



# DENTAL NEWS



[www.ut.regence.com/physician](http://www.ut.regence.com/physician)

## Save time by checking claims status and other information online

Many of you are using Regence Online Services for Providers for eligibility and claims status. Are you taking full advantage of this time- and cost-saving tool?

Beginning Sept. 1, Provider Customer Service and Provider Services staff will direct you to our online tool for routine claims status inquiries. The claims status feature includes the details you need to answer the majority of your claims status questions. We understand that not all claims issues can be answered via our online tool; therefore, our Provider Customer Service specialists will continue to be available to investigate or research complex claims issues.

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## Save time by checking claims status and other information online

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Regence Online Services for Providers allows your office to view the following information for your patients:

- NEW: Search for members by name and member number
- Verify patient eligibility, including effective date of coverage
- View general benefits
- View copay amounts and the status of deductible and coinsurance maximum amounts
- View the status of submitted claims

In addition, participating dental providers can:

- Review and respond to Regence member comments about their experiences with you
- Expand your individual profile page, including philosophy of care, practice areas of expertise, appointment availability, patient demographics, awards and other distinctions

### REGENCE ENCORE<sup>SM</sup>, EXPRESSIONS<sup>SM</sup> AND RADIANCE<sup>SM</sup>

For members on these products you can view specific benefit details, benefit summaries or a complete benefit booklet in PDF format sorted by category.

### FEDERAL EMPLOYEE PROGRAM (FEP)

You can view the complete FEP benefit booklet by linking to the FEP Web site.

### BLUECARD<sup>®</sup> (OUT-OF-AREA)

Benefits are available based on the home Plan's submission.

In addition to Regence Online Services for Providers, you may request claims status via an electronic American National Standards Institute (ANSI) 276 Claim Status Inquiry transaction. Unlimited claims can be queried at one time and responses are received within minutes, saving your office valuable time. Learn more about electronic transactions in the Claims & Billing section of our *Provider Web Site*.

## Voicemail requirements

We require all of our employees to validate the security and appropriateness of the voicemail location at a provider's office prior to leaving a message that includes member information. Please assist our Health Insurance Portability and Accountability Act (HIPAA)-compliance efforts by clearly indicating the following information on each voicemail greeting your office has:

- Name of office staff person
- Name of provider or dental group

## Availity<sup>®</sup> real-time enhancements coming

Beginning later this month, registered users of Availity, LLC, our claims clearinghouse partner, will have real-time access to claims status and patient eligibility and benefits. Availity offers integration with most practice management systems to maximize the value of your existing software.

Availity's one-stop online access allows you and your staff to:

- Take care of day-to-day tasks more quickly
- Boost your overall productivity
- Allow more time to care for patients

There are no set-up fees, monthly fees or per-claim fees charged to providers. Standard health plan transactions available at no charge to health care providers include:

- 837 Health Care Claim
- 835 Remittance Advice
- 270/271 Eligibility Request and Response
- 276/277 Claims Status

Learn more about Availity and register at [www.availity.com/providers/](http://www.availity.com/providers/).

## New functionality enables members to search Enhanced Provider Profile information

Earlier this year, we expanded the functionality of the Enhanced Provider Profile feature by enabling members to sort, filter and compare dentists, physicians and other health care professionals based on data captured in the providers' profiles.

For the thousands of providers who have already enhanced their individual profile pages, this expansion gives them even greater opportunity to:

