

Before Treating the Patient

HMSA Dental Plans and Benefits

In this section, you'll learn about the different types of dental plans and plan designs we offer. Remember to verify a Member's eligibility and benefits before rendering services. We have various tools available to you to check Member's eligibility. These methods will be discussed in detail in a following section.

PPO Plans - Participating Provider Organization

HMSA PPO Dental. "Freedom of Choice" - This is our PPO dental plan design that offers Members access to HMSA's participating network of credentialed dentists. Members, with these plans also have access to DenteMax, the national network of credentialed participating dentists.

Dental services rendered by participating HMSA dentists are covered according to the specifics of each Member's plan. When HMSA Dental PPO Members choose to seek dental services from our participating dentists, Members benefit by receiving a lower out-of-pocket cost.

HMSA Dental PPO Members may receive dental services from a non-participating HMSA dentist. However, depending on their specific plan coverage and benefits, Members will receive a lower level of coverage, resulting in a higher out-of-pocket cost.

Refer to our HMSA Group Coverage Code Matrix for detailed Benefit levels of our various PPO plans.

HEALTH MAINTENANCE ORGANIZATION (HMO)

HMSA HMO Dental. "Select Network" - This is our HMO dental plan design that offers Members access to HMSA's Dental HMO network of credentialed dentists. HMO Members are required to see a provider from this select HMO network of dentists and locations to receive covered dental services.

These plans vary in benefit design but most cover diagnostic and preventive services at 100%. Some plans have copays and frequency limitations, and/or have capped special member rates for Preventive, Basic and Major services.

Reminder: You must participate as an HMO network provider to provide covered services to Members of the HMSA HMO Dental Program.

NETWORKS

The table below shows the dental provider network a Member can use for dental services covered under our dental insurance plans.

For this plan:	HMSA Participating Provider Network	Hawaii Family Dental Centers
HMSA PPO	√	√
HMSA HMO		√

Our dental benefit designs

Our dental plans categorize dental procedures into four benefit groups as shown in the grid below.

Benefits:	HMSA Dental PPO:	HMSA Dental HMO:
Services <ul style="list-style-type: none"> • Diagnostic • Preventive 	√	√
Services <ul style="list-style-type: none"> • Restorative • Oral Surgery • Periodontics • Endodontics • Prosthetic Maintenance • Other Services 	√	√
Services <ul style="list-style-type: none"> • Prosthodontics • Major Restorative 	√	√
Other Optional Services <ul style="list-style-type: none"> • Orthodontics • Posterior Composites 	May be purchased as an additional benefits	Coverage for these Optional Services may be available on HMO plans

Benefit descriptions

The chart on the following page summarizes the services available in each benefit group. Coverage for these benefits is subject to our dental policy, which includes limitations and guidelines related to:

- Time (frequency of performance)
- Age (specified age qualifications)
- Utilization guideline policies, and

- Requirements for consultant review for appropriateness and necessity of care.

Annual Maximum: Your patient’s coverage is limited to an annual maximum selected by their employer. When patients exhaust their annual maximum, as well as any additional maximum rollover benefit that may have been accumulated, they are responsible for payment up to your charge. Annual maximums typically range from \$600 to \$2,000, however, there are select few that have no maximum.

Deductible Amount: Your patient’s plan may include an annual deductible. Deductibles are limited to each individual patient, not to exceed the overall family deductible.

Lifetime Maximum: Orthodontic coverage typically has a lifetime maximum. Services for orthodontics are excluded from the basic annual maximum (see the *CDT Dental Procedure Guidelines and Submission Requirements* for more information about orthodontic claim submission).

Calendar Year Rollover Benefit: The Calendar Year Rollover Benefit allows patients to rollover a portion of their unused dental benefits from year to year, up to a maximum amount. Patients are automatically eligible for this benefit if the following conditions are met:

- At least one Covered Service is received during the calendar year while covered under the HMSA dental plan
- Patient is a member of the plan as of the last day of the calendar year
- Patient does not exceed the claims payment threshold, determined by their benefit plan, in the calendar year

Eligibility

Eligibility – Sample Membership Card (Federal Plan 87)

FEDERAL PLAN MEMBER ID CARD

To identify Federal Plan members, the letter F follows the XLA prefix in the subscriber number. The dental coverage code is designated by 00F (Preferred Provider Plan) or 117 (HMO).

