Blue Dental

Provider Training
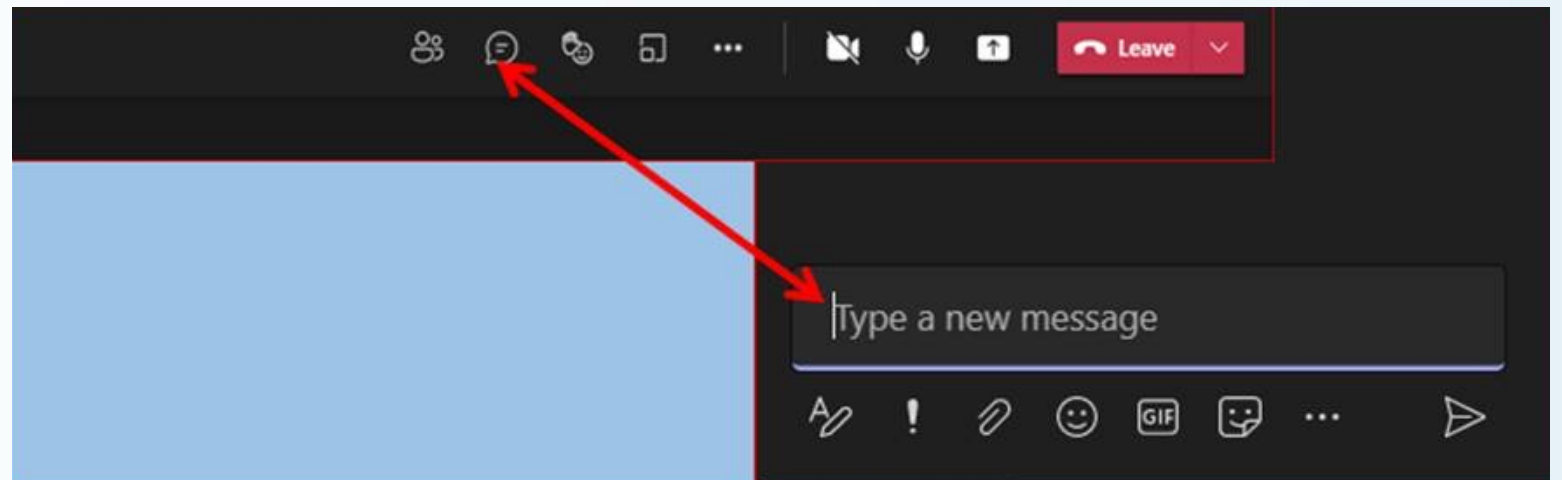
for dentists and dental team members

HOW TO SUBMIT QUESTIONS

To avoid background noise, all attendees have been muted on entry.

Questions & Feedback:

1. Opportunity for quick questions or clarifications at the end of each section
2. Q&A session will be hosted at the end of the session

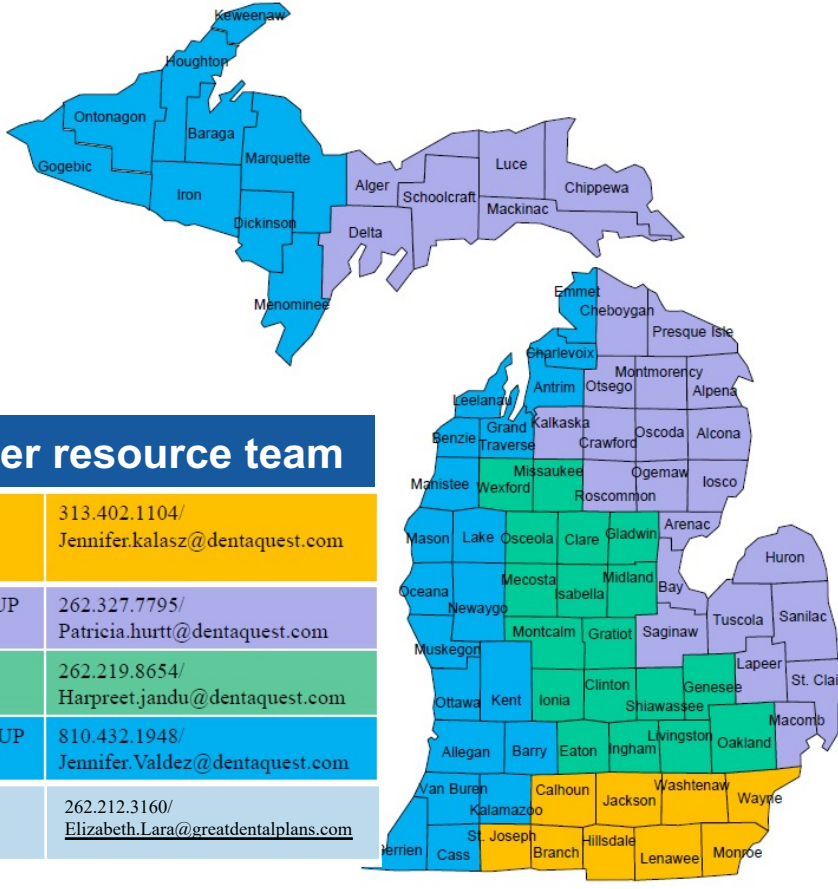You can enter your questions or feedback using the **chat icon**, as follows:

