Medicare Advantage Dentist Handbook

A GUIDE TO THE DELTA DENTAL MEDICARE ADVANTAGE™ NETWORK AND MEDICARE ADVANTAGE SUPPLEMENTAL DENTAL PROGRAM

DELTA DENTAL®

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WHAT DENTISTS AND DENTAL OFFICE STAFF NEED TO KNOW ABOUT TREATING MEDICARE ADVANTAGE PATIENTS

Delta Dental has partnered with Medicare Advantage Organizations to provide *supplemental dental benefits* to Medicare-eligible patients who receive their Medicare health benefits through a Medicare Advantage program. As a Delta Dental Medicare Advantage™ network dentist, some of these Medicare Advantage patients may choose you as their dentist.

Treating Medicare Advantage patients is similar to treating commercial patients; however, Medicare Advantage is a federally-sponsored health benefits program with specific requirements. It's important to be aware of these when providing care to patients with Medicare Advantage supplemental dental benefits.

We developed this guide to provide easy access to need-to-know information on Delta Dental's Medicare Advantage Supplemental Dental Program.

We encourage you to review the sections of this guide to better understand the provision of dental benefits within the Medicare Advantage program, what you need to do when treating Medicare Advantage patients and where to find more information.

We look forward to working together to ensure that your participation in the Delta Dental Medicare Advantage network is a success for you and your patients.

SECTION 1 — Welcome

WELCOME TO THE DELTA DENTAL MEDICARE ADVANTAGE NETWORK

Delta Dental of Virginia (Delta Dental) is pleased to partner with you to ensure that patients with Medicare Advantage dental benefits administered by Delta Dental receive the diagnostic, preventive and therapeutic treatment that they need.

To help you have a positive experience in caring for Medicare Advantage patients, this easy-to-digest "how-to" guide will provide you and your staff members with information and support on both clinical and administrative subjects to help you provide services in accordance with Delta Dental and Medicare Advantage provisions.

We recommend you carefully review the information in this guide and share it with your staff so everyone works together to ensure your participation in the Delta Dental Medicare Advantage™ network is a success.

The guide is organized into sections that walk you through the clinical and administrative processes that you and your staff need to follow so that treating Medicare Advantage patients goes smoothly for you and your staff. This guide has information on how to:

- Navigate the details of Delta Dental Medicare Advantage network participation and recredentialing.
- Know what rights and responsibilities apply to you and your patients under the Medicare Advantage supplemental dental plans administered by Delta Dental and what that means to you on a day-to-day basis.
- Verify that your patients are eligible for Medicare Advantage dental benefits to avoid ineligibility problems.
- Find out if specific dental procedures are covered by a patient's Medicare Advantage supplemental dental plan and what to do if they are not.
- Know what claim processing policies and other guidelines may apply to the procedures you plan to perform.
- Interact with and treat Medicare Advantage patients.
- Keep records for Medicare Advantage patients and observe requirements for the privacy and security of your patients' protected health information.
- Submit claims and follow up on claim processing progress.
- Interpret codes and other information on Explanation of Benefits (EOB) (remittance advice) forms.

- Connect with Delta Dental if you think that an adverse claim decision or other action was made in error.
- Respond to suspicions of fraud, waste or abuse if they occur.
- Access more information if you need it.

Sections of this guide may be modified periodically to reflect updated policies, or changes in the program or procedure codes. Any changes will be made consistent with the requirements of your participation agreement. The most up-to-date version of this manual can be viewed upon login to Delta Dental of Virginia's dentist portal.

Your participation agreement incorporates Delta Dental's Dentist Handbook. This guide is intended to provide additional information specific to Delta Dental's Medicare Advantage network. In the event any information in this guide conflicts with Delta Dental's Dentist Handbook, this guide shall control.

While we recommend that you reference only the online version of this guide, if you do print any portions of the guide for reference, be aware that they are uncontrolled documents and that you should check **DeltaDentalVA.com** periodically to ensure you have the latest version.

SECTION 2 — Glossary

KEY TERMS AND DEFINITIONS USED IN THIS GUIDE

This glossary includes definitions of terms found within this guide that are commonly used within dental benefit plans and Medicare Advantage programs. Knowing what these terms mean will help you better understand Delta Dental's Medicare Advantage Supplemental Dental Program and your role within it.

Adverse benefit determination (also known as an adverse organization determination in Medicare terminology) — Any denial, reduction or termination of the benefit for which you filed a claim, or a failure to provide or to make payment (in whole or in part) of the benefit you sought.

Appeal — The action that can be taken by an enrollee if there is a disagreement with a coverage or payment decision made by Delta Dental. An appeal can be filed if Delta Dental:

- Denies a request for:
  - A dental service
  - A dental appliance or device

- Reduces, limits or denies coverage of:
  - A dental service
  - A dental appliance or device
- Stops providing or paying for all or part of:
  - A dental service
  - A dental appliance or device
- Does not provide timely dental services.

Claim — A request for payment under a dental benefit plan; a statement listing services rendered with the dates of services and itemization of costs. The completed request serves as the basis for payment of benefits.

Centers for Medicare and Medicaid Services (CMS) — An agency within the United States Department of Health and Human Services that administers Medicare, Medicaid and the Children's Health Insurance Program.

CMS Medicare Preclusion List — A list of providers and prescribers who are precluded from receiving payment for Medicare Advantage items and services or Part D drugs furnished or prescribed to Medicare beneficiaries.

Copayment/coinsurance — An amount that a person covered under a dental plan is required to pay as their share of the cost for a dental service or supply.

Covered service(s) — Dental services that are payable under the terms of a Medicare Advantage program benefit contract.

Deductible — The portion of covered dental expenses that a person enrolled in a Medicare Advantage supplemental dental plan must pay before the plan's benefits begin.

Delta Dental — Delta Dental of Virginia. Delta Dental may also refer to Delta Dental of Michigan who provides dental benefit administration services for the Medicare Advantage Supplemental Dental Program.

Delta Dental fee schedule — A listing of fees or Maximum Plan Allowances (MPA) to pay providers for services rendered. As a participating provider, you agree to accept as payment in full the lesser of the applicable Delta Dental's fee schedule or the fee submitted for covered services rendered.

Delta Dental's Medicare Advantage network — A network of dentists providing dental services to Medicare Advantage patients that is administered by Delta Dental on behalf of a Medicare Advantage Organization.

Denied — When a claim for a particular service is refused for payment due to certain contractual limitations/exclusions. The enrollee will be responsible for paying the applicable amount for such services.

Dental Office Toolkit® (DOT) — Delta Dental's free, HIPAA-compliant online portal that allows you and your staff to sign in and confirm eligibility, check the status of claims, and more. This can be accessed at www.toolkitsonline.com/dotWeb/appmanager/dot/desktop.

Dentist/dental practice (also referred to participating dentists/practices) — Includes one or more dentists located in Virginia who have signed an agreement with Delta Dental to participate in the Delta Dental PPO™ and/or Delta Dental Premier® networks. Participation in one or both of these networks is required for dentists to be qualified to join the Delta Dental Medicare Advantage™ network and to treat Medicare Advantage patients.

Diagnosis — The identification of the nature of a disease or other condition by examination of a patient's history, signs and symptoms.

Downstream entity — Any party that enters into a written arrangement, acceptable to CMS, with persons or entities involved with the Medicare Advantage benefit, below the level of the arrangement between a Medicare Advantage Organization and a first tier entity (see "first tier entity" definition below). These written arrangements continue down to the level of the ultimate provider of both health and administrative services (e.g., a dentist providing dental care to a Medicare Advantage patient). Downstream entities are included in a group of parties sometimes referred to as "FDRs" (First Tier, Downstream, and Related Entities). The term "FDR" refers to parties that enter into a written arrangement with a Medicare Advantage Organization, or another entity involved with the Medicare Advantage benefit, to provide administrative or health care services for Medicare Advantage patients.

EOB — See Explanation of Benefits.

Emergency dental care — Unscheduled dental services necessary to treat a life-threatening condition in the mouth or face that occurs suddenly and requires immediate care in the dental office or emergency room, such as uncontrolled bleeding, severe spreading infection, severe debilitating pain or severe traumatic injury to the mouth or face. Emergency dental care procedures are provided to prevent serious medical complications or long-term dental complications by identifying the problem and providing immediate treatment to repair traumatic injuries or control severe bleeding, infection or pain.

Enrollee (also referred to as a "Medicare Advantage patient") — A Medicare-eligible individual who has enrolled in or elected health care coverage through a Medicare Advantage Organization and who is also enrolled in Delta Dental's Medicare Advantage Supplemental Dental Program.

Explanation of benefits (EOB) — The notice provided to a dentist by Delta Dental detailing Delta Dental's benefit determinations with respect to the service(s) submitted by the dentist for payment.

First tier entity — Any party that enters into a written arrangement, acceptable to CMS, with a Medicare Advantage Organization to provide administrative services or health care services for a Medicare-eligible individual under the Medicare Advantage program. First tier entities

are included in a group of parties sometimes referred to as "FDRs" (First Tier, Downstream, and Related Entities). The term "FDR" refers to parties that enter into a written arrangement with a Medicare Advantage Organization, or another entity involved with the Medicare Advantage benefit, to provide administrative or healthcare services for Medicare Advantage patients.

Delta Dental is a first-tier entity providing supplemental dental benefits coverage administration for Medicare Advantage Organizations (also see "downstream entity").

Generally accepted standards of dental practice — Refers to rules or requirements for clinical practice that are commonly accepted as correct, i.e., they are regarded by the dental profession as generally accepted principles of patient management that establish norms for the reasonable and prudent dental health care practitioner. Standards of dental practice provide a guide to the knowledge, skills, judgment and attitudes that are needed for a dental health care provider to practice effectively and safely. Standards of practice must be based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, taking into account professional organization recommendations, expert opinions of health care providers practicing in the relevant clinical areas and any other relevant factors.

Grievance — Any complaint or dispute, other than an adverse benefit determination, expressing dissatisfaction with the manner in which Delta Dental, a Medicare Advantage Organization, a dentist or a dental practice has provided dental or administrative services. Grievances may include, but are not limited to, expressions of dissatisfaction about the quality of care or services provided, aspects of interpersonal relationships such as rudeness of a dental service provider or employee, or failure to respect a Medicare Advantage patient's rights, regardless of whether remedial action is requested. A grievance is not used regarding a treatment decision or service that is not covered or denied (see "Appeal").

Medically necessary service — A dental service or covered service that satisfies all the following criteria:

- It directly relates to diagnostic, preventive, curative, palliative, rehabilitative or ameliorative treatment or an illness, injury, disability or health condition.
- It is consistent with currently accepted standards of good dental practice, including our defined criteria.
- It is the most cost-efficient service that can be provided without sacrificing effectiveness or access to care.
- It is not primarily for the convenience of the patient, family or dental service provider.

Medicare Advantage — An alternative to the federally-administered Original Medicare program in which private plans run by health insurance companies provide health care benefits that eligible beneficiaries would otherwise receive directly from the Original Medicare program. See Section 4 for more detailed information on Medicare Advantage.

Medicare Advantage enrollee — A Medicare-eligible individual who has joined a Medicare Advantage Plan and who has supplemental dental coverage administered by Delta Dental (also see "Medicare Advantage patient").

Medicare Advantage Organization — A health insurance company or health maintenance organization organized and licensed by a State that is certified by CMS as meeting the Medicare Advantage contract requirements and which holds a contract with CMS to offer Medicare Advantage Plans to eligible persons.

Medicare Advantage patient — A Medicare Advantage enrollee who is receiving dental care from a dentist who has signed a participation agreement with Delta Dental (also see "Medicare Advantage enrollee").

Medicare Advantage Plan — Health benefits coverage offered under a policy or contract by a Medicare Advantage Organization that includes a specific set of health benefits offered at a uniform premium and uniform level of cost-sharing to Medicare-eligible individuals residing in a specific service area.

Medicare Advantage supplemental dental benefit plan — A set of defined dental benefits offered to a Medicare Advantage patient by a Medicare Advantage Organization as a supplement to a Medicare Advantage Plan; supplemental dental plans are commonly administered by a dental benefits administrator who has a formal arrangement with the Medicare Advantage Organization.

National Provider Identifier (NPI) — A 10-digit number required by law for health care providers and organizations. There are two types:

- Type 1: Individual NPI — for health care providers, such as dentists.
- Type 2: Organizational NPI — for use by incorporated businesses, such as group practices and clinics.

Network — All participating dentists who have a contract with Delta Dental for the delivery of dental services to patients who are enrolled in a dental plan administered by Delta Dental.

Original Medicare — A health insurance program directly administered by the federal government for people who are 65 or older, certain younger people with disabilities and people with end-stage renal disease.

Participating dentist — A dentist who has an agreement with Delta Dental to participate in a Delta Dental network.

Participation agreement — The document that defines the contractual rights and obligations between you as a provider and Delta Dental for your participation in Delta Dental's network(s).

PHI — See Protected Health Information.

Pre-Service Organization Determination (PSOD) — A determination that is made prior to receiving dental services based on the Medicare Advantage enrollee's benefits and coverage. This decision will determine whether a dental service will be covered and will provide information on how much an enrollee will have to pay for the service. If the request is denied, the enrollee is provided information on how to appeal the decision. This request can be submitted by the enrollee or the participating dentist by way of a Pre-treatment estimate request.

Pre-treatment estimate request (PTE) — An estimate of reimbursement for a planned treatment. Pre-treatment estimates are not required before treatment.

Processing policies — Delta Dental's policies and guidelines used for pre-treatment estimates and payment of claims.

Protected Health Information (PHI) — Individually identifiable health information maintained or transmitted by electronic media, or transmitted or maintained in any other form by a covered entity.

PTE — See pre-treatment estimate request. Also known as a Predetermination of Benefits.

Submitted amount — The amount that you bill for a specific dental service or procedure.

Treatment — The provision of dental items or services based on the recommendation of a treating health care provider practicing within the scope of his or her license.

U.S. Department of Health and Human Services — The U.S. government's principal agency for protecting the health of all Americans and providing essential human services. The department's mission is to enhance the health and well-being of Americans by providing for effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services. The Centers for Medicare & Medicaid Services (CMS) is part of the Department of Health and Human Services.

Utilization management — The evaluation of the medical necessity, appropriateness and efficiency of the use of health care services, procedures and facilities under the provisions of the applicable health benefits plan, sometimes called utilization review.

You/Your — How this guide refers to you as a Delta Dental participating dentist/ dental practice.

SECTION 3 —
Support Services & Contact Information

DELTA DENTAL OF VIRGINIA'S MEDICARE ADVANTAGE CONTACT INFORMATION

Corporate location Delta Dental of Virginia 5415 Airport Rd Roanoke, VA 24012	**Corporate mailing address** Delta Dental of Virginia 5415 Airport Rd Roanoke, VA 24012
Claims mailing address Delta Dental Attn: Medicare Advantage PO Box 9215 Farmington Hills, MI 48333	**Mailing address for written inquiries** Delta Dental Attn: Medicare Advantage PO Box 9214 Farmington Hills, MI 48333
Benefits, Eligibility and Claims Online Portal for Medicare Advantage: www.DentalOfficeToolkit.com	
Online Toolkit support 866.356.0301	**Anti-fraud hotline** 888.227.6004

Other important contact information:

Medicare Advantage customer service.....866.327.0597

Delta Dental of Virginia's Provider Relations phone..... 855.474.5644

Delta Dental of Virginia's Provider Relations email:* ... **ProviderRelations@deltadentalva.com**

Language translation service. ..... See Section 10 for instructions.