1 - 00F – Front (PPO – Federal Plan)
Sample PPO Fed Member ID Card (Front)

1 - 00F – Back (PPO – Federal Plan)
Sample PPO Fed Member ID Card (Back)

		Subscriber Name	
		KIMO K ALOHA	
Subscriber ID		Group	
XLPF001234567890		FED	
Medical	087	Drug	00F
Dental	00F	BIN	610014
Vision	00F	GRP	HMSA01

		hmsa.com	
For Pharmacy claims, mail to:		Oahu 948-6499	
Medco Health Solutions, Inc.		Hilo 935-5441 Kauai 245-3393	
P.O. Box 14711		Kona 329-5291 Maui 871-6295	
Lexington, KY 40512		TTY 1 (877) 298-4672	
For all other services rendered in Hawaii,		Toll-free 1 (800) 776-4672	
mail claims to:		For care when traveling out of state call:	
HMSA - CLAIMS		Blue Card 1 (800) 810-BLUE	
P.O. Box 860			
Honolulu, HI 96808-0860			
Services rendered out- of-state, mail claims to:		Blue Cross Blue Shield of Hawaii	
The local Blue Cross/Blue Shield - Blue Card		818 Keeaumoku St.	
Dept. of the service area.		Honolulu, HI 96814-2365	
		An Independent Licensee of the	
		Blue Cross and Blue Shield Association	
		Business hours: Monday through Friday	
		8 a.m. to 4 p.m.	

PREFERRED PROVIDER PLAN (PPO)

HMSA is part of a large network - the Blue Cross and Blue Shield Association. Through this network, our members have access to affordable medical services throughout the United States.

To identify HMSA's members to Mainland providers, our member ID cards include alpha prefixes for Hawaii (XLA, XLB, XLM, or XLP). The prefix is positioned in front of the member's current HMSA member ID number as shows below:

2 – VO8 - Front (PPO – V Plan)
Sample PPO Member ID Card (Front)

HMSA 	
Subscriber Name KIMO K ALOHA	
Subscriber ID XLPR001234567890	Group 88755
Medical 643	Drug 374
Dental V08	BIN 610014
Vision AI	GRP HMSA01
Chiro 00E	
	



2 – VO8 - Back (PPO – V Plan)
Sample PPO Member ID Card (Back)

HMSA 	
hmsa.com Oahu 948-6111 Hilo 935-5441 Kauai 245-3393 Kona 329-5291 Maui 871-6295 TTY 1 (877) 298-4672 Toll-free 1 (800) 776-4672	
For Pharmacy claims, mail to: Medco Health Solutions, Inc. P.O. Box 14711 Lexington, KY 40512	
For all other services rendered in Hawaii, mail claims to: HMSA - CLAIMS P.O. Box 860 Honolulu, HI 96808-0860	
Services rendered out-of-state, mail claims to: The local Blue Cross/Blue Shield - Blue Card Dept. of the service area.	
For care when traveling out of state call: Blue Card 1 (800) 810-BLUE	
Blue Cross Blue Shield of Hawaii 818 Keeaumoku St. Honolulu, HI 96814-2365 An Independent Licensee of the Blue Cross and Blue Shield Association Business hours: Monday through Friday 8 a.m. to 4 p.m.	
	



Eligibility – Sample Membership Card (HMO)

To identify HMO Plan members, the member ID cards include DENHMO next to the dental coverage code. **If a member has HMSA Dental HMO, they must seek dental services from Hawaii Family Dental Centers. They have 10 dental centers located statewide (4 on Oahu, 3 on Hawaii, 2 on Maui and 1 on Kauai.)**

3 – L50 - Front (HMO Plan)
Sample HMO Member ID Card (Front)

HMSA 	
Subscriber Name KIMO K ALOHA	
Subscriber ID XLPR001234567890	Group 88755
Medical 643	Drug 374
Den HMO L50	BIN 610014
Vision AI	GRP HMSA01
Chiro 00E	
	

3 – L50 - Back (HMO Plan)
Sample HMO Member ID Card (Back)

HMSA 	
hmsa.com Oahu 948-6111 Hilo 935-5441 Kauai 245-3393 Kona 329-5291 Maui 871-6295 TTY 1 (877) 298-4672 Toll-free 1 (800) 776-4672	
For Pharmacy claims, mail to: Pharmacy Claims P.O. Box 14711 Lexington, KY 40512	
For all other services rendered in Hawaii, mail claims to: HMSA - CLAIMS P.O. Box 860 Honolulu, HI 96808-0860	
Services rendered out-of-state, mail claims to: The local Blue Cross/Blue Shield of the service area.	
For care when traveling out of state call: Blue Card 1 (800) 810-BLUE	
Blue Cross Blue Shield of Hawaii 818 Keeaumoku St. Honolulu, HI 96814-2365 An Independent Licensee of the Blue Cross and Blue Shield Association Business hours: Monday through Friday 8 a.m. to 4 p.m.	
	

