

Dental Dispatch

News and information for network providers



Reminders

Where Can I Find Newsletters?

The Dental Dispatch is available for network providers in the Anthem Blue Cross (Anthem) dental network. You can find current and previous newsletter issues at www.anthem.com/ca/provider/dental.

Emails for Your Office

Watch your email box for periodic email updates from our provider networks team. To be sure your staff receives all updates and notifications, make sure our email address donotreply-providercomm@email.anthem.com is marked as a safe sender on your email list.

Claims Processing & Augmented Intelligence

We have partnered with OverJet, Inc. to introduce augmented intelligence into claims processing. OverJet is a leader in the use of augmented intelligence and has partnered with payers, providers, and third-party intermediaries to incorporate augmented intelligence into dentistry.

Augmented intelligence will help expedite and optimize claims processing, by enhancing human abilities through the power of machine learning. For a list of frequently asked questions and to learn more, please visit www.anthem.com/ca/provider/dental/ under Communications.

Consolidated Appropriations Act (CAA) Provider Directory Federal Mandate

Provider Directories – Effective 1/1/2022

As required by the Consolidated Appropriate Act (CAA) and several state laws, we must ensure our Provider Directories are accurate. Your patients — our members — need the most up to date information to reach you. Please keep us informed of any changes impacting you or your office, especially those changes impacting the directory. We will reach out to our contracted providers as required by Federal and State laws to verify contact information. As a contracted provider, you must respond to the notification by providing updated contact information. We appreciate your due diligence in keeping us informed of any changes impacting you or your office. Working together, we ensure your patients — our members — can reach you quickly while we meet our compliance obligations.

Dr. K's Corner



Dr. Mark Kahn, Dental Director, has a wealth of clinical and insurance experience, including provider relations and detecting and preventing medical waste, fraud and abuse.

Help your patients quit tobacco

Tobacco use, smoking, smokeless tobacco, compressed dissolvable tobacco, cigars, pipes and water pipes, and electronic cigarettes, is a leading cause of preventable illness and death. The adverse oral effects of tobacco use include gingival recession, impaired healing, oral cancer, mucosal lesions, periodontal disease, and tooth staining.

The most effective clinical modalities for treating tobacco use and dependence are counseling, medication, and both in combination. We know that dental practices can provide an effective setting for recognition (finding patients who smoke and offering information about quitting), recommending that patients quit, assess willingness to quit, help with counseling and pharmacotherapy, and arrange for follow-up contact.

Cognitive behavioral therapy has been found to improve rates of cessation as do other nonpharmacological strategies (hypnosis and acupuncture). Pharmacological interventions, nicotine replacement therapy, as well as other medications (bupropion, varenicline, inhalers) have been found to be effective.

To get started with a program, dental offices might consider including a question about tobacco use as part of their medical/dental history to allow identification of tobacco users and to assess a willingness to quit. Anthem can help through the Quitting Tobacco Roadmap Program available to our medical members. Other resources can be found at the websites of the American Dental Association and the Centers for Disease control and Prevention.

Reference:

www.cdc.gov/oralhealth/publications/features/dental-pros-help-your-patients-quit-tobacco.html

Dental care during pregnancy

We know dental care is important during pregnancy as hormonal changes can increase the risk of dental disease. Here are some ways you can help patients who are pregnant:

1. Before providing dental care to a pregnant patient, dentists should review the patient's medical history and ask about medications or supplements being taken to identify any potential risks or contraindications.
2. Consult with the patient's obstetrician to discuss any concerns or potential risks related to dental care during pregnancy. The OB/GYN can provide guidance and help determine the safest approach to dental treatment.
3. Depending on the patient's stage of pregnancy and medical history, you may need to modify the approach to treatment.
4. If anesthesia is needed, use the appropriate type and dosage. Local anesthesia is generally safe during pregnancy. General anesthesia should be used with caution and only when necessary.
5. Pregnant women may need to be positioned differently in the dental chair to ensure their comfort and safety such as use of a pillow or wedge to support the patient's back and reduce pressure on the abdomen.
6. Reinforce proper oral hygiene and encourage pregnant patients to brush twice a day, floss daily, and use an antimicrobial mouth rinse to help prevent gum disease and tooth decay.

Credentialing

CAQH ProView

Anthem Dental Credentialing uses the ADA® credentialing service, powered by CAQH ProView®, the electronic solution and industry standard trusted by providers for capturing and sharing self-reported professional and practice information. ADA® credentialing service — powered by CAQH ProView®— is fully electronic and was developed to save you and your staff the time it takes to complete the lengthy paper forms needed for each healthcare organization with which you are affiliated. Learn more by visiting www.ADA.org/credentialing.

