

## Out Of Network Reimbursement Maximizer

Use this resource as a guide to help maximize your patient's insurance benefits. This document is in no way meant to dictate diagnosis or treatment, and it is not meant to take any position regarding what is considered the "right way" of any carrier's reimbursement strategy.

The following out of network insurance matrix and communication guide will not only help your patients but ensure you are paid for the treatment they receive. Most PPO insurance carriers will pay for out of network benefits, often at various rates or benefit levels. If a carrier will not pay for treatment while a provider is going through the insurance credentialing process, your patient may be given the option to pay for the service at the estimated insurance rates for their carrier.

### What is the difference between "in network" and "out of network"?

A dentist is considered "in network" if they have completed a credentialing application and been approved with an effective date by the carrier. Until the insurance carrier sends an approval, the dentist is considered "out of network."

### How does being an "out of network" dentist affect a patient's benefits?

Maximums for out of network benefits will vary among insurance carriers. Some may pay a percentage and some will not pay anything for out of network providers. *Please refer to the matrix for details.*

### How does a carrier determine the effective date for a dentist?

Majority of insurance carriers consider the effective date to be when the credentialing application is approved and processed rather than the date it is received. Generally, the process to credential dentists occurs within 90 days of receiving the application; however, some carriers take longer than this. *Please refer to the matrix for details.*

### Will an insurance carrier backdate the dentist's in network effective date?

Generally, no. Most carriers will not backdate a dentist's effective date and if your patients are seen before the dentist is credentialed with a specific insurance, they will be processed out of network. *Refer to the matrix for details.*

### What should I do if the insurance carrier processes and pays the claim out of network?

- If the PPO carriers pays on out of network benefits, or is a carrier that backdates the effective date, the payment is sent either sent to the office, or the patient. Refer to the grid for details.
- If the payment is sent to the office, follow internal processes.
- If the payment is sent to the patient, you will need to contact and collect the payment from the patient.

As with previous guidelines, there will certainly be exceptions to the carrier processes provided. Carriers often change their positions regarding when they will or will not reimburse for treatment, thus affecting the payment of your claims. Please contact me with any information you may have on existing or new discrepancies you find. Together, we will maximize your patient's benefits for the treatment he or she receives.

For clarification on how to discuss these guidelines with your patients, please refer to the following Out of Network Dialogue.

### PPO OUT OF NETWORK DIALOGUE GUIDE

The dialogues below should help you set the patient's expectations around out of network benefits and assist in communicating with the patient to obtain payment if the insurance check is sent to the patient.

#### Communicating with a patient when the doctor is out of network:

Scenario: Patient has a PPO insurance for which the doctor's paperwork is still in process.

##### 1. Prior to discussing fees and benefits with the patient:

- Check the OON maximizer matrix to verify whether the insurance check will be sent to the patient or to the office. Notate this on the cares lip.
- Inform the patient that the doctor has recently chosen to participate in the insurance carrier's network but that the doctor's paperwork is still in process
- Inform the patient that, while only temporary, services provided at this visit will be considered out of network but s/he will not incur incremental out of pocket costs.
- If the matrix indicates the check will not be sent to the office, inform the patient that they will receive the insurance check at home and print a copy of the letter (see next page). At each visit, it is important that you provide a copy of the letter to the patient with a self-addressed stamped envelope.

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### Communicating with a patient who received a check from their insurance carrier:

Call the patient to obtain payment. When you do this, you will encounter one of the three scenarios below:

1. The patient recognizes they have received the payment
  - Ask patient to provide payment and copy of EOB to help adjudicate the claim properly.
    - If the patient does not agree to send the payment, try to sort out any issues with the patient as you would with a regular outstanding patient balance.
2. The patient is unaware of receiving an insurance check.
  - Call the insurance carrier and confirm that check was cashed.
    - If check not cashed, ask for a stop and reissue of the payment. Call patient back to tell them when to expect the reissued check being sent to them. Inform them to provide the payment and copy of EOB immediately upon receipt.
    - If check cashed, call patient back and inform them of the date of which it was cashed and ask the patient to provide payment and copy of EOB immediately.
3. The patient is not answering or returning office phone calls.
  - After three attempts to contact the patient and two weeks have elapsed, you may choose to begin the internal collections process if one exists.

### Communicating with a patient who received a check and notified the office:

1. Request the patient bring the check and EOB to the office. Ensure the back of the check is endorsed to the office.
2. Post the signed check as a patient payment by check and close the claim.

### Additional information

- HMO insurances do not have out of network benefits and the doctor must wait until he/she is in network with the HMO plan before seeing patients.
- Document all conversations with insurance or patient and any actions taken

We very much appreciate you choosing us for your dental needs, and we look forward to continuing to serve you.

As we shared, the dentist you saw is in the process of completing credentialing paperwork with your insurance company. Although this is a temporary situation, your insurance company may send the dentist's payment directly to you rather than the office. If this happens, please send or drop off this check to the office. To help make it easier, we have provided you with a self-addressed, postage-paid, color envelope.

While not all insurance companies send checks this way, it is important to know what to do so that you can avoid accidentally becoming responsible for the full dental bill. If you do deposit or cash the check, you will be responsible for the insurance company's share of the dentist's charges for the services provided. Please use the envelope provided to mail the payment directly to our office.