Eligibility – Dental

Eligibility may be confirmed by checking the card. The card provides you with several pieces of

member's current HMSA member ID card. essential information including:

- The HMSA member ID number
- The coverage code

This information should be adequate, in most cases, for you to file claims. However, there may be occasions when you wish to double-check eligibility for a specific patient. For example, you may wish to verify whether the subscriber's spouse or child is listed on the plan.

Verifying member eligibility, benefits, and claim status

We recommend you obtain patient eligibility, benefit descriptions, and claim status information via:

Dental Call Center: available Monday through Friday 8 AM to 4 PM – You can reach us by calling (808)948-6440 on Oahu or (800)792-4672 from the Neighbor Islands. You will need your NPI or Tax ID to identify yourself when calling into our Dental Call Center. This dedicated customer service team is available to assist you with a variety of services including:

- Verify eligibility effective dates (important when a plan has a waiting period for certain services)
- Verifying subscriber information, including IDs and Coverage codes
- Determining maximums used and/or frequency requirements
- Claims research and follow-up as needed
- All other HMSA Dental inquiries

HHIN for Providers. Hawaii Healthcare Information Network (HHIN) for Providers <https://hhin.hmsa.com> is an electronic communication system that enables users to receive the most current patient effective date and coverage code information. This resource is available to you 24 hrs a day, 7 days a week. Use HHIN for information such as:

- Verify eligibility effective dates -(important when a plan has a waiting period for certain services)
- Obtain subscriber IDs
- Obtain coverage codes
- Review old (2008) claims status

To register initially for HHIN, contact HMSA Dental Services at 948-6440 or toll-free at (800) 792-4672.

My Dental Information Manager (MDIM) – is our secure website for dental transactions for your HMSA patients. It is available at no cost to you; and the information is available in an easy to read format. This resource is available to you 24 hrs a day, 7 days a week. Log onto MDIM to access a variety of information such as:

- Eligibility and Benefits
- Check benefits and deductibles used to date
- Graphical Patient Tooth Chart (showing work that has been done since 1/1/09)
- Track claim status and pre-determinations
- Copies of Dental Remittances

Log on to bshi.net/dental and download the registration instructions to MDIM, or log directly onto MDIM and follow the directions to Create a User Profile.

Benefit Services of Hawaii (BSH) website (www.bshi.net) - brings you to the home page of our HMSA Dental Provider Resource Center. This resource is available to you 24 hrs a day, 7 days a week. Information on our dental website includes:

- News Alerts – latest update to HMSA’s policies and procedures, as well as announcements
- Provider E-Library – includes Benefit Tables & Policies, Claims Filing information, and other HMSA dental references
- Communication Archive
- Useful Websites
- Registering with HMSA
- Provider Contact Information
- Dental Fax / Electronic Form
- Easy Links to PPO tables, HHIN and MDIM

Dental Fax Request Form / Electronic Request Form - this is another method available to help you verify eligibility, coverage code and patient history. We can provide you with forms or they can be downloaded directly from our **bshi.net** website. Our goal is to respond within 2 hours of receipt to all requests we receive by 2:00 p.m. All requests received after 2:00 p.m. will be faxed back the following working day.

- To use the **Dental Fax Request Form**: Fill out this paper form with the required patient information, and fax directly to (808) 948-8996. Once completed and verified by our Dental Customer Service, we will fax it back to you.
- To use the **Electronic Request Form**: Complete this electronic form directly online. Once it is ready, simply press the “submit” button, and it will come directly to our Dental Customer Service. Once completed and verified by our Dental Customer Service, we will e-mail the information back to you.

Additional Notes: Following a confirmation of coverage, you may find that a member's account was canceled and your claim rejected. Although such occurrences are not common, this type of situation arises occasionally.

Employer groups are responsible for giving HMSA updated employee membership information on a monthly basis. However, there are occasions when this information is received late, or when an employer wishes to cancel an employee's coverage retroactive to the date he or she left employment. For this reason, we ask you to understand that the eligibility information our Dental Associates provide you is accurate on the date it is given, and may be subject to change.