Getting started

Prepare by reviewing the dental credentialing application checklist found at www.ADA.org/credentialing and gathering all required documentation prior to filling out your profile.

Any U.S. practicing dentist can get started in this service by visiting www.ADA.org/godigital. Once the terms and conditions are accepted, dentists will be redirected to a Welcome Page. There, dentists will see certain prepopulated information from the ADA — or the information attested to previously — making it easier and quicker for the dentist to complete and attest.

First-time users can complete their profile in about an hour, depending on how prepared you are when you first log in. The menu prompts in CAQH ProView will guide you through each step. You control which organizations may receive your profile information — either by authorizing all of them or specific ones, including Anthem and their Affiliates.

Maintaining your self-reported information

If you have used CAQH ProView before, we recommend you access your profile by visiting www.ADA.org/godigital. Take note of the important items below to ensure you successfully complete your profile:

- Add new documents to replace any expired ones.
- Leave no gaps in your work history for the most recent five years, or list the reasons for any gaps as appropriate: leaves of absence, maternity leaves, illness, etc.
- Ensure that a current copy of your liability insurance is attached to your CAQH profile.
- **If you only authorize specific organizations access to your profile, please add Anthem and their Affiliates.**

Upon successful completion of your CAQH ProView profile, a confirmation email will be sent to the Primary Method of Contact email address on your profile. CAQH recommends you attest to your profile every 120 days to ensure other insurers you are contracted with can access your profile to start the credentialing process.

Need assistance for completing your profile? You can contact the ADA Member Service Center at **800-621-8099** or the CAQH Help Desk at **888-599-1771**.



Credentialing

Supporting documents CAQH ProView for Dentists FAQs

What is CAQH ProView?

CAQH ProView is an online provider data-collection solution. It streamlines provider data collection by using a standard electronic form that meets the needs of nearly every dental plan, hospital and other healthcare organization.

CAQH ProView enables dentists and other healthcare professionals in all 50 states and the District of Columbia to enter information free-of-charge into a secure central database and authorizes participating organizations to access that information. CAQH ProView eliminates redundant paperwork and reduces administrative burden.

Do I need to be an ADA member to participate?

No, any U.S. practicing dentist can participate. If you are a non-member and would like to get started, [click here](#) to learn more about how to log in.

Does it cost anything to use CAQH ProView?

There is no cost for dentists to use CAQH ProView.

What does it mean to “attest” to my data in CAQH ProView?

After you enter your professional and practice data within CAQH ProView, you must personally attest to its accuracy.

I recently received an email from CAQH ProView, asking me to re-attest to my profile. What does that mean?

After you complete your CAQH ProView profile, the system will notify you every 120 days to re-attest that all information is still correct and complete – or to update it if not. This enables a dentist's contracted dental plans to access CAQH ProView profile information based on their different re-credentialing cycles. Please note that a dental plan or other participating organization will only be able to access your data once you have completed the re-attestation process, and only for those organizations where you have authorized access.

Does this mean I need to completely revise my profile every 120 days?

No, you only need to review the information already in your profile, update any information that has changed, and re-attest to its accuracy. In most cases, this will only take a few minutes.

Whom can I contact for help or if I have any questions about CAQH ProView?

Within CAQH ProView, you can click the chat icon at the top

of any page to ask a question. You can also call:

- The ADA Member Service Center at **800-621-8099**. Monday through Friday 8:30 am – 5:00 pm (CT) or via email at msc@ada.org.
- CAQH Help Desk at **888-599-1771**. Monday through Thursday 7:00 am – 9:00 pm (ET) and Friday 7:00 am – 7:00 pm (ET)



PROVIEW.



Your credentialing checklist: get started today

The ADA® credentialing service, powered by CAQH ProView® provides a digital alternative to the slow and cumbersome traditional paper method. To streamline your credentialing paperwork process and spend more time with patients, any U.S. practicing dentist (ADA member or nonmember) can use this service. Here is what you will need to begin completing the simple form at www.ADA.org/godigital.

These items are necessary to complete your credentialing application:

- ☐ A copy of your state license
- ☐ A copy of your professional insurance face sheet
- ☐ Practice information
- ☐ NPI Number

You may also need the following*:

- ☐ Hospital affiliation information
- ☐ A copy of your anesthesia license
- ☐ A copy of your DEA (Drug Enforcement Administration) license
- ☐ A copy of your CDS (Controlled Dangerous Substances) license
- ☐ Medicare number
- ☐ Medicaid number
- ☐ BLS (Basic Life Support) certification information
- ☐ ACLS (Advanced Cardiovascular Life Support) certification information

*Depending on the state in which you practice, additional documents may be required.