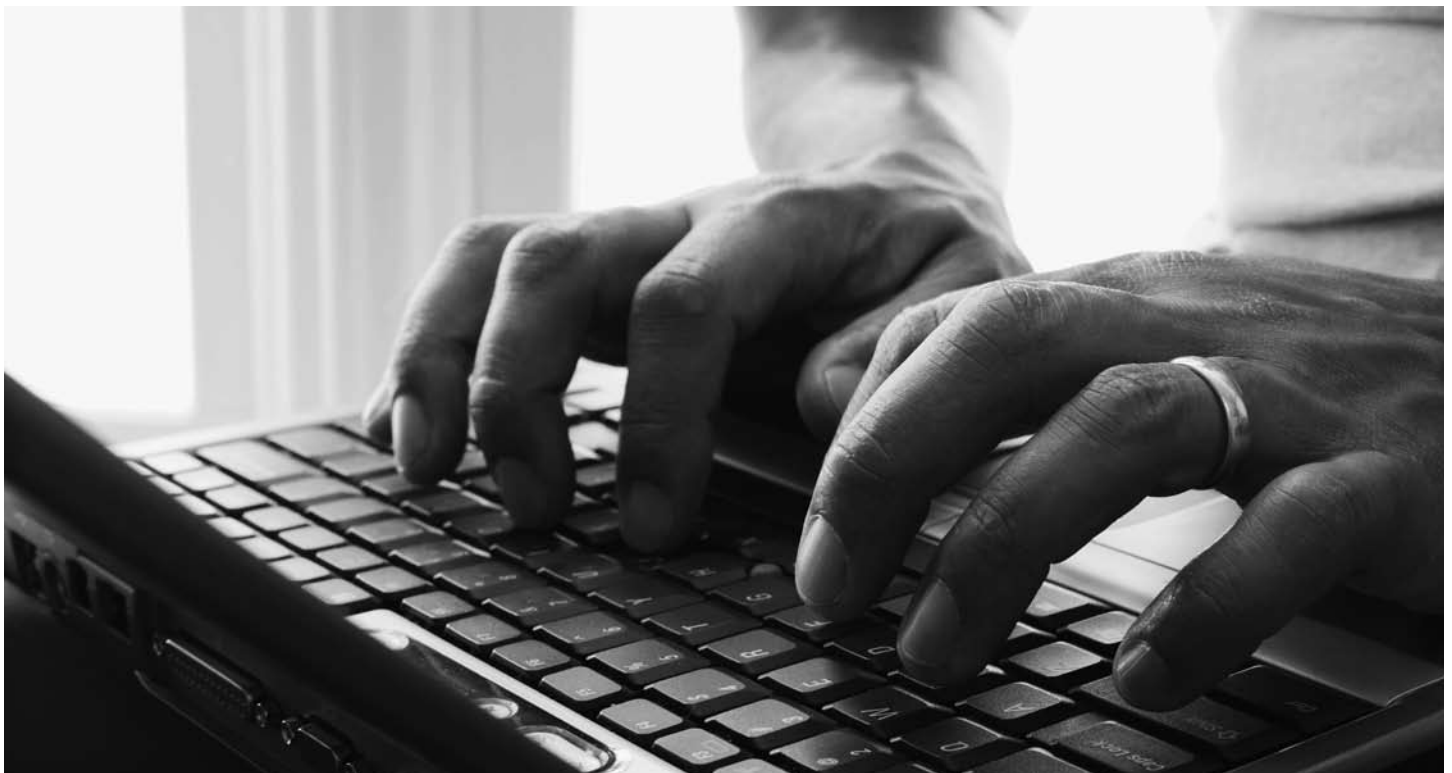
- Gain exposure to the more than 400,000 Regence members using **myRegence.com**
- Better align patients' needs with a provider's characteristics, which may result in improved provider-patient relationships
- Reduce office phone calls from members seeking information, such as office hours, appointment availability, parking or other details contained in the Enhanced Provider Profile
- Connect Regence members to a provider's practice Web site

We encourage you to complete your Enhanced Provider Profile as soon as possible to maximize the information available for member searches.

### **SUBMIT YOUR ENHANCED PROVIDER PROFILE TODAY**

We recognize that your time is valuable and have taken steps to ensure that it's quick and easy to enhance your individual profile page.

**To enhance your individual profile, you must have access to Regence Online Services for Providers.** If you already have access to this free, Web-based tool, you will find information for submitting your practice information on the home page. If you have not yet registered, we strongly encourage you to do so. More information about Regence Online Services for Providers is available on our *Provider Web Site*.



## Interactive voice response coming to Provider Customer Service

Our Provider Customer Service phone lines will be upgraded this year to include interactive voice response (IVR), a technology that enables a computer to accept voice commands or touch-tone inputs. IVR allows you to quickly and easily receive claims and member eligibility status by entering dates of service and the member number. Information about multiple members can be obtained in a single session.

The information will be a subset of the data already available through Regence Online Services for Providers. IVR will be an efficient and easy option for offices that do not have access to the Internet.

## Message codes for vouchers now available online

For your convenience, the message codes for our vouchers are now available in the Claims & Billing section of our *Provider Web Site*. These message codes appear on our Encore, Expressions and Radiance vouchers.

