DeCare Dental℠

Dental Dispatch
News and information for network providers

Reminders

Where Can I Find Newsletters?

The Dental Dispatch is available for network providers in the DeCare dental network. You can find current and previous newsletter issues at **www.decare.com/dentistForms.do.**

EFT Improvements

You may notice enhancements to our EFT system. Visit **www.decare.com/dentistForms.do** to read more about the latest EFT updates and Frequently Asked Questions.

Availity gives you the tools you need

Our dental portal—powered by Availity—makes it easy to do business with DeCare. Availity is a multi-payer site where you can work with participating payers like DeCare.[1] Availity is secure and compliant with all HIPAA regulations, and there is no cost to use any of the online tools.

What tools can Availity provide for your office?

- Access multiple payers within one portal and one login
- Use a secure, compliant network
- Check patient eligibility
- View patient benefits and frequency limitations
- Review clinical guidelines for specific services
- Submit claims and attachments for free
- View claims status attached to the provider's National Provider Identifier (NPI)
- Access free online training—no need to schedule
- Browse the convenient online learning center by topic

Availity demos

To check out the registration page, visit **apps.availity.com/availity/Demos/Registration/index.htm**

For questions, call Availity Client Services at **800-AVAILITY (282-4548)**

1 This collaboration is allowed under the Health Insurance Portability and Accountability Act (HIPAA).

A convenient way to find useful health information about your dental patients

When you see patients covered by DeCare and an affiliated medical plan, Patient Health Record allows you to validate medical data that's relevant to dental care in an easy-to-access and secure environment. Our tool allows all in-network doctors to collaborate on our members' care.[1]

Why use it? Patient Health Record can save you time and give you a complete view of your patients' overall health, which can help you treat conditions more effectively.

Who benefits? Both you and your patients benefit because access to valuable health information can help you make more informed decisions.

When is the right time to use it? Any time you see a patient with DeCare dental benefits who is also covered by one of our medical plans. You can check for available health information any time you log in to the Availity portal—for example when verifying eligibility or obtaining an authorization.

Where can you find it? Patient Health Record is in the Availity.com portal on the Eligibility and Benefits page. You can also find it in the lower left-hand corner of the Payer Spaces page.

What information will you see? When health information is available, you will see relevant data[2] that may include prescription medications, recent diagnoses, care alerts and lab test results. We'll also let you know if the patient is enrolled in one of our care management programs.

To use Patient Health Record, visit **Availity.com**. If you're not already using Availity, you will need to register. For registration assistance, call Availity Client Services at **1-800-AVAILITY (282-4548)**. Still have questions? Contact us at **866-947-9398**.

1 This collaboration is allowed under the Health Insurance Portability and Accountability Act (HIPAA).

2 Patient Health Record does not list patient health information that falls within the category of sensitive services. (Some examples may include, but are not limited to, records relating to HIV/AIDS, mental health, reproductive services, abuse, genetic information, and substance use disorder.)

Misrouted PHI

Dental providers and facilities are required to review all member's information received from DeCare to ensure no misrouted PHI (Protected Health Information) is included. Misrouted PHI includes information about members that a provider or facility is not currently treating. PHI can be misrouted to providers and facilities by mail, fax, email, or electronic remittance.

Dental providers and facilities are required to immediately destroy any misrouted PHI or safeguard the PHI for as long as it is retained. In no event are providers or facilities permitted to misuse or re-disclose misrouted PHI. If providers or facilities cannot destroy or safeguard misrouted PHI, providers and facilities must contact Customer Service or call the number listed on the documentation received to report receipt of misrouted PHI.

Dental providers and facilities should review claims and documents carefully before submitting for payment to ensure that the member ID and name listed on the claim is accurate. Taking these additional steps will help eliminate explanation of benefits being sent to the wrong member and prevent HIPAA violations.

Benefits update: Changes may impact some of your patient's dental plans

2022 New benefits for standard option

- We now cover Class A, B, and C in-network services at 100% for children ages 13 and under.
- To view the full BCBS FEP Dental benefit brochure, visit **2022 BCBS FEP Dental Benefit Brochure**

In-Network Provider Portal Access

In-network providers can access the BCBS FEP Dental Provider portal at **www.bcbsfepdental.com**.

- Providers can only view claims submitted under their TIN
- Member claims are available online for 18 months
- Member benefits and eligibility under an old plan are also available for 18 months
- Procedure code look up

Providers may contact our Customer Service at **855-504-BLUE (2583)**.

Submit your attachments electronically today

You may now send supporting documentations with your claim submissions via the Availity portal.
Using the dental attachments feature, you can:

- Respond to payer requests for supporting dental documentation, or

- Send dental documentation to the payer as needed.

To access dental attachment. In the Availity Portal menu, click **Claims & Payments** > **Dental Attachments**, then under Claims select **Send Attachments**.

How to get trained? Explore the forum in the Availity Learning Center (ALC). It is full of easy-to-read posts on a wide variety of topics, including several posts focused on attachments. Here's how to access it.

1. From the Availity Portal, **www.Availity.com**, select **Help & Training** > **Get Trained.**

2. The ALC will open in a new browser tab, then select **Catalog** > **Forum.**

3. Select a post to review it.

So, what's new?

Consolidated Appropriations Act (CAA) Provider Directory Federal Mandate - Provider Directories – Effective 1/1/2022

As required by the Consolidated Appropriation Act (CAA) and several state laws, we must ensure our Provider Directories are accurate. Our members need the most up-to-date information to reach you, so we will reach out to our contracted providers every 90 days to verify their contact information. As a contracted provider, you must respond to the notification by providing updated contact information if it has changed. We appreciate your due diligence in keeping us informed of any changes impacting you or your office, especially those changes impacting the directory. Working together, we ensure your patients (our members) can reach you quickly while we meet our compliance obligations.

Quick Reference Guide

If you need help with...	
Paper Claims Address	Please review the back of the member's ID card to determine the appropriate dental claims mailing address. (Address varies by group.) In the absence of an address, call the number on back of the ID card for instructions on where to submit the claim
Electronic Claims	Follow current process or contact your clearinghouse
Customer Service #s	See back of patient's ID card
Grievance/Appeals *Sending to a P.O. Box different than the following may result in a delay in your appeal.*	Attn: Dental Claims Appeals & Grievances P.O. Box 551 Minneapolis, MN 55440-0551
Professional Services	**866-947-9398**

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