Provider manual

Humana Dental provider network policies and procedures

Humana.com/Provider/Dentist-Resources

Humana®

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Introduction

Welcome to Humana. We want to take a moment to thank you for joining our network. This guide will assist you with everything you need to know about being a provider in our dental network.

Your relationship with your patients can make all the difference in their health. Use this manual to access tools and resources that can help support you in their care. You will find numerous resources, including important contact information, how to access your provider portal, how to set up electronic payments and how to access patient benefit information.

The Humana® Dental Network Service Team

Dental provider quick reference guide

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.

Provider manuals:

- Dental Provider Manual
- Medicare Advantage Dental Office Handbook

Customer Care department

Call for assistance with:

- Benefits
- Claims
- Copayments
- Allowed amounts and fee schedules
- Grievances and/or appeals
- Eligibility

Humana Customer Care department:
Call **800-833-2223**,
8 a.m. – 8 p.m., Eastern time

FEDVIP members:
Call **877-692-2468**,
9 a.m. – 7 p.m., Eastern time

Claims mailing address

Humana Dental claims office
P.O. Box 14611
Lexington, KY 40512-4611
(This address includes federal claims.)

CompBenefits claims office
P.O. Box 14283
Lexington, KY 40512-4283

Provider relations

Participating providers can email **DentalService@humana.com** for assistance with:

- Provider education
- Demographic changes
- Adding a location
- Adding a new dentist
- Adding a new product (e.g., DHMO)
- Claims inquiries
- Fee schedule questions
- Provider directory concerns
- Participating/nonparticipating inquiries

Email **DentalCredentialing@humana.com** for assistance with:

- Credentialing/recredentialing questions
- Questions regarding in need of a credentialing application

Electronic payer IDs

Humana Dental payer ID - 73288

CompBenefits payer ID - CX021

Availity provider portal

Humana uses the Availity Essentials dental provider portal.

Visit Humana.com/AvailityDentalPortal for details on how to register and stay informed about the latest updates.

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**.

The existing portals will continue to work normally and offer the same information until they are retired.

- Contact your organization's Availity administrator to request a username and access to specific tools. If you do not know who your administrator is, call Availity Client Services at 800-AVAILITY (800-282-4548) Monday – Friday, 8 a.m. – 8 p.m., Eastern time.
- If your organization does not have an account and you are the designated organization administrator, use the online registration form to set up your account. Visit **Humana.com/AvailityDentalPortal** for more information.
- To view the claims attachment guidelines and many more topics, please see the Resources tab of the Humana Dental payer space on Availity.com.

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 providers
- View ID card or proof of coverage

Get ready today

Register now

Availity.com/provider-portal-registration

For details on how to register, download file at:

Availity.com/documents/learning/Availity_Portal_Registration.pdf

Submitting a claim

Timely payment

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

- **Name field:** If you type your name in the field, please don't sign over it.
- **National Provider Identifier (NPI):** Including your unique NPI helps us process your claims faster.
- **Tax Identification Number (TIN):** Humana can process your claims faster if we have your current TIN.
- **Claim filing:** Enter your provider name as it appears on your Humana contract to expedite the processing of your claim.

Claims submission options

Electronic claims submission

To decrease administrative costs and improve cash flow, providers are encouraged to use electronic claim submission whenever possible.

A valid NPI is required on an electronic claim and strongly encouraged on a paper claim. If a paper claim does not include all necessary NPIs, it may be denied or subject to delays in adjudication.

Submitting a claim electronically
Find a clearinghouse through your practice management software vendor. Simply let the clearinghouse know our payer ID:

- **Humana Dental payer ID:** 73288
  Used when submitting claims for our Medicare Advantage (MA), Group Dental, and Smart Choice Dental products and by their 9-digit member ID numbers
- **CompBenefits payer ID:** CX021
  Used when submitting claims for our individual dental products, such as: Complete Dental and Preventive Value and by their 13-digit member ID number

Want to save time and increase efficiency? Submit claims via DentalXChange (DXC). DXC works with all major practice management software systems.

Did you know you can submit dental claims through Availity? After logging in go to Claims & Payments menu, Claims & Encounters and select claim type of Dental Claim. At this time, submitting pre-estimates and attachments is not available through the portal.

Don't see the Claims & Payments menu? Contact your Availity administrator to update your role. Learn more at **Humana.com/AvailityDentalPortal**.

Submitting X-rays, periodontal charting, narratives and any other clinical documentation

- 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.
- Use 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

To expedite your claims processing, please be sure to include the required documentation. Below are some examples. For a complete list, see the **Claims Attachment Guidelines**.

- **Oral surgery** - Providers should submit preoperative X-rays of diagnostic quality for applicable teeth and a detailed narrative.
- **Periodontics** - Providers should submit preoperative X-rays of diagnostic quality for applicable teeth, detailed narrative and periodontal charting. Periodontal cleanings should also include prior periodontal history.
- **Prosthodontics** - Providers should submit preoperative X-rays of diagnostic quality for applicable teeth, detailed narrative, extraction dates for each tooth involved, other non-replaced missing teeth in the arch, initial/replacement information and if replacement, age of existing service and reason for replacement. Prior carrier information is needed if tooth/teeth extracted prior to member becoming effective with Humana.

Assistance with claim submission

If your claim is rejected by the clearinghouse, please contact the vendor for assistance. If you need further assistance with an electronic claim submission, please call your vendor's customer service help line.

Checking claim submissions status online

Dental professionals can check the status of claims online through the Availity Essentials portal.