Health Watch

Opioid prescriptions update

Opioid pain relievers are commonly prescribed following surgery or injury, or for health conditions such as cancer. They may also be prescribed for moderate to severe acute dental pain.¹ While opioids can be effective for managing chronic pain and other conditions when properly administered, they carry significant risk when misused or abused.

Regular monitoring and identification of early risk factors is critical to recognizing patients who are most at-risk for prescription drug abuse issues and those who need treatment. Commitment across the healthcare industry is needed to effectively fight prescription opioid abuse.

What dentists can do:

As dentists, you have a significant role in ensuring appropriate prescription opioid use. To understand your role, you should be familiar with these two statements from the American Dental Association addressing opioid prescribing: **Statement on the Use of Opioids in the Treatment of Dental Pain²** and **Statement on Provision of Dental Treatment for Patients with Substance Use Disorders.³** These statements outline opioid management considerations including the importance of:

- Registering with and utilizing prescription drug monitoring program.
- Discussing with patients their responsibilities for preventing misuse, abuse, storage, and disposal of prescription opioids.
- Using non-steroidal anti-inflammatory analgesics as the first-line therapy for acute pain management.
- Coordinating with other treating doctors, including pain specialists when prescribing opioids for management of chronic orofacial pain.
- Consulting with the patient's physician when the patient has a history of alcoholism or other substance use disorder.

The Centers for Disease Control and Prevention (CDC) notes that Prescription Drug Monitoring Programs (PDMPs) are among the most promising interventions to improve opioid prescribing, inform clinical practice, and protect patients at risk.⁴ What you need to know:

- Enroll in your local PDMP.
- A PDMP allows you to identify situations in which you should not be prescribing a controlled substance to a patient. This enables you to move toward better medication adherence and helps to curb the prescription drug abuse epidemic.

1 American Dental Association. Oral Analgesics for Acute Dental Pain. Available at: <https://www.ada.org/resources/research/science-and-research-institute/oral-health-topics/oral-analgesics-for-acute-dental-pain> (Accessed May 2023).

2 American Dental Association. Statement on the Use of Opioids in the Treatment of Dental Pain. Available at: <https://www.ada.org/about/governance/current-policies> (Accessed May 2023).

3 American Dental Association. Statement on Provision of Dental Treatment for Patients with Substance Use Disorders. Available at: <https://www.ada.org/about/governance/current-policies#substanceusedisorders> (Accessed May 2023).

4 Centers for Disease Control and Prevention. Prescription Drug Monitoring Programs (PDMPs): What Clinicians Need to Know. Available at: <https://www.cdc.gov/opioids/healthcare-professionals/pdmps.html> (Accessed May 2023).



Did you know

ATTENTION Dental Net and SelectHMO participating providers: Member Encounter Data

As a part of the Dental HMO Quality Assurance Program, your dental office has agreed to participate in the Dental Quality Assurance Program and to provide Anthem with member encounter data.

The encounter data that Anthem receives from your office is utilized to monitor the level of services our network is providing our members, your patients, as well as to identify problem areas in the network. Encounter data is also utilized to provide your office additional per patient visit and procedure specific supplemental compensation according to most of the plan designs.

As a reminder, there are three acceptable methods for your office to submit encounter data to Anthem:

- Anthem supplied Patient Visit Record (PVR)
- ADA claim form stamped "Encounter" in red
- Automated dental practice management report



California SB137 – Health Care Coverage: Provider Directories

Please be aware, as required by the State of California, Anthem and our affiliates must follow regulated procedures that are outlined in SB137 to maintain accurate provider directories. Our responsibility is to provide accurate dental directories to our members. For more information about SB137 and directory accuracy, please review the article within past newsletters on our website at www.anthem.com/ca/provider/dental.

Did you know

Timely Access regulation and Language Assistance program

Anthem Blue Cross is committed to keeping you, our network partners, updated on our activities related to our compliance with the Department of Managed Health Care (DMHC) and the California Department of Insurance (CDI) Timely Access to Non-Emergency Health Care Services Regulations (the “Timely Access Regulations”), respectively. Anthem maintains policies, procedures, and systems necessary to ensure compliance with the Timely Access Regulations, including access to non-emergency health care services within prescribed timeframes (also referred to as the “time elapsed standards” or “appointment wait times”). Anthem can only achieve this compliance with the help of our provider network partners, you!