***Note:** *Email is not a secure means of transmitting data. Please do not email any information that you consider confidential and/or personal in nature, as email can be susceptible to viewing by parties other than your intended recipient.*

Contact Customer Service at 866.327.0597 for the following:

- Benefits
- Eligibility
- Filing a claim
- Claim processing
- Claim status
- Report fraud, waste and abuse
- Grievances and appeals

Any calls where Protected Health Information (PHI) is discussed are authenticated. Be prepared with the following:

- Your name (i.e., the person making the call)
- Dentist or office name
- Dentist tax ID number
- Medicare Advantage patient's ID number
- Medicare Advantage patient's name, date of birth and address

DELTA DENTAL PROVIDER RELATIONS

Contact Provider Relations at 855.474.5644 or **ProviderRelations@deltadentalva.com** if you:

- Change your office address or phone number.
- Have a change in your credentialing information.
- Are a new dentist opening an office or have a new associate dentist joining your practice.
- Change your tax identification number (TIN).
- Have questions about your participation agreement, credentialing and processing policies.
- Would like to schedule an office visit with a Delta Dental professional relations representative regarding office training needs, network participation, claims processing guidelines, attachment requirements or any other area of concern.
- Need information regarding your network participation.

PROVIDER DATA ACCURACY AND VALIDATION

It's important that Delta Dental has accurate information about you and your practice. This allows Delta Dental to better support its providers and members.

Additionally, accurate information assists with timely and accurate claims processing. Invalid information can negatively affect patient access to care. Medicare Advantage patients may request a printed copy of the Delta Dental provider directory at any time.

You should review your listing in Delta Dental's online provider directory regularly to ensure the information is updated. View the directory on the applicable website noted under the Other Important Contact Information section.

Whenever possible, you should notify Delta Dental in writing at least 30 days in advance of changes such as, but not limited to:

- Change in office location(s), office hours, phone, fax or email
- Addition or closure of office location(s)
- Addition or termination of a dentist within an existing clinic/practice
- Change in tax ID and/or NPI number
- Opening or closing your practice to new patients
- Change in any other information that may affect member access to care

Please email your practice updates to **ProviderRelations@deltadentalva.com**. You may also contact a provider records representative if your information needs to be updated or corrected at 855.474.5644.

Delta Dental is required to audit and validate its network data and provider directories on a routine basis. As part of its validation efforts, Delta Dental may reach out to you as a participating provider through various methods, such as email, letters, telephone campaigns, face-to-face contact, etc. You are required to provide timely responses to these communications.

SECTION 4 — Overview of Medicare Advantage

KEY INFORMATION ABOUT THE PROGRAM

Medicare is the federal health insurance program for people who are 65 or older, as well as for certain younger people with disabilities and people with end-stage renal disease (i.e., permanent kidney failure requiring dialysis or a transplant).

People who are eligible for Medicare can get their Medicare benefits through Original Medicare or, with most Medicare-eligible persons, a Medicare Advantage Plan (like an HMO or PPO). If Medicare beneficiaries choose to receive their benefits from Original Medicare, the government acts as the benefit administrator and pays Medicare benefits directly to the beneficiaries.

Medicare Advantage Plans, sometimes called "Part C" or "MA Plans," are offered by private health benefit administrators known as Medicare Advantage Organizations, who are approved by the Centers for Medicare & Medicaid Services (the federal administrator for the Medicare program). Medicare pays these companies to cover Medicare benefits for those Medicare-eligible persons who choose Medicare Advantage over the government-administered Original Medicare. Eligibility for Medicare Advantage Plans differs from Original Medicare in that people with end-stage renal disease generally cannot join a Medicare Advantage Plan except in certain limited situations.

If a person eligible for Medicare joins a Medicare Advantage Plan, the plan will provide health coverage for the person that bundles together:

- Medicare Part A hospital insurance (covers inpatient hospital stays, care in a skilled nursing facility, hospice care and some home health care),
- Medicare Part B medical insurance coverage (covers certain outpatient services such as doctor visits, physical therapy and medical equipment), and
- Medicare Part D prescription drug coverage (provided by most, but not all, Medicare Advantage Plans).

With some limited exceptions, Medicare does not provide coverage for the care, treatment, restoration, removal or replacement of teeth, or structures directly supporting teeth.

Exceptions to this dental exclusion relate to inpatient hospital dental services where, because of a patient's underlying medical condition and clinical status, or because of the severity of a dental procedure, hospitalization is required in connection with the provision of the services, which may be paid under Medicare Part A (Section 1862 (a)(12) of the Social Security Act).

However, Medicare Advantage Organizations may offer additional supplemental dental coverage beyond the very limited Medicare Part A and Part B coverage, as well as extra vision,

hearing and/or health and wellness programs, as an added value service for Medicare-eligible persons who select them as their Medicare Advantage benefit administrator.

When Medicare Advantage Organizations choose to offer supplemental dental benefits, they may contract with a dental plan administrator to process dental claims and manage other aspects of their supplemental dental benefits. Delta Dental is proud to administer Medicare Advantage supplemental dental coverage.

To be able to provide Medicare Advantage program benefits to Medicare-eligible persons, Medicare Advantage Organization partners must comply with and follow the specific federal laws, regulations and policies that apply to the Medicare Advantage Program, and to the role of Medicare Advantage Organizations as benefit administrators of the Program.

Delta Dental has a formal arrangement with our Medicare Advantage Organization partners to provide dental benefit administrative services to those persons to whom the Organizations have provided Medicare Advantage supplemental dental benefits. As such, Delta Dental must ***also*** comply with and follow the applicable Medicare Advantage-related statutes, regulations, and policies.

The flow of responsibility to follow Medicare Advantage-related laws, regulations and policies when dealing with people who have Medicare Advantage benefits continues past Medicare Advantage Organizations, and their partners like Delta Dental, down to the level of the health care professionals who provide care to patients with medical and supplemental benefits (e.g., supplemental dental benefits) through the Medicare Advantage Program.

Because health care professionals interacting with Medicare Advantage patients have some responsibilities that flow down from the Federal Medicare Advantage Program, these health care professionals are formally known in Medicare terminology as “downstream entities”.

As a Delta Dental Medicare Advantage™ participating dentist and “downstream entity” who is treating patients with Medicare Advantage supplemental dental benefits, it’s likely that the Medicare Advantage requirements are not that different from how you’re already managing your patients. For example, your practice is undoubtedly already observing the Medicare Advantage requirement not to discriminate against patients because of their race, color, national origin, disability, age, religion, sexual orientation, gender or gender identity.

However, you may not be aware that you must obtain a financial agreement with Medicare Advantage patients prior to providing dental services that are not covered under their Medicare Advantage supplemental dental plan.

This guide is intended to make it easy for you to understand the fundamentals of the Medicare Advantage Program, and see where you may need to adjust your business and clinical processes to cover responsibilities with your Medicare Advantage patients, so that their supplemental dental benefit plan can provide value to both them and you.

SECTION 5 — Credentialing & Recredentialing for Dentists

HOW TO BEGIN AND MAINTAIN YOUR PARTICIPATION IN DELTA DENTAL'S NETWORKS

Dentists who have signed an agreement with Delta Dental to participate in the Delta Dental PPO™ and/or Delta Dental Premier® networks, may qualify to join the Delta Dental Medicare Advantage™ network and treat Medicare Advantage patients.

PARTICIPATION IN THE DELTA DENTAL PPO™ AND/OR DELTA DENTAL PREMIER® NETWORKS IS REQUIRED TO JOIN THE DELTA DENTAL MEDICARE ADVANTAGE NETWORK AND TREAT MEDICARE ADVANTAGE PATIENTS.

To join Delta Dental's networks, dentists should go to Delta Dental's website at: **DeltaDentalVA.com/dentists/join-our-network.html**.

WHAT IS CREDENTIALING?

When a dentist applies to be included in a dental health care organization's participating dentist network (e.g., a Delta Dental network), the credentialing process is initiated to review a dentist's credentials to ensure that the dentist is qualified to provide dental services to patients who are members of a dental plan administered by the organization. Credentials are documented evidence of licensure, education, training, experience and other applicable qualifications. Examples of credentials are degree confirmation from dental schools, licensure information from state dental boards, drug prescribing licenses and reports from the National Practitioner Data Bank. Recredentialing ensures that any applicable licenses, registrations, certification and permits are current and that there are no issues that would affect network participation.

Delta Dental's credentialing process complies with applicable federal civil rights laws and does not discriminate in the treatment of dentists in the enrollment, credentialing and recredentialing processes on the basis of race, color, national origin, disability, age, religion, sexual orientation, gender or gender identity.

WHAT DOES THE CREDENTIALING PROCESS REQUIRE DENTISTS TO DO?

Dentists applying to participate in the Delta Dental Premier® or Delta Dental PPO™ network must accurately and thoroughly complete the Individual Practitioner Profile and provide the following credentialing elements as applicable to the dentist and the dentist's practice:

- Complete and signed Individual Practitioner Profile,
- Legible copy of DEA license (Controlled Substance Registration Certificate) or signed statement,
- Proof of professional malpractice insurance,
- Proof of anesthesia education and ACLS certificates, if applicable,
- Five year work history,
- National Provider Identifiers (NPI's),
- Facility profile,
- Signed Delta Dental Premier® participating agreement,
- Signed Delta Dental PPO™ participating agreement,
- W-9,
- Direct Deposit (EFT),
- Specialty documentation, and other forms as indicated.

Network application and credentialing information should be submitted as described in the participation information received by Delta Dental.

Please notify our provider records staff immediately of any changes in your credentialing elements at 855.474.5644 or **ProviderRelations@deltadentalva.com**.

IS ANYTHING ELSE REQUIRED FOR MEDICARE ADVANTAGE?

Yes. There are some additional credentialing requirements for participating dentists who treat Delta Dental Medicare Advantage™ patients and submit claims to Delta Dental for benefit payment. Participating dentists must:

- Not have any current or pending state or federal sanctions against them.
- Not be listed on the CMS Preclusion List. The preclusion list is a list of providers and prescribers who are precluded from receiving payment for Medicare Advantage items and services or Part D drugs furnished or prescribed to Medicare beneficiaries. Dentists receive communication from CMS if they are to be added to the preclusion list. For more information about the preclusion list, see **www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/PreclusionList.html.**

- Complete the Fraud, Waste and Abuse and Cultural Competency Training Acknowledgment document. Only one of these is required per Tax ID number. If a dentist's office operates under multiple Tax ID numbers, please complete one form per Tax ID number.
- Provide services in accordance with applicable Medicare laws, regulations and policies.

WHAT IS RECREDENTIALING?

As a participating provider with Delta Dental, you must be recredentialed every 36 months in order to remain participating. Recredentialing is the process of revalidating dentist credentials to ensure that they are still qualified to provide care or services within a relationship with a health care organization such as Delta Dental. Recredentialing ensures that any applicable licenses, registrations, certification and permits are current and that there are no issues that would affect network participation.

As with initial credentialing, Delta Dental's recredentialing process complies with applicable federal civil rights laws and does not discriminate in the treatment of dentists in the enrollment, credentialing and recredentialing processes on the basis of race, color, national origin, disability, age, religion, sexual orientation, gender or gender identity.

Be sure to submit your recredentialing information to Delta Dental in a timely manner to avoid a lapse in credentialing and prevent an interruption in the claims payments that you receive from Delta Dental. Be aware that failure to provide all the information required for recredentialing will result in review by Delta Dental's Credentialing Committee and possible loss of participation.

As a participating Delta Dental dentist, you agree to accurately and thoroughly complete the confidential credentialing information form once every 36 months and provide the requested credentialing elements as described above for the credentialing process.

Before you submit your recredentialing information, it's a good idea to double-check it to make sure that you've included all the information needed and all the documents are current, e.g., your license and evidence of professional liability (malpractice) insurance. It's also a good idea to keep a copy of the recredentialing information that you send to Delta Dental.

Please notify our provider records staff immediately of any changes in your recredentialing elements at 855.474.5644 or **ProviderRelations@deltadentalva.com**.

If Delta Dental declines to include a dentist or group practice in its network(s), the reason for the decision will be provided to the dentist(s) in writing. Delta Dental also provides dentists with an appeals mechanism in cases where participation in a Delta Dental network has been denied or terminated. Concerns should be communicated to Delta Dental at 855.474.5644 or **ProviderRelations@deltadentalva.com**.

SECTION 6 — Dentist Responsibilities & Rights

YOUR RESPONSIBILITIES AS A DELTA DENTAL PARTICIPATING DENTIST TREATING MEDICARE ADVANTAGE PATIENTS

As a participating dentist in Delta Dental's Medicare Advantage network, Delta Dental delegates the responsibility of providing dental services for Delta Dental Medicare Advantage™ patients to dentists. As a dentist treating Delta Dental Medicare Advantage patients, it's important that you follow the requirements spelled out in this section, which were condensed in part from the laws, regulations and other requirements that apply to the federal Medicare Advantage program and Medicare Advantage patients. For more information on Medicare requirements related to complying with specific laws/regulations, check your Delta Dental participation agreement.

Access to Quality Dental Services for Medicare Advantage patients

- Provide to Medicare Advantage patients quality clinical dental treatment that: (1) is within your scope of practice, (2) is rendered with same level of fairness, dignity and respect provided to other patients, and (3) meets generally accepted standards of dental practice for medical necessity, appropriateness of care and quality of care.
- As needed, provide Medicare Advantage patients with timely referrals to dental specialists.
- If accepting new patients, make appointments available to Medicare Advantage patients in the same manner (e.g., equivalent frequency, timeframes and wait times) that appointments are made for other patients in your practice and within the same hours of operation provided to other patients.
- Make arrangements for dental emergency services to be available on an on-call basis for Medicare Advantage patients 24 hours per day, 7 days per week. If your arrangements include directing Medicare Advantage patients to another dentist for emergency care, that dentist must also participate with Delta Dental.
- Maintain your practice facility, operatories, equipment, personnel and administrative services at a level and quality necessary to perform duties and responsibilities to meet the applicable requirements described in this guide and the referenced laws and regulations and policies.
- Comply with the laws and regulations relating to dental practice (state board of dentistry/dental examiners), patient privacy (Health Insurance Portability and Accountability Act), disabled persons (Americans With Disabilities Act), waste management/environmental protection (OSHA, EPA and/or applicable state laws and regulations) and the Centers for Disease Control and Prevention (CDC) infection control and sterilization guidelines.

APPEALS AND GRIEVANCES

If needed, cooperate with Delta Dental to identify and resolve Medicare Advantage patients' inquiries, grievances and appeals within the requested timeframe.

Audits

- As a Participating Dentist you agree to give Delta Dental, DHHS, the U.S. General Accounting Office ("GAO"), the Comptroller General, CMS, and their authorized designees, the right to audit, evaluate, collect directly from, and inspect any books; contracts; computer or other electronic systems; records, including medical records and documentation; patient care documentation; and other records involving transactions related to Medicare Advantage Plans.
    - This right will exist through 10 years from the final date of the Medicare Advantage Organization's contract period or from the date of completion of any audit, whichever is later. You also agree to maintain such records for a period of 10 years following termination or expiration of your participation in the Medicare Advantage Plans, or until completion of an audit, whichever is later. You agree to take appropriate corrective actions in response to any potential noncompliance or potential fraud, waste or abuse ("FWA") identified via audit, monitoring or otherwise, by Delta Dental, DHHS, GAO, or CMS.
- Take appropriate corrective actions if a review or audit identifies that your practice is not following laws, regulations or policies that you need to comply with.

Communication with Delta Dental

- Respond to information requests from Delta Dental, e.g., information needed to process a claim, in a thorough manner and within 10 calendar days unless Delta Dental's request indicates otherwise.
- When you have a business change that might affect the processing of your claims, you need to notify Delta Dental within 10 calendar days of the change and the date that the change took effect. Examples of such changes include a change in business name, business address, business phone number, tax identification/social security number or dentists entering/leaving a group practice.

Communication with patients

- Be responsive to the linguistic, cultural and other unique needs of any minority or disabled Medicare Advantage patients.

- Contact Delta Dental if a Medicare Advantage patient requests or requires language interpretive services.
- Involve your Medicare Advantage patients in making decisions about their dental care prior to beginning treatment by discussing with them recommended treatment, available alternatives and potential risks/benefits.