- Log in to Availity.com and select Claims & Payments > Claims Status
- Refer to Help and Training > Find Help > Claims Status for more details about assessing claims status
- Visit **Humana.com/AvailityDentalPortal** for more information

For more information on how to submit a claim, refer to the "Support for dentists – Helpful tips regarding member benefits and claims" video **here**.

Paper submission

Submitting a claim by mail

If it is necessary to submit a paper claim, the member's ID card will indicate if the claim should be submitted to Humana or CompBenefits. We accept any standard claim form. Please fill out the form completely and mail to:

Humana Dental claims office
P.O. Box 14611
Lexington, KY 40512-4611

CompBenefits Claims Office
P.O. Box 14283
Lexington, KY 40512-4283

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.

Submitting a claim

Claims requirements and best practices

Financial informed consent

Prior to performing any services (including non-covered), please inform your patient of any financial obligations.

Time frames to submit a claim

The proof-of-loss time is not always the same for all products. On most fully insured commercial products, claims must be submitted within 15 months from the date of service and Medicare claims must be submitted within 12 months from the date of service. Additional questions can be directed to Humana's provider call center at **800-833-2223**.

If a claim is submitted in error to a carrier or agency other than Humana, the timely filing period begins on the date the provider was notified of the error by the other carrier or agency.

For additional information, view the educational videos available at **Humana.com/MakingItEasier**.

We post notifications of upcoming claims changes to **Humana.com/Edits** on the first Friday of each month.

Provider claims dispute

Call Humana's provider call center at **800-833-2223**. Agents 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 30-45 days. If you feel your issue is still unresolved, you can submit a request for reconsideration by secure email to **DentalService@humana.com**.

Appeal process (commercial rights of reconsiderations)

If you believe the determination of a claim is incorrect, you can file an appeal on behalf of the covered person with authorization from the covered person. Some states may allow providers to file on their own behalf in certain circumstances. Please review the applicable state law for appeal rights. The grievance and appeal form can be used to request an appeal, please see below for links.

- **Medicare grievance and appeal form**
- **Individual/family plans grievance and appeal form**
- **Employer group grievance and appeal form**

Humana will accept and process any written appeal from a member or the member's authorized representative expressing dissatisfaction with Humana's adverse determination. Verbal appeals are accepted if required by the state or for reasons of illiteracy, handicap or if the member is too ill to write.

The appeal will be reviewed by parties not involved in the initial determination. To request an appeal, you need to submit your request in writing within the time limits set forth in the dental insurance policy if filing on behalf of the covered person. If filing on your own behalf, you need to submit your written request within the time frame established by applicable state law.

Submitting a claim

When a dental provider intends to appeal on behalf of the covered person, the provider must indicate in their appeal request that they are appealing on behalf of the covered person. The provider can appeal on behalf of the member, or the member can appeal directly (but not both). Once an appeal is completed, that level of appeal right is exhausted.

Please include a copy of the original claim, the remittance notification showing the denial, and any clinical records or other documentation that supports your argument for reimbursement, and an **appointment of representative (AOR)** form or other legal documentation authorizing you to act on the covered person's behalf (if you are filing an appeal on behalf of a covered person). The date of the covered person's signature must be on or after the denial of the disputed claims, approvals or authorization. An assignment of benefits does not constitute designation of an authorized representative.

Please mail to the following address:

Humana
Grievance and Appeals
P.O. Box 14638
Lexington, KY 40512-4638
1-800-233-4013

CompBenefits
Grievance and Appeals
P.O. Box 14729
Lexington, KY 40512-4729
1-800-342-5209

Submitting a pre-determination

We recommend verifying patient eligibility in Availity or by calling provider customer care. 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*

* Please refer to the **claim attachment guidelines (download the PDF)**. You can access the guidelines, and those of other dental benefit plans, in one central location by enrolling with Vyne FastLook or DXC. Health Insurance Portability and Accountability Act of 1996 (HIPAA) rules apply to electronic and paper submissions. For more information about HIPAA, visit the American Dental Association at www.ada.org.

Claim overpayments

The following addresses are for Provider Payment Integrity Refunds:

Check is a Humana check
Humana Insurance - Provider Payment Integrity
1100 Employers Blvd.
Green Bay, WI 54344

Check is not a Humana check (refund)
Humana Insurance
P.O. Box 931655
Atlanta, GA 31193-1655

Submitting a claim

Electronic claims payment—ERA/EFT

Would you like to increase efficiency at your office? Get paid faster and reduce administrative paperwork with electronic funds transfer (EFT) and electronic remittance advice (ERA). Sign into Availity.com and choose Humana Dental from the payer spaces menu. Select the ERA/EFT enrollment application to search existing or request a new enrollment.

With EFT:

- Funds are directly deposited into your account safely
- Payments are usually completed within 3 business days
- No more waiting for checks in the mail or worrying about them getting lost
- Spend less time on paperwork and more time focusing on your practice and patients

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 Essentials. 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 Automated Clearing House:** ECHO Health, Inc. offers an enhanced automated clearinghouse solution that allows providers to receive EFTs for all payers with a single enrollment via https://view.echohealthinc.com/EFTERA/efterainvitation.aspx.

DHMO members:

Humana can transmit your capitation payments via EFT. This method offers faster payment times, with EFT payments being available to providers within 3 business days of issue. It costs you nothing to switch to EFT payments. To get started, email your dental services representative or send an email to **DentalService@Humana.com** for instructions.

Virtual Credit Card (VCC)

Humana has teamed up with ECHO Health, Inc., to provide dentists with electronic payments via virtual credit card (VCC). Providers who receive VCC payments receive an explanation of remittance (EOR) issued by Humana in their preferred format (electronic or paper). In Associate Remittance Inquiry (ARI), VCC payments are listed as a payment type of BOP.

