

Dental Update

Bringing you all the latest news on PDP and Dental HMO/Managed Care



In this issue ...

TOPICS INCLUDE

MetLife Dental Provider Self-Service Line..... 2

EFT Solution for Dental Providers..... 3

Important Reminders 4

CA DHMO Providers 4

SafeGuard DHMO Providers..... 4

Continuing Education 5

Your Rights if Benefits are Denied..... 6

How We Promise a Full and Fair Review 6

Language Assistance Program..... 6

Quick Reference Contact List 7

Updating Your Office Information 8

Get secure online access to your patients’ coverage information with MetDental.



Now available to your entire office team
Including providers and staff

REGISTER NOW

To register go to metdental.com and click Register now in the navigation bar.

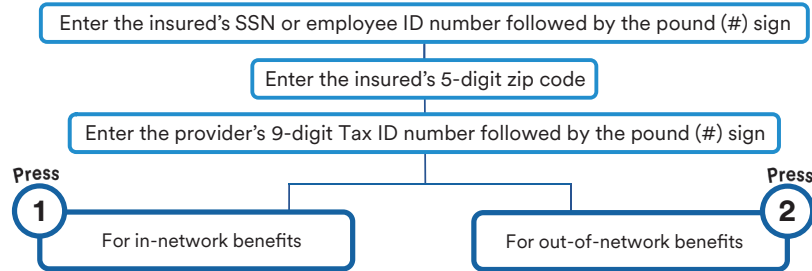
If you’re already registered, access your account with your [Log-In](#).

Key Benefits include:

- Easily search patient coverage using the Chatbot
- Secure access to patient information
- Verify patient eligibility
- Link to DentalXChange to submit claims
- Access administrative forms
- Leverage patient education tools

MetLife Dental Provider Self-Service Line

1-877-638-DDS9 (3379) – Option 2



Once eligibility is confirmed, choose from the following options:

1 Request a **fax** of the patient's plan benefits or claim history

- 1** We'll fax you a benefit summary
- 2** We'll fax you the patient's recent claim history

3 For all claim inquiries or requests

- 1** Get status of the most recent claims on file OR receive a copy of a claim statement
- 2** Have questions regarding a claim statement
- 3** Get instructions on filing claims & pre-treatment estimates

5 Request information for another patient

2 To hear plan benefits for:

- 1** Orthodontic benefits
- 2** Details on frequency limitations
- 3** General plan coverage (maximums & deductibles)
- 4** Inquiries on a fax you received

4 For general information (i.e., request X-ray returns, claim filing instructions, preferred dentist directories OR receive a **fax** of the options available on this system)

- 1** Request the return of X-rays submitted with a claim or pre-treatment estimate
- 2** Get instructions on filing claims and pre-treatment estimates
- 3** For inquiries regarding the Preferred Dentist Program (PDP)
- 4** To request Preferred Dentist Program (PDP) directories
- 5** To have a map of this system faxed to you
- 6** For all other inquiries





DID YOU KNOW?

What exactly is MetLife looking for when requesting for more information with the E7 Narrative and why?

1. What is the MetLife Policyholder's relationship to the patient?

In order to determine Primary/Secondary it is crucial to have the relationship to the patient to ensure we accurately process the claim.

2. What is the name of the individual carrying the other insurance coverage?

This is important as some insurances may be held by the same individual. Other insurance may be through a stepparent, spouse, biological parent. Etc.. Important to ensure the proper process is followed prior to issuing payment.

3. For the other insurance what is the Policy Holders date of birth and relationship to the patient?

In order to be able to determine primary/secondary for a child – policy holders (parents) birth dates are used, stepparent vs biological parent also is needed to process correct payment.

If self is the policy holder for both – certain information is required to determine primary/secondary.

4. What is the effective date of the other coverage?

When a person holds more than one policy the effective date can be used to determine which plan is Primary/Secondary.

If claim is for a child and both parents have the same Date of birth- effective date can be used to determine primary/secondary.

5. Is the other coverage through an active employee plan, retiree plan, or a self-purchased/ supplemental plan?

Certain types of plans depending on the groups need this information to determine if MetLife Coordinates with the plan, which plan is Primary/Secondary.

6. If applicable, please send a copy of the court order specifying the custody arrangement

IMPORTANT- need documentation on file indicating who will be primary/secondary per Custody Agreement to ensure accuracy of claims handling.

