We have a winner!

Every year we have a drawing and out of almost 800 entries, our winner this year was Carrie Garner from Dr. R. Marlin Kay’s office in Yelm, Washington. Carrie received a DVD player and a home-movie night package. Congratulations Carrie! Thank you to everyone who participated!

If you missed us at this year’s conference, and would like to meet with your designated Premera Provider Network staff member, please call us at 1-877-342-5258, option 4, then 1. We look forward to seeing you next year!
Network Administration Updates

When a new associate dentist joins your office, contracting and credentialing your new associate provides the following advantages:

- increases your visibility in our online and paper directories
- results in consistent billing and payment for your group or partnership at your office
- reduces enrollee confusion when all your dentists and specialty dentists are listed
- preserves patient relationships.

If you need an additional dentist listed in the network, call Physician and Provider Relations at 1-877-342-5258, option 4, then 1. You can call also call this number for:

- contracting questions
- fee schedule information
- practice/dentist profile and updates (e.g. address or tax identification changes)
- new dentist joining or leaving practice.

Service Resources

Provider Relations is available to quickly handle your requests and help resolve non-claim issues. They can assist you with:

- Address and telephone number changes
- Clinic additions or changes
- Tax ID number updates
- OneHealthPort information & registration
- Directory and document copy requests

Each contracted dentist is also assigned a Provider Network Executive (PNE) and Provider Network Associate (PNA). They are available to assist you by phone, or in person at your office. Functions include:

- Facilitating your interactions with Premera
- Acting as a liaison for your office
- Policies and procedures
- Contracting

To reach Provider Network Representative, Executive or Associate, call 1-877-342-5258 and select option 1, and then their four-digit extension.
Benefit Advisories and Pre-Determinations: An Overview

Benefit Advisories and Pre-Determinations let providers and patients inquire ahead of time about benefit coverage. We have included definitions about each of these below.

What is a Pre-Determination?

A Pre-Determination includes services that are covered under the member’s Premera Dental plan and processed using the American Dental Association’s (ADA) codes. After submitting a Pre-Determination request, you, the provider, and the member will both be provided with an Explanation of Benefits (EOB). The EOB will show the submitted codes and the allowed codes.

Non accident-related inlays, onlays, crowns, and bridgework are all examples of when a Pre-Determination may be beneficial.

What is a Benefit Advisory?

A Benefit Advisory lets providers and patients ask ahead of time about eligibility and coverage. After submitting a request for a Benefit Advisory, the provider will receive a letter instead of an Explanation of Benefits (EOB).

Examples of a Benefit Advisory may include but are not limited to the diagnosis of TMJ, Orthognathic Surgery and mouth/jaw-related services not related to the teeth. (Dental Accident Reviews that involve repair to the teeth can either be handled as a Benefit Advisory or a Pre-Determination depending upon the members’ benefits. In either case, the request should be submitted with ADA codes including the tooth numbers if appropriate and applicable).

Premera does not require dental Pre-Determination or Benefit Advisories. However, using these options can help give both providers and patients’ financial peace of mind. While a Pre-Determination or Benefit Advisory is not a guarantee of payment as services are subject to eligibility and benefits at the time of service, both of these options provide a better understanding of what benefits might be available.

Please Remember

Before submitting a Benefit Advisory, please contact Premera’s Customer Service Department to verify that the plan includes the benefits requested or whether the plan provides benefits for the proposed service such as TMJ surgery, or a Facility/Anesthesia request. A plan may not cover these services regardless of the medical necessity. If a requested service is determined to be not dentally necessary, that decision can only be determined by a Premera Blue Cross Blue Shield of Alaska consultant who is a licensed dental provider.
Please post or circulate this newsletter in your office

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Back issues of Network News are on our Web site at www.premera.com in the Library on the Provider page under “Communications.”