Coming in 2016!

Newsletter transitioning to electronic format!

In 2016, we will begin distributing this newsletter electronically and discontinue sending print copies. Please make sure you have registered to use dbp.optum.com, your dental portal, so we have your email address on file. We’ll also post the newsletters to this site as well.
ER dental visits are on the rise.
Recent articles and studies have pointed to an increase in emergency room use for dental conditions not associated with trauma. The Pew Center on the States landmark 2012 issue brief A Costly Dental Destination, notes that between 2006 and 2009, ER visits for preventable dental diagnosis increased 16%.

A more recent study published by the American Dental Association (ADA), Visits to US emergency departments by 20- to 29-year-olds with toothache during 2001-2010 noted that “in 2009 and 2010, 20- to 29-year-olds made an estimated 1.27 million ED visits for toothaches and accounted for 42% of all ED toothache visits. Toothache was the fifth most common reason for any ED visit and third most common for uninsured ED visits by 20- to 29-year-olds.”

Many ER visits should be office visits.
The ADA’s Health Policy Institute, (Emergency Department Use for Dental Conditions Continues to Increase), notes that dental ER visits in the U.S. cost the health care system $1.6 billion dollars or $749 per visit. Most patients presenting to an ER did so for non-traumatic conditions that could be better treated in an office setting, which would allow for definitive care and improved continuity. Most patients visiting an emergency room receive an injection or prescription for pain, or antibiotics. The HPI estimates that up to 79% of dental ER visits would be better served by being seen in community settings.

At UnitedHealthcare, we are noting similar trends. In many of our states, particularly for our Government Programs, we are considering programs designed to divert patients from the ER back to community dentists. Hospitals are also considering ER referral programs making use of in house dental clinics, urgent care centers, and partnerships with practices accepting referrals.

How dentists can help.
Dentists can also play an important role 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.

Together, we can help patients engage in good dental care practices, avoiding unneeded and expensive Emergency Room treatment.

Michael D Weitzner, DMD, MS
VP National Clinical Operations (Dental)

Sources
3 Wall T and Vujicic, M, Emergency Department Use for Dental Conditions Continues to Increase, Health Policy Institute, http://www.ada.org/~/media/ADA/Science%20and%20Research/HPI/Files/HPIbrief_0415_2.ashx
Mandatory changes to dental claim form submissions.

All dental providers must use the 2012 American Dental Association (ADA) Claim Form for Medicare and Medicaid members to be compliant with The Centers for Medicare and Medicaid (CMS) requirements. The 2012 ADA Claim Form contains the required ICD 10 diagnosis codes for reporting data to CMS for Medicaid and Medicare patients. If we receive any other claim form for these members, it will be considered a nonstandard form, and we may reject the claim.

We also encourage you to submit dental claims electronically. However, you may submit the 2012 ADA Claim Form using the paper form. Please follow the instructions posted on the ADA website to obtain and complete the 2012 ADA Claim Form located at: ada.org>en>publications>cdt>ada-dental-claim-form.

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.
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.

CMS Data Accuracy Initiative

Earlier in 2015 the Centers of Medicare & Medicaid Services (CMS) released a data accuracy notification for all insurance carriers. CMS is 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 by CMS are being taken to improve the member experience when looking for a provider. 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: http://dbp.optum.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.

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!
RIteSmiles 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 HDL 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 RIteSmiles orthodontic benefits and/or to obtain the new HLD form, please call 1-877-378-5303.

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: Dual Complete products and Care Improvement Plus.

As Medicare Advantage products become more popular, there is a growing need to offer a variety of plans that are created to meet all walks of life. UnitedHealthcare has taken a proactive approach to offering Medicare plans for everyone. Two plans in particular are growing in popularity: UnitedHealthcare Dual Complete and Care Improvement Plus plans.

UnitedHealthcare Dual Complete (DSNP) is a “dual eligible” product that is offered to Medicare members who also qualify for Medicaid. The ID card that is presented reflects contact information for the dental portion of the plan on the back of the card. While the Medical plan may be a traditional HMO plan, the dental plan is a PPO plan. The dental plan will have an annual maximum, but without deductibles. The services covered vary by plan from preventive and diagnostic only to comprehensive coverage similar to an employer group PPO plan.

Care Improvement Plus (CIP) offers Medicare Advantage plans in many states in the US. Most plans cover a handful of dental services such as exams, cleanings, and x-rays. Others cover some comprehensive services up to an annual maximum. For contracted providers, the reimbursement schedule is the same as your contracted PPO reimbursement schedule.

These plans serve Medicare members who may also have special needs or chronic conditions. We are entrusted with the care of this vulnerable population. As such, please make every effort to help the member understand their benefits and to identify correctly their eligibility. A key indicator will be the ID card. Please note that the dental plans offered are not HMO plans, and the back of the card reflects the correct website and telephone number to our provider services team.

**Dual Complete ID card highlighted for your convenience.**
Look for the UnitedHealthcare Community Plan logo.

**Care Improvement Plus ID card highlighted for your convenience.**
Look for the Care Improvement Plus logo as newer ID cards will have the UnitedHealthcare Branding.
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

Electronic payments and statements – making life easier for you!

With Electronic Payments and Statements (EPS) your claim payments, Explanation of Benefits (EOB) and Pre-treatment Estimates (PTE) are delivered electronically, allowing your office faster payment, easier reconciliation, less paperwork and much greater efficiency.

Goodbye to:

- Check clearing wait time
- Check processing fees
- Searching through files for claim and payment information
- Frustrating reconciliation tasks
- Endless piles of paper and mail

And Say Hello to:

- Direct deposit
- Online payment and claim information
- Fast and easy information searches
- Simplified reconciliation
- Reduced paper usage and waste

To learn more, contact our Provider Services team today: 800-822-5353
Take advantage of our dental provider portal today!

Don’t have time to wait for a fax with benefits and eligibility for a patient in your chair? Are you looking to obtain benefits and claim information at the click of a mouse? Use our improved dental provider portal today! Offerings include: real time eligibility, claim processing, and frequencies!

Go to http://dbp.optum.com today!

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.