1 Introductions and partnerships

2 Resources for you

3 How to work with Blue Dental

4 Provider portal overview

5 Q&A session

AGENDA

YOUR PROVIDER RESOURCE TEAM

Michigan provider resource team

Jennifer Kalasz	Southern Lower-Mitten	313.402.1104/ Jennifer.kalasz@dentaquest.com
Tricia Hurtt	East-Mitten and UP	262.327.7795/ Patricia.hurtt@dentaquest.com
Harpreet Jandu	Mid-Mitten	262.219.8654/ Harpreet.jandu@dentaquest.com
Jenny Valdez	West-Mitten and UP	810.432.1948/ Jennifer.Valdez@dentaquest.com
Elizabeth Lara	Out of State	262.212.3160/ Elizabeth.Lara@greatdentalplans.com

Dr. Lisa Knowles
Dental Consultant,
Blue Cross Blue Shield of Michigan
LKnowles@bcbsm.com

PARTNERSHIPS

Medicare Advantage Network   Commercial Network

Administrator partnership

Network partnerships

BLUE DENTAL ADMINISTRATION

Maintain Provider Portal	Member Eligibility Verification
Pre-Estimate, Claims Processing and Claim Payments	Provider and Member Inquiries, Grievances, and Appeals
General Provider Outreach and Education	Escalated issue support

HOW YOU PARTICIPATE WITH US

In Network	Out of Network	
Tier 1 – PPO Providers	**Tier 2 – Participate on a per claim basis**	**Nonparticipating Providers**
Contracted with one of BCBSM's network partners	Not contracted, chose to participate on a claim	Not contracted, chose not to participate on a claim
Payment is sent to the provider's office	Payment is sent to the provider's office	Payment is sent to the member
Both boxes 36 and 37 are signed on the claim forms.	Both boxes 36 and 37 are signed on the claim forms.	The box 37 is left blank.
Accept the payments as full reimbursement and cannot balance bill the member.	Accept the payments as full reimbursement and cannot balance bill the member.	Can balance bill the member for charges that exceed maximum allowed amount.
Reimbursed based on the contracted network fee schedule	Reimbursed based on BCBSM Blue Par Select fee schedule	Reimbursed based on BCBSM Blue Par Select fee schedule

RESOURCES FOR YOU

ONLINE AND PHONE SUPPORT OPTIONS

Provider Portal:
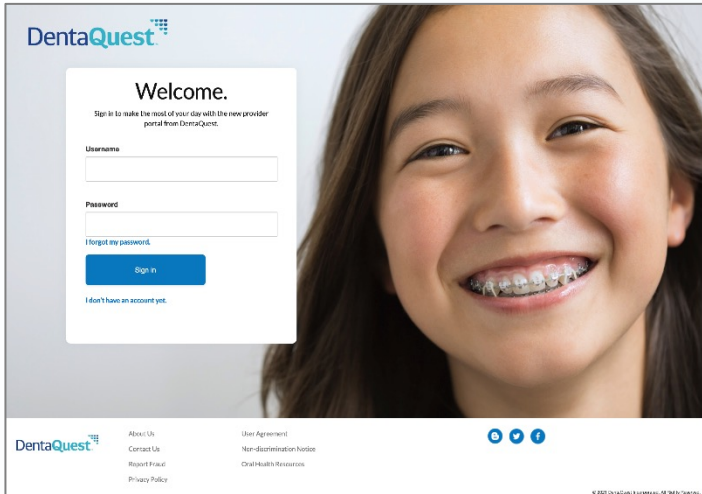
- Member and provider information
- Verify eligibility
- Access benefits
- Bill and track claim
- Access payments
- Submit outreach requests
- Access to helpful documents:
  - Provider manual
  - Claims filing instructions
  - General contact information

If you haven't registered for the Provider Portal, please visit the BCBSM Dentist Page at
https://dentaquest.com/state-plans/regions/michigan/dentist-page/bcbsm/
for instructions.

Phone Service & Support:

Customer service: (888) 826-8152

For inquiries unresolved by the portal and customer service:
- Please contact your regional provider resource representative

PROVIDER SUMMARY GUIDE AND MANUAL

Blue Dental Provider Summary Guide:

- Phone and fax numbers
- Mailing addresses
- Online links

It is available on our website at http://www.dentaquest.com/state-plans/regions/michigan/dentist-page/bcbsm/ under **"Provider Resources"**.

