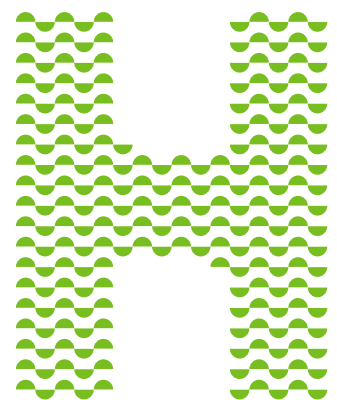




Provider Manual

Welcome to the
HumanaDental® network

[HumanaDental.com](https://www.humana.com/humana-dental)



Humana®

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Dental provider quick reference guide

Humana has a long history of delivering excellent support to dentists in our network. We offer services and solutions to help you maintain your high standard of care.

User guides:

[Provider Portal](#) | [CompBenefits](#)

[Medicare Advantage Provider Manual](#)

For registration information, see the Provider Portal and CompBenefits Guide.



Customer Care department

Call for assistance with:

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

Humana Customer Care department:

Call **800-833-2223**,
8 a.m. – 8 p.m., Eastern time

FEDVIP members:

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



Claims mailing address

HumanaDental® Claims Office

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

CompBenefits Claims Office

P.O. Box 14283
Lexington, KY 40512-4283



Provider Relations

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

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

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

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



Electronic payer IDs

HumanaDental payer ID – 73288

CompBenefits payer ID – CX021

Thank you

Welcome to Humana! We want to take a moment to thank you for joining our network! This guide will assist you with everything you need to know about being a provider in our dental network. Your relationship with your patients can make all the difference in their health. Use this manual to access tools and resources that can help support you in their care. You will find numerous resources, including important contact information, how to access your provider portal, how to set up electronic payments and how to access patient benefit information.

The HumanaDental® Network Service Team



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Self-service

Provider portal registration

Humana is collaborating with Availity to make it easier for you to work with us online. By registering your organization with Availity you will be able to experience a more streamlined process to check eligibility, claim status and other secure administrative processes.

By registering your practice, you will have access to the latest Humana tools and resources.

Get ready today

Register now

www.availity.com/provider-portal-registration

For details on how to register:

apps.availity.com/availity/Demos/Availity_Portal_Registration.pdf



Submitting a claim

Two ways to submit a claim

Electronic claim submission

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

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

Submitting a claim electronically

- Find a clearinghouse through your practice management software vendor. Simply let the clearinghouse know our payer ID: **HumanaDental payer ID: 73288 • CompBenefits payer ID: CX021.**
- Want to save time and increase efficiency? Submit claims via DentalXChange (DXC). DXC works with all major practice management software systems.

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

- Use FastAttach through National Electronic Attachment Inc., (NEA). For questions or concerns, please call NEA at **800-782-5150** or visit www.nea-fast.com.
- Use DentalXChange (DXC). For questions or concerns, please call DXC at **800-576-6412 Ext 455** or visit www.DentalXChange.com/provider/claimconnect/AttachmentPage.

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

Checking claim submission status online. Dental professionals can check the status of a claim online through one of these options:

- Logging in to Humana.com/Provider and selecting "Find a claim"
- Logging in to ECHO at ui.echohealthInc.com/Echo.aspx

Paper submission

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

HumanaDental Claims Office

P.O. Box 14611
Lexington, KY 40512-4611

CompBenefits Claims Office

P.O. Box 14283
Lexington, KY 40512-4283

If you are mailing X-rays, periodontal charts or other attachments that you want returned, please include a self-addressed, stamped envelope. Attachments without a self-addressed, stamped envelope will not be returned.

Claims information

Appealing a claim

Call Humana's provider call center at **800-833-2223**. Agents can answer most claims questions and will initiate contact with other departments as needed. Be sure to note the reference number issued. If your inquiry is referred to another area, you will receive a letter with a determination within 30-45 days. If you feel your issue is still unresolved, you can submit a request for reconsideration by secure email to dentalservice@humana.com.

Paper submission

Time frames to submit a claim

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

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

For additional information, view the educational videos available at [Humana.com/MakingItEasier](https://www.humana.com/MakingItEasier).

We post notifications of upcoming claims changes to [Humana.com/Edits](https://www.humana.com/Edits) on the first Friday of each month.



Simple tips for prompt processing

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

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

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

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

* Please refer to the claim attachment guidelines in this packet. Please note that the guidelines also appear at [Humana.com](https://www.humana.com). You can access the guidelines, and those of other dental benefit plans, in one central location by enrolling with NEA FastLook™ or DXC. Health Insurance Portability and Accountability Act of 1996 (HIPAA) rules apply to electronic and paper submissions. For more information about HIPAA, visit the American Dental Association at www.ada.org.