When receiving ANY narrative from the insurance company requesting additional information, it is crucial to submit all information required. This will prevent delay in payment for claims as well as ensure claims are paid.

EFT Solution for Dental Providers

MetLife has partnered with Zelis to provide more options for providers to get paid and manage remittance data electronically.

Need help deciding which option is best for you? You can call **1-888-679-0665** or visit [MetDental](#) to learn more about your options

Zelis Payments Network

The Zelis Payments Network consolidates electronic claim payments and remittances across MetLife and 450+ additional payers in a single, secure portal. Payment options include receiving ACH+ payments directly in your bank account through an electronic funds transfer or entering a virtual credit card number into your merchant terminal. ERA/835 files may be delivered directly to your Clearinghouse or Practice Management System.

To Learn More or Enroll call **1-888-679-0665** to have an enrollment advisor reach out to you.

ePayment Center

Through the ePayment Center, MetLife offers Automated Clearing House (ACH) delivery of MetLife claim payments with access to remittance files via the ePayment Center portal. Within this portal you can view payment data, search payment history, download ERAs in both PDF and 835 formats and ERA delivery to a Clearinghouse or SFTP connection.

To Enroll call **1-855-774-4392**.



Important Reminders

- MetLife's PDP network contracted fees include all applicable lab fees related to the service rendered, so a patient cannot be billed separately for lab fees, including upgraded materials and expedited processing.
- When a service is denied as "integral to another dental service," the participating dentist agrees to the negotiated fee¹ and cannot charge the patient for the denied integral service. Examples of integral services:
 - > PPE
 - > Infection Control
 - > Local Anesthesia
 - > Irrigation
- **FEDVIP patients for covered and non-covered services:**
Maximum Allowable Charge²: The MetLife PDP contractual schedule amount will be considered the maximum allowable charge accepted for FEDVIP plan participants when dental benefits are coordinated with other "First Payor" Federal Employee Health Benefit (FEHB) plans.
- MetLife PDP network dentists should continue to honor the negotiated PDP fee schedule and charge FEDVIP plan participants the PDP fee for non-covered services.

CA DHMO Providers:

SafeGuard Health Plans, Inc. is obligated under California law to provide or arrange for timely access to care. The standards for urgent, non-urgent and preventative appointments are as follows:

- Urgent appointments within the dental plan network shall be offered within 72 hours of the time of request for appointment, when consistent with the enrollee's individual needs and as required by professionally recognized standards of dental practice.
- Non-urgent appointments shall be offered within 36 business days of the request for appointment (for both primary and specialty care); and
- Preventative dental care appointments shall be offered within 40 business days of the request for appointment.

If you or an enrollee needs assistance with obtaining a timely referral to an appropriate provider you can contact SafeGuard's Customer Service Department at **1-800-880-1800**. Additionally, you, as a contracted provider, or the enrollee themselves may contact the California Department of Managed Health Care at **1-888-466-2219** should you wish to file a complaint if you are unable to obtain a timely referral to an appropriate provider.

SafeGuard DHMO Providers

The Plan encourages SafeGuard contracted providers to use evidence-based non-pharmacological therapies for pain management when appropriate and applicable. The use of evidence-based non-pharmacological therapies has been proven effective for treatment of chronic pain. These pain management treatments could include behavioral therapy, instrument-based therapy, or immersive therapeutics approved by the federal Food and Drug Administration indicated for the use of managing or treating pain. For more information pertaining to pain management, please review the available Quality Resource Guides at www.metdental.com.

Continuing Education

MetLife's self-study Continuing Education (CE) Program* enables you to take courses from the convenience of your office or the comfort of your home. You'll have access to your online certificate instantly upon successfully passing the post-test and they can be accessed anytime you need them. And remember, as a participating PDP dentist, both you and your staff can earn CE credits through MetLife's program for FREE. Many offices use the guides for office huddles, discussions and take the education together. There are over 70 guides to choose from.

Top 5 guides taken by dentists:

- **Alternatives to Opioid Analgesics in Dental Practice (4th Ed)**
- **Infection Control and OSHA Update Parts One and Two (5th Ed)**
- **Antibiotic Use in Dentistry (4th Ed)**
- **Aligner-Based and "Mail-in" Orthodontic Therapy**
- **Dental Adhesives (6th Ed)**

Top 5 guides taken by staff:

- **Infection Control and OSHA Update Parts One and Two (5th Ed)**
- **HIPAA and the Dental Office**
- **Aerosols: Properties, Transmission and Precautions in Dental Settings**
- **Medical Health History in Dental Practice (7th Ed)**
- **Avoiding Errors in Dental Practice (6th Ed)**

If you would like to provide feedback, or suggest a topic for a Quality Resource Guide, **please email us at dentalquality@metlife.com**.