Blue Cross Blue Shield of Michigan
Dental Provider Manual
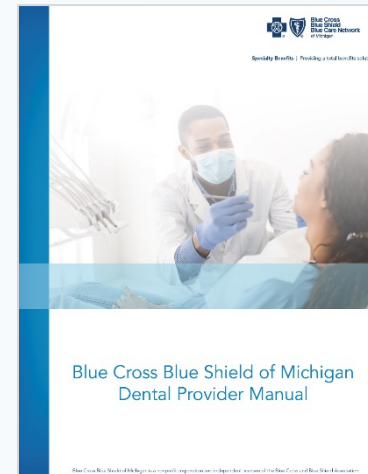
Blue Dental Provider Manual:

- The provider manual can be found on the provider portal under documents and can be found at this website link:
  - https://dentaquest.com/state-plans/regions/michigan/dentist-page/bcbsm/

Note: DentaQuest doesn't administer the Federal Employee Program. Please contact FEP Provider Customer Service at (800) 840-4505 for assistance.

HOW TO WORK WITH BLUE DENTAL

- Verifying benefits & eligibility

- Submitting a Blue Dental claim

- Understanding claims payments

ONLINE AND PHONE OPTIONS TO VERIFY

Use these resources to verify **active coverage** and **eligibility** for their patients **on each** visit to ensure claim payments.

Provider Portal
https://provideraccess.dentaquest.com/.

Customer Service
(888) 826-8152

Note: You must only use the 9-digit alpha or numerical portion of the subscriber ID for eligibility verification. Please do not use the first 3 letters.

AVAILABLE METHODS

All claims must be submitted in accordance with the current ADA guidelines and policy requirements by utilizing one of the methods below:

- **Provider Portal:** https://provideraccess.dentaquest.com/
- **Clearinghouse:** use BBMDQ as the Payor ID.
- **Mail:** BCBSM, PO Box 49, Detroit, MI 48231.
- **Fax:** (262)834-3589 at Attn: BCBSM Claims.

Note: You must only use the 9-digit alpha or numeric part on the claims. All accident-related claims must be billed to medical insurance.

CLAIMS PROCESSING TIMING

- You must file within **two years** from the date of service.

- Once in the queue, BCBSM has a standard **30-day** turn-around time on claims.

- The claims adjudication cycle runs **every Friday** after normal business hours.

Please visit the **Provider Portal** to view claim statuses.

TWO METHODS

1. **Direct Deposit/ EFT:** Once the claim has been correctly submitted and processed, the funds will be deposited in the account of your choosing within 3 business days. You will no longer receive EOBs in the mail; they will be available on the Provider Portal.

2. **Paper Checks:** via Mail

The EFT Form is available at http://www.dentaquest.com/state-plans/regions/michigan/dentist-page/bcbsm/.

Please contact your contracted network for a copy of the fee schedule. **BCBSM is not able to provide it to you.**

How to register for EFT:

Provider Portal	http://provideraccess.dentaquest.com
Email	standardupdates@dentaquest.com
Fax	(262)241-4077
Mail	Attn: PEC Department PO Box 491, Milwaukee, WI 53201-0491
Each form must be submitted along with a copy of a voided check and list of program(s) you participate in.	

APPEALS

If unsatisfied with the decision, you can submit an appeal for a claim as follows:

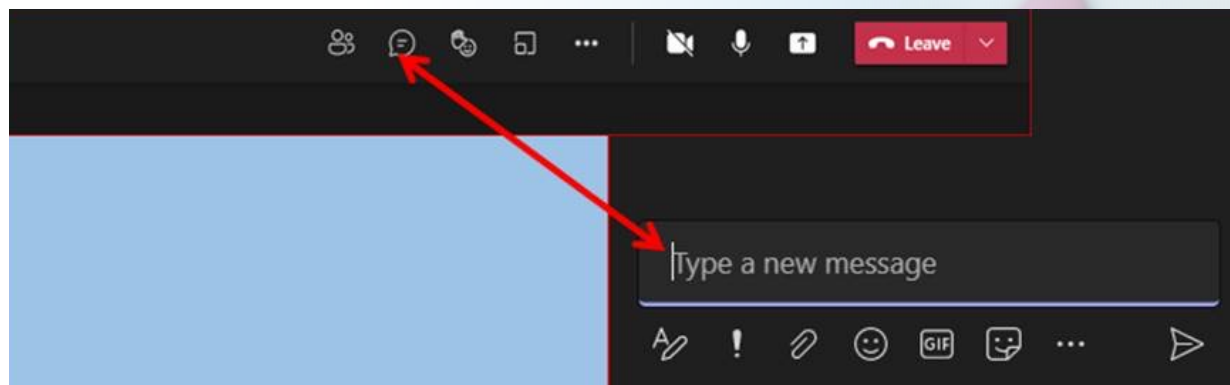- **Provider Portal:** It is the fastest and easiest way to submit and track your appeal.

