



Dental Connections

A New Blue Cross Dental

On January 1, 2016 we launched a partnership with our new claims processing partner, United Concordia. United Concordia offers enhanced processing capabilities which will make your claims administration experience much more efficient. As we communicated before, clinical policies, fees, and dental network management for Rhode Island will continue to be administered by Blue Cross & Blue Shield of Rhode Island.

Please note that some of the articles in this issue were also published in the Fall 2015 issue. We have included them again as a reminder and for your reference.

We value your feedback and concerns, and we sincerely appreciate your patience while we work through this transition to improve your experience with us. We're confident that those improvements will help simplify and streamline way you work with us. **Thank you for your partnership!**

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The Mouth-Body Connection

Did you know that 50% of adults over the age of 21 are affected by a chronic condition such as heart disease, stroke or diabetes?¹ As an essential part of the patient care team, you understand the importance of the mouth-body connection and realize that research shows dramatic healthcare savings are possible with proper treatment and maintenance of gum disease in patients with chronic conditions. That is why for January 2016 we have launched several new dental plans, including a medical-dental product with comprehensive coverage under one plan – including coverage for preventive and periodontal services to help your patients, our members, be the healthiest they can be. Highlights of these plans are below. Thank you for being a valued part of Blue Cross Dental.

¹CDC National Center for Chronic Disease Prevention and Health Promotion. “The Power of Prevention: Chronic Disease...the Public Health Challenge of the 21st Century.” 2009.

VantageBlue Direct \$1,200/\$2,400 with Dental

VantageBlue Direct \$1,200/\$2,400 with dental is our newest plan design that includes medical and dental benefits for both adults and children, all under one plan! Adults covered by this plan have a \$2,000 annual maximum, and diagnostic and preventive services, fillings, denture repairs, and simple extractions are not subject to the medical deductible. The pediatric benefits are those that you have become familiar with over the past 3 years as part of the Affordable Care Act (see the Pediatric Dental Benefits article below). Our website provides a complete benefit breakdown including coverage levels, deductible status and dollars used to date. And for these patients, you will continue to file claims just as you do today, on an ADA form (or electronically) with the most current dental coding. For a more detailed explanation, please call our Dental Provider Service Center.

Pediatric Dental Benefits

As part of the Affordable Care Act (ACA), pediatric dental benefits for patients under age 19 are often times embedded in a medical plan. This may be in addition to a traditional (or “stand alone”) dental plan. For your patients who may have coverage under both types of plans, we will consider their “stand alone” dental plan as their primary plan. You may then coordinate benefits with the embedded plan for coverage that may be available.

New Website Details

Our online provider portal now gives you the features you’ve been asking for and will give you more self-service capabilities. It allows you to ability to check benefits by procedure code, view eligibility in a clear and concise format, and submit claims using our web-based claims submission system if you choose.

Please note our new web address for claims:

<https://www.unitedconcordia.com/dental-insurance/dentist/>

The new portal requires a one-time registration, per user.

Provider Service Center

If you would like to speak with a representative, our Provider Service Center representatives are available Monday through Friday, from 8:00 a.m. to 8:00 p.m.

For offices calling from within RI: Call (401) 453-4700

Outside of RI: Call 1-800-831-2400

Dental Direct (Plans for Individuals)

We have expanded our product line for individuals and now offer your patients four plans with a variety of benefits to choose from. Your patient's current ID card will confirm that their application has been received and processed. To determine what coverage is in effect, please visit the website, or contact customer service to verify benefits. To view our offerings for 2016, please visit bcbsri.com and choose "Dental Options" under the "Shop for a Plan" tab. If you would like Dental Direct brochures to offer to your patients, please email your request to dentalbrochures@bcbsri.org. Be sure to include your practice name and address along with the number of brochures you would like.

Electronic Claims: Your Choice

You are now able to use either NEA or Tesia to submit your attachments for electronic claims. That means when you have claims that require additional documentation, you can now upload the information to either of these two attachment warehouses and submit your claim electronically. There is no longer any need to submit on paper.

Paper Claims

When submitting on paper, we only accept 2006 or 2012 ADA forms. Handwritten claim forms are accepted; however the claim form version must be 2006 or later.

If you choose to submit your claims on paper, please note that we now have a new mailing address:

Dental Claims Administrator

P.O. Box 69427

Harrisburg, PA 17106-9427

Practice Changes

When a practitioner joins or leaves your practice it is important for you to notify BCBSRI of the change. If the joining practitioner is already participating with BCBSRI, a practitioner change form and W-9 form (available on bcbsri.com) are required so that we may pay claims to your practice.

If the practitioner is new to the BCBSRI network, he or she will need to complete the initial credentialing process. You can request an application to join our network on bcbsri.com. Please keep in mind that once all necessary documentation has been received the credentialing process can take up to 60 days, so please allow for this when scheduling patients.

When a dentist is no longer practicing at your location, a simple letter notifying us of the change is acceptable. This can be faxed to (401) 459-1220 or emailed to dentalcredentialing@bcbsri.org.

Medicare “Opt-In/Opt-Out” Requirement

You recently received a Medicare Update from us reminding you of the Centers for Medicare and Medicaid Services (CMS) requirement to “opt in” or “opt out” of Medicare for prescribing purposes by June 1, 2016. Please remember that any provider who has opted out of Medicare is considered non-participating for Medicare patients. BCBSRI’s Medicare dental rider (BlueChiP for Medicare) does not cover services rendered by non-participating providers. Per CMS guidelines, once you have opted out of Medicare, you cannot be reinstated into Medicare for two (2) years. For more information, please visit <https://pecos.cms.hhs.gov/pecos/login.do>.

Federal Employees

Please refer to your patient’s most current identification card to find appropriate claims submission address and customer service contact information. Please log in to <http://www.fepbluedental.com> and register or sign in as a provider to have federal employees’ benefits, frequencies, and remaining maximum information at your fingertips.

Alpha Prefix Required for Medicare Members

Blue Cross Dental member identification numbers often times contain a three-letter prefix. While it is not necessary to submit the alpha prefix for most members, please remember that when submitting claims for Medicare Advantage members, it is important to include these letters (ZBM).

Going Green(er)

In the future, we will send Dental Connections electronically to the email address we have on file for your office. Please update your email address(es) at dentalconnections@bcbsri.org including your name, practice address, and communication preference.



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