

# Dental Dispatch

NEWS AND INFORMATION FOR NETWORK PROVIDERS

## PATIENT HEALTH HISTORY ENHANCEMENTS FOR CONNECTED CARE

**SHARED DATA → INFORMED CARE TEAMS →  
BETTER PATIENT OUTCOMES**

New enhancements coming to our Patient Health History tool will allow your office to share relevant patient information with in-network Medical, Dental, and Vision providers. All in-network providers who are part of your patient's care team will be able to collaborate on their health. Your office can enter the most up-to-date patient information. By sharing important patient data with each other, you can positively impact your patients' health outcomes.

**How will it work?** Does the patient have our dental benefits and an affiliated medical plan? If so, using [www.Availity.com](http://www.Availity.com), you are now able to:

1. Update information on your patients' medical conditions to help close care gaps. Care gaps typically indicate more information or action may be needed to help patients when they have a condition such as diabetes or heart disease.
2. Review clinical findings that relate to systemic conditions.
3. Share patient vitals like blood pressure, height, weight, BMI, etc. The data can identify at-risk patients and help reduce severity of systemic disease. This can help when a patient attends routine eye or dental exams – but doesn't schedule regular medical check-ups.

Throughout December 2019 and into 2020 you will notice new enhancements as we roll out updates to our Patient Health History tool. Look for the new features to Patient Health History and how it will positively affect your patients' care – and your practice! If you haven't started using it yet, you can sign up for an account at [www.Availity.com](http://www.Availity.com).

# PROVIDER DIRECTORIES: ENSURE ACCURATE INFORMATION

Have you ever received a call from a patient asking for an appointment with a dentist that left your practice three years ago? The issue of inaccurate provider directories has been a newsworthy topic. To ensure that our members can find you, please visit our up-to-date online provider directory to verify the information that we have listed for your office. Updating your dental practice information when changes occur will assist us in processing your dental claims accurately and timely. We are able to relay correct information to dental members (your patients), regarding who they should call to make dental appointments, your practice's contact information and where you're located.

## ***Notify us whenever there is a change in:***

**Location** – Adding a new practice, demographic changes to existing practice (phone, fax, e-mail, physical address) or closes an office. (Please check with us that we have your correct billing/mailing address.)

**Name** – Dentist/legal/DBA name changes.

**License** - Include the treating dentist license number as issued rather than a shortened version.

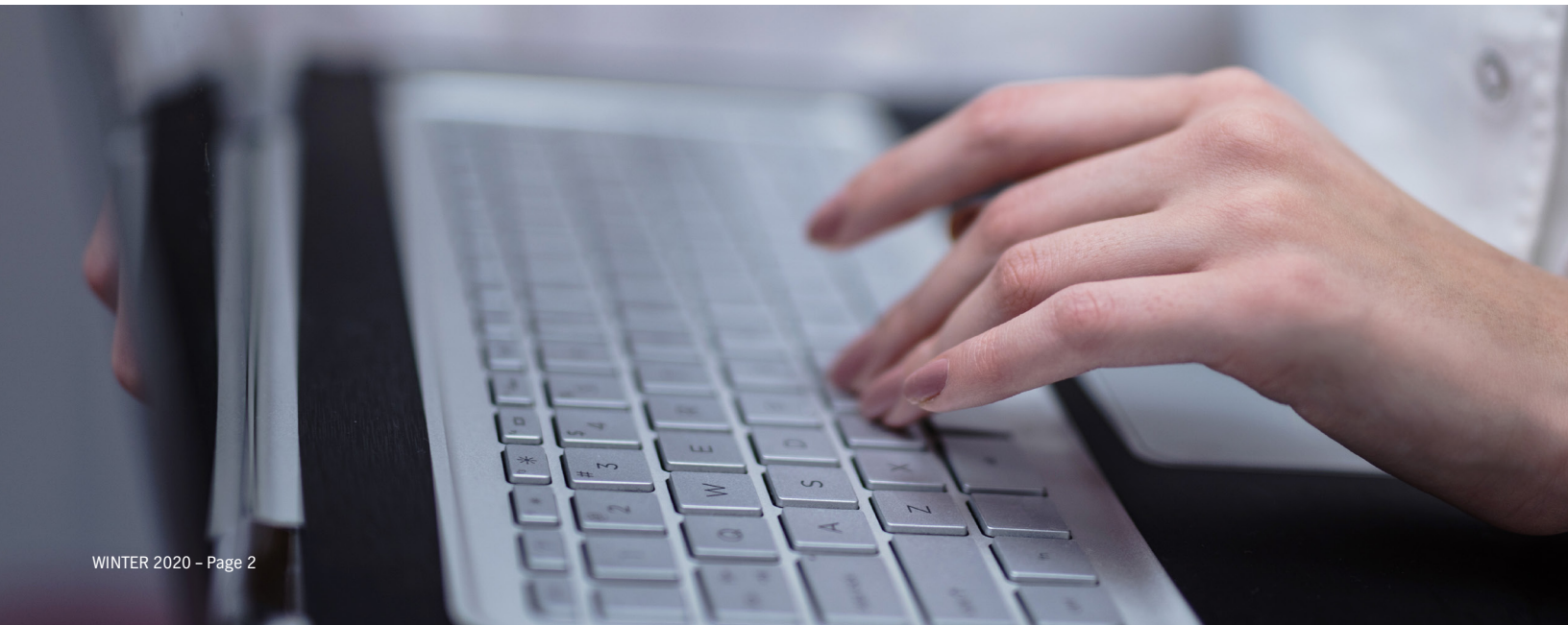
**Tax Identification Number (TIN)** - Complete and submit a W-9 form along with a letter or Tax ID change form requesting the TIN change, the effective date of the TIN change, and any other office changes. Please provide a list of what networks the change will affect. If you are unsure of your network participation, please feel free to contact Professional Services by calling **(800) 658-4187**.