- **Mail to:**
  Blue Cross Blue Shield of Michigan
  Attn: Provider Appeals
  PO Box 49
  Detroit, MI 48231

Note: You must attach the EOB along with your appeal for consideration.

Questions?

You can enter your questions or feedback using the **chat icon**, as follows:

PROVIDER PORTAL OVERVIEW

- Registering
- Verify benefits and eligibility
- Submitting a claim
- View claim status
- Setup EFT
- Submitting an appeal
- Additional support

HOW TO REGISTER

1. Visit http://provideraccess.dentaquest.com and select **"I don't have an account yet."**

2. Enter the Business and Provider Information, as requested.

3. Please contact provider customer service at (888)826-8152 to get your **"Business Key".**

4. Finish the registration process by accepting Terms and Conditions.
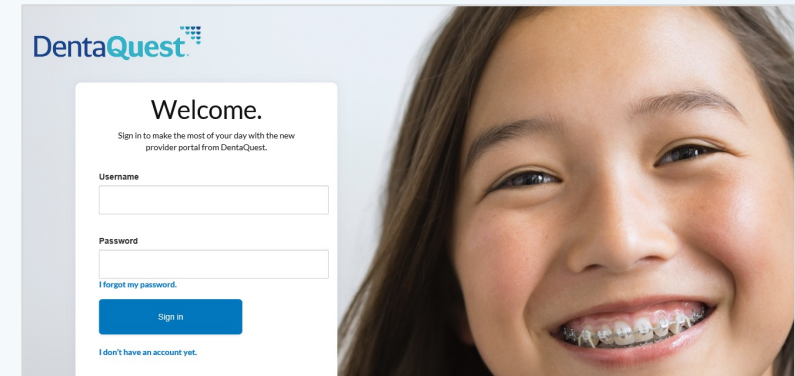
MEMBER TAB: CHECK ELIGIBILITY
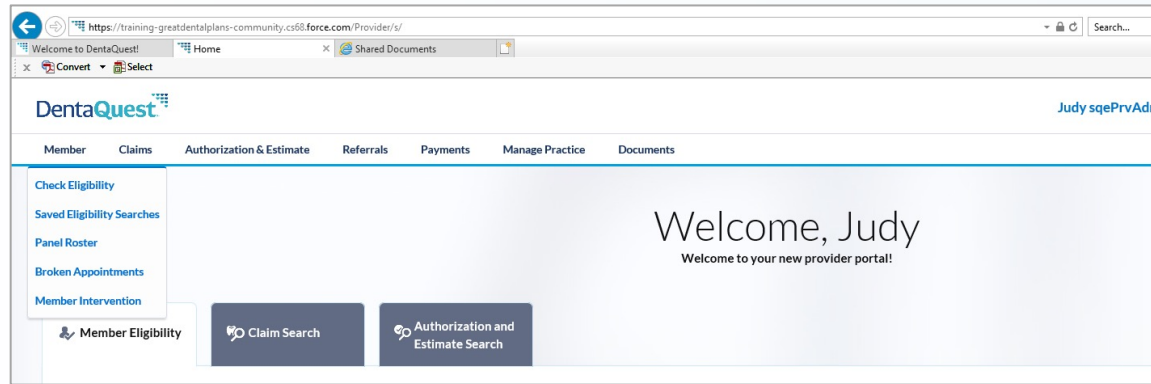
To access an Eligibility Search you can:

1. Click **Check Eligibility** from the Member Tab –or-

2. Complete the search from the **Member Eligibility Task Starter** on the home page.

MEMBER TAB: CHECK ELIGIBILITY

- The service office location, provider's name, the service date, and member's birth date are required.

- Use the patient's DOB **and** the alpha or numeric 9-digit subscriber ID for eligibility verification.

MEMBER TAB: CHECK ELIGIBILITY

Check member eligibility **for 365 days prior to current date or up to 14 days in the future** to confirm eligibility, accumulate data for primary care dentist, and other coverage.

Save search criteria for future use. Only super users can use pencil icon to edit or delete saved searches.

Search by Required Fields:
- Member's DOB + 9-digit Member ID Number
- Member's DOB + Partial/Full Last Name

Note: Search can be done active and termed providers/locations within the last year.

MEMBER TAB: ELIGIBILITY RESULTS

Member Management > Eligibility Search > Search Results

🖶 Print

Eligibility Search: Results

Business Name	Location	Provider	Search Run:	
Miah Farmer	Rodney Rose	Mareli Patrick	Tue Jun 19 2018 at 03:20pm	**Save Search**

✅ Eligible

Service Date ⬆	Birth Date ⬍	Member Number ⬍	Member Name ⬍	Plan Type ⬍	PCD ⬍	Coverage End Date ⬍	Quick Links
06/15/2018	09/21/2002	187389676	Regan Mercado	CO Medicaid Child			▼

⊘ Not Eligible on Selected Date
Click on a member's name for more information.