* MetLife is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. New Quality Resource Guides are added periodically.

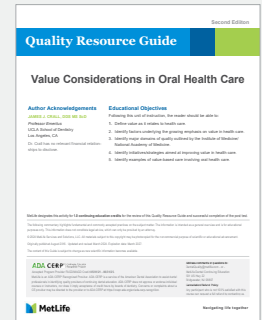
Highlighted Guide:

Value Considerations in Oral Health Care (2nd Ed) by

By James J. Crall, DDS MS ScD

Professor Emeritus, UCLA School of Dentistry, Los Angeles, CA

Value considerations are taking on growing importance in efforts to reform and improve the U.S. health care system, including oral health care. As a result, there is increasing interest in understanding the concept of value as it relates to dental care and its application to clinical practice and third-party benefits. This Quality Resource Guide provides a foundation and overview of current major initiatives being pursued to advance increased value in health care, including oral health care. The Guide will serve as an important resource for members of the dental team as they consider the foundation of value decisions in health care and their potential impact on care delivery for their patients in the future.



To access the continuing education program, follow these steps:

1. Go to www.metdental.com and click on "Continuing Education"
2. Click on "CE Login" to register or sign in.
3. By clicking on "Quality Resource Guides" you can browse our list of over 70 guides and select as many as you like.
4. Review the guides and take the online exams. Upon successfully passing the post-test, you will receive an instant CE certificate. Access your online CE certificate(s) whenever you need them.

Your Rights if Benefits are Denied

While we always process claims according to the terms of your Employee Benefit Plan, you have the right to appeal our benefits decision up to two times at no cost to you.

Please send any request for review in writing within 180 days of the date on this Explanation of Benefits to:

MetLife Group Claims Review
P.O. Box 14589
Lexington, KY 40512

In your request for a review, please include:

- Whether this is your first or second request for a review
- The reason you believe the claim for benefits was improperly denied
- Any comments, questions, documents or information that support your reason

We'll review your appeal within 30 days of receiving it and send you a clear, understandable explanation by mail or email. If we deny your first appeal in whole or in part, you may request a second level appeal within 60 days and we'll respond to that request within a 30 day time period.

How we promise a full and fair review

- The review will be made by someone who didn't make the initial review of your benefits, including anyone who reports to that person. If you're requesting a second review, the reviewer also won't be the person who conducted the first review.
- You have the right to request free copies of all documents, records and other information relevant to your claim.
- If deciding an appeal relies at all on a medical judgment, we'll consult a health care professional with appropriate training and experience.
- If our benefits decision is based on an internal rule, guideline or other standard, you may request a copy of the document free of charge.
- If we determine that a procedure or treatment was unnecessary or experimental or had a similar exclusion or limit, you may ask us to provide an explanation of the scientific or clinical judgment free of charge.

Language Assistance Program

Don't forget that we're here to help! We offer language assistance services to our providers and members and it's always free of charge. You can reach us for most of your translation and interpretation needs at:

- PPO — (800) 942-0854
- DHMO — (800) 880-1800



MetLife Dental team hosts SpotLite dentists for a night of networking and football

MetLife Dental team, Chief Dental Officer Dr. Peter Fuentes DMD and Michelle Neuman, RDH, AVP of Network, recently hosted some SpotLite providers to MetLife Stadium for a football game. The night was spent not only enjoying the game, but collaborating, and focused on discussing current dental trends and the importance of working together towards improved health for all.

Quick Reference Contact List

Dental Office Service Line	1-877-MET-DDS9 (638-3379)	Customer service consultants are available Monday through Friday 8:00 AM to 11:00 PM ET (5:00 AM to 8:00 PM PT)
Internet	www.metdental.com	Designated provider website; registered users can access most MetLife dental benefits and plan questions
EFT/ERA Enrollment Solution	Epayment Center 1-844-815-9763 (Enrollhub)	Representatives are available Monday through Thursday 7:00 AM to 9:00 PM ET; Friday 7:00 AM to 7:00 PM ET
Dental HMO/Managed Care Provider Service Department	1-800-635-4238	Rosters, capitation, administrative questions
PDP (PPO) Dental Provider Service Line	1-866-438-5472	Our designated provider service phone line with access to multiple service areas, including patient eligibility and claim services