Question	Answer
Why was I enrolled in the VCC program?	As part of an ongoing commitment to improve efficiency, electronic payments are Humana's preferred method of payment. Humana has teamed up with PNC Healthcare and ECHO Health to provide you electronic payments via VCC.
Who is ECHO Health?	ECHO Health is a service company for insurance companies and third-party administrators (TPAs) that facilitates payment and remittance document (EPP/EOB/EOR) delivery to providers.

Submitting a claim

Question	Answer
Can ECHO Health help me with my claims?	ECHO Health does not adjudicate or process claims. Any claim status or correction questions should be directed to Humana Medical at 800-457-4708 or Humana Dental at **888-483-9212**.
Do we have to accept VCC?	No, you do not have to accept VCC. To decline this accelerated payment, contact the ECHO Call Center at **888-483-9212**.
If we have this card canceled, how long will it take to receive another form of payment for these claims?	The new form of payment will go out within 3–4 business days. For payments sent as a check, please allow 7–10 business days for delivery.
How do we process these cards? How do VCC payments work?	Providers receive an explanation of payment and 16-digit card number from ECHO Health. These numbers are faxed or mailed, based on the provider correspondence preference on file. VCC payments can be processed like any other credit card. To start, input the 16-digit number into your merchant terminal, followed by the expiration date. If a security code is required, enter the CVC code included on the card.
What address is used when inputting the card?	If your merchant terminal requires an address, please use the following: 810 Sharon Drive, Westlake, OH 44145.
Is this payment run all at once? Can I run it for each claim?	This card requires you to settle the full payment amount at once. Therefore, it is not run for partial payment, according to the claim.
Does ECHO Health charge for processing a VCC?	No. ECHO Health does not charge a credit card fee, but there are transaction fees based on the card terminal rates contracted with your merchant acquirer. These fees typically range from 1%–4%. Check with your merchant acquirer to confirm your contracted fees.
Is there a fraud monitoring process in place for these payments?	ECHO Health employs a fraud mitigation program to identify suspicious card activity.
Is there a recovery process in the event of fraud?	ECHO Health virtual cards are subject to the MasterCard® or Visa® dispute process.
Why have I still received some Humana payments via paper check? (medical only)	Some payments are not part of Humana's VCC program. In such cases, you would receive a paper check.

Paper checks

While paper checks are available, Humana strongly encourages electronic means of payment as traditional mail can take 2 to 3 weeks to reach your office.

Products

Commercial - Group

Plans built for healthy bodies and smiles

We offer these types of dental plans to meet the unique needs of your business and employees.*

Plan name	Summary	Plan highlights	Best fit for
Preventive Plus	See any dentist with a plan that provides coverage for routine preventive care and discounts for other services, like crowns and fillings.†	• Employees and covered family members can see any dentist • Plan pays a percentage of most commonly used services like emergency care, fillings, and simple extractions • Additional service may be available at a discount • Teledentistry services to help with urgent and emergency dental care	People who want to have their preventive care covered each year. This plan is great for employers who have never offered dental insurance before.
Traditional Preferred	Visit any dentist you choose, but save money when you see an in-network dentist.	• Freedom to choose any dentist • Members who choose to visit an in-network dentist will get Humana's negotiated rates • Teledentistry services to help with urgent and emergency dental care	Employees who want the same level of benefits paid for any dentist they choose.
Dental Preferred Provider Organization (PPO)	Get the most out of this plan when you see an in-network dentist. If you see a dentist outside the network, you'll have higher out-of-pocket costs.‡	• Employees pay less out of pocket when they see an in-network dentist • Teledentistry services to help with urgent and emergency dental care**	People who want to get the best pricing for their dental services by visiting an in-network dentist.
Dental Health Maintenance Organization (DHMO)	Our DHMO plans are designed to help keep dental costs lower. They work best for patients who are cost-conscious and are willing to find a primary care dentist and seek any required specialty care from within the network only.	• Members and covered family will need to select an in-network primary care dentist upon enrollment • Preventive services, including exams and cleanings, are covered 100% • No yearly maximums, no deductibles to meet and no waiting periods • No out-of-network benefits	Patients who want lower-cost coverage with a focus on preventive care.

Products

* Extended and unlimited maximums are not available on all plans.

† These services are not covered under this plan. Members may receive a discount on non-covered services and may contact their participating provider to determine if any discounts are available on non-covered services.

‡ Dental PPO plans are not offered in all states.

** Teledentistry services are not available in all states or for DHMO and discount plans.

DHMO participation

DHMO dental plan summary sheets and important information

Are you part of the Humana Dental DHMO network? If so, be sure to review the summary sheets for our dental plans, as well as an outline of plans sold in each state with this link: **Product Type Selection**.

DHMO plan structure and compensation for primary care dentists (PCD)

Our DHMO plans are structured to simplify processes for you. Most routine services do not require a claim submission, and our plans do not include deductibles or benefit limits to track, thereby alleviating the burden on your staff.

Humana has developed plans to help any practice improve its bottom line. As a DHMO-participating general dentist with Humana, you will be reimbursed in 3 ways:

1. Monthly capitation payments
2. Supplemental payments on certain procedure codes
3. Member copayments for applicable procedures

Monthly capitation payments

Your actual monthly payment is based on the number of patients who select you as their primary care dentist (PCD), as well as the level of coverage they have chosen. This capitation is an excellent way to stabilize the monthly cash flow of your business.