Payment methods

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

Details about EFT/Virtual Cards/Provider Portal

Using electronic remittance advice (ERA) and electronic funds transfer (EFT) will increase efficiency and reduce administrative paperwork. To start or update ERA and EFT, please sign in to the secure dental portal and select the “Dental providers” drop-down menu at the top left of the page. The ERA/EFT link displays under the “Payments” menu.

Note: Payments are only made via virtual cards and personal checks.

Virtual credit card FAQ

Question	Answer
What is changing?	<ul style="list-style-type: none">• Humana begins making claim payments to selected providers via VCC.• Providers selected for this payment method are notified in advance. If they prefer a different payment method, these providers must opt out.• Providers who wish to opt out are encouraged to enroll for EFT from Humana. For provider EFT enrollment, refer to EFT overview.
How are providers selected and notified?	<ul style="list-style-type: none">• Providers selected for this program are those currently receiving paper checks from Humana and already receiving VCC payments from other payers via PNC Healthcare/ECHO Health.• PNC Healthcare/ECHO Health notifies the selected providers in advance via the contact method currently on file (fax, email or letter). <p>Note: Dental providers who have previously opted out of VCC will not receive letters notifying them of this new program.</p>



Question	Answer
Why was I enrolled in the VCC program?	<ul style="list-style-type: none"> As part of an ongoing commitment to improve efficiency, electronic payments are Humana's preferred method of payment. Humana has teamed up with PNC Healthcare and ECHO Health, Inc., to provide you electronic payments via VCC.
Who is ECHO Health, Inc.,?	<ul style="list-style-type: none"> ECHO Health, Inc., is a service company for insurance companies and third-party administrators (TPAs) that facilitates payment and remittance document (EPP/EOB/EOR) delivery to providers.
Can ECHO Health, Inc., help me with my claims?	<ul style="list-style-type: none"> ECHO Health Inc., does not adjudicate or process claims. Any claim status or correction questions should be directed to Humana Medical at 800-457-4708 or HumanaDental at 888-483-9212.
Do we have to accept VCC?	<ul style="list-style-type: none"> No, you do not have to accept VCC. To decline this accelerated payment, contact ECHO Call Center at 888-483-9212.
If we have this card canceled, how long until we receive another form of payment for these claims?	<ul style="list-style-type: none"> The new form of payment will go out within 3-4 business days. For payments sent as a check, please allow 7-10 business days for delivery.
What are the benefits of this payment method?	<ul style="list-style-type: none"> VCC is the fastest method provided by ECHO Health, Inc., Providers can receive their notification and payment via fax within 24 hours of payments being released.
How do we process these cards? How do VCC payments work?	<ul style="list-style-type: none"> Providers receive an explanation of payment and 16-digit card number from PNC Healthcare/ECHO Health. These numbers are faxed or mailed, based on the provider correspondence preference on file. VCC payments can be processed like any other credit card. To start, input the 16-digit number into your merchant terminal, followed by the expiration date. If a security code is required, enter the CVC code included on the card.

Question	Answer
What address is used when inputting the card?	<ul style="list-style-type: none"> If your merchant terminal requires an address, please use the following: 810 Sharon Drive, Westlake, OH 44145.
Is this payment run all at once? Can I run it for each claim?	<ul style="list-style-type: none"> This card requires you to settle the full payment amount at once. Therefore, it is not run for partial payment according to the claim.
Does ECHO Health, Inc., charge for processing a VCC?	<ul style="list-style-type: none"> No. ECHO Health, Inc., does not charge a credit card fee, but there are transaction fees based on the card terminal rates contracted with your merchant acquirer. These fees typically range from 1%–4%. Check with your merchant acquirer to confirm your contracted fees.
Is there a fraud monitoring process in place for these payments?	<ul style="list-style-type: none"> ECHO Health, Inc., employs a fraud mitigation program to identify suspicious card activity.
Is there a recovery process in the event of fraud?	<ul style="list-style-type: none"> ECHO Health, Inc., virtual cards are subject to the MasterCard or Visa dispute process.
Why have I still received some Humana payments via paper check? (Medical only)	<ul style="list-style-type: none"> Some payments are not part of Humana’s VCC program. In such cases, you would receive a paper check.



FAQ for Medicare Advantage

Medicare dental plan summary sheets and important information

Are you part of the HumanaDental Medicare network (or Careington Medicare Network in Florida)? If so, be sure to review the summary sheets for our dental plans, as well as an outline of plans sold in each state, with this link [Humana.com/ads/sb](https://www.humana.com/ads/sb).

Refer to [Humana.com/sb](https://www.humana.com/sb) for additional information.

Mandatory Medicare compliance requirements

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



Additional information

Specialty referrals

- HumanaDental products do not require referrals for specialist care.

Noncovered services

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

Refer a dentist

To refer a dentist to HumanaDental's network, visit Humana.com/provider/dentist-resources and select "Refer a dentist form."