Service Date ⬆	Birth Date ⬍	Member Number ⬍	Member Name ⬍	Plan Type ⬍	PCD ⬍	Coverage End Date ⬍	Quick Links
06/15/2018	08/18/1957	877046736	Libby Blake	CO Medicaid Adult		07/31/2017	▼

⊖ Out of Network
The member is not within this network and is ineligible.

Service Date ⬆	Birth Date ⬍	Member Number ⬍	Member Name ⬍	Plan Type ⬍	PCD ⬍	Coverage End Date ⬍	Quick Links
06/15/2018	10/28/2005	205896687	Tripp Dixon	TX Medicaid Child (Under 21)	Tripp Pena		▼

❌ Not Found
No information was found. Please check the information or include additional information and try again.

Service Date ⬆	Birth Date ⬍	Member Number ⬍	Member Name ⬍	Reason ⬍
06/15/2018	01/01/2015		Billy Bob	No members were found that match this search criteria.

Eligible - If the Provider and location are in the same network as the member and the coverage is active for the date of service entered.

Not Eligible - This typically occurs when a member's coverage is not active for the service date entered.

Out of Network – If the provider does not accept the member's network the claims will be processed using the out of network benefits.

Not Found - This occurs when a matching member could not be identified in the database.

MEMBER TAB: ELIGIBILITY DETAIL PAGE

Member Management > Eligibility Search > Search Results   🖨 Print

Eligibility Search: Results

Business Name	Location	Provider	Search Run:
Miah Farmer	Rodney Rose	Mareli Patrick	Tue Jun 19 2018 at 03:20pm

Save Search

✅ Eligible

Service Date ⬆	Birth Date ⬆	Member Number ⬆	Member Name ⬆	Plan Type ⬆	PCD ⬆	Coverage End Date ⬆	Quick Links
06/15/2018	09/21/2002	187389676	Regan Mercado	CO Medicaid Child	Tripp Pena	07/31/2017	▼

Frederica Woodward

🔴 Member is out of network: Case Pruitt - Jaqueline Brooks - 06/13/2018
CO Medicaid Adult

DOB:	07/27/1969		Plan		Plan
Gender:	F		CO DIDD State Plan - HCBS-DD		CO Medicaid Adult
Primary Address:	314 State St., COLORADO SPRINGS, CO 64313		Network		Network
Work Phone:	-		CO DD State Plan		CO Medicaid
Fax Number:	-				
Primary Home Phone:	-		Issued ID	Coverage End Date	Issued ID	Coverage End Date
			179060144		179060144

| Overview | Claim and Authorization & Estimate | Service History | Eligibility History | Benefit Summary |

Summary   View or Download PDF

Please note this information does not guarantee or imply payment and is contingent upon other factors, including but not limited to eligibility changes, covered services and benefit limitations.

- Eligibility
- Accumulated data
- PCD
- Intervention details
- All clinical history along with claims information.

- Private Information:
  - Member ID number
  - DOB
  - Gender
  - Primary address
  - Phone
  - Plan
  - Network
  - Other coverage

- Additional Member Details
- Claims/Authorization Estimate
- Service History
- Benefit Summary tabs

MEMBER TAB: ELIGIBILITY DETAIL PAGE

Overview   Claim and Authorization & Estimate   Service History   Eligibility History   **Benefit Summary**

Summary

View or Download PDF

Please note this information does not guarantee or imply payment and is contingent upon other factors, including but not limited to eligibility changes, covered services and benefit limitations.

You can use the "**View or Download PDF**" option to access the summarized copy of the policy benefits.

Procedure Code

Code   Keyword   Clear   Filter

Category ⇅	Code ⇅	Description ⇅	Benefit In Network ⇅	Benefit Out of Network ⇅	Deductible Applies ⇅	Maximum Applies ⇅	Waiting Period ⇅
▶ Diagnostic	D0120	Periodic oral evaluation - established patient	100%	100%	Not Covered	In and Out of Network (Annual Maximum)	0 days
▶ Diagnostic	D0140	Limited Oral Evaluation- problem focused	100%	100%	Not Covered	In and Out of Network (Annual Maximum)	0 days

- Filter to search specific codes from the detailed list.

Questions?