- These payments are provided at a set rate predetermined for each plan, and they are provided monthly for each member assigned to your practice.
- Capitation payments are issued automatically; they do not require a claim submission, and they are paid regardless of whether a patient receives care within the payment period.
- Printed capitation payment checks are issued and mailed to your practice along with patient rosters during the final 10 business days of each month. Please note that delivery times are not guaranteed and are subject to postal service constraints.
- To check the status of your capitation check, or if you believe there is an issue with a check you've received, please send a secure email to **DentalService@Humana.com**.

Note: Humana can transmit your capitation payments via EFT. This method offers faster payment times, with EFT payments being available to providers within 3 business days of issue. It costs you nothing to switch to EFT payments. To get started, email your dental services representative or send an email to **DentalService@Humana.com** for instructions.

Products

Supplemental payments

Certain covered procedures qualify for a supplemental payment. This is reimbursement above and beyond your capitation payments and any member copayment you receive.

- Supplemental payments are an extra payment given to the PCD when providing select procedures. These supplements apply primarily to restorative endodontics, oral surgery and periodontics procedures.
- These payments are provided when the member's copayment is less than the minimum payment guaranteed to you.
- Claim submission is required to receive supplemental payments. Simply collect the listed copayment from the member and submit a claim for the full fee or Usual, Customary and Reasonable (UCR) fee. Humana will automatically deduct the member's copayment from the billed amount. Please follow the instructions provided within the Submitting a Claim section.
- Please note that supplemental payments are only paid if the member is assigned to your practice prior to the date on which services are rendered.

Please refer to the Supplemental Payment Schedule (Contract Payment Attachment B) for information regarding which procedures qualify for supplemental payments and the Member Copayment Schedule (Contract Payment Attachment C) for a list of covered procedures and the member's responsibility.

Member assignments

Our members will be looking for your practice in our DHMO directory. Members on a DHMO plan should select a PCD and receive services from their assigned PCD provider, as there are no out-of-network benefits. You determine the number of additional patients you can accept, based on your desired workload.

Assignment changes are reflected in your roster based on the date they are received.

- Assignment changes made by the 15th day of the current month are effective the first day of the next month.
- Assignment changes received after the 15th of the month will be effective the first day of the following month (up to 45 days).

DHMO rosters

Check your roster prior to treating new patients to confirm that they have been assigned to your practice. This will ensure that you're being compensated appropriately for the care you provide.

- Printed rosters are generated and mailed to your practice along with capitation checks during the final 10 business days of each month. Please note that delivery times are not guaranteed and are subject to postal service constraints.
- The Member ID shown on a member's ID card is the same ID number printed within the roster. Use this value to validate that a member has been assigned to your practice.

Products

- In lieu of waiting for mailed rosters, you can retrieve your rosters electronically through the Availity Essentials portal. Simply sign in and navigate to the Humana Dental Payer Space.
  - Open the DHMO Rosters application and select reports for **Humana.com** or CompBenefits. Learn how to get started at **Humana.com/AvailityDentalPortal**.
  - To retrieve rosters for **Humana Dental products**, such as our group Preventive Plus plans, you will choose your organization and be required to choose the Tax ID. Enter the MetaVance Provider ID and Payee ID.
  - Rosters are listed in ascending order by the month issued. Locate the roster and select View. The roster will download and open in PDF format.

DHMO Monthly Member Eligibility Report <May 2023>

Current Member Eligibility List for <May 2023>

Payee ID: 012345

Provider ID: 067891

Current Member Eligibility List for <May 2023>					
Member name	**Member ID**	**Age**	**Sex**	**Network name**	**Cap amt**
SMITH, ALEX	123456789-09	60	M	CS150 DHMO	$3.69
SMITH, JOHN	123456711-01	61	M	HS205 DHMO	$3.69
TAYLOR, JANE	123456712-02	62	F	HS195 DHMO	$3.69
TAYLOR, HOPE	123456713-03	63	F	CS150 DHMO	$3.69
YOUNG, TYLER	123456720-01	70	M	CS150 DHMO	$3.69
YOUNG, DUSTIN	123456721-02	71	M	HS205 DHMO	$3.69
Total members: 28	**Current month capitation total (before adjustment):**				**$103.32**

Network name: COMPANY A

Member name	Member ID	Age	Sex	Action date	Status	Cap amt
ADAMS, BRENDA	123456789-01	20	F	01234567-1234567	RETRO ADD	-$3.69
ADAMS, RODGER	123456789-02	21	M	01234567-1234567	RETRO ADD	$3.69
ANDERSON, DANIELLE	123456789-03	22	F	01234567-1234567	RETRO ADD	$3.69
ANDERSON, JOSIAH	123456789-04	23	M	01234567-1234567	RETRO ADD	$3.69
BAILEY, HAYLEY	123456789-05	24	F	01234567-1234567	RETRO ADD	$3.69
TOTAL ACTIONS FOR COMPANY A: 5					**Total cap amount:**	**$14.76**

To retrieve rosters for **CompBenefits products**, such as our Dental Value Plans, you will choose your organization and will be required to choose your Tax ID and enter the Facility Master ID. This is found at the top of page 3 of an existing roster.