If you do not have access to the internet, another way to verify eligibility for a specific patient is to use your touch-tone phone to access HMSA's membership records through Membership Connection. Note: We recommend this method only if you do not have access to internet access.

Membership Connection

Membership Connection - HMSA's membership verification system - allows you extended access hours to confirm HMSA membership and coverage quickly and easily 24 hours a day, seven days a week. All you need is a touch-tone phone, your HMSA provider number or your NPI provider number, your patient's HMSA member ID number and your patient's birth month, day and year. Follow these simple instructions:

1. **Call 948-6244** on Oahu or **1 (800) 552-8507** from the Neighbor Islands.
2. Enter your HMSA provider number or NPI provider number.

NPI Provider Number – enter your complete 10-digit numeric NPI provider number followed by the # symbol.

HMSA Provider Number

(a) First, delete the two leading zeros.

(b) If your provider number begins with an alphabetic character, use the chart below to convert the alphabetic character into numbers.

A = *21 B = *22 C = *23 D = *31 E = *32 F = *33 G = *41

H = *42 I = *43 J = *51 K = *52 L = *53 M = *61 N = *62

O = *63 P = *71 Q = *11 R = *72 S = *73 T = *81 U = *82

V = *83 W = *91 X = *92 Y = *93 Z = *13

(c) Finally, enter the number in the following sequence:

Enter the number **or** numeric equivalent of the first character, followed by the # symbol. Then, enter remaining seven digits, followed by the # symbol.

Examples:

For provider number 00A001234-0, you will enter:

* 2 1 # 0 0 1 2 3 4 0 #

For provider number 000021959-3, you will enter:

0 # 0 2 1 9 5 9 3 #

3. Enter your patient's member ID number

(a) First, delete the first three alphabetic characters (e.g., XLA, XLP) and the leading zeros from the member ID number.

(b) Then convert the next alphabetic character into numbers using the chart above.

(c) Finally, enter the remaining numeric characters followed by the # sign.

Example:

For member ID number XLAR000012345678, you will enter:

* 7 2 1 2 3 4 5 6 7 8 #

4. Enter your patient's birth date. Include the complete month, day and full year of birth, using all eight digits. For months and days with one digit, include a leading zero.

Example:

For a patient whose birth date is June 9, 1962, you will enter:

0 6 0 9 1 9 6 2 #

5. Listen for the patient's name. If it is correct, **press 1**. If it is not your patient, **press 2**.

6. Select the appropriate type of coverage: 4# for Dental

7. Listen for the coverage verification message. If your patient is active, you will hear the following information:

HMO members Coverage code, plan type, health center and earliest continuous effective date

PPO members Coverage code and earliest continuous effective date

(a) If your patient's coverage cancelled within the last year, Membership Connection will provide the cancellation date.

(b) If your patient does not have a specific type of coverage (e.g., Dental) Membership Connection will provide this information.

(c) If your patient is enrolled under a COBRA account, Membership Connection will provide this information.

8. Finally, enter:

1 #to inquire about another type of coverage (e.g., drug, vision) for the same member

2 #to verify coverage for a different member

9 #to end your call

NOTES:

Be sure to enter the # symbol after each entry. This will speed recognition of your data and take you to the next question.

If you make an error while entering the provider number, member ID number or birthdate, enter * * #. This will return you to the beginning of the question you are currently answering.

Pre-certification

Pre-Treatment Estimates

What is a pre-treatment estimate?

A pre-treatment estimate tells how we will process a claim based on the Member's benefits at the time of processing. **A pre-treatment estimate is not a guarantee of payment.** It is designed to determine:

- If a service is a covered benefit under the Member's plan
- If the procedure meets our utilization review guidelines and dental policy
- If there are any time limits on a procedure
- What the projected estimated payment will be for the procedure.

How to submit a pre-treatment estimate (PTE)

Complete the most current version of the *ADA Dental Claim Form* as if you were submitting an actual claim for services. **Do not enter a date of service on the claim.** Remember to:

- Enter an "X" in Box 1 of the claim form next to "Dentist's pre-treatment estimate."
- List only the services to be included in the PTE.
- Send the pre-treatment estimate electronically. Paper requests can be sent to:

HMSA Dental
P. O. Box 1187
Elk Grove Village, IL 60009-1187

- Submit required attachments as needed. All radiograph attachments that you send that are not marked “Return” will not be returned.

How we respond to pre-treatment estimate (PTE) requests

Our Claims Processing team reviews pre-treatment estimate requests. Once we process a Pre-Treatment Estimate, we will respond via mail your Pre-Treatment Estimate, and will notify both you and your patient of all approvals or denials.