Verify network participation at www.metdental.com

PPO

1. Under Quick Links, select 'Find a Dentist'
2. Select Network Type – PDP/PDP Plus
3. Enter ZIP code, Dentist Last Name and Specialty
4. Click on the SEARCH button

DHMO

1. Under Quick Links, select 'Find a Dentist'
2. Select Network Type – Dental HMO/Managed Care
3. Select a Plan Name
4. Enter ZIP code, Dentist Last Name and Specialty
5. Click on the SEARCH button

For more information regarding MetLife's PDP and DHMO/managed care networks — including access to your PDP Office Resource Guide and/or DHMO Facility Reference Guides — visit www.metdental.com.

To register as a MetDental user, go to www.metdental.com, select 'Register' and follow the four easy steps.

Updating your Dental Office Information

Promptly report ALL changes to your participating facility or associated dentists to avoid delays in payment—including retirement, sale or acquisition of a practice and status of accepting new patients.

- Practice and/or Legal name
- Address
- Phone number
- Tax Identification Number (TIN) W9 is required
- National Provider Identifier (NPI)
- Additions and deletions of dentists associated with your practice
- No longer accepting new patients

Changes noted on a claim form MAY NOT update MetLife's provider directory or claims payment system.

Dental PPO Updates — Let us know at least 60 days before any changes go into effect to avoid payment delays or patient disruption. You can submit a formal request to update information pertaining to your participating locations and/or associated dentists by fax at **1-859-389-6505** or email to ProviderUpdateForm@metlifeservice.com; with the subject line reading: Provider Update.

Dental HMO/Managed Care Updates — Most provider update scenarios will require a completed Facility Application, along with the applicable contract, fee schedule (for specialists only), W9 and current Malpractice Insurance Certificate to be emailed to MetLifeDHMO@conduent.com with the subject line reading: Provider Update.

To ensure the proper administration of your practice update, please contact our Dental HMO/Managed Care Provider Service department at **1-800-635-4238** for assistance in contacting your state-level Network Development Specialist regarding your changes.

Looking to contract dentists affiliated with your practice? Visit the Resource Center at www.metdental.com for multiple request methods and delivery options for obtaining MetLife's PDP and/or Dental HMO application materials.

California Providers: Requirements for Directory Accuracy/Outreach Process — Dental providers located in California will receive bi-annual notifications from MetLife requesting verification of their provider directory contact information in accordance with state law. Provider must respond to each notification. If the provider participates in both MetLife's PDP and DHMO networks, a response is required for each network notification received.

1 Negotiated fees refer to the fees that in-network dentists have agreed to accept as payment in full for certain services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change. Negotiated fees do not apply to non-covered services in states that prohibit limitations for services not covered under a plan. Participating providers in these states may charge their non-negotiated fees for non-covered services.

2 Maximum Allowable Charge: The out-of-network Maximum Allowable Charge is equal to the in-network negotiated fee.

metlife.com

Like most group benefits programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. You may be financially responsible for copayments, deductibles, or any other amounts in excess of those MetLife is required to pay for covered services as described in your dental certificate and/or policy. Ask your MetLife representative for costs and complete details.

Group dental plans featuring the MetLife Preferred Dentist Program are provided by Metropolitan Life Insurance Company, New York, NY.

Dental Managed Care plan benefits are provided by Metropolitan Life Insurance Company, a New York corporation, in NY. Dental HMO plan benefits are provided by: SafeGuard Health Plans, Inc., a California corporation, in CA; SafeGuard Health Plans, Inc., a Florida corporation, in FL; SafeGuard Health Plans, Inc., a Texas corporation, in TX; and MetLife Health Plans, Inc., a Delaware corporation, and Metropolitan Life Insurance Company, a New York corporation, in NJ. The Dental HMO/Managed Care companies are part of the MetLife family of companies. "DHMO" is used to refer to product designs that may differ by state of residence of the enrollee, including but not limited to: "Specialized Health Care Service Plans" in California; "Prepaid Limited Health Service Organizations" as described in Chapter 636 of the Florida statutes in Florida; "Single Service Health Maintenance Organizations" in Texas; and "Dental Plan Organizations" as described in the Dental Plan Organization Act in New Jersey.

Dental HMO/Managed Care Networks are available in California, Florida, Texas, New Jersey and select counties in New York, Connecticut and Pennsylvania.