Products

Eligibility listing as of [Month] [Year]

Main ID number: 193934 / 193934

Facility name: Anyname Health Care

Subscriber name	Sex	Member ID	Network name	Policy Eff date	Plan Eff date
ADAMS, CHARLIE Dependent: **ADAMS, BRENDA***	M F	123456789-01	CS150 DHMO	07/23	07/23
ADAMS, RODGER	M	234567890-02	HS205 DHMO	07/23	07/23
ANDERSON, DANIELLE	F	345678901-03	HS195 DHMO	07/23	07/23
ANDERSON, JOSIAH Dependent: **ADAMS, BRENDA**	M F	456789123-04	CS150 DHMO	07/23	07/23
BAILEY, HAYLEY	F	567890123-05	HS205 DHMO	07/23	07/23
ADAMS, RODGER	M	678901234-02	HS205 DHMO	07/23	07/23

Network name: HI15FL

Subscriber name	Member ID	Action date	Status	Cap amt
CHARLES, SMITH	123456789-01	07/23	PC	-$3.69
SMITH, JACK	234567890-02	07/23	NE	$3.69
APPLEGATE, WHITNEY	345678901-03	07/23	DA	$3.69
PARKS, JOE	456789012-04	07/23	DL	$3.69
JOHNSON, ROSE	567890123-05	07/23	LT	$3.69
BRIDEWATER, TOMMY	678912345-06	07/23	GP	$2.00
Total actions for HI15FL: 6			**Total cap amount:**	**$12.00**
Total actions: 7			**Total adjustment:**	**$17.25**

For questions regarding member assignments or your roster, please email us at **DentalService@Humana.com**.

If you need further help, call Humana's provider call center at **800-833-2223**.

Specialty services

Referrals are not required to see a specialist with Humana's DHMO plans. Care must be received by a DHMO-participating specialist.

- Members are responsible for copayment amounts applicable to CS, HS, and Open Access series plans when services are performed by DHMO-participating specialists.
- For C, HD, and HI series plans, procedures may be offered at a participating specialist's usual and customary fee less 25%.

DHMO-participating specialists can be located by reviewing our provider directory on Humana.com. Select the following link to get started: https://finder.humana.com/finder/dental.

Products

FEDVIP (Federal Employee Dental Vision Insurance Plan)

Plan name	Summary	Plan highlights	Best fit for
Federal High PPO Plan	Members get the most out of this plan when they see an in-network dentist. If they see a dentist outside the network, they will pay higher out-of-pocket costs.††	• Employees pay less out of pocket when they see an in-network dentist • Teledentistry services to help with urgent and emergency dental care‡‡	Federal civilian workforce, federal annuitants and TRICARE retirees who want to get the best pricing for their dental services by visiting in-network dentists.
Federal Standard EPO Plan	This lower-cost, network-based dental option emphasizes prevention and cost containment.	• Copay-based plan where employees receive services from any in-network Medicare Advantage provider • Out-of-network services are not available except in case of an emergency	Federal civilian workforce, federal annuitants and TRICARE retirees who don't want any surprise bills when they seek dental services.

†† Dental PPO plans are not offered in all states.
‡‡ Teledentistry services not available in all states or for DHMO and discount plans.

Products

Individual***

Plan name	Plan highlights	Best fit for
Preventive Value (PPO, off exchange)†††, ‡‡‡	• No waiting periods • No enrollment fee • One time lifetime deductible • Coverage for preventive and basic services after deductible	Budget conscious individuals who know the importance of preventive dental care, and appreciate a straightforward plan covering preventive and basic services.
Preventive Plus (PPO, off exchange)†††, ‡‡‡	• 100% coverage of two covered preventive cleanings and exams per year • Coverage for services like fillings and extractions after a six-month waiting period	Individuals who know the importance of preventive dental care and want some coverage for unexpected dental needs. A great balance to help maintain healthy teeth and gums.
Bright Plus (PPO, off exchange)†††, ‡‡‡	• 100% coverage of two covered preventive cleanings and exams per year • Coverage for services like fillings and extractions after a 90-day waiting period • $100 annual allowance for in-office teeth whitening	Individuals who know the importance of preventive dental care and want some coverage for unexpected dental needs. A great balance to help maintain healthy teeth and gums, and a beautiful smile.
Loyalty Plus (PPO, off exchange)†††, ‡‡‡	• One-time deductible for as long as they have the plan • Covers preventive, basic and major services • Increasing benefits from years one to three • No waiting periods	Individuals who want immediate coverage even if they haven't had prior dental coverage.
Complete Dental (PPO, off exchange)†††, ‡‡‡	• Comprehensive coverage (100% preventive, 80% basic services, 50% major services) • Same coverage in- and out-of-network • A PPO plan with the flexibility of a broad nationwide PPO network	Individuals who want robust coverage. Richest benefits available immediately for those who have had eligible prior dental coverage.

Products

Plan name	Plan highlights	Best fit for
Dental Value (DHMO, C550 & HI215, off exchange)	• No waiting periods • No deductible • No annual maximum • Covers preventive, basic and major services • Member must choose a Primary Care dentist	Budget-conscious individuals who want coverage, and want to know their costs upfront.
Dental Savings Plus (Dental discount, off exchange)****	• In-network providers offer discounts on covered dental services (ranging from 20%–40%) • Special discounts on prescriptions, alternative medicine, vision, hearing and clinic care • **This is not insurance**	For individuals who want some savings in dental care, but don't want to invest in dental insurance.
Smart Choice (PPO, on exchange)[‡‡‡]	• 100% coverage for most preventive services by visiting an in-network provider • Plans sold on Healthcare.gov • Low deductibles • Member must also have an on-exchange on a medical plan	Consumers with an on-exchange medical plan preferring to have dental on-exchange as well.
Humana Extend 1250 (off exchange)[†††, ‡‡‡]	• $1,250 annual maximum • Annual allowance for teeth whitening • Comprehensive dental coverage (100% preventive, 60% basic services, 30% major services) • Coverage for vision exams • Coverage for hearing exams and hearing aids • No enrollment fee	Individuals who want one plan with comprehensive dental coverage with vision and hearing.
Humana Extend 2500 (off exchange)[†††, ‡‡‡]	• $2,500 annual maximum • Coverage for implants • Annual allowance for teeth whitening • Comprehensive dental coverage (100% preventive, 80% basic services, 50% major services) • Coverage for vision exams and materials • Coverage for hearing exams and hearing aids • No enrollment fee	Individuals who want one plan with comprehensive dental coverage with vision and hearing. Also includes coverage for dental implants.

