



1. How do I sign up to participate in Blue Dental PPO?

Call United Concordia to enroll at **1-800-332-0366**.

2. How can I verify my participation in Blue Dental PPO network?

Call Blue Cross Dental Provider Servicing at **1-888-826-8152** or United Concordia at **1-800-332-0366** to verify participation. You can also look at your explanation of benefits statement. Under “Contract Owner” on the right-hand side, you should see your contracted network fee schedule name. If there’s nothing listed, you’re participating as a Tier 2 or Blue Par Select provider, which means you participate on a per claim basis.

3. What will happen to my patients if I terminate my contract with the network?

If you become a nonparticipating provider, you could lose patients. Some Blue Dental members have in-network only benefits and will no longer be able to use their insurance with you. Other Blue Dental members may have out-of-network benefits, but the coverage may be at a lower percentage. Terminating an existing network contract or joining a new network may change your status with the Blue Dental PPO Network.

4. Where can I find information and updates about Blue Dental?

Visit and register with the provider portal at provideraccess.dentaquest.com. This portal is available to both Tier 1 in-network providers and Tier 2 Blue Par Select providers. It includes access to important plan updates as well as tools to verify member eligibility, view benefits, payments, statements and covered codes, and submit claims and authorizations.

5. Where do I obtain fee schedules or assistance on fee inquiries for this plan?

If you’re a Tier 1 in-network provider, contact your network for a copy of your fee schedule. If you’re a Tier 2 Blue Par Select provider, Blue Cross Blue Shield of Michigan uses proprietary fees for adjudicating claims. If you have questions about your statement, call Blue Cross Dental Provider Servicing at **1-888-826-8152**.

6. What fee schedule am I being paid under?

Look at your explanation of benefits statement. Under “Contract Owner” on the right-hand side, you should see your contracted network fee schedule name. If there’s nothing listed, you’re participating as a Tier 2 or Blue Par Select provider, which means you participate on a per claim basis and the claim was processed as non-PPO and with the Blue Cross Blue Shield of Michigan proprietary fee schedule.

7. How do I update my practice and business information?

Contact your network to update your information. If you’re a Tier 2 Blue Par Select provider, call provider enrollment at **1-888-334-6761** to submit any changes.

8. What are the benefits under the Blue Dental program?

Coverages vary by plan. See a full list of benefits for your Blue Dental patients by visiting the provider web portal at provideraccess.dentaquest.com.

9. What does Tier 2 and Blue Par Select mean?

Tier 2, or Blue Par Select, providers participate on a per claim basis. Blue Par Select isn't a contracted network, rather it's an agreement between Blue Cross and the provider. If you submit the claim directing payment to your office, you're indicating agreement to participate on that claim. The payment will be sent directly to the dental office, and the processing policy states that you, the provider, will agree to the fees and not balance bill the member. Many members will look for an in-network Tier 1 provider or one that utilizes the Tier 2 Blue Par Select arrangement to decrease their out-of-pocket costs.

10. I'm not contracted; why am I required to accept write-offs?

The Tier 2 Blue Par Select processing policy states that the provider will agree to the fees and not balance bill the member. Our agreement is on the back of the checks. If you don't want to participate, don't sign Box 37 on the ADA claim form, and the checks will go to the members.

11. Who do I contact to update my information for Tier 2 Blue Par Select?

Call provider enrollment at **1-888-334-6761**.

12. If I work at two different locations, do I have to be in-network at both locations?

No. However, Blue Dental members are spread over a wide geographic area and our membership continues to grow. We'd like to be able to encourage patients to seek care from all your offices.

13. How will I submit claims?

You can submit claims one of three ways:

- Use our provider web portal: provideraccess.dentaquest.com
- Use your clearinghouse: Payor ID is BBMDQ
- Mail a paper claim: Blue Cross Blue Shield of Michigan, P.O. Box 49 Detroit, MI 48231

14. How will I be paid?

We're dedicated to fast and accurate payments. You can choose to be paid with a mailed check or through direct deposit.

15. I'm interested in joining the network to serve my existing patients only. Will I be required to accept new patients?

While we prefer you accept all members, you can choose to treat your current patients only and can request that your practice be excluded from being identified in the directory as accepting new patients while remaining in network.

16. Blue Cross processed my claim incorrectly, how do I fix that?

Call Blue Cross Dental Provider Servicing at **1-888-826-8152**.

17. Where can members find a list of participating dentists?

Members can log in to their member account at bcbsm.com, navigate to their dental coverage and use our "Find a Dentist" tool to search for a dentist.