HCFAU8**

Member: **SUBSCRIBER BROWN** PLAN CODE: **E7X**
Dental Benefits Included

PCP Name: **PROVIDER BROWN** Payer ID: **87726**

PCP Phone: (999) 999-9999

MEDICAL NETWORK NAME: **ER \$75**

Copyay: PCP \$0 Spec \$20

Part B Drugs

RxBin: 610494
RxPCN: 9999
RxGrp: SHTX

Referral Required

AARP MedicareComplete SecureHorizons Essential (HMO)
H4590 PBP# 029

Customer Service Hours: 8 a.m. - 8 p.m. local time, 7 days a week.

For Members

Website: www.myAARPMedicare.com

Customer Service: 1-800-950-9355 TTY 711

NurseLine: 1-877-365-7949 TTY 711

Behavioral Health: 1-888-777-2735 TTY 711

Dental: 1-800-950-9355 TTY 711

For Providers www.uhcwest.com 1-888-866-8297

Medical Claim Address: PO Box 30975 Salt Lake City, UT 84130-0975

PCP to send electronic referrals

Dental Providers: www.dbp.com WEST 1-877-816-3596

Medicare Solutions

Part B RX Claims: OptumRx PO Box 29045, Hot Springs, AR 71903

For Pharmacists: 1-877-889-6510

Are you maximizing your in-network participation?

Whether you are participating with one of our networks or several, you should ask yourself “Am I maximizing my office’s potential?” Less than 60% of dental offices nationwide are participating in our fastest growing segment, which is our Medicare Advantage network.

Recent Medicare growth studies suggest that more than 30% of Medicare enrollees are electing supplemental coverage. This has increased from less than 15% in 2006. The number of Medicare eligible members who have embedded or elected dental benefits has grown as well, from 500,000 members in 2014 to over 1.5 million members in 2016. Projected membership for 2017 is expected to be close to 2 million members. If you are not already participating in our Medicare network, now is the time to add this network to your office and MAXIMIZE your potential.

To learn more about our Medicare Advantage networks, please visit our portal: dbp.com.

Click on the Medicare & Retirement tile towards the bottom of the page.



DENTAL BENEFIT PROVIDERS



This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact either your broker or the company. UnitedHealthcare dental coverage underwritten by UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), DBP Services (NY only), United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number DPOL.06.TX and associated COC form number DCOC.CER.06. Plans sold in Virginia use policy form number DPOL.06.VA and associated COC form number DCOC.CER.06.VA. Benefits for the UnitedHealthcare dental DHMO plans are provided by or through the following UnitedHealth Group companies: Nevada Pacific Dental, National Pacific Dental, Inc. and Dental Benefit Providers of Illinois, Inc. Plans sold in Texas use contract form number DHMO.CNT.11.TX and associated EOC form number DHMO.EOC.11.TX. The New York Select Managed Care Plan is underwritten by UnitedHealthcare Insurance Company of New York located in Islandia, New York. Administrative services provided by DBP Services. Offered by Solstice Benefits, Inc. a Licensed Prepaid Limited Health Service Organization; Chapter 636 F. S., and administered by Dental Benefit Providers, Inc.

*** 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 Dobbin Lane, Liberty 6, Suite 200, Columbia, MD 21045, 1-877-816-3596, myuhcdental.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.