Credentialing

- Be lawfully licensed in the state(s) in which you practice.
- When requested, provide Delta Dental with the information needed for credentialing/recredentialing.

Claim submission (see Section 11 for more detailed information on claims submission)

- Submit a claim form to Delta Dental for all dental services provided to Medicare Advantage patients for which a charge is made.
- Follow the Delta Dental processing policies and claim submission instructions found in this guide and in the Delta Dental Dentist Handbook (participating dentists can access the updated Delta Dental Dentist Handbook at **DeltaDentalVA.com** under dentist resources (participating dentists can access the updated Delta Dental Dentist Handbook upon login to Delta Dental of Virginia's dentist portal).
- Ensure that the claim information which you submit to Delta Dental is, to the best of your understanding, accurate and complete.
- When documenting procedures on a claim form, use the most recent American Dental Association (ADA) approved claim form with the ADA CDT dental procedure codes that are in effect on the day of service.
- Submit a license number and Type 1 NPI of the treating dentist on all claim forms submitted to Delta Dental.
- When submitting claims for payment of multi-step dental procedures (e.g., removable and fixed partial dentures), use the date on which the procedure is complete (e.g., denture delivery date) as the date of service.
- Submit claims for services no later than 12 months after the services are provided to a Medicare Advantage patient. Please be aware that if a claim is submitted late and, before that claim is submitted, Delta Dental receives a claim from another dentist and makes payment to that dentist, the dentist submitting the late claim may not get payment. Because of this possibility, dentists are encourage to submit claims shortly after services are completed.

Cultural respect

When performing services for Medicare Advantage patients, you are required to deliver services in a culturally competent manner to patients with:

- Different race, color, national origin, age, sexual orientation, gender or gender identity.
- Limited English proficiency.
- Diverse cultural and ethnic backgrounds.
- Different income levels and education.
- Physical, emotional or behavioral disabilities.
- Different religious or spiritual backgrounds.

You are also required to provide physical access, reasonable accommodations, and accessible equipment for your Medicare Advantage patients with physical or mental disabilities.

We recommend that you review the training tools available from Delta Dental located at DeltaDentalVA.com under dentist resources that describes the rationale for being responsive to cultural competency concerns, requirements and skills.

Delegation of responsibilities related to Medicare Advantage patients

- As a dentist treating Delta Dental Medicare Advantage™ patients, it's important for you to keep in mind that if you delegate clinical or administrative responsibilities related to your Medicare Advantage patients to an entity outside your practice, as evidenced by a written contract, that downstream entity is required to comply with the same Medicare Advantage requirements and obligations that are applicable to you as a Delta Dental dentist with a Medicare Advantage Participation Agreement.
- If you do delegate any obligations/functions related to Medicare Advantage patients to an entity outside your practice, it's important to be aware that you have the responsibility to oversee that the entity complies with applicable Medicare Advantage requirements. You are advised to have a written contract that specifically requires the entity to follow Medicare Advantage-related laws/regulations that apply to the entity's function(s).
- You must also have a compliance plan that is appropriate for the size of your organization which describes the actions that your practice takes to comply with Medicare Advantage laws/regulations, including oversight activities. As an example, you can review Delta Dental's Compliance Plan on the dentist portal. If you do not have your own compliance plan, you agree to comply with Delta Dental's Compliance Plan.
- If you need more information on specific Medicare Advantage-related laws/regulations or delegation requirements, check your Delta Dental participation agreement.

Eligibility

For patients who indicate that they have dental benefits through Delta Dental's Medicare Advantage Supplemental Dental Program, make sure to verify their eligibility on the day of each appointment before providing treatment. If you fail to check on a patient's date of eligibility, and dental benefit payment is rejected because the patient was not eligible, you cannot charge the patient.

Fee collection

- Do not require Medicare Advantage patients to prepay any portion of dental services that will be paid by their Medicare Advantage supplemental dental plan except deductibles, co-insurance, co-pays and/or services that are not covered (the latter requires a signed pre-service financial agreement; see Section 11 under "Reimbursement for services not covered by a Delta Dental Medicare Advantage™ dental plan" for details).
- Do not charge Medicare Advantage patients any balance between your submitted fee and the maximum fee approved by Delta Dental for a given procedure.

Marketing

Do not offer anything of value to induce Medicare Advantage patients to pick you as their dental provider. Also, in the unlikely event that you are involved with Medicare Advantage Plan marketing, do not offer inducements to persuade a patient to enroll with a particular Medicare Advantage Organization or distribute Medicare Advantage Organization marketing materials or applications in areas where dental care is being given. It is permitted to make available Medicare Advantage Organization marketing materials and enrollment forms outside of the areas where dental care is delivered.

Medicare qualification

To participate in the Medicare Advantage program you must not be precluded from Medicare due to state and/or federal sanctions.

Non-covered services

Prior to performing non-covered services to a Medicare Advantage patient, inform the patient of the cost for non-covered services and obtain a financial agreement signed by the patient prior to or on the day of service. If a signed financial agreement is not obtained from a Medicare Advantage patient before providing a non-covered service, the patient may not be charged for the service (see Section 11 under "Reimbursement for services not covered by a Delta Dental Medicare Advantage dental plan" for details).

Offshore subcontractors

If you or your practice contracts with an offshore subcontractor for services where the subcontractor would have access to the protected health information of your Medicare Advantage patients, you are required to complete the Offshore Subcontracting Attestation Form and send it to Delta Dental. This form is located at DeltaDentalVA.com under Forms & Resources. An offshore contractor would be one located outside of the 50 U.S. states, the District of Columbia or one of the U.S. territories (American Samoa, Guam, Northern Marianas, Puerto Rico and Virgin Islands). If this situation arises in your practice and you have any questions, call Delta Dental at 855.474.5644.

Patient records (see Section 10 for more information on record-keeping)

- Maintain complete and accurate records of treatment and other associated documentation on your Medicare Advantage patients in accordance with state and federal laws/regulations and generally accepted standards of dental practice. Keep records and other documents related to patient treatment and charges on file for at least 10 years from the final date of the Medicare Advantage Organization's contract period with CMS.
- Ensure that patient personal and health information is released only in accordance with applicable federal or state privacy laws/regulations, or pursuant to court orders or subpoenas.
- Maintain written privacy policies and procedures that specify the purposes for which Medicare Advantage patients' information will be used within your practice and to whom and for what purposes you will disclose the information outside of your practice.
- Ensure that Medicare Advantage patients have timely access to their personal and health information kept in your practice.

Protection against discrimination

Take care not to discriminate or differentiate in the scheduling, treatment or service quality of any Medicare Advantage patients because of race, color, national origin, disability, age, religion, sexual orientation, gender, gender identity, health status, existence of a pre-existing mental or physical disability/condition including pregnancy or hospitalization, or the expectation for frequent or high cost care.

Quality assurance

Comply with Delta Dental's quality assurance processes including, but not limited to, utilization review, credentialing and recredentialing and quality assurance audits.

Regulation compliance plan

Comply with applicable policies and procedures described in this guide relating to Delta Dental's Medicare Advantage Supplemental Dental Program, as well as Delta Dental's Compliance Plan located at **DeltaDentalVA.com** under dentist resources.

Screening for persons excluded from Federal Business

- As a Delta Dental participating dentist treating patients who have a Medicare Advantage supplemental dental program, you are required to screen, determine and attest to the best of your knowledge, information and belief that:

  (1) you, (2) your employees, (3) persons on your governing body (if you have one), (4) major shareholders (if you have any), (5) subcontractors (if you have them) or (6) any other downstream entities involved in the administration and delivery of dental services to your Medicare Advantage patients are not listed on:

  - The list of excluded individuals/entities as published by the US. Department of Health and Human Services, Office of the Inspector General ("OIG List"). You can screen for excluded individuals/entities at **http://exclusions.oig.hhs.gov/**.
  - The list of debarred contractors as published in the System for Award Management by the U.S. General Services Administration ("GSA List"). You can screen for debarred contractors at **https://sam.gov/content/home**.

- The CMS Medicare Preclusion List. As noted above, persons who are on the preclusion list have been notified of their addition to the list. For any of the categories of persons or entities listed under the main bullet above who are involved in the administration and delivery of dental services to your Medicare Advantage patients, you must obtain from them a written attestation that they have not received notice of being added to the preclusion list and keep the attestations on file.
- As a Delta Dental participating dentist treating patients who have a Medicare Advantage supplemental dental program, you are also required to:
  - Review the OIG and GSA Lists and obtain a preclusion list attestation prior to the hiring of any new employee, contractor, or the appointment or election of a person to your governing body, to ensure that the new individual is not excluded from participation in federal programs.
  - Review the OIG List and GSA List on a monthly basis to ensure that neither you, or any of the categories of persons or entities listed in the main bullet above who are involved in the administration and delivery of dental services to your Medicare Advantage patients, are excluded from participation in federal programs.

- Notify Delta Dental immediately of any change in circumstance which would require you or any of the categories of persons or entities listed above to respond affirmatively to being included on the OIG List, GSA List or Preclusion List.

- A dentist listed in any of the excluded or disbarred entity databases cannot participate in Delta Dental's Medicare Advantage Supplemental Dental Program.
- Additionally, you and any downstream entities with whom you contract to provide administrative or dental services involving your Medicare Advantage patients are required to annually attest to compliance with the OIG, GAS and preclusion list screening requirements described above. Delta Dental has the right to audit you and your downstream entities for compliance with these obligations.
- Although it's unlikely that you will encounter an employee, contractor, or any other individual/entity associated with your practice who has been excluded from federal business, if you do, it is essential to promptly notify Delta Dental's Fraud and Abuse hotline at 888.227.6004. Additionally, you should take immediate corrective action regarding the excluded individual/entity. It is advisable to consult with legal counsel to determine the necessary steps to take.
- You should be aware that Delta Dental is prohibited from paying for any items or services reimbursable under Medicare Advantage Plans that are furnished, ordered or prescribed by excluded individuals or entities. This payment ban applies to any items or services reimbursable under the Medicare Advantage Plans that are furnished by an excluded individual or entity, and extends to:
  - All methods of reimbursement, whether payment results from itemized claims, cost reports, fee schedules or a prospective payment system.
  - Payment for administrative or management services not directly related to patient care, but are a necessary component of providing items and services to Medicare Advantage patients, when those payments are reported on a cost report or are otherwise payable by a Medicare Advantage Plan.
  - Payment to cover an excluded individual's salary, expenses or fringe benefits, regardless of whether they provide direct patient care, when those payments are reported on a cost report or are otherwise payable by a Medicare Advantage Plan.
- In addition, no payments can be made for any items or services directed or prescribed by an excluded individual or entity or other authorized person when the individual or entity furnishing the services either knew or should have known of the exclusion. This prohibition applies even when Delta Dental's payment in that regard is made to another individual, entity, practitioner, or supplier that is not excluded. Payment for any services provided by individuals found to be excluded when payment was made must be refunded to Delta Dental.

YOUR RIGHTS AS A DELTA DENTAL PARTICIPATING DENTIST TREATING MEDICARE ADVANTAGE PATIENTS

- Access to review any credentialing/recredentialing information supplied to Delta Dental.
- Free access to your Delta Dental patients' benefit and eligibility information.
- The right to communicate with and advise your Delta Dental patients about their health status, dental care and treatment options.
- Have access to language interpretive services arranged by Delta Dental at no cost to you or your Medicare Advantage patients (see Section 10 for details).
- The right to recommend dental treatment to your Medicare Advantage patients even if the treatment is not a covered service under a patient's Medicare Advantage supplemental dental plan administered by Delta Dental (when recommending non-covered services to a patient in one of these programs, you need to obtain a signed pre-service financial agreement as described in Section 11 under "Reimbursement for services not covered by a Delta Dental Medicare Advantage™ dental plan").
- The right to submit and receive claims information electronically through Delta Dental's claim processing system that allows for automated processing and adjudication of claims, as well as access to claims status and patient benefit and eligibility information.
- The right to receive prompt and accurate claims processing and direct payment from Delta Dental in accordance with all applicable state and federal prompt payment laws.
- Have access to information on how Delta Dental decides whether a service is covered and/or medically necessary, and who in Delta Dental's office makes the decision.
- Access to a complaint resolution system with timely responses that may be used to file, as appropriate, an inquiry, grievance or appeal when there is a disagreement with an action taken by Delta Dental, including disapproval of a request for a pre-treatment estimate, non-payment of a claim, denial/termination from a Delta Dental network or other complaints.
- Timely response from Delta Dental to your inquiries, grievances, appeals and/or administrative hearings.
- Safeguarding by Delta Dental of the confidential information in your patient records with access allowed only in accordance with applicable federal and state regulations and legal requirements.
- The right to make recommendations about these responsibilities and rights or Delta Dental's policies and procedures.
- The right to exercise these rights without adversely affecting the way Delta Dental treats you.

SECTION 7 — Patient Rights & Responsibilities

WHAT YOUR DELTA DENTAL MEDICARE ADVANTAGE™ PATIENTS ARE ENTITLED TO AND RESPONSIBLE FOR PATIENT RIGHTS

Patient rights

Delta Dental Medicare Advantage patients have the right to:

- Be treated with fairness, respect and an appreciation of the need to maintain privacy and dignity.
- Be free from discrimination based on age, ancestry, claims experience, color, disability, disability, expectation/receipt of frequent/high cost care, gender, gender identity, genetic information, health status, medical condition (including pregnancy and physical/mental illness), medical/dental history, national origin or religion.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation, including the freedom to exercise their rights without fear of retaliation.
- Be free from segregation in any way from other persons receiving dental services.
- Have free choice of general dentists and dental specialists participating with Delta Dental consistent with the rules of their dental plan/program.
- Know the names and credentials of their dental health care providers.
- Receive assistance if they are having difficulties in accessing dental care that they cannot resolve by themselves.
- Have timely barrier-free access to appropriate dental care consistent with Delta Dental network standards. Under the Americans with Disabilities Act, a federal law that prohibits discrimination in access to services and employment against persons who are disabled, a disabled individual has a right to reasonable accommodation to facilitate access to a dental office and appropriate dental treatment. Reasonable accommodation may involve removing physical barriers, modifying an office policy or procedure that limits access to a disabled person or providing auxiliary aids and services, such as sign language interpreters, assistive listening devices, large print materials, etc.
- Receive appropriate dental care services, consistent with applicable standards for access, periodicity of treatment and quality, that are provided in a prompt, dignified, responsible and culturally competent manner. If needed, receive free language interpreter/translation services in a language that they understand.
- Get assistance with any special needs they have.

- Receive full information from dentists and dental practice staff in a manner and format that they can understand about their oral health status and dental treatment that they need, including all treatment options, benefits and risks.
- Receive detailed information on emergency and after-hours dental care coverage, including when to seek emergency dental care, how and where to obtain emergency dental care and post-stabilization services after an emergency problem is stabilized, that any hospital or other appropriate setting may be used and that emergency dental care does not require prior approval.
- Receive understandable information about their dental benefits to help them make health care decisions, including how Delta Dental determines if a procedure is covered and how those determinations are made.
- Receive a treatment plan from their dentist that describes all proposed treatment including treatment options.
- Participate in decisions regarding their dental care, including expressing preferences about treatment options, requesting a second opinion or refusing treatment.
- Receive full and understandable information about any financial responsibilities they may have before dental treatment is started. Relevant information includes, but is not limited to, knowing which dental services they are not responsible for paying for under their dental plan/program, as well as applicable prohibitions against being charged for non-covered services unless they have agreed in writing to pay for the services before they're started.
- As appropriate to their dental plan/program, receive a notice in a timely manner after a claim for dental benefits is filed letting them know what will and won't be covered by their dental plan and the reason for Delta Dental's determination.
- Make inquiries to Delta Dental for help with questions they may have.
- Utilize Delta Dental's grievance procedures to resolve problems including, but not limited to, complaints about their dental plan administration or the quality of the care that they receive.
- Utilize Delta Dental's appeal procedures to file an appeal if they disagree with a decision about claim payment or coverage.
- Request and receive a copy of their dental records in the manner prescribed by federal and state law, and request that the records be amended or corrected if they believe that the records are inaccurate.
- Have the privacy of their personal and health information protected as required by federal and state laws and regulations.
- Make recommendations about the policies and services of their dental plan and/or their rights and responsibilities under the plan.