The following chart includes the access standards that providers are required to meet.

Access Standards for Dental Professionals

Access to	Standard
Non-urgent appointments for Primary Dental Care (PCP)	Must offer the appointment within 21 business days of the request
Urgent Care appointments (defined as severe pain, loss of life, limb, or major bodily function)	Must offer the appointment within 72 hours of request
Initial visits of dental examinations and X-rays for Primary Dental Care (PCP)	Must offer the appointment within 21 business days of the request
Hygiene visits for Primary Dental Care (PCP)	Must offer the appointment within 40 business days of the request
In-office waiting room time	Usually members do not wait longer than 15 minutes to see a dentist or his/her designee
After hours care (when dental office is closed)	Member to reach a recorded answering machine message or live answering service voice response providing instructions on how you can obtain urgent or emergency care including, when applicable, how to contact another dentist who has agreed to be on-call to triage or screen by phone, or if needed, deliver urgent or emergency care.
Emergency appointments (defined as a dental condition that exhibits unresolved pain, excessive bleeding, or swelling below the jaw)	Emergency appointments need to be available as necessitated by the patient's condition requiring the dentist be on call to assess patient's needs and determine appropriate appointment scheduling. By contract, Participating Providers are required to be available 24 hours a day, 7 days a week for emergencies and are required to provide an after-hours answering system, which could consist of an answering service, a recording device, a pager system and to return of call to the member within two hours to assess the nature of the emergency.

The Timely Access Regulations have provided exceptions to the time-elapsed standards to address these situations: **Extending appointment wait time:** The applicable waiting time for a particular appointment may be extended if the referring or treating licensed health care provider, or the health professional providing triage or screening services, as applicable, acting within the scope of his or her practice and consistent with professionally recognized standards of practice, has determined and noted in the relevant record that a longer waiting time will not have a detrimental impact on the health of the patient.

Did you know

The following chart includes the access standards Anthem Blue Cross is required to meet.

Access to	Standard
Member Services by telephone. Access to Member Service to obtain information about how to access clinical care and how to resolve problems (this is a plan responsibility and not a physician responsibility)	Reach a live person within 10 minutes during normal business hours

If you have further questions, please contact us at **866-947-9398**.

For patients with Department of Managed Health Care regulated health plans:

If you or your patients are unable to obtain a timely referral to an appropriate provider or for additional information about the regulations, visit the Department of Managed Health Care's website at www.dmhc.ca.gov/HealthCareinCalifornia/YourHealthCareRights/TimelyAccessToCare.aspx or call **888-466-2219** for assistance.