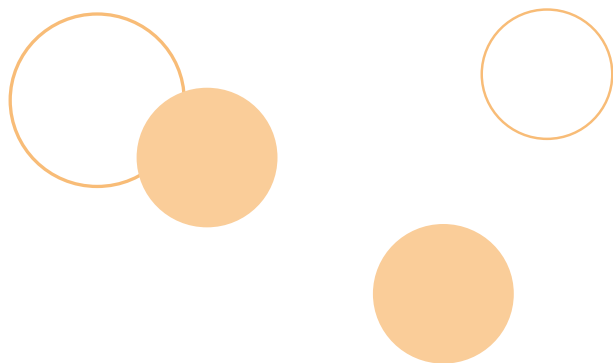
## Overpayment/Voucher Deduction Request Form now available online

Providers sometimes need to return funds to us for overpayments due to adjustments or incorrectly processed claims.

You may now submit an online Overpayment/Voucher Deduction Request Form to have these funds deducted from a future payment voucher. This form can be found on our *Provider Web Site*. Click on the printable portable data file (PDF), complete the form and fax or mail it to the address on the form.

You may submit this form if your office discovers an overpayment or in response to an overpayment notice from us. If we notify you of an overpayment, you have 30 days to submit the Overpayment/Voucher Deduction Request Form before the funds will automatically be deducted from a future payment voucher.

You can learn more about our Overpayment Recovery Process on our *Provider Web Site*.



## Personal health records help patients and you

More than 90,000 personal health records (PHRs) have been created through **myRegence.com**, our secure member Web site, since introducing the tool over a year ago.

PHRs help members:

- **Get organized** - Members save time with this portable, at-a-glance way to track their wellness visits, test results, medications, medical procedures, hospitalizations and immunizations.
- **Increase accuracy and efficiency** - Members can easily give you a detailed health care history and information about ongoing health conditions.
- **Ensure better care** - PHRs can improve communication between health care providers, allowing for a more coordinated care experience.

Members have the ability to:

- Download a copy of their PHR to an Excel file (previously available in PDF format only), allowing them to edit information and add data not otherwise captured
- Password-protect the Excel and PDF files for emailing to providers or storing on a computer

The PHR has also been updated with user-friendly terminology, including names and descriptions for health conditions and procedures.

Encourage your patients to take a few minutes to complete a PHR on **myRegence.com**.

## Consejeros Latinos continue to help Spanish-speaking members

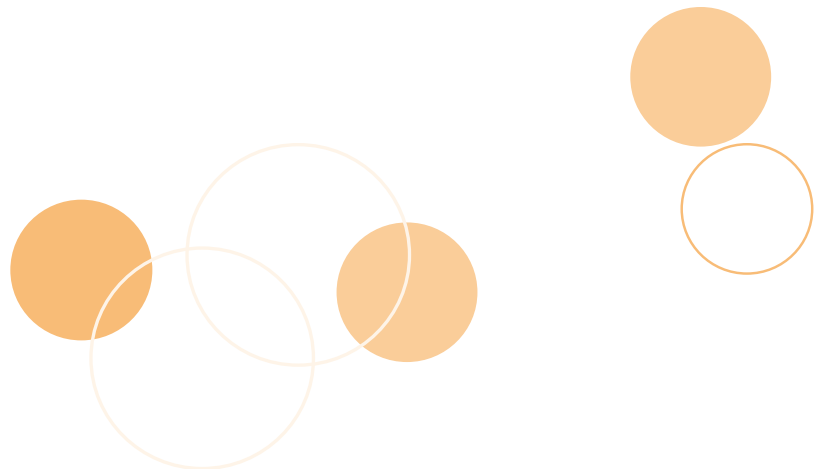
We launched our Consejeros Latinos (Latino Concierge) program in 2007 as an effort to engage and educate the Latino community about health care coverage. Our bicultural and bilingual liaisons deliver support and assistance to those who need help navigating the health care system due to language and cultural barriers.

Each month, calls to our Consejeros Latinos increase and 99% are resolved within 24 hours. This program is available to all Regence members from 9 a.m. to 5 p.m. Pacific time, Monday through Friday.

If you have a patient who may benefit from this service, please encourage them to contact a Consejeros Latinos liaison:

- Regence Expressions, Encore and Radiance members: 1 (877) 280-3975
- All other members: 1 (866) 218-8521

Additional information, including a glossary of terms, is available online at **[www.regence.com/spanish/index.jsp](http://www.regence.com/spanish/index.jsp)**.



## Provider network names are changing

We are changing the names of two of our provider networks to be consistent with the naming conventions used by other Regence and Blue Cross and/or Blue Shield Plans. Network names will change as shown:

CURRENT NETWORK NAME	NEW NETWORK NAME
Traditional ValueCare	Participating Preferred Provider Organization (PPO)

Over the next several months our member and provider communications will be updated to reference Participating (Traditional) and Preferred (ValueCare) networks.

The changes to our network names will make it easier for you to communicate with us, other Blue Plans and our members.