- Exercise these rights without adversely affecting the way that Delta Dental or participating dentists treat them.
- As appropriate to their dental plan/program, contact involved government agencies (e.g., Virginia Department of Health and Human Services) or health plans with questions or complaints.

PATIENT RESPONSIBILITIES

Delta Dental Medicare Advantage™ patients have the responsibility to:

- Follow the rules, policies and procedures of Delta Dental's Medicare Advantage Supplemental Dental Program.
- Be familiar with what their dental plan/program does and does not cover.
- Show their dental plan/program identification card to appropriate dental practice staff before receiving services.
- Not allow anyone else to use their dental plan/program identification card.
- Inform their dentist and Delta Dental when they have a change of address, phone number or other information that the dentist needs to maintain them as patients.
- Make appointments for routine dental checkups as recommended by their dentist.
- Keep their dental appointments or cancel them in advance.
- Provide their dentist with full information about their past medical and dental histories and current dental problems.
- Tell their dentist if there is a change in their medical or dental condition.
- Ask questions if they do not understand their dental health status or recommended dental care.
- Follow the treatment plan agreed on with their dentist, including the dentist's advice about post-operative care, personal oral care and nutrition.
- Understand and use the appropriate grievance or appeals process as the first step in resolving complaints about their coverage, benefit payment, dental plan administration or the quality of the care that they receive.
- Make prompt payment for services not covered by their dental plan/program if a written financial agreement was signed prior to non-covered services being performed by their dentist.
- Treat other dental patients and dental practice staff with respect.
- Report any observed fraud, waste or abuse.

SECTION 8 — Patient Enrollment & Eligibility

HOW TO CHECK IF YOUR PATIENT HAS DENTAL BENEFITS UNDER DELTA DENTAL'S MEDICARE ADVANTAGE SUPPLEMENTAL DENTAL PROGRAM

Verification of patient eligibility for Medicare Advantage supplemental dental benefits

Delta Dental does not perform enrollment functions for persons who choose a Medicare Advantage health plan. The eligibility information available to and provided by Delta Dental is the eligibility information received from our Medicare Advantage Organization partners. The Medicare Advantage Organization determines whether an individual is eligible for a Medicare Advantage Plan and, if so, typically provides the person with a choice of one or more plans. The plan chosen by a person who enrolls with a Medicare Advantage Organization may or may not include dental benefits which, if available, may vary from plan to plan.

To avoid surprises for both you and your Medicare Advantage patients, their eligibility for supplemental dental benefits should be verified at the time of service. If you do not check eligibility on a Delta Dental Medicare Advantage™ patient at the time of service before you begin treatment, and deliver services to an ineligible person, you cannot receive reimbursement from Delta Dental.

You can access and verify patient eligibility in the following ways:

- View the benefits and eligibility of Medicare Advantage patients via the Dental Office Toolkit® (DOT) at **https://www.toolkitsonline.com/dot**. When you access DOT, you can:
  - Look up patient eligibility and benefit information
  - Submit pre-treatment estimates
  - Submit claims, review the status of submitted claims or view claims history
  - Access account activity
- Call 866.327.0597 to use Delta Dental's Automated Service Inquiry (DASI). DASI accesses Delta Dental's live database to deliver the most recent information. You can download a DASI reference card and shortcuts at **DeltaDentalMI.com/Dentist/Help/DASI.**
- Customer service representatives are available Monday through Friday, 8:30 a.m. to 8 p.m. at 866.327.0597 to assist you and your staff.

Note that due to possible eligibility status changes, information provided by Delta Dental prior to the time of seeing a Medicare Advantage patient does not guarantee payment. You and your office should confirm eligibility at time of treatment.

MEDICARE ADVANTAGE ENROLLMENT CHANGES

Your Medicare Advantage patients have the option each year to change plans. A patient may switch from one Medicare Advantage Plan to another, or switch from Medicare Advantage to Original Medicare, which may change or eliminate dental benefits coverage. Therefore, it's important to verify eligibility at the time of service and prior to treatment of patients previously identified as having Medicare Advantage supplemental dental benefits.

ID CARDS

Your Delta Dental Medicare Advantage™ patients will be issued an ID card in a welcome packet from Delta Dental or their Medicare Advantage Organization upon initial enrollment.

Delta Dental recommends that your office require patients who indicate they have Delta Dental Medicare Advantage supplemental dental benefits to present their ID cards and confirm eligibility at each appointment. We also suggest that you keep copies of patients' ID cards on file in their charts.





SECTION 9 — Policies & Guidelines for Covered Services

IMPORTANT INFORMATION ON THE POLICIES AND GUIDELINES APPLICABLE TO DELTA DENTAL'S MEDICARE ADVANTAGE SUPPLEMENTAL DENTAL PROGRAM

Utilization management

Definition — Delta Dental refers to the URAC definition that characterizes utilization management as the evaluation of the medical necessity, appropriateness and efficiency of the use of health care services, procedures, and facilities under the provisions of the applicable health benefits plan. Utilization management is sometimes referred to as utilization review. The definitions of these terms vary depending on the source, and the two terms are sometimes used interchangeably. However, utilization review commonly refers to the review of health care services delivered under a health care plan to validate service necessity and appropriateness, while utilization management refers to responding to utilization review results with a goal of implementing improvements to increase the quality of care delivered under the plan.

Purpose — The primary purpose of utilization management is to provide the structure and organization for performing comprehensive review of the access to and appropriateness of care delivered by participating dentists to maintain the clinical quality provided within Delta Dental's Medicare Advantage Supplemental Dental Program.

Delta Dental maintains a detailed utilization review plan to establish utilization management standards, policies and procedures.

Medical Necessity Standard — When claim adjudication requires a determination of whether a dental procedure is medically necessary, then medical necessity is defined as services covered under the program that are:

- Directly related to diagnostic, preventive, curative, palliative, rehabilitative or ameliorative treatment, or an illness, injury, disability or health condition.
- Consistent with currently accepted standards of good dental practice, including our defined criteria.
- The most cost-efficient service that can be provided without sacrificing effectiveness or access to care.
- Not primarily for the convenience of the patient, family or dental service provider.

A few examples of the many dental services typically considered to be medically necessary include:

- Clinical examination, prophylaxis and fluoride application according to generally accepted periodicity schedules.
- Direct restorations to treat progressive dental caries.
- Endodontic therapy to treat an apical abscess.
- A tooth extraction to treat a tooth that cannot be restored.

Examples of dental services typically considered not to meet a medical necessity standard include:

- A crown placed on a tooth for the sole purpose of changing its cosmetic appearance.
- Anterior direct composite restorations to close a diastema or reshape a peg lateral tooth.
- Endodontic therapy in the absence of an endodontic diagnosis that provides an indication for treatment.

The determination of medical necessity is a necessary component of utilization management. When it is necessary to make a medical necessity determination on a claim submitted for a Medicare Advantage patient, that decision is made on a case-by-case basis by

qualified, licensed dental consultants after completing a full and fair review of all submitted documentation and taking into account the particular physical, behavioral, mental or dental health needs of the patient.

How utilization management decisions are made

When conducting utilization management, including the determination of medical necessity, Delta Dental's licensed dental consultants rely Delta Dental Processing policies, as well as on generally accepted standards of dental practice as defined in:

- Dental evidence-based guidelines and other pronouncements and publications of leading nationally recognized dental public health organizations, health research agencies and professional organizations
- Credible scientific evidence published in peer-reviewed medical and dental literature, including journals and textbooks generally recognized by the relevant medical and dental communities
- Resources from accredited dental schools
- The regulatory status of relevant dental technologies
- Appropriate cumulative professional dental expertise and experience

Nationally recognized external dental standards/clinical criteria utilized by Delta Dental, in their processing policies, include clinical guidelines, parameters, positions and statements published by the American Academy of Periodontology; clinical guidelines and positions published by the American Association of Endodontists; parameters of care published by the American Association of Oral and Maxillofacial Surgeons; dental practice parameters and clinical practice guidelines published by the ADA including information published by the ADA Center For Evidence-Based Dentistry; guidelines for medically complex patients published by the American Academy of Oral Medicine on diagnosis and management of medical conditions of the oral and maxillofacial regions; the Cochrane database of systematic reviews; and relevant guidelines published in the National Guideline Clearinghouse of the U.S. Agency for Healthcare Research and Quality. Delta Dental will also consult with participating dentists when appropriate regarding utilization management procedures and standards.

Delta Dental also relies on the dental procedure code, nomenclature and descriptor information contained in the current version of the American Dental Association Code on Dental Procedures and Nomenclature. If a case arises where there is a difference between an external organization's recommendation and the rules and requirements of the Centers for Medicare and Medicaid Services (CMS) or Delta Dental claim processing policies, then the applicable CMS or Delta Dental provision would apply.

POLICIES AND GUIDELINES FOR CLAIM REVIEW OF SERVICES COVERED UNDER DELTA DENTAL'S MEDICARE ADVANTAGE SUPPLEMENTAL DENTAL PROGRAM

Introduction

The claim review policies and guidelines for applied to claims submitted for Medicare Advantage patients are implemented for the purpose of administering dental plan benefits, including guiding determinations for pre-treatment estimates and claim payments. The policies and guidelines below are consistent with Delta Dental processing policies and were developed to align with evidence-based clinical recommendations, guidelines and parameters of care of leading dental organizations, scientific evidence published in peer-reviewed medical and dental literature, the curriculum of accredited dental schools and national processing policies. These foundational criteria were adapted as necessary to reflect and comply with the specific requirements of Delta Dental's Medicare Advantage supplemental dental benefits administration. As such, the following policies and guidelines are not intended to cover every dental care situation that results in a claim submission, nor should they be considered as establishing dental care standards, parameters of care or practice guidelines.

The provision of dental advice and clinical treatment of patients is the sole responsibility of treating dentists, and these claim review policies and guidelines are not intended to restrict a dentist from carrying out that responsibility. Consequently, it is recognized that there may be atypical situations where a patient's clinical condition and needs do not coincide with claim processing policies/guidelines.

In those cases, documentation of unusual circumstances can be submitted for a case-by-case review to determine if an exception is warranted and possible per program rules and provisions.

The procedure codes and nomenclature referenced in these policies and guidelines are sourced from the current version of the Code on Dental Procedures and Nomenclature contained in the CDT Dental Procedure Codes manual published annually by the ADA.

General policies and guidelines

- Dentists treating Delta Dental's Medicare Advantage patients are responsible for:
  - Providing Medicare Advantage patients with the same quality of clinical and nonclinical services that they provide to patients who are not in the program.
  - Providing Medicare Advantage patients with referrals to dental specialists in the same manner in which referrals are provided to patients not in the program. Note that referrals for Medicare Advantage patient should be made to specialists who participate with Delta Dental.

- Dental treatment must be preceded by an appropriate evaluation, development of a diagnosis and creation of a treatment plan. Treatment plans must be consistent with diagnoses and treatment appropriately sequenced.
- Appropriate consent must be obtained from Medicare Advantage patients prior to beginning treatment.
- Covered services must be completed to be eligible for benefit payment. Charges for incomplete procedures are not collectable from a Medicare Advantage patient by a participating dentist.
- Benefit payment for procedures determined not to meet Delta Dental processing policy criteria, to be medically necessary or which do not meet generally accepted standards of dental practice are not collectable from a Medicare Advantage patient by a participating dentist. If a paid procedure is subsequently determined not to have been medically necessary, or to have been performed below generally accepted standards of dental practice, participating dentists are required to refund the benefit payment.
- When recommending dental treatment, such as restorative procedures, dentists should consider the likely prognosis and whether a successful treatment outcome may reasonably be expected. Benefits for procedures on teeth with a poor prognosis (e.g., restorative treatment on teeth that have a poor periodontal prognosis or that have gross carious destruction at or below the alveolar bone) are not collectable from a Medicare Advantage patient by a participating dentist.
- Procedures determined to have been performed solely for cosmetic change are not benefits of Delta Dental's Medicare Advantage dental plans and may be charged to a Medicare Advantage patient only if a financial agreement is obtained according to the process described in Section 11 under "Reimbursement for services not covered by a Delta Dental Medicare Advantage™ dental plan."
- If a participating dentist performs a dental procedure for which a single fee is paid, but splits the procedure into multiple components on a claim form with separate fees seeking to get paid more than is allowed by a Delta Dental Medicare Advantage dental plan for the single procedure performed, charges for the unbundled procedures are not collectable from a Medicare Advantage patient by a participating dentist.
- Applicable time, frequency and other limitations on benefit payment for specific services are established by the client dental plan contract.

POLICIES AND GUIDELINES FOR COVERED SERVICES

This section describes some key claim review policies and guidelines. For more detailed information on Delta Dental policies, participating dentists can access the updated Delta Dental Dentist Handbook on the dentist portal. The dentist handbook includes general policies

and a complete list of current CDT codes, nomenclatures and specific processing policies that apply to each code.

IMPORTANT: Note that covered benefits vary among Delta Dental Medicare Advantage™ dental plans, so all of the procedures discussed below may not be covered by a particular patient's Medicare Advantage dental plan. Benefits should be confirmed prior to starting treatment. See Section 8 for information on checking available benefits for a Medicare Advantage patient.

Diagnostic Services

Radiographs: The ADA and the U.S. Food and Drug Administration (FDA) has published a document discussing when to take radiograph images. "The Selection of Patients for Dental Radiographic Examinations" is available at **www.fda.gov/Radiation-EmittingProducts/RadiationEmittingProductsandProcedures/MedicalImaging/MedicalX-Rays/ucm116504.htm**.

As a guideline, intraoral radiograph images should:

- Be properly mounted.
- Include the identity of the patient and treating dentist.
- Be labeled right/left and include the date of exposure.
- Have acceptable brightness, contrast and clarity/sharpness.
- Reveal contact areas as appropriate to the image type.
- Show periapical areas and alveolar bone as appropriate to the image type.

Radiographs that do not meet the ADA's radiographic guidelines, or which are not of diagnostic quality, are not collectable from a Medicare Advantage patient by a participating dentist.

Preventive Services

Comprehensive and periodic oral evaluation procedures include, but are not limited to, documenting and reviewing a Medicare Advantage patient's medical and dental history, examination and documentation of the condition of extra- and intra-oral tissues, recording of periodontal status including periodontal charting, documentation of the condition of the teeth including restorations and caries, soft tissue evaluation including examination for oral cancer, recording of appropriate diagnoses and documentation of a treatment plan.

Evidence-based clinical guidelines on the provision of preventive services to Medicare Advantage patients that may be referenced by Delta Dental can be found in:

- The American Academy of Periodontology Parameter on Plaque-Induced Gingivitis at **www.joponline.org/doi/pdf/10.1902/jop.2000.71.5-S.851**
- The American Dental Association guidelines on topical fluoride for caries prevention at **www.ada.org/resources/research/science-and-research-institute/evidence-based-dental-research/topical-fluoride-clinical-practice-guideline**
- The American Dental Association evidence-based clinical practice guideline for the evaluation of potentially malignant disorders in the oral cavity at **www.ebd.ada.org/en/evidence/guidelines/oral-cancer**.

Restorative services

Restorative services benefits, if any, will vary depending on a Medicare Advantage patient's dental plan coverage. Restorative services benefits should be confirmed prior to starting treatment.

Direct and indirect restorations: The condition of involved tooth/teeth must be evaluated prior to restorative treatment. Teeth with unresolved periodontal disease or endodontic pathology should receive appropriate treatment as part of, and generally prior to, the course of restoration. Teeth with a poor periodontal or endodontic prognosis and/or with hopeless loss of tooth structure do not qualify for restorative benefits.

