



Welcome to the
Humana Dental network

Humana®

GCHHHH3HHH



Self-Service

Provider portal registration

Humana has a long history of delivering excellent support to dentists in our network. We offer services and solutions to help you maintain your high standard of care. Humana has teamed up with Availity Essentials, a secure, multi-payer platform to make it easier for you to work with us online. For more information on how to get started with registration and what tools are available, please visit Humana.com/AvailityDentalPortal.

Benefits of registering with Availity

- Verify eligibility and benefits and check claim status
- Submit dental claims online
- View remittance documents via Remittance Inquiry (Humana) or CompBenefits Remittance Advice
 - If you have elected to have your electronic remittance advice (ERA) delivered through Availity, you also can use Availity's Remittance Viewer
- Get paid faster: enroll or make changes to electronic remittance advice (ERA)/electronic funds transfer (EFT) preferences
- Download DHMO rosters
- Access to free Availity portal training for dental office staff and administrators
- View ID card or proof of coverage

Get ready today

Register now

www.availity.com/provider-portal-registration

For details on how to register, download file at:

www.availity.com/documents/learning/Availity_Portal_Registration.pdf



We want to pay you promptly

Did you know you can submit dental claims through the claims and payments menu on Availity Essentials? Submitting pre-estimates and attachments is not available at this time.

Want to save time and increase efficiency?

Submit claims via DentalXChange (DXC). DXC works with all major practice management software systems. Simply let the clearinghouse know your payer ID.

Submitting a claim electronically

Humana Dental payer ID: 73288

CompBenefits payer ID: CX021

- To send X-rays, periodontal charts and intraoral pictures over the internet, use FastAttach® through Vyne Dental (formerly known as National Electronic Attachment, Inc. (NEA)). For questions or concerns, please call Vyne at **800-782-5150** or visit vynedental.com.
- You may also use Dental Xchange (DXC), for questions or concerns, please call DXC at **800-576-6412, ext. 455** or visit www.dentalxchange.com/solutions/for-providers.

Submitting a claim by mail

We accept any standard claim form. Please fill the form out completely and mail it to:

Humana Dental Claims Office

P.O. Box 14611

Lexington, KY 40512-4611

CompBenefits Claims Office

P.O. Box 14283

Lexington, KY 40512-4283

Submitting a claim by mail, cont.

If you are mailing X-rays, periodontal charts or other attachments that you want returned, please include a self-addressed, stamped envelope.

Attachments without a self-addressed, stamped envelope will not be returned.

Simple tips for prompt processing

Before submitting your claim form, please complete the following fields:

- **NPI:** Including your unique national provider identifier (NPI) helps us process your claims faster.
- **Tax ID number:** Humana can process your claims faster if we have your current tax identification number (TIN).
- **Claim filing:** Enter your provider name as it appears on your Humana contract to expedite the processing of your claim.

We recommend calling us to verify a patient's eligibility. If a procedure will cost more than \$300, we recommend you submit a treatment plan for review. The plan should include:

- A list of the services you plan to provide, using American Dental Association nomenclature and codes
- Your written description of the proposed treatment
- Supporting pretreatment X-rays*
- Itemized cost of the proposed treatment
- Any other diagnostic materials Humana Dental requests*

Noncovered services

Prior to performing any noncovered services, please inform your patient of any financial obligations.

Specialty referrals

Humana dental products do not require referrals for specialist care.

Electronic Claims Payment (ERA/EFT)

Providers can sign up to receive electronic remittance advices (ERA) and electronic funds transfers (EFT).

For Humana members with 9-digit member ID numbers, you can enroll in ERA/EFT on Availity Essentials (registration required). To start or update ERA and EFT, please sign in to Availity. Enter the Humana Dental payer space and access the ERA/EFT enrollment application.

For Humana members with 13-digit member ID numbers, you can enroll in ERA/EFT 2 ways:

- No cost Automated Clearing House (ACH): **www.providerpayments.com**
- Fee-based ACH: ECHO Health, Inc. offers an enhanced ACH solution that allows providers to receive EFTs for all payers with a single enrollment via **<https://view.echohealthinc.com/EFTERA/efterainvitation.asp>**.