**National Provider Identifier (NPI)** - Be sure we have your individual NPI as well as the clinic NPI.

**\*Please note: This is not only for when you submit your claims electronically. In some states, due to new mandates, NPIs are being required for all claims submissions!**

**Ownership change** - Provide the practice name, date of purchase and W9 if the TIN is not currently on file. Please include a list of dentists associated with this TIN and with what networks they currently participate.

**Adding/removing associates** - If an associate retires, leaves, or a new associate is added to your practice. The *Standardized Provider Maintenance Form* is a fillable PDF form, available on our website [www.decare.com/dentistforms.do](http://www.decare.com/dentistforms.do) or by contacting Dental Network Professional Services to email, or fax it to you. We have forms for all of types of changes listed above. You will fill out and submit a *General Office Information Form* with each change (only one *General office Information form* is needed if submitting multiple changes). This may be submitted to us via fax, email or mail. If changes are required, please contact our Dental Network Professional Services at **800-658-4187** to update information as necessary, or you can complete and submit your change using our new Standardized Provider Maintenance Form.



# BENEFITS UPDATE: CHANGES MAY IMPACT SOME OF YOUR PATIENT'S DENTAL PLANS!

## HELP KEEP YOUR RETIRING ACTIVE DUTY SERVICE TRICARE DENTAL PLAN MEMBERS (TDP) AND RETIRED UNIFORM SERVICES PATIENTS INFORMED

### TRICARE Retiree Dental Program (TRDP) transitions to FEDVIP

The TRICARE Retiree Dental Program (TRDP) was phased out on December 31, 2018. Beginning 2019, retired uniformed service members were able to select FEP BlueDental, as one of the FEDVIP vendors, for dental benefits for them and their family. They are offered the same benefits and premiums as our current members. The open enrollment period was November 11, 2019 – December 9, 2019.

For the first time in 2019, retirees had a choice of dental plans in which to enroll and cover family members. FEDVIP offers a choice of ten dental carriers, with standard and high option plans, so that members can choose the right coverage option for themselves and their family.

- Three cleanings per year under the Standard & High (NEW for 2020) Option. \*Note: does not include exams.
- The policyholder may have an active FEP Medical as someone who has re-entered into the workforce with active employment through the government. (Example: Someone who served 20 years in the military now is working for the post office.)
- The subscriber could have a spouse who has an active FEHB with embedded dental (be a dependent on the plan.)
- If the policyholder has coverage under a spouse who has an active non-federal dental plan – the FEDVIP plan would be first and then the spouse's plan.
- If the policyholder themselves has a non-federal dental plan—the one in existence longest would be prime.
- If the policyholder is covered under a spouse's active military TRICARE Dental Plan (TDP) this FEDVIP comes first, then the spouse's plan.
- FEP BlueDental will be primary as there will also be no "crossover" claims for FEHB new third product "FEP BlueFocus". This product does not have embedded dental benefits.
- In-progress treatment for dependents of retiring active duty service members who were enrolled in the TRICARE Dental Program (TDP) will be covered for the 2020 plan year; regardless of any current plan exclusion for care initiated prior to the enrollee's effective date. We still have a waiting period for orthodontia in the standard option for all new enrollees.

