

dental bulletin

Spring 2012



New dental claims administrator starts

May 1

Beginning May 1, Arkansas Blue Cross and Blue Shield will transition to a new dental claims administrator to provide you with best-in-class systems, efficient claims processing and superior customer service.

You should have received a new contract amendment in the mail, along with information and operational details in an easy-to-use online manual. The manual will be updated as needed.

Under the new arrangement

with Life & Specialty Ventures, LLC (LSV), and Highmark/United Concordia Companies, Inc.*, you will be considered a participating dental provider in a national dental network. To continue as a participating dental provider in this new arrangement, you do not need to do anything. The reimbursement and general terms of your contract with Arkansas Blue Cross will remain the same. Your patients with Arkansas Blue Cross dental coverage will receive new dental ID cards in April.

Arkansas Blue Cross dental

representatives Debbie Jines and Linda Duellmer are available for any questions you might have about the new arrangement. Thank you for being part of our network.

* Life and Specialty Ventures, LLC (LSV), provides dental administrative services and Highmark/United Concordia Companies, Inc., provides dental customer service and claims administration for Arkansas Blue Cross. Both LSV and Highmark/United Concordia are independent companies that operate separately from Arkansas Blue Cross.

New Internet tools will provide immediate access to the information you need

Through a link on the Arkansas Blue Cross and Blue Shield Web site, dental providers will be able to get up-to-the-minute access to member information, beginning May 1.

My Patients' Benefits

My Patients' Benefits provides you with secure, immediate access to the following information:

Eligibility: Provides membership information, including effective dates, types of plans and cancellation dates.

Benefits: Gives detailed information on a patient's benefits and limitations.

Claims Status: Determines if a claim is still in process or has finalized. If the claim has finalized, the check number, amount, date and payee will be displayed. You can determine what maximums, deductibles or coinsurances have been applied. If a claim is rejected, a rejection description is provided.

Maximum/Deductible: Gives maximum and deductible calculations and thresholds applicable to the patient.

Service History: Lets you determine specific services that are on record for a particular patient and the dates they were last provided.

Allowance Information: Provides access to the Maximum Allowable Charge (MAC) Schedules.

Procedure Code Information:

Gives instant access to procedure code descriptions, valid place of service, tooth-related information, X-ray requirements and appropriate benefit categories for coverage.

Orthodontic Information: Provides orthodontic treatment information for each patient, including banding date, allowed charge, orthodontic lifetime maximum or deductibles and future scheduled payments with amounts.

Help: A help button is available for assistance within each category.

Visit the Web site to register for My Patients' Benefits to obtain 24/7 access, beginning May 1.

Provider Check Information

This feature gives summaries of reimbursements, details of each check and information on associated claims for a selected date range online. "Provider Check Information" is located at mydentalcoverage.com and

may be accessed by selecting the "Dentists" link on the home page and then choosing "Reimbursements" at the top of the page. Registered users of My Patients' Benefits or Speed eClaim® already will have access to this feature.

Speed eClaim

Participating and non-participating dentists can submit claims online using Speed eClaim. This real-time processing feature provides you with immediate processing results. You also can run daily reports summarizing your practice's activities, including the number of claims submitted, finalized and/or pending.

Electronic Funds Transfer (EFT)

With electronic funds transfers (EFT) payments can be made directly to a selected bank account. You also can view an explanation of benefits and manage your banking information online.

Welcome New Dentists

The following dental providers have recently joined the Arkansas Blue Cross and Blue Shield network. Thanks for being part of the Blue team!

Dr. James Baddour, III — Covington, TN
 Dr. Brock Brown — Little Rock
 Dr. William D. Corbin — Siloam Springs
 Dr. Brian Drouillard — Fayetteville

Dr. Andrew Duck — Siloam Springs
 Dr. Liza Lundy — Little Rock
 Dr. Daron Praetzel — Hot Springs
 Dr. Gary Renegar — Ft. Smith

Contacting the new claims administrator for Arkansas Blue Cross

New Claims Address

Beginning May 1, 2012, paper claims may be sent to:

Dental Claims Administrator

P.O. Box 69436

Harrisburg, PA 17106-9436

Customer Service Numbers

Until May 1, 2012: **1-877-203-9921**

After May 1, 2012: **1-888-224-5213**

Good news for filing claims

When filing claims with the new claims administrator, you can simply add the member ID number as it is on their card. There will be no need to alter the member's ID number on the claim form.

Is your information correct?