Documentation in the patient record must clearly describe the restoration provided, the reason for the restoration, the tooth number and the tooth surface(s) involved.

Charges for removing caries, placement of bases and liners, bonding, polishing and adjustment performed in conjunction with a restoration are not collectable from a Medicare Advantage patient by a participating dentist.

Crowns: For a tooth to be eligible for crown benefits, there must be preoperative evidence of extensive loss of tooth structure due to caries and/or fracture. Examples of extensive loss would include:

- An anterior tooth with loss of tooth structure due to initial caries, recurrent caries, restoration failure and/or tooth/restoration fracture with structure loss involving four or more surfaces and one-third or more of the incisal edge lost.
- A posterior tooth with loss of tooth structure due to initial caries, recurrent caries, restoration failure and/or tooth/restoration fracture involving three or more surfaces and one or more cusps lost.

- A tooth with successful prior endodontic treatment and an endodontic access opening that has removed an extensive amount of tooth structure such that a crown is required to support the remaining tooth structure.

Charges for crowns that have poor marginal fit and/or an open contact are not collectable from a Medicare Advantage patient by a participating dentist.

Core buildups: For a tooth to be eligible for core buildup benefits, there must be preoperative evidence of a large area of tooth structure missing from caries or fracture, such that without placement of the core material there would be insufficient tooth strength and vertical height in the prepared tooth to provide adequate resistance to displacement and retention of an extra-coronally retained crown. Examples of a large area of tooth structure loss includes loss of at least one complete cusp in a posterior tooth. The procedure should not be reported when the procedure only involves a filler to eliminate any undercut, box form or concave irregularity in the preparation.

Endodontic services

Endodontic services benefits, if any, will vary depending on a Medicare Advantage patient's dental plan coverage. Endodontic services benefits should be confirmed prior to starting treatment.

Endodontic therapy: A tooth qualifies for a benefit payment for nonsurgical endodontic treatment only if the treating dentist has established and documented a credible endodontic diagnosis/treatment indication prior to initiating endodontic treatment. Evidence-based clinical guidelines on endodontic diagnosis and treatment planning that may be referenced by Delta Dental can be found in:

- The American Association of Endodontists guidelines on endodontic diagnosis at **www.aae.org/specialty/newsletter/endodontic-diagnosis/** and **https://www.aae.org/specialty/wp-content/uploads/sites/2/2017/09/endo-competency-whitepaper.pdf**

Charges for endodontic therapy on a tooth with a poor periodontal or endodontic prognosis or that is broken down such that it is not restorable are not collectable from a Medicare Advantage patient by a participating dentist.

Charges for endodontic therapy with resultant adverse treatment outcomes such as incomplete root canal obturation, access cavity/root perforations obturation overextention and non-treatment of a patent root canal are not benefits of the program and are not collectable from a Medicare Advantage patient by a participating dentist. Evidence-based clinical guidelines on endodontic therapy that may be referenced by Delta Dental can be found in:

- The American Association of Endodontists guidelines on root canal preparation and obturation at **www.aae.org/specialty/wp- content/uploads/sites/2/2017/07/ecfefall2016canalpreparationandobturation.pdf** and guidelines on nonsurgical endodontic

retreatment at www.aae.org/specialty/wp- content/uploads/sites/2/2017/07/ecfe_spring2017_retreatment.pdf.

- The American Association of Endodontists Guide to Clinical Endodontics available at www.aae.org/specialty/clinical-resources/guide-clinical-endodontics/.

Periodontal services

Periodontal services benefits, if any, will vary depending on a Medicare Advantage patient's dental plan coverage. Periodontal services benefits should be confirmed prior to starting treatment.

Periodontal surgical services

D4210-D4381: The benefit for periodontal surgical services includes any post-operative care, outcome evaluation and surgical refinement for a period of three months following the initial treatment. Charges for these follow-up services are not collectable from Medicare Advantage patients by a participating dentist. Additionally, charges for repetition of the same periodontal surgery in the same site within a three year period is also not generally collectable from Medicare Advantage patients by a participating dentist, unless there is credible documentation of medical necessity.

For periodontal surgical services to be considered a covered benefit, there must be evidence and a documented diagnosis of defects in periodontal soft and/or hard tissues as a result of one of more types of periodontal disease. The surgical procedure(s) performed must be appropriate for the diagnosis and be in accordance with generally accepted standards of periodontal practice.

In the case where periodontal surgery is performed in more than two sites in the same quadrant on the same date of service, there must be clear evidence of medical necessity or charges for the procedures are not collectable from a Medicare Advantage patient by a participating dentist. Periodontal surgical services performed solely for cosmetic reasons are not eligible for benefit payment.

Non-surgical periodontal services

D4341-D4342 Scaling and root planing: For scaling and root planing to be considered for benefit payment, the treating dentist's records must document the presence of active periodontitis with radiographic evidence of root surfaces that are exposed through pathologic alveolar bone loss. In the absence of this radiographic evidence, charges for scaling and root planing are not collectable from a Medicare Advantage patient by a participating dentist.

Other criteria that may be referenced by Delta Dental in reviewing claims for scaling and root planing include, but are not limited to:

- The appropriate full or partial quadrant procedure code must have been used on submitted claims.
- Patient records must clearly document the provision of scaling and root planing per specific teeth or quadrant.
- Sufficient time must have been allowed for the number of teeth treated.
- Anesthesia needs to be provided consistent with the number of teeth or quadrants treated.
- There must be adequate removal of supra- and sub-gingival calculus.

Based on national DeltaUSA® policy, claims submitted for three or more quadrants of D4341 scaling and root planing treatment performed by the same dentist or dental office on the same date of service will be reviewed by Delta Dental. To help expedite claim processing, be sure to submit current dated and labeled preoperative X-rays of diagnostic quality which show the treated teeth, current periodontal charting and a copy of the patient's treatment record that specifically documents the scaling and root planing service, including the amount of time and anesthesia that was necessary to treat the three to four quadrants, along with mitigating circumstances requiring the additional treatment.

D4355 Gross debridement: For D4355 to be a benefit, the buildup of plaque and calculus must be so extensive that it interferes with the ability of the dentist to perform a periodontal oral evaluation and must be removed to allow gingival inflammation to subside so that the dentist can perform an accurate evaluation at a later date. D4355 is not billable to the patient when performed by the same dentist/dental office on the same date of service as D0180.

D4910 Periodontal maintenance: Periodontal maintenance is a covered benefit only if it is instituted following periodontal therapy to treat periodontal disease (e.g., periodontal surgery or scaling and root planing). The periodontal maintenance procedure includes removal of the bacterial plaque and calculus from supra- and sub-gingival regions, site specific scaling and root planing where indicated and polishing the teeth. When performed in conjunction with periodontal maintenance, charges for these services are not collectable from a Medicare Advantage patient by a participating dentist.

Evidence-based clinical guidelines on periodontal therapy that may be referenced by Delta Dental can be found in: The American Academy of Periodontology Clinical and Scientific Papers at aap.onlinelibrary.wiley.com/doi/toc/10.1002/19433670.aap-clin-sci-papers.

Removeable prosthodontics services

Removable prosthodontics (denture) benefits, if any, will vary depending on a Medicare Advantage patient's dental plan coverage. Removable prosthodontics benefits should be confirmed prior to starting treatment.

Contraindications to denture treatment: If a removable denture fabrication involves abutment teeth, any untreated caries, periodontal disease, endodontic pathology or structural weakness should be resolved before the teeth are incorporated into the denture treatment.

Charges for dentures that utilize unsuitable abutment teeth, due to poor to helpless prognosis, are not collectable from a Medicare Advantage patient by a participating dentist.

Scope of denture benefits: The benefit for complete dentures (CDT procedure codes D5110 and D5120) includes all of the following items and services:

- Model work and articulation.
- Baseplate/biterim.
- Teeth setup for try-in.
- Premium hardened plastic teeth (see below).
- Resetting of teeth (unlimited).
- Process and finish with high impact heat-cured acrylic (see below).
- Any reline/rebase, adjustment or repair required within six months of delivery except in the case of immediate dentures.

The benefit for partial dentures (CDT procedure codes D5211 and D5212) includes all of the following items and services:

- Model work and articulation.
- Baseplate/biterim.
- Duplicate model for processing.
- Teeth setup for try-in.
- Premium hardened plastic teeth (see below).
- Resetting of teeth (unlimited).
- Process and finish with high impact heat-cured acrylic (see below).
- Two cast metal clasps standard or up to three wrought wire clasps at doctor request.

- Any reline/rebase, adjustment or repair required within six months of delivery except in the case of immediate dentures.

Dental laboratory requirements: If dentures are covered by a Medicare Advantage patient's dental plan, participating dentists who are treating the patient may choose the dental laboratory from which a complete or partial denture may be fabricated for the patient. Prior to sending in a prescription to a laboratory for a Medicare Advantage patient's denture fabrication, the participating dentist who is treating the patient is required to verify the patient's eligibility and denture coverage.

Denture quality requirements: Dentures must be made of a color-stable, wear/stain resistant, nonporous heat-cured acrylic material that has adequate impact/flexural strength and fracture toughness to resist fracture under normal functioning. Denture teeth must offer a reasonable number of moulds and shades for custom denture set-up when fabricating dentures for a Medicare Advantage patient. Dentures must also have an appropriate fit to the edentulous ridges and periodontal tissues, and have appropriate occlusion. Patients must receive appropriate education on the use and maintenance of dentures. Charges for dentures that do not meet these requirements are not collectable from a Medicare Advantage patient by a participating dentist.

Reline/rebase: Full or partial dentures include any reline/rebase, adjustment or repair required within six months of delivery; Benefits may be DENIED if repair or replacement within the contractual time limitation is the patient's fault.

Specialized procedures/techniques: Characterizations, staining, overdentures, or metal bases are considered specialized techniques or procedures. Precision attachments, metal bases for dentures, personalized or characterized appliances (e.g., special staining on teeth) are also included in the general category of specialized techniques or procedures as are dolder bars, hader bars, swinglocks and other specialized partial denture attachments.

Implant services

Implant benefits, if any, will vary depending on a Medicare Advantage patient's dental plan coverage. Implant benefits should be confirmed prior to starting treatment.

For dental implants to be considered for benefit payment, they must be acceptably integrated (e.g., no more than two threads exposed above the alveolar crest) and be positioned at least three millimeters from tooth roots or other implants.

Implants not meeting these criteria are subject to dental consultant review.

Mini-implants may be considered for benefit payment when used for retention of a removable prosthesis. When used to support crowns or fixed partial dentures, mini-implants are considered investigational.

Fixed prosthodontic benefits, if any, will vary depending on a Medicare Advantage patient's dental plan coverage. Fixed prosthodontic benefits should be confirmed prior to starting treatment.

Delta Dental requires X-rays to be submitted with claims/pre-treatment estimates for the following procedure codes:

- **D6205–D6252**: Fixed partial denture (bridge) pontics.
- **D6545–D6634**: Fixed partial denture retainers — inlays/onlays.
- **D6710–D6792, D6794**: Fixed partial denture retainers — crowns.

The benefit for fixed partial denture services includes the provision of a temporary bridge prosthesis for the period of time that the permanent fixed partial denture is being fabricated in the dental laboratory. Charges for temporary prostheses provided in conjunction with fixed partial denture fabrication are not collectable from Medicare Advantage patients by a participating dentist.

The abutment teeth upon which a fixed partial denture retainer will be placed must have an acceptable endodontic and periodontal condition and prognosis, be free of active caries and have an adequate structural integrity from natural tooth structure, build-up or combination thereof. Charges for fixed partial dentures that do not meet these criteria are not collectable from Medicare Advantage patients by a participating dentist.

Oral and maxillofacial surgery services

Oral and maxillofacial surgery benefits, if any, will vary depending on a Medicare Advantage patient's dental plan coverage. Oral and maxillofacial surgery benefits should be confirmed prior to starting treatment.

Extractions: For a tooth to be approved for a surgical extraction (D7210-D7241), there must be a complicating condition where a nonsurgical extraction would be difficult or contraindicated, and the dentist must document flap reflection if required, removal of bone and/or sectioning of the tooth, complete removal of the tooth and closure of the surgical site. The patient record should document any complicating condition that justifies surgical extraction. Examples of such conditions include, but are not limited to:

- Existing root canal therapy with a high risk of fracture with non-surgical extraction.
- Large restorations or crowns with a high risk of fracture if a nonsurgical extraction was attempted.
- Structural breakdown from caries and/or fracture with a lack of access for a nonsurgical extraction.

- Anatomical variations that would make a nonsurgical extraction difficult or contraindicated, such as bulbous root development, dilacerated roots or close proximity to a nerve requiring dissection.
- Ankylosed roots.
- Mesial or distal angulation that would make nonsurgical extraction difficult/contraindicated.

The removal of impacted tooth procedure codes are based on the anatomical position of the tooth, not the degree of extraction difficulty or the amount of time required. Diagnostic X-rays are to be requested from all providers for surgical extractions (codes D7230–D7241). X-rays must be of diagnostic quality. If level of impaction cannot be determined from submitted radiographs, then the claims submitted with nondiagnostic X-rays may be benefited at less than the requested level.

Note that adjunctive services such as general anesthesia or deep sedation administered in conjunction with non-covered extractions would also not be covered. Refer to Section 11 under "Reimbursement for services not covered by a Delta Dental Medicare Advantage™ dental plan" for information on reimbursement for services not covered under Delta Dental Medicare Advantage dental plans.

Adjunctive general services

Adjunctive general services benefits, if any, will vary depending on a Medicare Advantage patient's dental plan coverage. Adjunctive general services benefits should be confirmed prior to starting treatment.

Anesthesia and sedation: Participating dentists who are treating Delta Dental Medicare Advantage™ patients must conform to applicable professional standards and applicable state statutes and rules that apply to the administration of general anesthesia and intravenous sedation for equipment condition and safety, patient evaluation, patient supervision, drugs and dosing, patient monitoring, emergency protocols, recovery and discharge and record keeping. There must be adequate documentation of anesthesia and sedation procedures, including appropriate monitoring, in the patient record.

If applicable standards are not followed and/or appropriate documentation is not provided, charges for anesthesia/sedation are not collectable from a Medicare Advantage patient by a participating dentist.

Anesthesia and sedation for dental patients must be consistent with the ADA's evidence-based guidelines for the use of sedation and general anesthesia by dentists, which can be found at www.ada.org/en/member-center/oral-health-topics/anesthesia-and-sedation. Failure to follow generally accepted standards of dental practice for dental anesthesia and sedation safety may result in actions ranging from the requirement to follow a corrective plan of action, to termination from Delta Dental networks and referral to the appropriate regulatory body.

Benefits for general anesthesia and intravenous sedation lasting more than one hour are dependent on the review of patient record documentation supporting the clinical need for the additional anesthesia/sedation time. If there is a lack of documentation supporting need, charges for additional time increments over one hour are not collectable from a Medicare Advantage patient by a participating dentist.

For general anesthesia and intravenous sedation to be a benefit, there must be credible evidence that it is medically necessary, and the patient's record must document the physical, medical, behavioral or other condition which necessitates the use of anesthesia or sedation. Conditions where general anesthesia and intravenous sedation may be considered to be medically necessary include, but are not limited to:

- Physical compromising conditions such as inability to obtain adequate analgesia with local anesthesia, allergy to local anesthetics or other known contraindications to local anesthesia.
- Medical compromising conditions such as diseases and conditions with severe spasticity, closed head trauma or stroke-causing inability to cooperate with directions.
- Behavioral/intellectual/psychological compromising conditions such as developmental disability disorders characterized by significant limitations in intellectual functioning, adaptive behavior and/or physical functioning.
- Long, extensive, complex and/or radical dental procedures necessary to treat a patient's dental condition(s) such as surgical removal of teeth involving multiple quadrants or treatment where unexpected patient movement may compromise treatment results, such as the removal of a third molar tooth in intimate contact with the inferior alveolar nerve.