### I received a check and some papers in the mail. Now what do I do?

1. Sign the back of the check to endorse it.
2. Use the stamped, addressed envelope we have provided to send the check back to our office.
  - a. Include both the endorsed check and a copy of the Eligibility of Benefits (EOB) statement that the insurance company will send.

Upon our receipt of the payment, we will apply the appropriate adjustment to your account. If you have any questions, please call us at any time.

We look forward to seeing you again.

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Carrier Name	How is doctor's effective date determined?	Will the carrier backdate the provider's effective date?	Will a carrier process a claim for a provider that is out of network?	Will the payment come to the office if the provider is out of network?	Billing Process
Advantica	Processed date	Yes (30 days)	Yes	Yes*	Bill immediately w/W-9
Aetna	Processed date	No	Yes**	Yes***	Bill immediately w/W-9
Amertias	Start date	Yes (90 days)	No	N/A	Hold until contracted
Anthem BCBS ^	Processed date	No	Yes**	Yes***	Bill immediately w/W-9
BCBS - FEDERAL	Processed date	No	No	No	Hold until contracted
BCBS of AZ	Processed date	No	Yes	No	Bill immediately w/W-9 and office to coordinate w/patient
BCBS of CA	Processed date	No	Yes	Yes*	Bill immediately w/W-9
BCBS of AZ Federal	Processed date	No	No	No	Hold until contracted
BCBS of Georgia	Processed date	No	Yes	Yes*	Bill immediately w/W-9
BCBS of Kansas	Processed date	No	Yes	No	Bill immediately w/W-9 and office to coordinate w/patient
BCBS of Kansas Cit	Processed date	No	No	No	Hold until contracted
BCBS of MA	Processed date	No	Yes	No	Bill immediately w/W-9 and office to coordinate w/patient
BCBS of TX Federal	Processed date	No	No	No	Hold until contracted
BCBS of Washington/Premera	Processed date	No	Yes	No	Bill immediately w/W-9 and office to coordinate w/patient
BenefitSource/DentalSource	Start date	Yes (30 days)	Yes	Yes*	Bill immediately w/W-9
Careington	Processed date	No	Yes	Yes*	Bill immediately w/W-9
Cigna PPO	Processed date	No	Yes	Yes*	Bill immediately w/W-9
Connection	Processed date	No	Yes	Yes*	Bill immediately w/W-9
Delta Dental ^	Processed date	No	Refer to Note Delta Dental^	No	Hold until contracted
Dentegra	Processed date	No	Yes	No	Bill immediately w/W-9 and office to coordinate w/patient
DenteMax	Processed date	No	Yes	Yes*	Bill immediately w/W-9
DHA/Assurant/UHC	Processed date	No	Yes	Yes*	Bill immediately w/W-9
Diversified 1 ^	Processed date	No	Yes	Yes*	Bill immediately w/W-9
Diversified 2 ^	Processed date	No	Yes	No	Bill immediately w/W-9 and office to coordinate w/patient
DNOA	Processed date	No	Yes	Yes*	Bill immediately w/W-9
EMI Health	Processed date	No	Yes	Yes*	Bill immediately w/W-10
FDH EPO	Received by carrier	No	No	No	Hold until contracted
FDH PPO	Received by carrier	No	Yes	Yes*	Hold until contracted
Guardian PPO/UMR	Processed date	No	Yes	Yes*	Bill immediately w/W-9
HealthPartnersI	Processed date	No	Yes	Yes*	Bill immediately w/W-9
HealthSmart	Processed date	No	Yes	Yes*	Bill immediately w/W-9

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Humana Federal	Processed date	No	No	No	Hold until contracted
Liberty	Processed date	No	Yes**	Yes*	Bill immediately w/W-9
Maverest	Processed date	No	No	No	Hold until contracted
MetLife	Processed date	No	Yes	Yes*	Bill immediately w/W-9
OneCall Care	Processed date	No	Yes	Yes*	Bill immediately w/W-9
Premera Blue Cross	Processed date	No	No	No	Hold until contracted
Premier Access	Processed date	No	Yes	Yes*	Bill immediately w/W-9
Premier Dental	Processed date	No	Yes**	Yes*	Bill immediately w/W-9
Principal	Processed date	No	Yes**	Yes*	Bill immediately w/W-9
Principal EPO	Processed date	No	No	No	Hold until contracted
Regence BCBS	Processed date	No	No	No	Hold until contracted
Sierra Health Plan/HPN	Start date	Yes	Yes**	N/A	Hold until contracted
Surrency	Received by carrier	No	Yes**	No	Bill immediately w/W-9 and office to coordinate w/patient
TDA	Processed date	No (new office); Yes (60 days existing)	Yes	Yes*	Bill immediately w/W-9
Teacher's Health Trust	Start date	Yes	Yes**	N/A	Hold until contracted
UCCI	Processed date	No	Yes	Yes***	Bill immediately w/W-9
UHC/DBP/PUD/Diversified	Processed date	No	Yes	Yes*	Bill immediately w/W-9
UniCare	Processed date	No	Yes	Yes*	Bill immediately w/W-10