Many of our dentists have moved practices, or now practice in multiple locations. Please check in our "Find a doctor" section on our Web sites to verify that your information is correct and that we are listing all your locations.

If you have had a change or addition in your practice, please fill out a new Change of Data form. You can find it in the "Provider" section of our Web sites, in the special section for dental providers.

The Change of Data form currently only has space for one location, but you can add as many locations as you need by including the information on a sheet of letterhead from your office. Be sure and include all locations so it is clear that you are adding more

locations and not simply moving your practice. Add the NPI Type 2 number for each location as well.

Please fax the completed form with supporting documents to 1-501-378-2465. Or you can send the information by mail to Provider Network Operations, P.O. Box 2181, Little Rock, AR 72203.

Check for new ID cards!

As Arkansas Blue Cross and Blue Shield makes this transition to a new claims administrator, it will be important for your staff members to remind patients to show their new ID cards, so we have included pullout signs for you to display on and after May 1. Remember, your staff can help stop claims delays by checking your clients' ID cards on a regular basis; it is always better to ask for the card just to be sure you have the most recent one in your files. Arkansas Blue Cross never uses a member's Social Security number, so even if a member offers it, please ask instead for the ID card.

Please post the flyer on the back of this page to remind your staff of the upcoming transition.

Don't Forget!



New dental ID cards from
Arkansas Blue Cross and Blue Shield
take effect May 1.

Ask your patients if they
have a new card!



**Arkansas
BlueCross BlueShield**
An Independent Licensee of the Blue Cross and Blue Shield Association



If you have a
NEW DENTAL ID CARD
from **Arkansas Blue Cross
and Blue Shield** or
BlueAdvantage
Administrators of Arkansas
please show it to our staff.

We want to make sure we provide you
the best service possible.



**Arkansas
BlueCross BlueShield**
An Independent Licensee of the Blue Cross and Blue Shield Association

Frequently Asked Questions

Q: What are the benefits of a new provider contract amendment agreement?

A: The amendment offers practice access to more than 200,000 Arkansas-insured members as well as access to thousands of insured members while receiving the Arkansas fee schedule allowance. In addition, it offers fast, reliable and direct electronic claims processing, access to the United Concordia Web site and continued access to your dedicated provider network representative.

Q: Does this change my relationship with Arkansas Blue Cross and Blue Shield?

A: No. The new provider contract amendment agreement does not change your relationship with Arkansas Blue Cross. You will continue to be reimbursed based on the Arkansas Blue Cross fee schedule for covered services provided to Arkansas Blue Cross members.

Q: When will the change go into effect?

A: Your new provider amendment will be effective May 1, 2012.

Q: Will my patients be informed of the change?

A: Yes. Your patients will receive a letter, along with new ID cards.

Q: How will my patients, or prospective patients, know if I am in network?

A: Your patients and prospective patients can visit the "Find a doctor" section of our Arkansas Blue Cross Web site or they may ask you. It is important for

you to make sure you are listed correctly on the Web site and that all your locations are listed.

Q: How will I know if my patient is eligible for services?

A: You can check patient eligibility and benefits using our online self-service option, or call the new Customer Service phone number, 1-888-224-5213, beginning May 1. You also may refer to the new dental manual that is included in your contract amendment materials package for information on member eligibility.

Q: Will I have to renegotiate my contract?

A: No. The reimbursement and general terms of your contract will remain the same. As a participating Arkansas Blue Cross dentist, you will continue to be reimbursed based on the Arkansas Blue Cross fee schedule for covered services provided to Arkansas Blue Cross members and members through the national network that includes United Concordia and other Blue Plan members. The new contract amendment addresses the changes required to support this migration as well as other improvements in our business processes.

Q: If I participate in the United Concordia network as well as my local Arkansas Blue Cross

network, which contract takes precedence?

A: In Arkansas, the only network reciprocity is between United Concordia's Advantage Plus network and the Arkansas Blue Cross dental network. That is, Advantage Plus members may use the Arkansas dental network and Arkansas members may use the Advantage Plus network. Arkansas Blue Cross dental contracts and fees will apply to Arkansas Blue Cross members, and United Concordia provider contracts and fees will apply to United Concordia members.

Q: How will I be reimbursed for services?

A: For Arkansas Blue Cross members, you will continue to be reimbursed based on your Arkansas Blue Cross dental contract. An updated fee schedule went into effect Jan. 1, 2012.

Q: What number do I call for claims and benefit information?