Non-intravenous conscious sedation, hospital or ambulatory surgical center call or behavior management: Charges for these services when submitted by themselves with no other treatment on the same date of service are not collectable from a Medicare Advantage patient by a participating dentist. For these procedures to be a covered benefit, there must be credible evidence that they are medically necessary, and the patient's record must document the physical, medical, behavioral or other condition that necessitates the procedure. Claims for these procedures must be accompanied by a report clarifying the service (e.g., what sedative used; what facility used; what specific behavior management techniques used) and verifying the need for the procedure.

Enteral sedation for dental patients must be consistent with the ADA's evidence-based guidelines for the use of sedation and general anesthesia by dentists, which can be found at www.ada.org/en/member-center/oral-health-topics/anesthesia-and-sedation. Failure to follow generally accepted standards of dental practice for dental sedation safety may result in actions ranging from the requirement to follow a corrective plan of action, to termination from Delta Dental networks and referral to the appropriate regulatory body.

Unspecified procedures (D0999, D1999, D2999, D3999, D4999, D5899, D5999, D6199, D6999, D7999, D8999 or D9999): The benefit for unspecified procedures is determined by consultant review.

SECTION 10 — Patient Management

YOUR RESPONSIBILITIES FOR PATIENT INTERACTION, TREATMENT, RECORD-KEEPING AND PRIVACY WITH MEDICARE ADVANTAGE PATIENTS

Medicare laws, regulations and policies prescribe the following patient management requirements for dentists and other health care professionals who see patients with health benefits through the Medicare Advantage Program. While specifically addressed by Medicare, these required protocols for patient management describe fundamental best practices that make sense to apply to all patient encounters to maintain high quality across your entire practice.

EFFECTIVELY INTERACT WITH PATIENTS FROM ALL BACKGROUNDS

The challenge of different cultures

The Medicare Advantage patient population is made up of people with different cultures, languages and other distinctions. These differences can sometimes make it challenging for dentists and dental practice staff to effectively connect and communicate with patients. It can also be challenging for health plan staff to ensure that patients with different cultures and languages can easily access and use their dental benefits to improve and maintain their oral health.

What is Delta Dental doing to meet the challenge of different cultures?

- Delta Dental is taking steps to personalize our dental services to a patient's culture and language preferences to provide a foundation and help dental practices like yours bring about positive dental outcomes for diverse patient populations.
- Delta Dental has adopted the culturally and linguistically appropriate services (CLAS) recommendations of the U.S. Department of Health and Human Services as a guideline in the development of our cultural competency program. For more information see **www.thinkculturalhealth.hhs.gov**.
- Information on Delta Dental's cultural competency program can be found at **DeltaDentalVA.com** under dentist resources. Additionally, Delta Dental's website has additional features that provide participating dentists with on-demand tools and educational materials for many different topics, including cultural competency, program requirements and special needs care.

- Delta Dental encourages participating dentists to address the care and service provided to their Medicare Advantage patients with diverse values, beliefs and backgrounds that vary according to their ethnicity, race, language, resources and abilities. Dentists and dental staff are encouraged to utilize their own diverse cultural backgrounds to strengthen the level of services provided under the Delta Dental's Medicare Advantage Supplemental Dental Program.
- Delta Dental provides communication services for those patients who need spoken or sign language translation (see "Communicate effectively with all your Delta Dental Medicare Advantage™ patients" on the following page.)

What can you do to meet the challenge of different cultures?

- **Understand the benefits of developing effective cultural competency.** Cultural competency refers to the ongoing and intentional attainment of skills that allow an individual to function effectively when interacting with patients who have different backgrounds and experiences. This is important for dental practice staff to develop and use because of the likelihood that some of your patients will have different backgrounds and different ways of looking at the world than you do. The goal of cultural competency is not to change your core values or beliefs, but rather to provide you with the skills needed to work with and assist patients who may have different life perspectives than you. When you are well-versed in cultural competency, you are able to better assist Medicare Advantage patients, as well as other patients in your practice, while at the same time maintaining your own personal identity.
- **Recognize how cultural competency issues affect you.** While providing services as a participating Delta Dental dentist, you will likely encounter patients with a variety of backgrounds and experiences, including individuals with various income levels and education, different races and ethnicities, physical, emotional or behavioral disabilities, different ages, various sexual and gender identities, and different religious or spiritual backgrounds. To meet your responsibilities a health care provider, it's important that you are able to develop a connection and level of trust with a variety of individuals.
- **Strengthen your cultural competency skills**
  - Awareness of your own culture — Self-knowledge increases your sensitivity to differences. Recognizing your own cultural uniqueness, and how that affects your daily life, allows you to see the cultural uniqueness in others.
  - Awareness of other cultures — Understand the community you serve and the different cultures represented within it.
  - Learn to accept differences — Acceptance does not mean changing the way you see the world. Acceptance means understanding that other people may view the world differently than you do, and being welcoming and accepting of people in light of those differences. Practice cultural etiquette by being respectful of others' beliefs and values.

- Seek to understand the history and experience of others — Learn and understand the history of others. Be open-minded and empathetic. Develop and strengthen your ability to identify and reflect another person's emotions, no matter what their background is.
- Know your stereotypes and biases — Knowledge and acceptance of personal stereotypes and biases reduces the likelihood of their use.
- Recognize barriers to care — In some instances, individuals may not seek services due to their background and/or beliefs. Remember that race, ethnicity, gender, spirituality and other issues may play a role in an individual's health care decision.

- **Take advantage of Delta Dental's free cultural competency training.** As a dentist participating with Delta Dental, we provide you with a free training module on cultural competency that allows you to meet your contractual requirements with Delta Dental for annual cultural competency training.

For your convenience, this module is combined with a free training module on fraud, waste and abuse prevention and detection, which is required by U.S. Centers for Medicare and Medicaid Services (CMS) regulations. Once you have completed the training modules, you will need to submit a cultural competency and FWA training acknowledgment form, which satisfies your annual training requirements. The training modules and form can be accessed on our website **DeltaDentalVA.com** under dentist resources.

COMMUNICATE EFFECTIVELY WITH ALL YOUR DELTA DENTAL MEDICARE ADVANTAGE™ PATIENTS WITH FREE SPOKEN LANGUAGE TRANSLATION SERVICES.

Delta Dental will help you provide dental services for your Medicare Advantage patients in a culturally and linguistically appropriate manner utilizing your patients' primary spoken or signed language.

Delta Dental provides a language translation service to all dentists participating in Delta Dental's Medicare Advantage Supplemental Dental Program at no cost to them.

If you have a language barrier with a Medicare Advantage patient, Delta Dental can either conference a translator into a call between you and the patient, or you can use a speaker phone if a non-English speaking Medicare Advantage patient is in your office. Sign language translation is also available and can be scheduled ahead of time by calling Delta Dental.

How to access these services:

1. Call Delta Dental at 866.327.0597.

2. Select option 1 and enter your TIN.

3. Select option 2 for benefits.

4. Enter the subscriber's member number.

5. Confirm the first three letters of the subscriber's last name.

a. #1 is yes, #2 is no.

6. Choose #1 subscriber, #2 spouse or #3 dependent.

7. Enter the patient's date of birth (MM/DD/YYYY).

8. Say "customer service."

- Give the representative a brief explanation of the call.
- Allow the representative time to get an interpreter on the line.

In addition to patients with language and hearing issues, patients with cognitive impairments may also require communication accommodations. Cognitive impairment can be seen in a variety of conditions that can be present at birth or acquired later in life such as a developmental problem, autism, brain injury, stroke, brain tumor, anoxia and mental health disorder. The National Institutes of Health offers some ideas for communicating with cognitively impaired patients of any age:

- Try to address the patient directly, though responsible persons and caregivers can help confirm facts and be responsible for following up on instructions.
- Sit in front of and at the same level as the patient and maintain eye contact
- Avoid distractions and background noises
- Speak clearly and at a normal volume and natural rate of speed
- Help keep the patient oriented by explaining who you are and what you will be doing
- Support and reassure the patient; acknowledge when responses are correct
- If the patient searches for a word, gently provide assistance
- Use simple, direct wording, and present one question, instruction or statement at a time
- Don't rush, and give the patient time to process what you're saying
- If the patient hears you but does not understand you, rephrase your statement
- Consider using yes or no, or multiple choice questions; avoid open-ended questions

USE BEST PRACTICES FOR TREATING YOUR DELTA DENTAL MEDICARE ADVANTAGE PATIENTS

Prior to treating Delta Dental Medicare Advantage™ patients, make sure to develop and record the appropriate diagnoses, prepare a written treatment plan and provide treatment in an appropriate sequence (e.g., pain/infection control, treatment of extensive caries, endodontic treatment, periodontal treatment, restorative and prosthetic treatment), then recall at appropriate intervals.

Prior to treatment, make sure to (1) review treatment plans with your Medicare Advantage patients and (2) obtain appropriate written informed consent documenting that the patient understands the risks, benefits and alternatives to the proposed dental care and agrees to treatment.

If acceptable radiographs are available from another source, dentists should use those images rather than exposing a patient to more radiation. When such images are not available, dentists should obtain the appropriate initial and recall radiographs required for the diagnosis and treatment of a Medicare Advantage patient in accordance with the current version of the *Guide to Patient Selection for Dental Radiographs* published by the ADA and the FDA. Radiographs need to be of diagnostic quality, e.g., have good contrast, have no cone cutting, open tooth contacts (for bitewing images) and show the complete periapical regions (for periapical images). Radiographs need to be mounted and identified with the patient name and date of exposure. A lead apron and thyroid collar (attached or separate) needs to be available where patients are treated and must be used on all patients receiving radiographs.

Preventive services, restorative services, endodontic services, periodontal services, fixed and removable prosthetic services, and oral and maxillofacial surgery services provided to Medicare Advantage patients need to be appropriate to individual patient needs and clinically acceptable according to the applicable standards of the dental profession without regard to the source of the patient's dental benefits (i.e., the necessity and method of care needs to be determined solely by professional standards).

The timing and sequencing of treatment is the responsibility of the dentist rendering care and should always be determined by the treating dentist based on the patient's needs. As a guideline, treatment should be sequenced in an order of need that is consistent with the findings of a patient's evaluation and diagnosis. Normal sequencing calls for initial relief of pain and/or infection, addressing necessary extractions, endodontic and periodontal problems followed by restorative treatment. Periodic diagnostic and preventive services, such as prophylaxis, fluoride treatment and oral hygiene instructions should be scheduled and provided at an appropriate time in the treatment sequence.

SUPPORT CONTINUITY OF CARE WITH GOOD PATIENT RECORDS

Good clinical recordkeeping helps both you and your Delta Dental patient:

- Track the patient's dental needs,
- Provide the right care at the right time,
- Follow up on the patient's post-treatment progress,
- Plan the patient's future treatment needs,
- Obtain reimbursement from insurance payers,
- Communicate effectively with other health care professionals in coordinating the patient's dental and medical treatment, and
- Have good documentation of the rationale and provision of treatment if a dental record is audited.

Patient dental records should document the following information, as applicable to a particular patient's condition:

- Patient identification information including, but limited to, the patient's full name (avoid using nicknames), age, address and telephone number,
- Relevant patient personal/biographical information,
- Medical and dental history,
- Patient complaint(s)/problem(s),
- Charting of the patient's existing health care status, including documentation of smoking, alcohol and/or substance abuse, and the result of any diagnostic tests,
- A diagnosis and treatment plan (make sure that you document a diagnosis for any treatment that you perform beyond diagnostic and preventive services),
- The dental procedure(s) performed upon the patient, including the date the procedure was performed and the identity of the dentist or the dental auxiliary performing each procedure,
- Progress notes that include a chronology of the patient's progress throughout the course of all treatment,
- The date, dosage and amount of any medication or drug prescribed, dispensed or administered to the patient, and
- Any other documentation required to completely document the quantity, quality, appropriateness and timeliness of services provided.

Patient records should also:

- Be separately maintained and specific to each patient and the patient's situation at the time of each documented patient encounter,
- Be written at the time of treatment, or shortly after,
- Be organized in chronological order and be written to be understood,
- Use abbreviations that are standardized to the practice and reasonably interpretable,
- Be signed and dated per each record entry,
- Be legible,
- Never have evaluation or treatment entered in a patient record in advance of the service provided to the patient,
- Remain unaltered once written (errors must be legibly corrected, signed and dated so that a reviewer can identify both the original and corrected documentation),
- Be retained for at least the legally applicable time period, and
- Meet all state and federal regulatory requirements.

PROTECT YOUR PATIENTS' PRIVACY

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 is a federal law that's intended to provide better access to health insurance, limit fraud and abuse, ensure privacy of health care information and reduce administrative costs (e.g., by increasing the use of electronic health transactions). There are multiple parts to HIPAA and the associated Federal regulations that implement the law:

- The parts of HIPAA related to privacy and security provide extensive Federal protection for patients' *individually identifiable health information* against inappropriate access, disclosure and use, regardless of whether that *protected health information (PHI)* is in electronic data, paper or spoken form, as well as providing safeguards for health data storage, protection of information transmission systems and the establishment of chain-of-trust agreements between covered entities (e.g., dentists, physicians) and their business partners (e.g., billing services) who electronically share protected health information.
  - PHI includes a patient's name, Social Security number, date of birth, street address, driver's license number, telephone or fax numbers, email address and health plan beneficiary number or account number.

- It is Delta Dental's policy to protect the privacy of our members' PHI that is used in our business. PHI may only be used or disclosed as permitted by law, and only the minimum amount necessary to accomplish our tasks.

- The parts of HIPAA related to electronic transactions and code sets requires electronic claims, and other electronic transmissions related to health care payment, to follow a very specific format and structure when financially-related health information is transmitted electronically, e.g., between a dentist, claims clearinghouse and a third party payer.
  - For dentistry, there is a specific set of electronic forms for dental claims and dental plan eligibility, as well as a HIPAA required dental procedure code set managed by the American Dental Association, commonly known as CDT, that must be used with electronic dental claims.
  - HIPAA requires dentists who utilize electronic claims and other electronic transactions to obtain a National Provider Identifier (NPI). Payers may also require NPIs on paper claims to accurately identify the person or practice submitting the claims. There are two types of NPIs:
    - Type 1, for individual health care providers, such as dentists and hygienists, and
    - Type 2 for incorporated businesses, such as group practices and clinics.

    Type 2 and/or Type 1 NPIs are needed on claims depending on whether the dentist or practice business is the payee.

As a Delta Dental participating dentist, you agree to comply with PHI confidentiality requirements, including:

- Abiding by all applicable federal and state laws regarding confidentiality and disclosure of medical/dental records or other health and enrollment information,
- Ensuring that medical/dental information is released only in accordance with such federal or state laws and regulations, or pursuant to court orders or subpoenas,
- Maintaining patient records and information in an accurate and timely manner,
- Ensuring timely access by Delta Dental Medicare Advantage™ patients to records and information that pertain to them, and
- Safeguarding the privacy of any information that identifies a particular Medicare Advantage patient, including implementation of written procedures that specify
  - For what purposes an patient's information will be used within your practice, and
  - To whom and for what purposes it will disclose the information outside your practice.

Delta Dental maintains a notice of privacy practices for Medicare Advantage patients that indicates the ways Delta Dental may use and disclose members' PHI, individual patient rights regarding PHI and Delta Dental's legal responsibilities regarding PHI. The notice also contains information about the process maintained by Delta Dental with respect to individuals' right to express written concerns with the company's privacy policies and procedures. The notice is distributed as required and is updated as information changes.

Delta Dental's notice of privacy practices can be accessed at **DeltaDentalVA.com** under dentist resources.

This information is for instructional purposes only and does not constitute legal advice. You are strongly urged to contact legal counsel for advice with respect to the interpretation of HIPAA and its applicability to you.

Use the links below for more information on each subject.

