

Premera Blue Cross Blue Shield of Alaska Dental Provider Reference Manual

Chapter 3: Credentialing and Contracting

becoming a Participating Dentist

Prior to becoming a member of our dental network, a dentist must first successfully complete the credentialing process. The majority of our dentists complete the credentialing process within 60 days or less.

We ask new dentists applying to participate with us to complete an online ProviderSource™ application as part of our credentialing process. Prior to completing an application, contact Physician and Provider Relations at 800-722-4714, option 4, to discuss any additional contract requirements.

ProviderSource™ is our preferred method for receiving provider credentialing information. ProviderSource is an easy-to-use online portal to a statewide system for centralized collection, verification, and distribution of all credentialing data. Please visit the [ProviderSource page on OneHealthPort](#) to learn more about the application and what is required to use it. The ProviderSource web page provides information about the credentialing application process, such as training materials and videos, an extensive credentialing FAQ, feedback on ProviderSource, and much more. (If you don't have time for full data entry and review, visit [ProviderSource Credentialing Assistance Services](#) to learn more about their services, available through Medversant for a nominal fee.)

Once the ProviderSource application is completed and fully attested to, the dentist should notify Physician and Provider Relations at 800-722-4714, option 4, or through ProviderSource's notification form. Next, the dentist must be credentialed by us and sign our Participating Dental Provider Contract to participate in our network.

Credentialing Process

We review each dentist with whom we contract. Prior to initial contracting, the dentist is reviewed to verify the following:

- Current copy of valid state professional license
- Current primary admitting facility or written coverage plan if no admitting privileges (if applicable)
- Current copy of valid Drug Enforcement Agency (DEA) certificate, for the state in which they are practicing, as applicable
- Board certification/education, as applicable
- Work history (most recent five years) must be in mm/yyyy format
- Current copy of adequate malpractice insurance face sheet for the contracted location(s) (also known as Professional Liability or Certificate of Liability Insurance)
- Responses to professional questions (see application)
- Attestation and release by the dentist

Next, the dentist must be credentialed by us and sign a contract to participate in our network. A submitted application is not a guarantee of participation.

As part of the credentialing process, we contact the issuing source or a recognized source when verifying the information presented in the application. This is called “Primary Source Verification” of credentials. We do this using a variety of recognized sources such as:

- Licensure—via state licensing agency
- National Practitioner Data Bank (NPDB)

Re-credentialing

To maintain quality standards, we re-credential established dentists every three years.

Credentialing Standards for Our Plans

Credentialing standards are those criteria that all participating dentists must meet and maintain to begin or continue to participate in our health plans. Credentialing decisions are made by a Credentialing Committee.

Locum Tenens

A *locum tenens* dentist is one who is temporarily working (not to exceed a time period of 90 continuous days) on behalf of a contracted dentist. A dentist(s) joining a group/clinic is not a *locum tenens* and is required to complete credentialing prior to seeing enrollees under the terms of the contract(s).

Definitions for Credentialing Purposes

Practitioner: An individual who provides professional healthcare services and is licensed, certified, or registered by the state in which the services are performed.

Provider: An organization that provides healthcare services such as hospitals, home health agencies, skilled nursing facilities, surgical centers and behavioral health facilities, and is licensed by the state in which services are performed.

Practitioner/ Provider Credentialing Notifications

Practitioner/Provider Right to Review Credentialing File

A Practitioner/Provider has the right to review their credentialing file by notifying the Credentialing Department and requesting an appointment to review their file. Allow up to seven days to coordinate schedules. Contact Physician and Provider Relations at 800-722-4714, option 4.

Practitioner/Provider Right to Correct Erroneous Information

A Practitioner/Provider has the right to correct erroneous information. We will notify the Practitioner/Provider in writing in the event that credentialing information obtained from other sources varies from that supplied by the Practitioner/Provider. The Practitioner/Provider must explain the discrepancy, may correct any erroneous information and may provide any proof available.

Practitioner/Provider Right to be Informed of Application Status

Practitioners/Providers have the right upon request to be informed of the status of their credentialing application. Please note that after the initial credentialing process, Practitioners/Providers who are in the recredentialing cycle are considered approved unless otherwise notified. Contact Physician and Provider Relations at 800-722-4714, option 4.

Contracting Process

Healthcare contracting for specific lines of business discussed in this manual occurs **after** our credentialing process is complete. Contracts are signed by the provider and must be counter-signed by us. The newly credentialed and contracted dentist then can render healthcare services to our members and submit claims for payment. If the new dentist is joining a contracted group practice, there may not be a need to sign an individual contract; however, we still require that all dentists be credentialed.

Our Dental Provider Contract

Dentists enter into an agreement with us by signing a Participating Dental Provider Contract, which serves as the core contract for us and our affiliates.

The agreement contains the standard terms that pertain to all plans and products. Per government regulations, our Participating Dental Provider Contract includes specific language and provisions required by the Alaska Division of Insurance (DOI). The contract has been approved for use by the DOI.

Our Health Care Delivery Systems department is responsible for contracting. Questions concerning contracting should be directed towards your assigned Provider Network Executive (PNE) at 800-722-4714, option 4.

Terminating a Contract

We are required by state and federal regulations to ensure that members are appropriately transitioned whenever a dentist contract is terminated.

To ensure continuity of care, the member must be notified and given the opportunity to transfer care to another dentist – **prior to the termination date**. This process applies to all plans and whenever a dentist terminates our contract.

Confidentiality

Confidentiality of a member's information is paramount to us. Our goal is to provide each member with peace of mind that his/her dental history and personal information will remain confidential. All our employees sign a confidentiality statement to that effect.

State and federal regulations protect privacy. Provisions for the protection of an individual's health and financial information, or (protected personal information [PPI]) are included in:

- Patient Bill of Rights (PBR) –state law
- Health Insurance Portability & Accountability Act (HIPAA) – federal law
- Gramm-Leach-Bliley – federal law with state regulations about financial information

For more information, visit one of the following websites:

- hipaaadvisory.com
- healthprivacy.org
- cms.hhs.gov
- wedi.org (electronic data interchange site)

In the Dental Office

Confidentiality is extremely important in all healthcare offices. Federal and state laws require that all dentists maintain patient confidentiality. This obligation also extends to their office staff and any subcontracted entity that provides support services (e.g., billing services).

Each dentist contract with us includes provisions that require confidentiality of a member's personal and medical information. Refer to your Participating Dental Provider Contract for complete details.

Updating Clinic/ Address Changes

Whenever there is a change in practice information (including adding a new location), please provide written notification prior to relocating to ensure no interruption in reimbursement. This will also ensure your practice is listed in our directories accurately. You can also complete the online Contracted Provider Information Change/Update Form, returning the form to Physician and Provider Relations by fax at 425-918-4937 or 509-252-7279 (Western Washington).

Tax ID Number/W-9 Form

New dentists and clinics receive a W-9 form. The Internal Revenue Service requires completion of this form so we can report financials. The W-9 form information must remain current at all times. If you make any change that affects the information on your W-9, you will need to complete another form immediately and send it to Physician and Provider Relations.

Updating Your Directory Listing

To ensure accuracy, we invite you to confirm your practice information. If you notice an inaccuracy, or if you need to update your directory listing, contact Physician and Provider Relations at 800-722-4714, option 4.