Visit [www.benefeds.com](http://www.benefeds.com) to learn more about FEDVIP open season and to sign up for email alerts.

# 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.

# STUDY FINDS U.S. DENTISTS PRESCRIBE TOO MANY ANTIBIOTICS

## BY TONY EDWARDS, DRBICUSPID.COM EDITOR IN CHIEF

A new study found that almost 81% of antibiotics prescribed for infection prophylaxis before dental visits were unnecessary.

In the first such study to examine the appropriateness of U.S. dentists' prescriptions of prophylactic antibiotics, the researchers reported that just under 21% of more than 91,000 dental patients had a cardiac condition at highest risk of adverse outcomes from infective endocarditis, yet more than 168,000 prescriptions were written for U.S. dental patients between 2011 and 2015 (JAMA Network Open, May 31, 2019).

"Although prescribing is slowly improving, the high proportion of antibiotics that were found to be unnecessary in our study is worrisome," wrote the authors, led by Katie Suda, PharmD. Suda is an associate professor of pharmacy systems, outcomes, and policy at the University of Illinois at Chicago College of Pharmacy. The full article by DrBicuspid.com is available at <http://bit.ly/AntibioticsStudy>.

## CLAIMS SUBMISSION TIPS

Accurate and timely claims payment is a high priority for DeCare Dental and our affiliates. The most frequent reason for delay is missing information on the claim. The most frequently missed items are:

- a. No provider signature
- b. No subscriber authorization signature
- c. Missing provider TIN
- d. Missing provider LIC
- e. Missing procedure codes
- f. Orthodontia claims treatment length (months)
- g. Handwriting is not legible

To ensure prompt and accurate claims payment, be sure to type and review your claims before submission.

## GRACE PERIODS

If you have questions regarding grace periods, contact Customer Service using the phone number listed on the back of the member's ID card.

## FEP BLUEDENTAL AND FEP MEDICAL CLAIM SUBMISSION

As an in-network dental provider, when you submit claims to commercial business, FEP Medical, or FEP BlueDental, please remember to submit all information in the same manner as you provide to us for directory and payment purposes. It is important that this information matches, and has no discrepancies, as that leads to inaccurate payments.

## ELECTRONIC CLAIMS

It is important to submit complete and accurate provider information to ensure claim messages and payments are directed to the correct provider.

- Send the Servicing/Treating provider's type 1 National Provider Identifier (NPI)
- The clinic or corporate NPI may be included, but the treating provider's NPI is needed
- Claims submitted without a valid NPI may be rejected
- Send the Servicing/Treating provider's full license number as it is shown on their paper copy state-issued dental license
- Include Servicing/Treating provider TIN
- Servicing/Treating provider name
- Billing Address - where the payment should be mailed

## FOR FASTER PAYMENTS, BE SURE TO SIGN UP FOR ONE OF THE "COMPLETE CLAIM, FAST PAYMENT" WEBINAR DATES.

All training sessions listed below are Eastern Time:

**Feb 26, 2020 at 11:00 a.m. (ET)**

**Feb 27, 2020 at 3:00 p.m. (ET)**

**Feb 28, 2020 at 11:00 a.m. (ET)**

Registration is quick and easy. Visit [bit.ly/CompleteClaimFastPayment](https://bit.ly/CompleteClaimFastPayment) to register for one of our WebEx training sessions.

\*Note: URL is case sensitive, so be sure to enter exactly as it's shown here.

Have questions? Call us at **800-658-4187**.





Our Summer 2020 Dental Dispatch Newsletters will be available in June/July 2020 at [www.decare.com/dentistforms.do](http://www.decare.com/dentistforms.do)

**OFFICE QUICK 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 or call
Grievance/Appeals <i>*Sending to a P.O. Box different than the following may result in a delay in your appeal.</i>	Attn: Dental Claims Appeals & Grievances P.O. Box 551 Minneapolis, MN 55440-0551
Professional Services	800-658-4187
Language Assistance Program	Contact Customer Service using the number on the back of the patient's ID card or call 877-567-1804. For after-hours assistance, the member can contact the toll-free number above to obtain language assistance.