You can enter your questions or feedback using the **chat icon**, as follows:
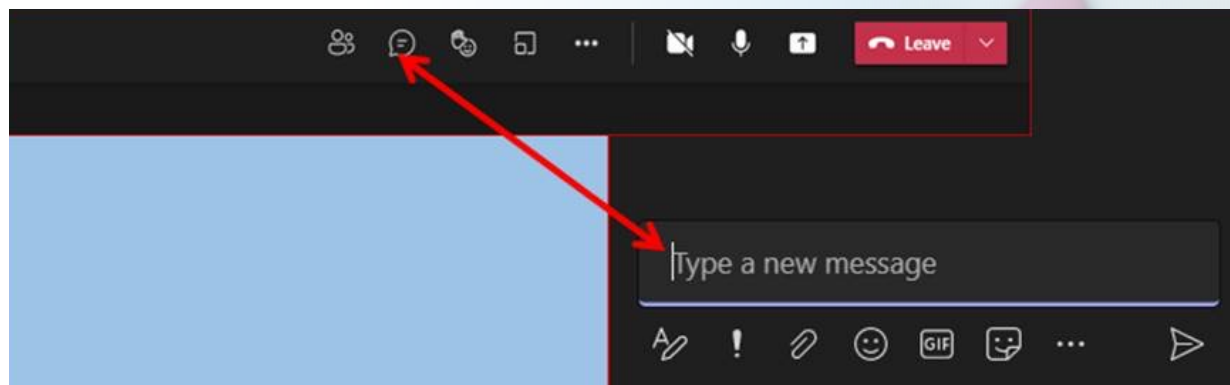
CLAIM AND PRE-AUTHORIZATIONS

You can draft, save, and submit dental pre-authorizations and claims. If saved, retrieve the draft from search claims and authorizations page.

Future dated claims can be created, but not submitted until the date of service(s) is reached.

To enter a claim the following is required:

➢ Office Information
➢ Member Details: You must only use the 9-digit alpha or numeric part of the subscriber ID on the claims
➢ Services
➢ Fields from standard ADA claim form
➢ Supporting attachments or files

Once you have submitted a claim, you will receive a confirmation message/claim number. You can track the claim number under 'Check Member Eligibility'.

Additional Field Guidelines:

▪ Office Reference Number

▪ Referral Number

▪ Notes field

▪ EPSDT - Early and Periodic Screening, Diagnosis and Treatment (Optional)

▪ Emergency – Notes to explain back-end implications such as expedited processing (Optional)

Document Attachment Guidelines:

▪ Up to 10 documents can be attached to each claim, such as:
➢ Referral forms, dental models, diagnostic reports, explanation of benefits periodontal charts, radiology films and/or reports
➢ Each file must be 5MB or less in size and a 'file name' is a required field
➢ Supported file formats: .doc, .ppt, .xls, .csv, .txt, .rtf, .gif, .jpg, .png, .bmp, .zip, .htm, .pdf, .xml, .3dm

PROVIDER PORTAL

CLAIMS ENTRY

You can submit claims by **clicking the Claims tab** and **selecting Claims Entry**. Before submission, you are required to check the members eligibility. Claims can also be submitted from the Member Eligibility search option.

When selecting 'Yes' on the radio buttons, additional fields populate for completion such as accidental injury, coordination of benefits, or ICD Diagnosis Codes to complete claim entry.

CLAIMS ENTRY: DIRECT PAYMENT TO MEMBER (MEMBER PAY)

Claim Details

Direct Payment to Member ⓘ ✔️○

P.O.S.*

-- NONE --

Is this claim for an accidental injury?

○ Yes ● No

Does this member have other coverage (coordination of benefits)?

○ Yes ● No

Add ICD Diagnosis Codes?

○ Yes ● No

Direct Payment to Member is only available for out-of-network and BPS providers.

If your patient has dual coverage, you can use this option to enter primary insurance payment for coordination of benefits.

CLAIMS ENTRY: ACCIDENTAL INJURY & COORDINATION OF BENEFITS

Claims for Accidental Injury

Is this claim for an accidental injury?

Yes ⦿   No ○

Accident Type*	Accident State*	Accident Date*
-- NONE --	-- NONE -- ▼	🗓
Auto Accident		
Employment		
Other Accident		

(coordination of benefits)?

Members with other coverage (Coordination of Benefits)

Does this member have other coverage (coordination of benefits)?

Yes ⦿   No ○

Payer Name*	Group Number*	Member First Name*	Member Last Name*	D.O.B.*	🗑
				🗓	
Payer Name*	Group Number*	Member First Name*	Member Last Name*	D.O.B.*	🗑
				🗓	

Add another COB

- **If a member has additional insurance coverage** for the claim, the coordination of benefits sections for claims can be updated. (not for authorizations & estimates).

- A maximum of 20 payer information details can be added under coordination of benefits.

  Payer info example: Thrivent Financial for Lutherans, Group Number on member's insurance card.

CLAIMS ENTRY: COORDINATION OF BENEFITS CONTINUED

The portal contains a registry of different insurance carriers. You may select the relevant primary carrier, as follows:

Does this member have other coverage (coordination of benefits)?