- HIPAA: **www.hhs.gov/hipaa/**
- Administrative Simplification: **aspe.hhs.gov/admnsimp/**
- Office for Civil Rights: **www.hhs.gov/ocr/**

SECTION 11 — Claim Submission & Reimbursement

HOW TO SUBMIT CLAIMS AND GET PAID FOR SERVICES PROVIDED TO DELTA DENTAL MEDICARE ADVANTAGE™ PATIENTS

When should I submit a claim?

You must submit a claim to Delta Dental when:

- You have performed a covered service on a Medicare Advantage patient for which a charge was made including those services exceeding the patient's contract year maximum (this requirement does not apply where Medicare Advantage patients have paid directly for services performed and have instructed their dentist not to provide Delta Dental with information regarding such services).

- Services are completed on the date that all steps of a procedure are finished. Some procedures may require more than one appointment before they can be completed. Treatment is complete:
    - For dentures and partial dentures — on the delivery date.
    - For crowns — on the permanent cementation date.
    - For root canals and periodontal treatment — on the date of the final procedure that completes treatment.

- You want a pre-treatment estimate for services you plan to perform on a Medicare Advantage patient.
    - A pre-treatment estimate explains if a service is covered by a patient's dental plan and what typical plan and patient payments would be for the service in question. Pre-treatment estimates are based on the patient's benefits at the time of the estimate. Actual cost of a service may change at the time of service depending on changes in a patient's benefit eligibility or how much of the patient's benefit had been used between the pre-treatment estimate and service date. Pre-treatment estimates are a convenience and are not required in order to provide treatment or receive payment.
    - Do not date the service lines when you submit a pre-treatment estimate request. However, once you have received a pre-treatment estimate and performed the planned services, you should then date, sign and submit the pre-treatment estimate form to Delta Dental instead of submitting a new claim.

Which claim form should I use?

You must use the current version of the American Dental Association (ADA) claim form for all covered services rendered to Medicare Advantage patients for which a charge is made. Each claim form may contain charges for only one patient. You can download an editable version of the current ADA claim form at **www.DentalOfficeToolkit.com.**

How do I fill out a claim?

Delta Dental requires specific information to be included with each claim. Failure to include that information may delay claim processing. The information on a claim must match the information in Delta Dental's records or the claim will be rejected.

On the claim form, indicate whether the claim transaction is a statement of actual services or a pre-treatment estimate request.

All claims must include:

- Practice business name and address (billing dentist or dental entity)
- Tax identification number (billing dentist or dental entity)
- Treating dentist name
- Treating dentist state license number
- Treating dentist individual NPI — Type 1
- Billing NPI — Type 2 if applicable
- Service office address
- Dentist's signature if you are submitting a paper claim
- Patient's first and last names (legal names; nicknames are not accepted may cause claim processing delays)
- Patient's date of birth, and
- Delta Dental subscriber ID number.

Each claim must properly document the treatment performed on Medicare Advantage patients by using the current American Dental Association (ADA) CDT procedure codes. All CDT codes have a procedure name (nomenclature), and many have a description of the procedure that helps you identify the correct code for documentation. In the event when the CDT reference does not have a code describing the treatment that you provided, there are unspecified procedure codes that you may use. These unspecified codes are arranged by major category of treatment, e.g., D2999 for unspecified restorative procedures, D3999 for unspecified endodontic procedures, etc. Diagnosis codes are not required.

Depending on the procedure, you may need to identify where the service was performed, e.g., arch, quadrant, tooth and/or surface. Failure to identify the location of a procedure when it is required may result in a claim being rejected.

Delta Dental accepts arch and quadrant numerical designations of 01 through 40 as shown below:

AREA					
Maxillary Arch	Mandibular Arch	Upper Right Quadrant	Upper Left Quadrant	Lower Left Quadrant	Lower Right Quadrant
CODE					
01	02	10	20	30	40

Delta Dental accepts the ADA's universal/national tooth designation system, which designates tooth numbers 1 through 32 for the permanent dentition, and tooth letters A through T for the primary dentition. The ADA system designates supernumerary teeth by the numbers 51 through 82 for permanent teeth and AS through TS for primary teeth.

The tooth designations are shown below:

	Upper Right Quadrant								Upper Left Quadrant							
Permanent Tooth Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Permanent Supernumery Tooth Number	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66
Permanent Tooth Number	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
Permanent Supernumery Tooth Number	82	81	80	79	78	77	76	75	74	73	72	71	70	69	68	67
	Lower Right Quadrant								Lower Left Quadrant							

	Upper Right Quadrant					Upper Left Quadrant				
Primary Tooth Number	A	B	C	D	E	F	G	H	I	J
Primary Supernumery Tooth Number	AS	BS	CS	DS	ES	FS	GS	HS	IS	JS
Permanent Tooth Number	T	S	R	Q	P	O	N	M	L	K
Permanent Supernumery Tooth Number	TS	SS	RS	QS	PS	OS	NS	MS	LS	KS
	Lower Right Quadrant					Lower Left Quadrant				

We recommend keeping an updated version of the CDT code for reference. The procedure code list changes each year, and using an outdated code may delay claims processing. You can find the current CDT code manual here: **www.ada.org/publications/cdt**.

When submitting claims to Delta Dental, please avoid writing any information in the remarks section of the claim form unless there is a documentation requirement for the procedure that you are submitting. Since many procedures do not require manual review, placing an unnecessary remark on a claim may slow claim processing, resulting in delay. If there is a documentation requirement for a procedure you are submitting, only attach a separate report if there is not enough space in the remarks section to provide complete information, or if there is a requirement for documentation that cannot be submitted in a remark, such a radiograph image.

How do I submit an X-ray or other information with a claim?

Delta Dental accepts electronic attachments through National Electronic Attachments (NEA) and Renaissance Electronic Services. The attachment must be sent with an electronic claim filed either through DOT or an electronic clearinghouse. If you receive a request for additional information from Delta Dental, you may submit an electronic attachment without a claim if you submit the claim number within the NEA/Renaissance attachment. For best results, submitting the information request will speed up the processing.

For more information about NEA, visit **www.nea-fast.com**. For more information about Renaissance Electronic Services and other clearinghouses, visit **www.deltadentalmi.com/Dentists/Tools-and-Services/Clearinghouses.aspx**.

Paper claims should not be stapled to any attachments, and you should only include attachments required to process the claim. Including unnecessary attachments may delay your claim processing.

When you must include hard copy X-rays with a dental claim, remember these tips for more efficient processing:

- Send duplicates only; do not send originals.
- Make sure to completely identify any X-ray images that you submit with your claims, whether those images are in film, paper or electronic form. Following these guidelines will help avoid claims being rejected because X-ray images cannot be matched to a submitted dental procedure:
  - Use the patient's legal name on all claims and related X-rays. Do not use a nickname.
  - Be sure the label each X-ray image with the date it was exposed and the name of the submitting dentist/dental office.

- Mark whether the images are views of the right or left sides of the mouth.
- Make sure that X-ray films are properly mounted.

- Delta Dental will not return radiographs unless submitted with a self-addressed, stamped envelope large enough for all the X-rays to fit. Multiple X-rays for different patients require a stamped, self-addressed envelope for each patient.
- Do not attach X-rays to the back of the claim. These can be easily missed.
- Avoid double-sided paper X-rays, which can delay claim processing.
- Make sure that X-ray images that you submit with your claims are of good diagnostic quality. Poor quality images can cause claim denials for information and delays in benefit payment. Before submitting X-ray images, check that they:
  - Have acceptable brightness, contrast and clarity/sharpness.
  - Reveal contact areas as appropriate to the image type (e.g., bitewing X-ray images with claims for restorative services).
  - Show periapical areas and alveolar bone as appropriate to the image type (e.g., periapical X-ray images with claims for periodontal services).

How do I submit claims?

Submitting claims electronically can reduce processing time and is more cost-efficient. You may submit claims electronically through a clearinghouse or through the free and secure Dental Office Toolkit ® (DOT) available on the internet. If you use the DOT, besides being able to submit claims for payment and pre-treatment estimate requests online, you can also:

- Look up patient eligibility and benefit information,
- Review the status of submitted claims,
- View claims history,
- Access account activity,
- Change your email address, and
- Sign up for direct deposit

The DOT is available 24 hours a day, seven days a week, except during updates and maintenance, from any location where you have internet access. To access the DOT, visit www.toolkitsonline.com/dotWeb/appmanager/dot/desktop. If you haven't used the DOT, you can begin by clicking HERE to register. You can access DOT support by calling 866.356.0301.

If you are unable to submit claims electronically, you may mail paper claims to:

Delta Dental
Attn: Medicare Advantage
P.O. Box 9215
Farmington Hills, MI 48333

Call our customer service team at 866.327.0597 for member eligibility, benefits information and claims inquiries. Or, you may call our automated voice response system, DASI, 24/7 at 866.327.0597 to check the status of claims, including those submitted electronically.

What about dental practices with more than one dentist?

It is important to notify Delta Dental when an associate, partner or temporary dentist is hired. We will update our claims processing system and associate the treating dentist to the billing entity or corporation so that claims are processed appropriately. There may be instances where the practice owner may be participating with Delta Dental but the associate is not participating. Since reimbursement rates differ for participating (in-network) providers versus nonparticipating (out-of-network) providers, this can cause confusion for both the practice-billing administrator and the patient. Claims can be processed and paid differently for nonparticipating providers, ultimately affecting the patient's financial responsibility.

Recent versions of the ADA claim form provide clearly identifiable areas to report the billing entity and treating provider information. It is very important that dental offices report accurate treating provider information on the claim form.

Make sure to also provide the appropriate NPI number on the claim form:

- Type 1 NPI — Used by the treating dentist who renders health care to patients.
- Type 2 NPI — Used by group practices and may be entered in addition to the Type 1 NPI to identify the billing provider that rendered care.

Is there a deadline for submitting a claim?

Yes. Participating dentists must submit claims for services no later than 12 months after the service is provided. If Delta Dental denies a service(s) on a claim due to late submission, participating dentists are prohibited from billing patients for the amount that Delta Dental would have paid, provided that the patient advised the dentist of Delta Dental coverage at the time of treatment. Dentists are encouraged to submit claims shortly after a procedure has been completed.

What should I do if I am asked for more information after submitting a claim?

When Delta Dental needs more information to process a claim, the submitting dentist may receive an information request form asking for additional information or clarification. To expedite claim processing, the dentist should return the form and information requested to the address listed on the form. Once the information is received, the claim will be processed promptly. Unless otherwise indicated, participating dentists must respond to Delta Dental communications, including requests for information, within 30 calendar days of issuance.

How do I track the progress of a submitted claim?

- Call DASI at 866.327.0597 to check the status on a claim or pre-treatment estimate.
- Log in to DOT to view claims history for all of your submitted claims, and view your activity log for claim payment information, direct deposits, denied claims, pre-treatment estimates and information requests. Register and log in to DOT at **www.toolkitsonline.com/dotWeb/appmanager/dot/desktop**.

REIMBURSEMENT FOR SERVICES PROVIDED TO A MEDICARE ADVANTAGE PATIENT

Reimbursement for services covered by a Delta Dental Medicare Advantage™ dental plan

- How do I read Delta Dental's Explanation of Benefits (EOB) statement?
  - For each line, the submitted column lists the amount billed to Delta Dental by the dentist for a given procedure. Participating dentists bill Delta Dental the fee most frequently charged, offered or received for a given dental service.
  - The approved column lists the amount used to calculate the patient's payment for a given procedure. If there is a difference between the submitted fee and the approved fee, the participating dentist's submitted fee has been adjusted according to Delta Dental's fee policy. This difference is not charged to the member.
  - The allowed column lists the amount used to calculate Delta Dental's payment for a given procedure. If there is a difference between the approved fee and the allowed fee, the amount of the difference is charged to the member. Usually, this indicates a non-covered or optional service.
  - The patient payment column lists the amount that the patient owes the dentist for a given procedure. This amount includes any applicable deductibles, copayments or coinsurance.
  - The plan payment column lists the amount that Delta Dental paid the dentist for rendering a given procedure.

- Can I receive a claim payment through Direct Deposit?
  - Yes. If you are enrolled in Direct Deposit, Delta Dental sends claim payments electronically to your designated bank account and issues an explanation of payment to you in either paper or electronic format. Payments are often in a dentist's bank account in as little as 48 hours after claim submission. Direct Deposit is a free service only available to participating dentists.
  - If you want to enroll in National EFT, log in to DOT and follow the direct deposit link. If you're not currently a DOT user, you can complete a short registration to set up your account. Direct Deposit account activation will typically take seven days from registration.
- What happens if a Medicare Advantage patient has other dental insurance?

If a Medicare Advantage patient has other coverage that is primary to the patient's Medicare Advantage Plan, that coverage will pay before Delta Dental pays, unless there is an exception under the law. Delta Dental does not pay co-payments for other coverage. As the Medicare Advantage patient's dentist, you should be alert to the possibility of there being other sources of payment for dental services, and you must bill the other payment source (e.g., other dental carrier) before you bill Delta Dental.

When the patient's Medicare Advantage Plan is secondary, Delta Dental will reduce coverage payments so that the total benefits paid or provided by all applicable dental carriers during a plan year are not more than the total amount that you billed Delta Dental for a specific treatment or service. In determining the amount to be paid by us, Delta Dental will calculate the benefits that would have paid in the absence of other health care coverage (maximum approved fee), and then apply that amount to the remaining amount that the patient owes following the patient's primary plan's payment. The amount paid by Delta Dental will not exceed the maximum approved fee.

Delta Dental may not pay anything after the Medicare Advantage patient's other carrier pays. In that case, you may not bill or collect from the patient. If the patient receives services covered by the patient's Medicare Advantage supplemental dental plan that are also covered under State or federal workers' compensation, any no-fault insurance or any liability insurance policy or plan including a self-insured plan (the "Other Carrier"), Delta Dental may authorize you to bill the Other Carrier, or the patient, to the extent that the patient has been paid by the Other Carrier for the covered services received. If both the patient's Other Carrier and Delta Dental pay for the same service, you will be required to reimburse the amount paid by Delta Dental.

Reimbursement for services not covered by a Delta Dental Medicare Advantage™ dental plan

- Can I receive payment if I perform a service that is not a covered benefit of a Medicare Advantage patient's dental plan?

  - Yes, but you must follow the three-step process below, otherwise you are prohibited from billing the patient:

  1. If a dental procedure is not a covered benefit of a patient's Medicare Advantage dental plan, the payment for the procedure is the responsibility of the patient.

  2. However, the fee must be discussed with Medicare Advantage patients in advance, and treatment should only be rendered if they sign a financial agreement where they agree, in writing, to pay for non-covered (or alternate) procedures. Participating dentists can use any form for the financial agreement as long as it includes the fees associated with the non-covered service, the patient's signature and date. You should keep the signed financial agreement in your files and be ready to share a copy of it with Delta Dental if requested.

  3. The approval of Medicare Advantage patients to proceed with treatment via the financial agreement should be included in the patient record. If a Medicare Advantage patient agrees to pay for a non-covered service, participating dentists will be held to the lesser of the submitted fee or the applicable Delta Dental fee schedule for any charges to the member or responsible party. Due to federal Medicare requirements, covered services that are denied by Delta Dental (for example, a procedure that exceeds a frequency limitation) cannot be charged to a Medicare Advantage patient or responsible party unless the person has agreed to pay for the service.

OVERPAYMENT RECOVERY

If Delta Dental makes an overpayment on a claim, a participating dentist has two options for reimbursement:

1. Voluntary reimbursement — As soon as the dentist discovers that a claim has been overpaid, he or she can document the amount and reason for the overpayment on the claim payment statement and mail it with a check for the exact amount of the overpayment to:

Delta Dental
P.O. Box 9215
Farmington Hills, MI 48333

Delta Dental will apply the adjustment and send the dentist a new EOB.

2. Refunding by auto deduction — If Delta Dental makes an overpayment to a participating dentist and the dentist does not promptly send an explanation and refund back to Delta Dental, the overpayment is generally recovered by automatic deduction.