## ProClaimWin Internet connectivity now available

Electronic transactions can now be sent to us through your Internet connection rather than your dial-up modem.

Benefits include:

- Faster response time
- Less cost than using a dial-up modem
- Free electronic transmission through our newest version of ProClaimWin software

We are transitioning from our dial-up modem access and encourage you to download the new version of ProClaimWin as soon as possible. This new version also includes added functionality, such as electronic eligibility requests. Your current Utah Health Information Network (UHIN) membership applies to this new version.

All users will be transitioned to Internet connections during the next few months. Take time now to make this important change and download the latest version of ProClaimWin.

If you submit to out-of-state payers (such as Cigna, Aetna, etc.), you need to subscribe to a clearinghouse option offered through UHIN. Emdeon® and Capario<sup>SM</sup> are clearinghouses that support UHIN transactions outside Utah.

To learn more about using ProClaimWin, please visit the Claims & Billing section of our *Provider Web Site* or complete one of our workshops. Go to the Educational Tools section of our *Provider Web Site* to launch our self-paced workshop or find dates for upcoming workshops offered via phone conference.

## Regence Provider Center

The Regence Online Service for Providers name will change to Provider Center on Sept. 1. More information—including how to register, system hours and technical requirements, along with a recently revised tour—is available on our *Provider Web Site*.

## Claims adjustment periods change

The following timelines related to claims adjustment periods were enacted by House Bill 165. Please be aware of these timelines and update your billing practices accordingly.

### EFFECTIVE MAY 12:

- Maximum 36 months, if the improper payment was due to a recovery by Medicare, Medicaid, Children's Health Insurance Pool (CHIP) or any other federal health care program
- Maximum 12 months, if the improper payment was due to any other reason (other than Coordination of Benefits [COB] as noted below)

### EFFECTIVE JULY 1:

- Maximum 24 months, if the improper payment was due to COB

These dates apply to Utah plans recovering suspected overpayments as well as dentists, physicians, other health care professionals and facilities recovering suspected underpayments.

State legislators are examining the health care delivery system in Utah as an extension of transformation discussions occurring throughout the nation. We will post relevant legislative updates in our newsletters as they become available. Our payment policies are available on our *Provider Web Site* in the Claims & Billing section, as well as in the Filing Claims and Payment sections of our Administrative Manual, available in the Provider Library section of our *Provider Web Site*.

## UHIN requires ADA® 2006 J400 claim form for all paper claim submitters

The Utah Health Information Network (UHIN) is a not-for-profit company with the mission of reducing the cost and improving the quality of health care. UHIN convenes providers, payers and government agencies within the community to agree upon standards of exchange for administrative transactions.

The Utah Department of Insurance has adopted those standards to reduce the administrative burden on providers and payers. The standards, which are developed by the Utah community, include paper and electronic transaction formats. For a complete list of standards go to **www.insurance.utah.gov** or see Standards and Specifications at **www.uhin.com**.

In addition to developing standards, UHIN provides a gateway for standard electronic transaction formats. This gateway is used by several payers, software vendors and clearinghouses.

On Oct. 1, only one standardized ADA claim form will be accepted by all dental payers in Utah: the ADA 2006 J400. If your office does not use the official ADA claim form your claim may be returned. The standards published by the Utah Department of Insurance will lead to greater efficiency for all dental practices and will expedite the claims payment process.

You can make the transition easier by submitting claims through Electronic Data Interchange (EDI) and avoid sending paper altogether! EDI is a process that submits your claims electronically and provides an even quicker turnaround on your claims. Contact UHIN at (801) 466-7705, option 1, for more information.



Regence BlueCross BlueShield of Utah is an Independent Licensee of the Blue Cross and Blue Shield Association

Mail Station 26  
PO Box 30270  
Salt Lake City, UT 84130-0270

Address Service Requested



## Contact us

### We're here for you

We are dedicated to helping you. Please see the specific contact information below. Additional contact information is available in the Contact Us section of our *Provider Web Site*.

### Provider Customer Service

**General:** 1 (800) 537-8715

**BlueCard:** 1 (800) 782-8211 or (801) 333-2370

**Federal Employee Program (FEP):** 1 (877) 668-4657

**Encore, Expressions and Radiance:** 1 (877) 417-6222

**NEW Regence MedAdvantage:** 1 (877) 508-7362

### Provider Services

1 (877) 668-4657 or (801) 333-2600, option 6

### Provider Web Site

[www.ut.regence.com/physician](http://www.ut.regence.com/physician)