Products

Plan name	Plan highlights	Best fit for
Humana Extend 5000 (off exchange)†††, ‡‡‡	• $5,000 annual maximum • Coverage for implants • Annual allowance for teeth whitening • Comprehensive dental coverage (100% preventive, 80% basic services, 50% year one and 60% year two for major services) • Coverage for vision exams and materials • Coverage for hearing exams and hearing aids • No enrollment fee	Individuals who want one plan with comprehensive dental coverage with vision and hearing. Higher annual maximum. Also includes coverage for dental implants.

*** Individual plans, excluding Dental Savings Plus, may have a minimum one-year initial contract period.

††† In Texas, the plans provide benefits for contracted and non-contracted dentists. Non-contracted dentists have not agreed to provide services at contracted fees. If a member sees a non-contracted dentist, their out-of-pocket costs may be higher than that charged by contracted dentists.

‡‡‡ Dental PPO plans may vary by state and are not offered in all states.

**** DISCOUNT ONLY—NOT INSURANCE. Discounts are only available at participating providers. The range of discounts will vary based upon participating provider services. Retail prices may vary by location. Humana does not make payment for these services. The member is obligated to pay for all services received and will receive a discount from the participant provider. A list of participating providers is available upon request.

Products

Humana Medicare Advantage (MA)

Medicare dental plan summary sheets and important information

Are you part of the HumanaDental Medicare Network (or Florida GoldPlus)? If so, be sure to review the summary sheets for our dental plans, as well as an outline of plans sold in each state, with this link: **Humana.com/SB**.

Mandatory Medicare compliance requirements

The HumanaDental Medicare Network provides benefits to Humana members enrolled in MA and prescription drug plans. The Centers for Medicare & Medicaid Services (CMS) mandates that all Humana-contracted entities, including those contracted with Humana subsidiaries, complete compliance requirements on an annual basis.

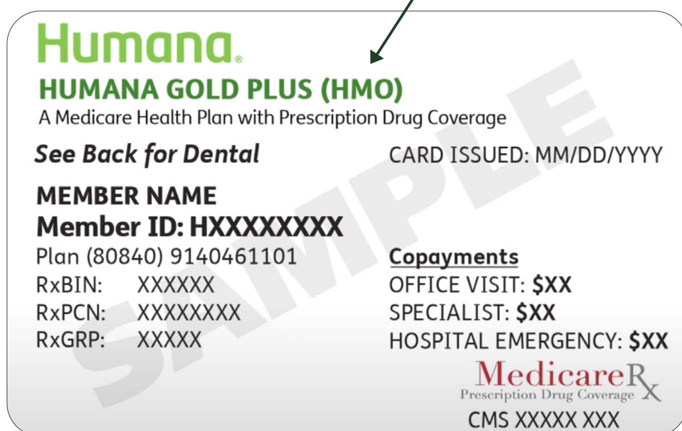
Know the benefits

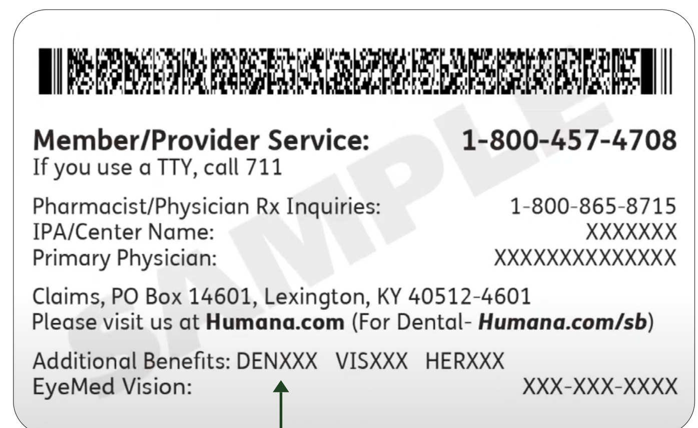
The Humana MA member's dental benefit is indicated on the back of the ID card (DENxxx). Dentists can find coverage details (covered codes and covered codes and frequency limitations, and the name of the dental network, for each DENxxx plan) by accessing the Humana MA Dental Office Handbook at **Humana.com/SB**; this website is indicated on every MA ID card.

Important: Some Humana MA members are on Special Needs Plans (SNPs), which means the member has Medicaid and MA. Benefits listed on their Humana MA ID card are all provided through the MA plan, and through the networks for Humana MA plans. You do not need to be in network for Medicaid to provide those services.

All of Humana's DENxxx plans use a PPO network. Benefits may be in-network only or in-and out-of-network. (The plan name (including HMO or PPO) on the front of the ID card only refers to the medical benefits.)

This is the Humana medical network only. It is not related to the dental network.





On the back of the card, the letters DEN plus a three-digit number indicate the member's specific dental plan.

For personalized plan information refer to Availity.com.

Products

Medicare basic benefit exceptions for inextricably linked dental procedures

As part of calendar year (CY) 2023 Medicare Physician Fee Schedule (PFS) final rule CMS issued clarifying guidance regarding instances where Medicare should make payment for dental services that are so integral to other medically necessary services that they are inextricably linked to the clinical success of that medical service(s). As a result of this rule change, payment under Medicare Parts A and B can be made for dental services furnished in an inpatient or outpatient setting that are inextricably linked to, and substantially related and integral to the clinical success of, a certain covered medical service.