Deducting from new payments — The amount of the overpayment is deducted from checks as they are issued to that dentist until the full amount is recovered. Adjustment explanation and tracking information is included on the EOB.

Transferring a previous payment — When you receive an EOB that includes an auto deduction, look up that patient's account to confirm the date and amount of Delta Dental's overpayment. Add the amount of the overpayment recovery back into the patient's account so that the two transactions (overpayment and recovery) total 0. If the total is not 0, check the EOB to see if the change affected the patient's copayment. If so, bill or credit the patient for the difference.

Identifying the right process for your office — If you are not familiar with the process used in your office, Delta Dental recommends that you contact your accountant and/or your software vendor for instructions. The auto deduction can be recorded as a negative payment or an adjustment, depending on your accounting system. When this step is complete, your bookkeeping records indicate that you received a payment that has not been applied to a specific account.

The EOB lists the claims and amounts that Delta Dental paid with the auto deduction. Since you did not receive actual payment for the claims, the method of crediting the patient account(s) must balance with the method used for the auto deduction. This method depends on your accounting system.

SECTION 12 — Grievances & Appeals

WHAT TO DO IF YOUR MEDICARE ADVANTAGE PATIENT HAS A DISPUTE WITH A CLAIM DETERMINATION OR SOMETHING ELSE INVOLVING THEIR DENTAL PLAN

There are two types of processes available for a Medicare Advantage patient to handle disputes or problems related to Delta Dental's administration of their Medicare Advantage supplemental dental plan or the dental care that they receive under their plan. The specific nature of a patient's dispute/problem dictates which process is used:

- For disputes related to benefit payment or coverage, Medicare Advantage patients need to use the process for filing appeals.
- For problems other than those related to benefit payment or coverage, Medicare Advantage patients need to use the process for filing grievances.

Per Medicare regulations, Medicare Advantage patients have 60 calendar days after the occurrence of an event that results in a dispute/problem to file either an appeal or a grievance with their Medicare Advantage Organization or Delta Dental (information on where to file appeals and grievances is provided below). More time may be allowed for a patient to file if they have a good reason for missing the 60-day deadline.

If they desire, Medicare Advantage patients can name another person, such as a relative, friend or dentist, to act for them in filing grievances or appeals related to their dental benefits plan. The process to appoint an authorized representative relative to Delta Dental's supplemental dental benefits administration is detailed in a Delta Dental Medicare Advantage™ patient's dental plan documents (e.g., the plan's certificate of coverage).

GRIEVANCE PROCESS FOR MEDICARE ADVANTAGE PATIENTS

A grievance is an expression of dissatisfaction about any matter other than an adverse benefit determination. Grievances may include, but are not limited to, the quality of care or services provided, aspects of interpersonal relationships such as rudeness of a provider or employee, failure to respect a patient's rights or extensions proposed for authorization decisions, regardless of whether remedial action is requested. A grievance can be about Delta Dental, a Medicare Advantage Organization, a dentist who has seen a Medicare Advantage patient or a service received.

The process to file a grievance varies based on a Medicare Advantage patient's supplemental dental plan. With some plans, grievances should be filed with the patient's Medicare Advantage Organization. With other plans, grievances should be filed with Delta Dental as the administrator of dental benefits for the Medicare Advantage Organization.

Medicare Advantage patients who wish to file a grievance should refer to their Delta Dental benefits plan documents (e.g., their dental plan's certificate of coverage) to find out which process they should follow.

A member or member's representative can file a grievance in writing or verbally. As noted above, the grievance must be filed with the appropriate organization no later than 60 days after the event or incident that precipitated the grievance. With each grievance, the member or representative should provide all supporting information that will aid in the investigation of the incident that precipitated the grievance.

If a Medicare Advantage patient's dental plan documents indicate that Delta Dental is the organization to which grievances must be sent, and the patient files a grievance with Delta Dental, upon receipt of the grievance Delta Dental provides the patient with an acknowledgment of receipt. Delta Dental provides grievance resolution in writing within 30 calendar days of the receipt of a grievance. This timeframe may be extended by up to 14 calendar days if: (1) the patient or authorized representative requests an extension or (2) there is a need for more information and a delay may be in the patient's best interest.

Some Medicare Advantage Organizations delegate appeal and grievance handling to Delta Dental. To ensure that a grievance is sent to the right entity, please refer your Medicare Advantage patients to their Certificate of Coverage or to call the phone number listed on their ID card. The following grievances may qualify for an expedited review:

- Complaints that involve Delta Dental's decision to invoke an extension related to an adverse benefit determination or appeal.
- Complaints that involve Delta Dental's refusal to grant a Medicare Advantage patient's request for an expedited benefit determination or appeal.

APPEAL PROCESS FOR MEDICARE ADVANTAGE PATIENTS

When a Medicare Advantage patient's dental plan administrator makes a coverage/payment decision that denies, reduces or terminates a claim for benefits, either in part or in whole, that decision is generally called an **adverse benefit determination** or, specific to Medicare, an **adverse organization determination**.

If a Medicare Advantage patient is not satisfied with an adverse benefit/organization determination on a claim for benefits, the patient can file an appeal requesting that the administrator reconsider and change the decision. In Medicare, an appeal may be referred to as a request for reconsideration of an adverse organization determination. The appeals process in Medicare Advantage can involve as many as five levels:

- **Level 1:** If Medicare Advantage patients disagree with a Medicare coverage/payment decision by their health plan, they should begin by filing an appeal asking their health plan to reconsider the adverse benefit determination.

- **Level 2:** If Medicare Advantage patients disagree with the decision by their health plan in Level 1, they may request a reconsideration by an independent review organization. An independent review organization is an independent entity contracted by the Centers for Medicare and Medicaid Services (CMS) to review adverse Level 1 appeal decisions made by a Medicare Advantage patient's health plan.
- **Level 3:** If Medicare Advantage patients disagree with a Level 2 decision or dismissal by an independent review entity, they may be able to request that an adjudicator (e.g., an administrative law judge) in the Office of Medicare Hearings and Appeals (OMHA) review the action.*
- **Level 4:** If Medicare Advantage patients disagree with an OMHA adjudicator's decision, they may request that the Medicare Appeals Council review the decision (the Council is part of the Departmental Appeals Board of the U.S. Department of Health and Human Services).
- **Level 5:** If Medicare Advantage patients disagree with the Medicare Appeals Council decision, they may be able to seek a review of their claims for benefits in Federal District Court.*

The process to initiate an appeal at Level 1 varies based on a Medicare Advantage patient's supplemental dental plan. With some plans, Level 1 appeals should be filed with the patient's Medicare Advantage Organization. With other plans, Level 1 appeals should be filed with Delta Dental as the administrator of dental benefits for the Medicare Advantage Organization.

Medicare Advantage patients who wish to file an appeal should refer to their Delta Dental benefits plan documents (e.g., their dental plan's certificate of coverage) to find out which process they should follow.

If a Medicare Advantage patient's dental plan documents indicate that Delta Dental is the organization to which appeals must be sent, the patient or the patient's authorized representative may file an appeal with Delta Dental by submitting a written request for appeal.

As noted above, the appeal must be filed with the appropriate organization no later than 60 days after receipt of an adverse benefit determination. This timeframe may be extended by up to 14 calendar days if: (1) the patient or authorized representative requests an extension or (2) there is a need for more information and a delay may be in the patient's best interest.

When filing an appeal with Delta Dental, Medicare Advantage patients should include their name and address, their patient ID, the explanation of benefits statement in question, the reason why the patient believes the claim was wrongly denied and any other information that the patient believes supports the appeal. Patients should indicate in their appeal letter that they are requesting a formal appeal (standard appeal) of their rejected claim.

**For a Medicare Advantage patient to have the right to a Level 3 administrative law judge hearing or a Level 5 judicial review, the dollar amount in dispute in the patient's appeal must be at or above a federally-mandated threshold.*

Some Medicare Advantage Organizations delegate appeal and grievance handling to Delta Dental. To ensure that an appeal is sent to the right entity, please refer your Medicare Advantage patients to their Certificate of Coverage or to call the phone number listed on their ID card.

A Medicare Advantage patient or authorized representative can request assistance in filing an appeal by contacting Delta Dental Customer Service at 866.327.0597.

Upon receipt of an appeal, Delta Dental will:

- Respond in writing with final resolution of the appeal within 60 calendar days.
  - If Delta Dental denies a Medicare Advantage patient's appeal, the patient will be provided with information about (1) the specific reason(s) for the denial, (2) the pertinent dental plan provision(s) on which the denial is based, (3) any additional information or material that is needed to decide the claim and (4) any internal rule, guideline, or protocol that was relied on in making the decision on review.
  - If there is an urgent situation where taking the time for a standard internal appeal could seriously jeopardize the Medicare Advantage patient's life, health or ability to attain, maintain or regain maximum function, the patient or authorized representative can request an expedited appeal by calling Delta Dental's customer service. If the situation is urgent and requires an expedited appeal, Delta Dental will respond within 72 hours.
- Automatically submit any Level 1 adverse appeal decisions made by Delta Dental resulting in the denial of an appeal from a Medicare Advantage patient to the CMS's contracted Level 2 independent review entity within 60 calendar days from the date that Delta Dental received the Medicare Advantage patient's first level appeal. Delta Dental's appeals staff will concurrently notify the patient that the appeal is being forwarded to CMS's independent review entity.

SECTION 13 — Fraud, Waste & Abuse

WHAT IS FRAUD, WASTE AND ABUSE?

Government-funded health care programs like Medicare Advantage include an important element of fraud, waste and abuse (FWA) prevention. The cooperation and participation of Delta Dental participating dentists in FWA prevention and reporting is a critical component in making sure that health care resources are appropriately directed to those who need them.

- **Fraud** is the act of intentional misrepresentation of information for financial gain. *Example: Submitting false claims for dental services (e.g., filing claims for services that were not provided or for more complicated services than those actually provided).*
- **Waste** is the act of extravagant, careless or needless expenditure of health care benefits or services that result from deficient practices or decisions. *Example: Overutilization of services or misuse of resources.*
- **Abuse** is the act of providing products or services that are inconsistent with accepted practices or are clearly not reasonable or necessary. This definition of abuse is different and should be distinguished from the use of the term to describe physical or emotional abuse of one person by another. *Example: Billing for a non-covered service.*

WHAT IS DELTA DENTAL REQUIRED TO DO?

Delta Dental maintains a program integrity plan for continuous monitoring of potential FWA activity, and is committed to identifying, investigating, sanctioning and prosecuting suspected FWA. Delta Dental monitors and audits the activities of its dentists, patients, employees and vendors. Dentist activities that may be monitored and audited include, but are not limited to, both contract and regulatory compliance requirements. Delta Dental may periodically request the completion of a questionnaire, submission of documentation and/or attestation to applicable policy, procedure and compliance requirements.

Delta Dental may also perform in-office or desk audits, which may include the inspection of the facilities, systems, books, procedures and/or records related to services provided. Disciplinary actions could result from these monitoring activities including, but not limited to, payment recoupment, education, corrective action plans and/or contract termination. A corrective action plan is the written plan agreed upon between Delta Dental and a participating dentist to correct any identified problem or meet acceptable levels of performance measures.

WHAT ACTIONS MIGHT BE CONSIDERED TO BE FRAUD OR ABUSE?

- Billing for a service not performed,
- Keeping overpayments,
- Billing for a non-covered service as a covered service,
- Misrepresenting dates of service, diagnosis or procedures performed,
- Misrepresenting the location of a service,
- Misrepresenting the dental service provider of a service,
- Billing twice for the same service,
- Billing for inappropriate or unnecessary services,
- Reporting a higher level of dental service than was actually performed,
- Falsifying patient names or other personally identifiable information to obtain payment for services,
- Deliberately failing to report the existence of additional dental benefits coverage and billing two or more carriers for the full amount,
- Taking kickbacks or bribes,
- Lying about education degrees and licenses, and/or
- Misrepresenting oneself as another person in order to obtain dental benefits.

WHAT TO DO IF YOU SUSPECT FRAUD, WASTE OR ABUSE

If you suspect that a person who receives benefits or a dentist (or other health care provider) has committed FWA, you have a right and responsibility as a participating dentist to report it. All reports will remain confidential. You should report any patient, dentist or other health care provider you suspect of FWA directly to Delta Dental by:

- Calling our anti-fraud hotline at 888.227.6004,
- Completing and submitting the Fraud or Abuse Complaint Form which can be accessed at DeltaDentalVA.com under dentist resources.

To report fraud, waste or abuse, please provide a detailed account of the incident or service(s) by gathering as much information as possible. When reporting about a health care provider, include:

- Name, address and phone number of the provider,
- Name and address of the facility (office, hospital, nursing home, home health agency, etc.),
- Government program identification number of the provider and facility (if you have it),
- Type of provider (physician, dentist, therapist, pharmacist, etc.),
- Names and phone numbers of other witnesses who can help in the investigation,
- Dates of events, and a
- Summary of what happened.

When reporting about someone who receives benefits, include:

- The person's name,
- The person's date of birth, Social Security number or case number (if you have it),
- The city where the person lives, and
- Specific details about the fraud, waste or abuse.

ANNUAL REQUIRED FRAUD, WASTE AND ABUSE PREVENTION TRAINING

Dentists participating with Delta Dental must annually complete a training module on FWA prevention and detection. This module is available for you on Delta Dental's website (see below) and is combined with another required training module on cultural competency.

Once the training modules are completed, dentists need to confirm completion of the training by filling out an annual provider attestation acknowledging completion of the FWA and cultural competency training and compliance with contractual provisions required by CMS.

The training module and attestation forms can be accessed at **DeltaDentalVA.com** under dentist resources.

ANTI-FRAUD LAWS

In accordance with the federal Deficit Reduction Act (DRA), entities like Delta Dental that receive or make payments totaling at least $5 million annually must comply with the Employee Education about False Claims Recovery requirements of the DRA. This means that, as a contractor doing business with Delta Dental, you and your staff have the same obligation to report any actual or suspected violation of Medicare funds either by fraud, waste or abuse.

You must have written policies that inform and educate your staff, contractors and agents about the following:

- The federal False Claims Act and state laws related to submitting false claims,
- How you will detect and prevent FWA, and
- Employee protection rights as a whistleblower, that is, someone who reports instances of FWA to the government.

Pursuant to the federal False Claims Act (31 USC § 3729-3733), civil penalties and damages may be brought against anyone who:

- Knowingly submits, or causes another to submit, a false or fraudulent claim for payment,
- Knowingly makes, or causes to be made, a false statement or record in connection with a claim for payment, and/or
- Knowingly retains an overpayment.

The False Claims Act defines "knowingly" to mean that a person has actual knowledge of information, acts in a deliberate ignorance of the truth or falsity of the information or acts in a reckless disregard of the truth or falsity of the information. No proof of specific intent to defraud is required.

The federal Fraud Civil Remedies Act (31 USC § 3802-3811) provides administrative remedies for false claims and false statements in connection with claims designated to federal agencies, including the U.S. Department of Health and Human Services. Additional details about these laws and Delta Dental's policies and procedures for complying with the laws can be found in Delta Dental's anti-fraud laws policy, which is available upon request.

COMPLIANCE WITH POLICIES AND PROCEDURES

Delta Dental requires you as a participating dentist to comply with all state and federal laws relating to health care professionals who treat Medicare Advantage patients, as well as all of Delta Dental's policies and procedures distributed and made available to you. These policies and procedures include, but are not limited to, the following:

- Anti-fraud laws policy,
- Delta Dental's Compliance Plan, including Code of Business Conduct and Ethics, and
- Other relevant Delta Dental policies and procedures

These policies are available upon request.

You agree to provide, upon request, immediate access to records, books and other documents as necessary for audits to Delta Dental, CMS and other state and federal governmental agencies with appropriate jurisdiction in connection with any activity involving the prevention, detection or reporting of fraud, waste, abuse and/or overpayments.

DELTA DENTAL®

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