A: After May 1, 2012, you may reach Customer Service by calling 1-888-224-5213. Please continue to use our current Customer Service phone number until that time.

Q: How will orthodontia treatment be addressed — both new and in progress?

A: New orthodontia treatment with a liability of \$750 or less will be

Please post the flyer on the back of this page in your waiting room to remind your patients to show new ID cards.

paid with a lump sum payment at banding. A treatment plan will be created when the liability is more than \$750. Treatment plans will be paid with an initial payment of 25 percent of the total treatment liability upon banding. The remaining liability will be paid in equal monthly increments until the end of treatment or the contract is cancelled.

Treatment in progress, when the member is in Arkansas and the provider is in the Arkansas network, will be transitioned automatically from the previous claims administrator. If there has not been a record of treatment, it will need to be submitted as a new claim. Treatment liability will be prorated and paid with a lump sum payment if remaining liability is equal to or less than \$1,000. A treatment plan will be created when the treatment liability is more than \$1,000. Treatment liability will be paid in equal monthly increments until the end of treatment or the contract is cancelled.

Q: Will I be subject to Arkansas Blue Cross contracted allowable rates for non-covered services?

A: No. You will not be subject to Arkansas Blue Cross contracted allowable rates for non-covered services.

Q: What happens if I don't agree with the new contract amendments?

A: To remain in the Arkansas Blue Cross dental network for dental services, you do not have to do anything. The contract amendment automatically becomes effective May 1,

2012. To be removed from the network, you'll need to send a letter of termination to Arkansas Blue Cross.

Q: How will I be reimbursed for services rendered to United Concordia members?

A: If you participate in United Concordia's Advantage Plus network, you will be reimbursed based on the fee schedule you have agreed upon with United Concordia. Otherwise, you will be reimbursed per the Arkansas Blue Cross fee schedule.

Q: Where do I send paper claims for Arkansas Blue Cross patients?

A: Beginning May 1, 2012, paper claims may be sent to:
Dental Claims Administrator
P.O. Box 69436
Harrisburg, PA 17106-9436

Q: Will the Payer ID number for electronic claims change?

A: No. The Payer ID number for electronic claims has not changed. You may continue to use Payer ID TLY26.

Q: Who do I call if I have questions about my new provider agreement?

A: Contact your dental provider representative:

Linda Duelmer: 1-501-378-2195
lkduelmer@arkbluecross.com

Debbie Jines: 1-501-378-3296
dgjines@arkbluecross.com

Q: Will there be any delay in claims processing while the transition takes place?

A: As part of the transition, there will be a brief period of time during which new claims will be held. The majority of these claims will be processed within days of the May 1 transition. Arkansas Blue Cross and the claims administrator will be diligent in monitoring claims to ensure the most timely processing possible.





Federal Employee Program

In April, the Federal Employee Program (FEP) will start utilizing the Claim Check Plus software for claims editing and determining if a procedure is considered multiple surgeries.

We are receiving some claims from dentists with procedure code 41899

and tooth numbers submitted along with the D7240 or D7250 procedure codes. Claim Check will price these procedures based on multiple surgery guidelines. In order for FEP members to gain the full benefit for oral surgery, dentists do not need to submit code 41899, but

should use the correct D code with the tooth number.

The procedure codes that are submitted with D codes are not subject to the Claim Check guidelines and will not be priced as multiple surgeries.

Good news for filing claims

When filing claims with the new claims administrator, you can simply add the member ID number as it is on their card. There will be no need to alter the member's ID number on the claim form.

Did you know ... ?

If you are incorporated and have other dentists as employees, you should be set up as a clinic with Arkansas Blue Cross and Blue Shield. This includes having an NPI Type 2 for your clinic that's linked to your tax information.

Arkansas Blue Cross now is requiring all providers who file claims with a tax ID number to be set up as a clinic. Therefore, you must obtain an NPI Type 2 number and complete a Clinic Authorization Form. This form can be found on the Arkansas Blue Cross Web site. Once completed, fax the form to Provider Network Operations at 1-501-378-2465.

Dental Provider Relations

MPI #1004

Customer Service 1-877-203-9921

Dental Provider Representatives
Linda Duelder, MHP
Phone: 1-501-378-2195
Fax: 1-501-378-2465

Debbie Jines, RDH, BS
Phone: 1-501-378-3296
Fax: 1-501-378-2465

Arkansas Blue Cross and Blue Shield
Dental Provider Relations
P.O. Box 2181
Little Rock AR 72203