* Please refer to the claim attachment guidelines in this packet. Please note that the guidelines also appear at Humana.com. You can access the guidelines, and those of other dental benefit plans, in one central location by enrolling in the National Electronic Attachment (NEA) FastLook™ online catalog. Health Insurance Portability and Accountability Act (HIPAA) rules apply to both electronic and paper submissions. For more information about HIPAA, visit the American Dental Association at www.ada.org or the U.S. Department of Health and Human Services at www.hhs.gov.



Service you can smile about

At Humana, we are always working to make sure you and your staff can get the important information you need quickly. Availity Essentials offers a streamlined experience with access to enhanced eligibility and benefits, claims submission and more.

On Availity Essentials, you can check eligibility and benefits, claim status, review remittance documents, sign up for electronic payment preferences and more.

If you are already registered and ready to begin working, you can log in at www.availity.com.

Automated claim and eligibility information is available

Dial the customer care telephone numbers in the next section to access automated information lines that can provide claims and patient information. Please have the following information handy:

- Dentist tax identification number
- Member name
- Member identification number
- Member date of birth
- Date of service

Need to speak with Provider Customer Care?

If you need to talk to someone, please call one of the provider customer care numbers listed below.

Assistance is available Monday – Friday, 8 a.m. – 8 p.m., Eastern time, on the Humana Dental/Medicare dental line; all other lines operate from 8 a.m. – 5 p.m., Eastern time.

- Humana Dental and Humana Medicare Dental/DEN plan: **800-833-2223**
- Federal Advantage Plan: **877-692-2468**

Claims payment appeal process

Call Humana's provider customer care line at one of the above numbers. Representatives can answer most claims questions and will initiate contact with other departments as needed. Be sure to note the reference number issued. If your inquiry is referred to another area, you will receive a letter with a determination within 30 to 45 days.

Updating provider and practice information

Humana and its subsidiaries use the participating provider's name, office address(es) and telephone number(s), office hours, panel status (whether or not you are accepting new members) and other pertinent information in marketing, directory information and other materials, and for regulatory purposes.

Each participating provider needs to provide notice within 10 business days of changes to his or her name, address, TIN, office hours, panel status (whether or not you are accepting new members) or other practice information.

Updating provider and practice information, cont.

Changes to TIN(s) will be applied to the participating provider's network status unless otherwise notified by participating provider.

Changes can be made by:

Email: dentalservice@humana.com

Fax: 920-632-1483

Mail: Humana Dental
c/o Dental Service
1100 Employers Blvd
Green Bay, WI 54344

Recredentialing

Humana recredentials dental providers every two to three years, depending on state requirements. The ADA® credentialing service powered by CAQH ProView® makes it easier for dentists to submit and maintain their professional and practice information in one central place.

Directly contracted providers will begin receiving reminders 120 days from their due date to begin the process. Delegated providers will follow their corporate procedures to ensure they remain in network with Humana.

HumanaDental Provider Manual

The provider manual includes important information to assist you with everything you need to know about being a HumanaDental provider. **Click here** to access the manual online. Additionally, the beginning of the manual includes a useful Quick Reference Guide with key contact information, phone numbers and links to make doing business with Humana easier.

Referring a provider



To refer a dentist to the HumanaDental network, visit [Humana.com/Provider/Dentist-Resources/Refer-a-Dentist](https://www.humana.com/Provider/Dentist-Resources/Refer-a-Dentist) or scan the QR code to the left.

Terminating your relationship with Humana

In the event of a contract termination, with or without cause, or Humana's insolvency or other inability to continue operations, the provider will notify Humana about members whom they are treating.

If a participating provider moves or closes their office after initial contracting and does not notify us in writing, Humana will make a good-faith attempt to locate that provider; however, if we are unable to locate the provider, the provider may be terminated without written notice or cause unless prohibited by law.

Upon termination of your agreement, you are obligated to provide, arrange for and pay for covered services to our members through the last day of your agreement. You will agree to complete all work in progress before the last day of your agreement or to pay for such completion if not done so by the last day.

Quality assurance for our members

As a contracted provider, you agree to participate in Humana Dental's quality assurance, utilization review and grievance processes.

You agree to forward to Humana Dental within seven days of receipt any complaint and/or grievance submitted by a member. In addition, you agree to cooperate with and participate in all final determinations made through the grievance procedures; however, nothing in this provision is intended to prohibit or hinder a member from using any further appeal or review process available under applicable law.