◉ Yes   ○ No

Payer Name *	Group Number*	Policy Number*	Member First Name*	Member Last Name*	D.O.B.*	
						🗑

Look Up COB Payers

ID Number   **Insurance Company Name**   Clear   **Search**

%Metlife

You can search the primary carrier by using **% and their name.**

...umber	Insurance Company Name	
	METLIFE INS CO OF CT	Select
60992	FIRST METLIFE INVESTORS INS CO	Select
61050	METLIFE INVESTORS USA INS CO	Select

CLAIMS ENTRY: ICD DIAGNOSIS CODES

Add ICD Diagnosis Codes

You will have the option to add ICD Diagnosis Codes to a claim from the ICD-10 code list. Once the code is entered, the portal will automatically populate the description upon advancing to the next field. The results will display at the category and diagnosis code level. By clicking details the ICD code at diagnosis level will display.

Add ICD Diagnosis Codes?

Yes ◉ No ○

Primary Diagnosis Code*	Secondary Diagnosis Code	Third Diagnosis Code	Fourth Diagnosis Code

---

Date of service is only a required field for Claims, **NOT** Pre-Authorizations

CLAIMS ENTRY: SERVICE LINES

Optional Information that can be included as part of claim entry listed below.

Optional Information

This service qualifies as EPSDT.

This was an emergency service.

Office Reference Number

Referral Number

Notes

Please enter your NEA Attachment ID, if needed.

Supporting Documentation
Each attachment must be less than 4.25MB and one of our accepted file types ⓘ. You can add up to 10 attachments.

⬆ Upload Files   Or drop files

Save Draft   Submit Pre-Authorization

Authorization Request Submitted

Your pre-auth has been successfully submitted. Your pre-auth number is: 201922702000100

Submit Another Request   OK

When you click 'Submit', you will receive a confirmation message with a **claim number**. This number can be used to track the processing status.

CLAIM SEARCH

There are two ways you can search for previously saved or submitted dental claims and authorizations.

Navigate to the Claims or Authorization & Estimate tab and use the search option from the dropdown menu.

Enter:
- the status *(accepted, in-progress, adjudicated, finalized or void)*
- the Member's Info Dentist Info
- Date of Service or Date Range.

Results will show billed **and** paid amounts for all claims and authorizations that meet the search criteria, with the option to print or download.

CLAIMS AND AUTHORIZATION SEARCH

Select **Claim Search** to view details of submitted claims.

A second option to search for submitted claims or authorizations is to use the **task starters** from the portal home page.

Select 'Claim Search' or 'Authorization and Estimate Search' to view service history associated with a member.

- On claims and authorization reports, you can filter by date to view the last 3 calendar days of data submitted.

- Information on the report(s) will mirror exactly what was entered at the time of submission. *You may want to print a copy for the member's chart.*

- Click on the claim number for full details

CLAIMS VOID PROCESS

Claims and Authorization Confirmation & Statuses

View all clinical history, along with claims information submitted by that provider office location. After submitting a claim or authorization, you will receive a confirmation status and reference number.

Claim

#201816302000500 Submitted

Submitted: Jun 12, 2018 12:37:30 PM
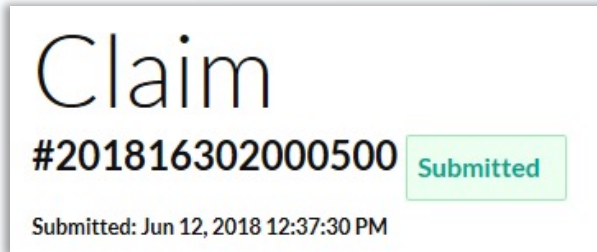
Confirmation Statuses:

- Adjudicated

- **Finalized:** Void or Reconsideration actions can be taken at this time

- In Progress

- Submitted

- Void

VOIDING CLAIMS AND REQUESTING A RECONSIDERATION/APPEAL

Clicking on an individual claim number will allow viewing claim(s) details such as: servicing dentist information, member eligibility information, claim information, COB & service line information, processing policies, and attachments.

- Select **Void Claim** and complete the **Void Request Form** to route this case to the appropriate queue (a case number will display upon submission of the void request).

- The Void Request Form will require details such as: **amount of claim, provider license information, and reason for the void**.

- You can attach additional files and submit reconsiderations/appeals for previously denied claims.

Complete the 'void claim and appeal' process using the forms below, then click **Submit.**

MANAGE PRACTICE TAB: EFT

Electronic Funds Transfer is a service available to enter bank information allowing for a fast and secure option to receive payment.

- To submit a request, please navigate to the **Manage Practice** tab on the portal and click **EFT.**

MANAGE PRACTICE TAB: EFT

1. Confirm Business Information
2. Confirm Contact Information
3. Enter Business Account Information
4. Select Service Location
5. Select Providers
6. **Submit**

- Supporting documentation can be added for faster registration by selecting 'Upload Attachments'.
- You can add up to 10 attachments. Accepted file types can be found by hovering your mouse over the **'i' symbol**.