Inextricably linked dental services require an integrated and coordinated level of care to ensure the dental services are an integral part of the Medicare covered primary procedure or service. Please click **here** to determine which dental procedures may be covered as part of a patient's basic Medicare benefit when linked to the success of a covered medical procedure, as well as requirements to ensure efficient claims processing.

Please note that any provider currently on the CMS opt-out list is excluded from payment for performing these services, as they are prohibited from payment on any basis for basic benefits furnished to a Medicare enrollee.

CarePlus Health Plans Medicare Advantage (MA)

CarePlus is a MA plan offered in Florida with embedded dental benefits. CarePlus Health Plans is a subsidiary of Humana, Inc. Humana is the exclusive dental carrier for CarePlus members, effective Sept. 1, 2023, using the Florida GoldPlus Dental Network.

Reimbursement on both Humana MA plans and CarePlus Health Plans is based on your agreed-upon contracted PPO Medicare fees. The patient's ID card may say HMO, but that is only related to their medical benefits. All dental benefits are under the PPO network.

Benefits may vary by plan, so it's important to verify coverage

Benefits can be verified through Availity. Once registered, log in to Availity Essentials and select Patient Registration > Eligibility & Benefits Inquiry to check your patients' current dental benefits. Be sure to select Humana Dental as the Payer.

How to identify your patient's coverage

CarePlus Dental Benefits can be found at **Humana.com/SB**. You and your team will have access to information on all MA plans, including the Medicare Provider Handbook.

Video library

Visit our **Dental Provider Video Library** for videos on provider-specific topics designed to make it easier for you to do business with Humana.

Topics:
- Become a participating dental provider with Humana
- Being ready for appointments with Humana Medicare Advantage members
- Support for dentists: Helpful tips regarding member benefits and claims
- Learn how to use CAQH ProView and simplify the credentialing process
- Become a DHMO participating provider with Humana
- Learn about FEDVIP: Our federal employee plan network

Maintaining accurate information

Humana and its subsidiaries use the participating provider's name, office address(es) and telephone number(s), office hours, panel status (whether the provider is accepting new members) and other pertinent information in marketing, directory information and other materials (and for regulatory purposes).

Participating providers need to provide notice within 10 business days of changes to their name, address, TIN, office hours, panel status (whether you're accepting new members) or other practice information. Humana will only list providers in our directory at locations with routine office hours.

The participating provider's network status will not be impacted by changes to the TIN(s) unless otherwise notified by the participating provider.

Changes can be made by:

Email:
DentalService@humana.com

Mail:
Humana c/o Dental Service
1100 Employers Blvd.
Green Bay, WI 54311

Fee schedules

If you need a copy of your contract or fee schedule, please email us at **DentalService@humana.com**.

Terminating from the network

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.

Note for Connecticut providers: Providers are obligated "To provide to such health carrier, not later than thirty (30) days after the health carrier issues or receives the notice of termination described in subparagraph (E) of this subdivision, a list of the participating provider's patients that have been seen within the past 12 months who are covered under a health insurance policy or certificate delivered, issued for delivery, renewed, amended or continued by such health carrier in this state." Reference: Regulations of Connecticut State Agencies, Sect. 38a-472f-2 (f) (6)

Credentialing/Re-Credentialing

Credentialing is the process of obtaining and reviewing documentation to determine participation status in a health plan. The documentation may include, but not be limited to, the applicant's education, training, clinical privileges, experience, licensure, accreditation, certifications, professional liability insurance, malpractice history and professional competence. Generally, the term recredentialing includes a review of the information and documentation collected, as well as verification that the information is accurate and complete.

Please note:
- Providers who would like to review the credentialing and recredentialing policies can **select this link**.
- If there are credentialing/recredentialing questions, please email **DentalCredentialing@humana.com**.

Council for Affordable Quality Healthcare (CAQH)

Humana is now utilizing the ADA credentialing service, powered by CAQH ProView®, at proview.caqh.org. CAQH is now the industry standard trusted by more than 1.6 million providers. It captures and shares self-reported professional and practice information. This service improves the credentialing process by centralizing and standardizing a single credentialing application for all participating dental plans. Any United States practicing provider can use this service to streamline the credentialing process. Learn more by visiting www.ada.org/credentialing.

This new process enables you and your practice manager to:
- Complete the profile just once and share it with multiple dental carriers of your choice.
- Self-report, update and store professional and/or practice information in a user-friendly online source as needed.
- Recredential quickly and easily by re-attesting and ensuring your information is still accurate.
- Share information common to multiple practice locations among providers in that practice.

At the time of recredentialing:
- Sign in and authorize Humana to receive your information.
- Ensure all your professional and practice information is current.
- Confirm that you have updated all documents required for recredentialing.
- Re-attest to the accuracy and completeness of your credentials.
- Email **DentalCredentialing@humana.com** with your CAQH ID and credentialing contact.

New to the ADA credentialing service powered by CAQH ProView?

- Register at www.ada.org/credentialing.
- Accept the terms and conditions, and you will be redirected to a welcome page. There you will see pre-populated information from the ADA or the information attested to previously—making it easier to complete and attest.
- Authorize Humana to receive your information.
- Email **DentalCredentialing@humana.com** with your CAQH ID, credentialing contact and signed service agreement.

Credentialing/Re-Credentialing

- First-time users can complete their profile in about an hour if the necessary items from the dental credentialing application checklist are readily available. The CAQH ProView menu prompts and guides you through each step.