Requirements:

- Participating dentists must offer to be able to provide access to 24-hour emergency services. Surveys will be conducted to verify that this requirement is upheld.

Interested in joining our network?

Please go to: cloud.email3.Humana.com/ProgressiveForm



Maintaining accurate information

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

Participating providers need to provide notice within 10 business days of changes to their name, address, TIN, office hours, panel status (whether you're accepting new members), or other practice information. Humana will only list providers in our directory at locations with routine office hours. Changes to the items above can be made by emailing DentalService@humana.com.

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

Changes can be made by:

Email:

NetAdminCorrespondence@Humana.com

Fax: 920-632-1483

Mail:

HumanaDental

P.O. Box 10708

Green Bay, WI 54307-0708

Terminating from the network

In the event of a contract termination, with or without cause, or Humana's insolvency or other inability to continue operations, the provider will notify Humana about members whom they are treating. If a participating provider moves or closes their office after initial contracting and does not notify us in writing, Humana will make a good-faith attempt to locate that provider; however, if we are unable to locate the provider, the provider may be terminated without written notice or cause unless prohibited by law. Upon termination of your agreement, you are obligated to provide, arrange for and pay for covered services to our members through the last day of your agreement. You will agree to complete all work in progress before the last day of your agreement or to pay for such completion if not done so by the last day.

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

Fee schedules

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

Claim overpayments

The following addresses are for Provider Payment Integrity Refunds:

Check is a Humana check

Humana Insurance - Provider Payment Integrity
1100 Employers Blvd.
Green Bay, WI 54344

Check is not a Humana check (refund)

Humana Insurance
P.O. Box 931655
Atlanta, GA 31193-1655

Credentialing

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

Please note:

- Providers who would like to [review the credentialing and recredentialing policies can click here](#).
- If there are credentialing/recredentialing questions, please contact dentalcredentialing@humana.com.

Council for Affordable Quality Healthcare (CAQH)

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

This new process enables you and your practice manager to:

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

Already registered with the ADA credentialing service powered by CAQH ProView?

- Sign in and authorize Humana to receive your information.
- Ensure all your professional and practice information is current.
- Confirm that you have updated all documents required for credentialing.
- Re-attest to the accuracy and completeness of your credentials.
- Email dentalcredentialing@humana.com with your CAQH ID, credentialing contact and signed service agreement.



New to the ADA credentialing service powered by CAQH ProView?

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

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



News and updates

A bimonthly publication provides news, suggestions and tools that make it easier for you to do business with Humana. Read the latest issue of “HumanaDental® Highlights” [here](#).

For more information, please visit us at [Humana.com/Provider/Dentist-Resources](https://www.humana.com/Provider/Dentist-Resources).

This Provider Manual can be found at [Humana.com/Provider/Dentist-Resources/Tools-Resources](https://www.humana.com/Provider/Dentist-Resources/Tools-Resources).



About Humana

- No provider shall be discriminated against based on handicap, age, race, color, religion, sex or national origin, shall be discriminated against in any stage of the inclusion of the Humana network.
- Health is at the core of everything we do. We are proud to lead healthcare innovations and community wellness.
- We work to improve healthcare and make it more accessible. We have high expectations for ourselves and our suppliers in order to deliver our best to the communities we serve.
- We are dedicated to ensuring that every business decision we make reflects our commitment to improving the health and well-being of our members, our associates, the communities we serve and our planet. We view suppliers as an extension of Humana. To that end, we hold our suppliers, vendors, contractors, consultants, agents and other providers of goods and services who do, or seek to do, business with Humana entities worldwide to the same standards.
- We encourage a diverse workforce and provide a workplace free from discrimination, harassment or any other form of abuse.

To that end, we:

- Treat employees fairly and honestly, including with respect to wages, working hours and benefits
- Respect human rights and prohibit all forms of forced or compulsory labor
- Ensure that child labor is not used in any operations
- Respect employees' right to freedom of association, consistent with local laws
- Have establish an appropriate management process and cooperate with reasonable assessment processes requested by Humana
- Provide safe and humane working conditions for all employees
- Encourage healthy lifestyles and offer health-improvement programs for all employees, and promote health-related events and activities in the local community
- Carry out operations with care for the environment and comply with all applicable environmental laws and regulations
- Deliver products and services meeting applicable quality and safety standards
- Actively participate in sustainability, carbon footprint reduction and other environmentally oriented programs
- Comply with all applicable laws and regulations in the countries in which we operate
- Compete fairly for our business, without paying bribes, kickbacks or giving anything of value to secure an improper advantage
- Observe Humana's policies regarding gifts, entertainment and conflicts of interest when dealing with Humana associates
- Keep financial books and records in accordance with all applicable legal, regulatory and fiscal requirements and accepted accounting practices
- Promote, utilize and measure engagement of small and diverse suppliers

Humana®