This information is also available to you and your patient on our MDIM provider and member website.

If you previously submitted via pre-treatment estimate request

- Resending your original electronic pretreatment estimate. Be sure to include the dates of service.
- Mailing the paper pretreatment estimate with the date of service filled in to:

HMSA Dental Services
P.O. Box 100135
Columbia, SC 29202

If you have not submitted a pre-treatment estimate request, you should submit a claim by:

- Submitting the claim to us electronically, using your practice management system.
- Mailing a paper claim to:

HMSA Dental
P. O. Box 1187
Elk Grove Village, IL 60009-1187

- Faxing claim to Tesia Fax at: (888) 255-0876

Referring Dentists

Whenever possible, please refer HMSA members to other participating dentists and dental specialists. Your referrals to participating providers ensure that your patients will receive the maximum benefit from their plans while controlling their out-of-pocket costs. When HMSA members receive services from participating dentists, they owe the applicable plan copayment; the dentist will accept HMSA eligible charge as payment in full. When HMSA members receive services from nonparticipating dentists, they owe the applicable plan copayment (which may be

higher than if the services were rendered by a participating dentist) and any charges in excess of the eligible charge.

A participating dentist is not responsible for referring a patient to another participating dentist if a suitable dentist is not available or if the member elects to receive services from a nonparticipating dentist.

Services Rendered for Referred HMO Members

The HMO member must have a referral from his or her dental center to receive benefits for any HMO services rendered outside of that dental center.

Federal Employee Program (FEP)

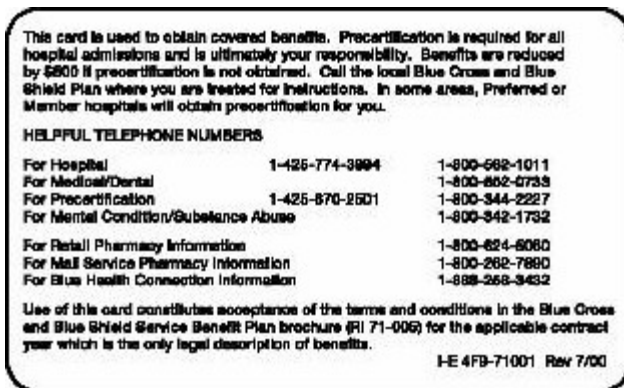
The Federal Employee Program (FEP) is a nationwide Federal Employees Health Benefits program administered through the local Blue Cross and Blue Shield Association. This program should NOT be confused with HMSA's Federal Employees Health Benefits (FEHB) program (coverage code 87). The FEP membership card is identified by coverage codes 104 and 105 for the Standard Option and 111 and 112 for the Basic Option.

Providers should always verify member eligibility via HHIN or by calling the FEP Customer Service Center at (808) 948-6281 on Oahu or 1 (800) 966-6198 toll-free on the Neighbor Islands.

Sample FEP member ID card - Standard Option (Front)



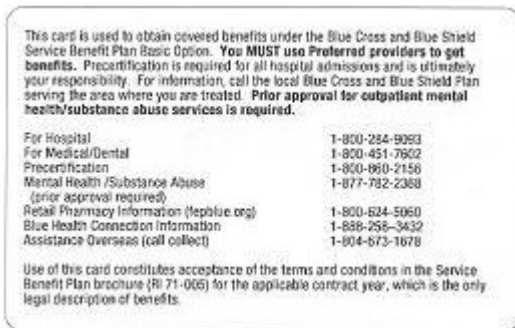
Sample FEP member ID card - Standard Option (Back)



Sample FEP member ID card - Basic Option (Front)



Sample FEP member ID card - Basic Option (Back)



Claims Filing Information

For FEP members, claims should be submitted in the state where services were provided. FEP membership ID numbers begin with the letter “R” followed by 8 digits with NO leading zeros (e.g., R12345678 etc.) and are stored and accessed via a different system than the HMSA private business plans. Please include your HMSA Provider number on the claim form.

The Preferred Provider for FEP members in Hawaii is Hawaii Family Dental Center.

Claims should be submitted on a CMS 1500 claim form to:

HMSA - FEP
P.O. Box 1346
Honolulu, HI 96807-1346

Information on eligibility, benefits, and claims status is available on HHIN or by calling the FEP Customer Service Center at (808) 948-6281 on Oahu or 1 (800) 966-6198 toll-free on the Neighbor Islands.