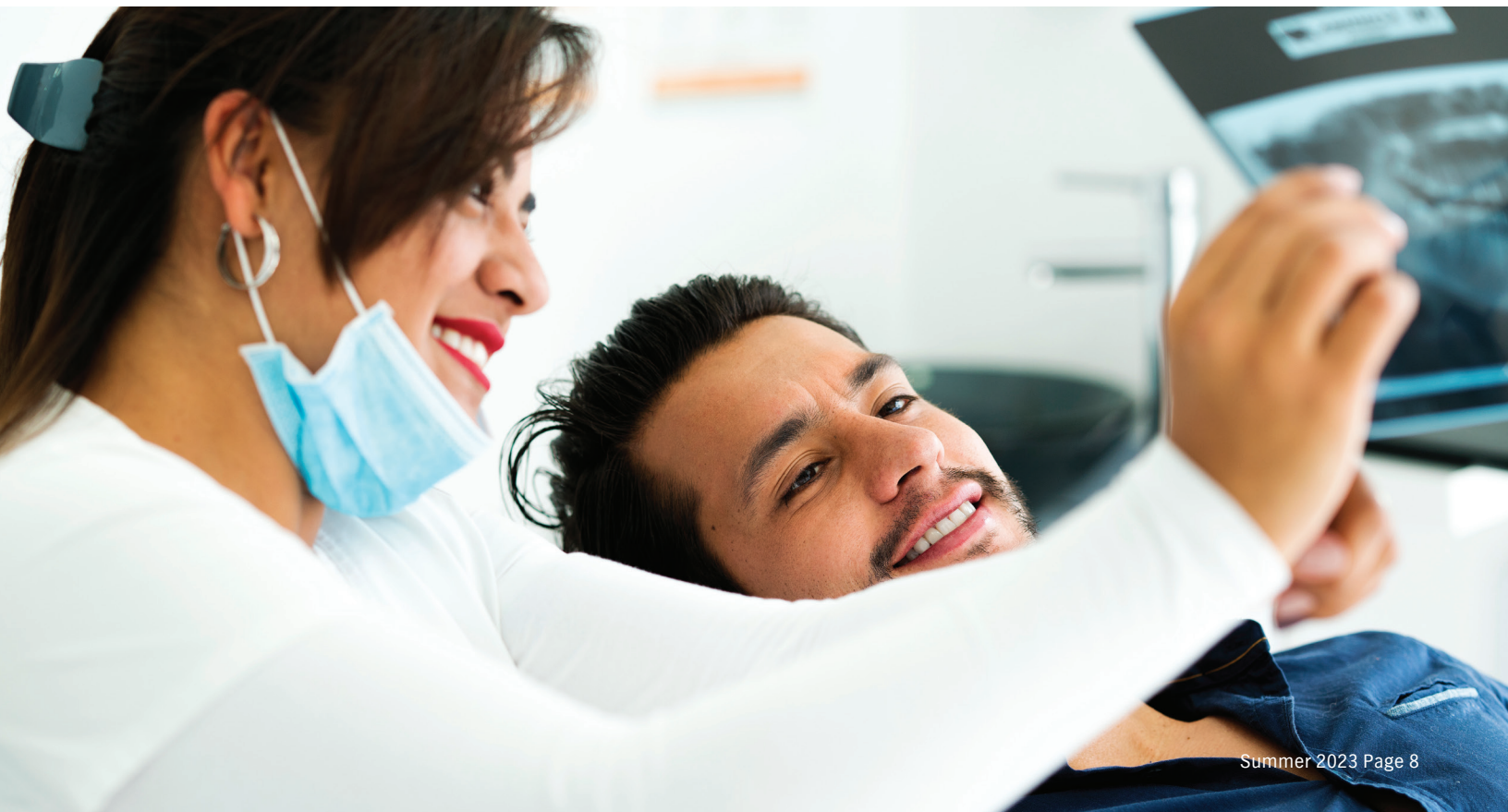
For patients with California Department of Insurance regulated health plans:

If you or your patients are unable to obtain a timely referral to an appropriate provider or for additional information about the regulations, visit the Department of Insurance's website at www.insurance.ca.gov or call **800-927-4357** for assistance.

Language Assistance program

Anthem offers members free language assistance services through interpreters and other written languages. If you or the member are interested in these services, please call the Anthem Member Services number on the member's ID card for help (TTY/TDD: 711). For more information, refer to our **Anthem Dental Language Assistance Program for your office** article in this newsletter.

We hope this clarifies Anthem's expectations and your obligations regarding compliance with the Timely Access Regulations. Our goal is to work with our providers to successfully meet the expectations for the requirements with the least amount of difficulty and member abrasion.



Did you know



Anthem Dental Language Assistance program for your office

No interpreter? No problem.

Anthem wants you to be able to communicate with your Anthem dental patients clearly and accurately.

- It's easy
- It's free
- No advance notice required
- All languages

To utilize the Anthem language assistance services, contact us toll-free, at **800-627-0004** between 8:00 a.m. and 5:00 p.m. Monday through Friday or contact us at the phone number listed on the member's identification card.

When you call, please be prepared to give the representative the Anthem dental patient's identification number for eligibility verification, and your dental practice name and tax identification number. Upon verification of eligibility, the appropriate translator will be obtained and you will be connected to the "language line" for telephonic interpretation.

Please remember, in accordance with the California Language Assistance Program (CALAP), you must notify Anthem dental patients of the availability of the health plan interpreter services. You must also document a patient's refusal of any needed interpreter services in his or her patient chart.

Please refer to the Anthem Dental Provider Resource page or the Anthem Provider Manual for additional information on the Language Assistance Program, at www.anthem.com/ca/provider/dental/.

Misrouted PHI

Dental providers and facilities are required to review all member's information received from Anthem 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.

Quick Reference Guide

If you need help with...	For Prime and Complete	For All Other Products
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	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	Follow current process or contact your clearinghouse
Customer Service	See back of patient's ID card or call 877-567-1804	See back of patient's ID card
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 and Grievances P.O. Box 1122 Minneapolis, MN 55440	Anthem Blue Cross Attn: Corporate Appeals Dept. P.O. Box 659471 San Antonio, TX 78265
Professional Services	866-947-9398	866-947-9398
Language Assistance Program	See back of patient's ID card	800-627-0004
Provider Reference Manual (PPO ONLY)	www.anthem.com/ca/provider/dental/	www.anthem.com/ca/provider/dental/