If we do not receive an updated attestation, you will not be recredentialed. This will result in the **termination of your provider contract(s) with Humana and its affiliates 90 days from the date of the recredentialing notification letter**. If you have questions or are unable to complete an online application, please submit your request to **DentalCredentialing@humana.com**.

Any questions regarding Humana's **Credentialing Policy**, in addition to other dental resources, can be found at **Humana.com/Provider/Dentist-Resources**.

News and updates

A quarterly publication provides news, suggestions and tools that make it easier for you to do business with Humana. Read the latest issue of "Humana Dental Highlights" **here**.

For more information, please visit us at **Humana.com/Provider/Dentist-Resources**.

Additional information

Specialty referrals
Humana Dental products do not require referrals for specialist care.

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

Refer a dentist
To refer a dentist to Humana's Dental network, visit **Humana.com/provider/dentist-resources/refer-a-dentist**.

Office requirements:

- Participating dentists must offer to be able to provide access to 24-hour emergency services. Surveys will be conducted to verify that this requirement is upheld.
- If an audit is needed, Humana agrees any review or audit it conducts will be to determine compliance with industry standard billing rules and practices, clinical appropriateness of Covered Services, applicable federal and state laws, and applicable industry standards.

State-specific statutes
The policies and information stated in this manual should align with the terms of your agreement with Humana. If they don't, the terms of your agreement override this manual. You're responsible for complying with all applicable laws and regulations. We may issue notifications regarding legal requirements as laws or regulations change. However, you're responsible for compliance regardless of whether Humana has issued a notification. State or federal laws, regulations or guidance may include requirements that this manual does not mention. In that event, those requirements apply to you and/or to us. If those requirements are not consistent with (or are more stringent than) our policies and procedures, they may override the policies and procedures in this manual. For more information, state statutes can be found **here**.

Additional information

Policies and procedures

The following Humana policies and procedures can be found at **Humana.com/Provider/Dentist-Resources** within the **Credentialing Policy (download the PDF)**.

- Accreditation
- Credentialing and recredentialing
- Medical/rental record review
- Utilization Management

PPI, Quality Assurance and Quality Improvement policies and procedures can be found at the following links:

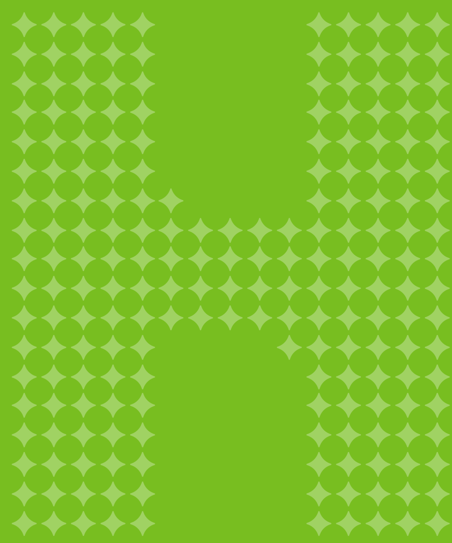
- Provider Payment Integrity (PPI) - **Provider Payment Integrity Policies and Processes - Humana**
- Quality Assurance and Quality Improvement - **Quality Assurance and Quality Improvement Program**

Dental directory

Humana makes every attempt to make our directories accurate. Per CMS guidelines, we only list providers at locations with routine office hours. Humana makes quarterly outreach to verify accurate demographic information. If you make any changes (i.e., address, phone, fax), please notify us as soon as possible. It's easy to send us updates through our custom application in Availity. Log in to your account at Availity.com, choose the Humana Dental payer space and click on the app Dental Provider Directory. Select your organization and tax identification number and enter the current directory data and corrected information and submit to us. Requests can also be sent to **DentalService@Humana.com**.

About Humana

- No provider shall be discriminated against based on handicap, age, race, color, religion, sex or national origin, nor shall be discriminated against in any stage of the inclusion of the Humana network.
- Health is at the core of everything we do. We are proud to lead healthcare innovations and community wellness.
- We work to improve healthcare and make it more accessible. We have high expectations for ourselves and our suppliers to deliver our best to the communities we serve.
- We are dedicated to ensuring that every business decision we make reflects our commitment to improving the health and well-being of our members, associates, the communities we serve and our planet. We view suppliers as an extension of Humana. To that end, we hold our suppliers, vendors, contractors, consultants, agents and other providers of goods and services who do, or seek to do, business with Humana entities worldwide to the same standards.
- We encourage a diverse workforce and provide a workplace free from discrimination, harassment or any other form of abuse. To that end, we:
- Treat employees fairly and honestly, including with respect to wages, working hours and benefits.
- Respect human rights and prohibit all forms of forced or compulsory labor.
- Ensure that child labor is not used in any operations.
- Respect employees' right to freedom of association, consistent with local laws.
- Have established an appropriate management process and cooperate with reasonable assessment processes requested by Humana.
- Provide safe and humane working conditions for all employees.
- Encourage healthy lifestyles and offer health-improvement programs for all employees, and promote health-related events and activities in the local community.
- Carry out operations with care for the environment and comply with all applicable environmental laws and regulations.
- Deliver products and services meeting applicable quality and safety standards.
- Actively participate in sustainability, carbon footprint reduction and other environmentally oriented programs.
- Comply with all applicable laws and regulations in the countries in which we operate.
- Compete fairly for our business, without paying bribes, kickbacks or giving anything of value to secure an improper advantage.
- Observe Humana's policies regarding gifts, entertainment and conflicts of interest when dealing with Humana associates.
- Keep financial books and records in accordance with all applicable legal, regulatory and fiscal requirements and accepted accounting practices.
- Promote, utilize and measure engagement of small and diverse suppliers.



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