NEW   CANCEL/MODIFY

1. Confirm Business Information

| TIN: | *****69606 |
| Business Name: | TEXAS BIZ 4 |

2. Confirm Contact Information

● Use My Contact Information   ○ Another Person is the Contact

3. Enter Business Account Information

* Account Holder Name
Jeff Smith

* Bank Name
ABC Bank

* Bank Account Type
Checking

* Account Number
1234567890

* Routing Number
1234567890

* Bank Phone Number   * Requested EFT Start Date
__****   07/27/2018

Upload Image of Voided Check

Supporting Documentation*
Each attachment must be less than 5MB and one of our accepted file types ⓘ. You can add up to 10 attachments.

⬆ Upload Files   Or drop files

4. Select a Service Location

Location*
All

| All |
| Dustin Love Dental - Victoria Court Unit 121 - IRVING |
| Layton Walker Dental - Elm Avenue Ste 100 - DALLAS |
| Micheal Baird Dental - Pearl Street - DALLAS |
| Pablo Brock Dental - Cedar Court Bldg 3 Ste 307 - DALLAS |

5. Select Providers

☑	Provider	NPI
☐	Amya Simon	1303599351
☐	Leo Downs	1252048060

Please allow five business days for processing.

Submit

ACCESSING EXPLANATION OF BENEFITS

| Member | Claims | Authorization & Estimate | Payments | Manage Practice | Documents |
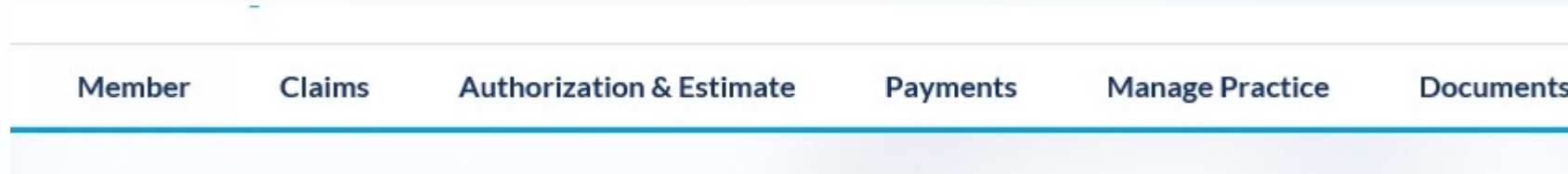
Explanation of Benefits Search

Search for EOBs by entering any (or none) of the following fields:
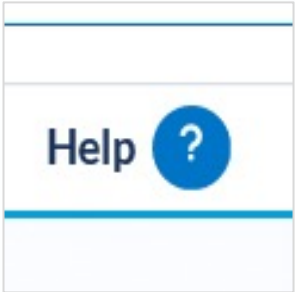
Check or EFT Trace Number

Payment Method

All ▾

Payer Name

Payee Name

Released Between

and

Clear all   Search

- The EOBs are accessible via the 'Payments' option on the homepage.

- View by either entering specific check information or select "Search" to populate all EOBs in new-to-old order.

- All EOBs are available in a printer-friendly format.

ADDITIONAL SUPPORT

If you experience any issues or have questions you can submit a request for assistance.

Questions?

You can enter your questions or feedback using the **chat icon**, as follows:
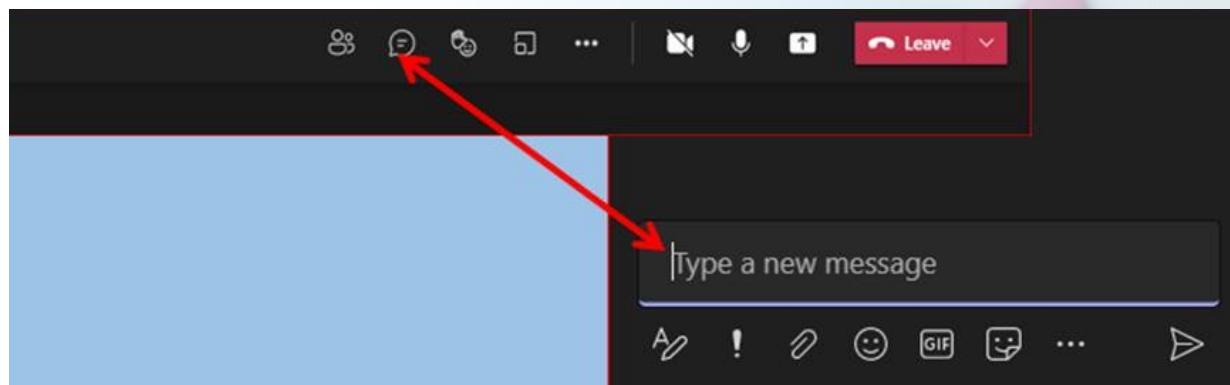
SUMMARY

Partnerships

Resources for you

How you work with us

Provider Portal

This webinar will be available for **on-demand viewing** on the portal so get registered today

THANK YOU