Refund Requests: Why they happen and how you can reduce them

Why do refunds happen?
The main reason for refund requests is due to employer groups needing sufficient time to submit their enrollment changes.

Examples by employer contract:
• Large employer groups have up to 120 days to send in employee termination requests
• Small employer groups have up to 60 days to send in employee termination requests
• The State of Arizona is an exception to the two groups above, and they may take up to 6 months to submit their employee termination reports

How do we protect our providers?
In the first 2 examples above we are able to go to the group and change the term dates based on services rendered. In the third example the group does not allow us to do so, they hold firm to the fact that the employee should have known that they were no longer employed and benefits were terminated. This fact means that over 75% of all Delta Dental of Arizona enrollee changes do not result in a refund request.

How can you reduce refund requests?
Though it may be a common practice in many offices, it is good practice to ask some simple questions of your patients that may help reduce your refund requests.

1) Is your insurance still provided by "company name" with the same insurance coverage?
   a. If employment was terminated, they may have new insurance
   b. If it is open enrollment time, they may have changed their coverage elections

2) If not, do you have new dental insurance coverage or have you elected COBRA dental?

DID YOU KNOW?
• Last year DDAZ paid out $110 million in claims and only 0.33% resulted in refund requests.
• According to Arizona Revised Statutes (A.R.S.) 20-310(I), DDAZ has one year to request an adjustment of payment for a claim.
• For Administrative Services Only (ASO) groups, numerous reported decisions have permitted ERISA plans and fiduciaries to recover over paid benefits made to or on behalf of plan participants and beneficiaries. For example, plan participants or beneficiaries may obtain benefits improperly through misrepresentation or fraud, or benefits may be paid by mistake.
• Employers expect Delta Dental to make a diligent effort to recover any payment made to or on behalf of an ineligible person or any overpayment.

Unfortunately, all refund requests are not avoidable. However if you follow the few suggestions above, you may save your office some time and money.
**Premier vs. PPO; What is the difference?**

Delta Premier - This is Delta Dental's original fee-for-service program. Dentists sign a contract and submit their UCR fees and the claims are three-way priced based on dentists filed fees, the submitted amounts or the maximum plan allowance of the state where the dentist practices and they agree to accept the approved amounts and not charge the patient the difference for all Delta Dental plan members.

Filed Fees - These are the fees that you have submitted on your contract and should be your Usual and Customary fees. These fees should be submitted for all procedures regardless of the patient's benefits or Delta Dental plan your patients may have.

Delta Dental PPO - This is a discounted flat fee schedule program. Dentists sign a contract to participate and agree to accept the amount of the PPO Fee schedule as payment in full. Dentists must be a Delta Premier provider. If a Premier dentist does not participate with the PPO, the patient will be responsible for the difference between the PPO fees and the Premier approved amounts. Some groups require that their PPO members see only a contracted PPO dentist for any benefit to be paid.

Reminder...Please call our professional Relations Team if you have any questions or concerns. We offer one on one office training or large group training. We can help you and your staff avoid any frustration or confusion regarding your Delta Dental Plan.

**Preying on Your Patients, Medical/Dental Identity Theft**

Identity theft in the health care field is a growing concern. A thief can tap a person's Dental insurance information to get care or make false claims. Potentially altering the course of treatment if not caught. A lost or stolen wallet with health insurance card or other personal information can set the stage for fraud. The victim often does not realize that they have a problem until they receive their insurer’s explanation of benefits for services they never received. Last year, 82% of identity theft victims discovered the problem when collection companies start calling for charges they did not incur. Individually we all need to be alert to unauthorized charges on our insurer’s explanation of benefits (EOB) or request for changes to other personal information i.e. address change. As a Heath Care provider, another layer of protection for not only your patient but for your practice would be to start asking your patients to authenticate their identity by showing their drivers license or other photo ID at the time of service.

**DDAZ Now Offers:**

Are You Protected From Identity Theft?

Identity theft affected more than 8 million people last year – that’s a victim every 3 seconds. Delta Dental of Arizona takes pride in safeguarding the information you’ve provided, but wants you to be protected everywhere you go. That’s why they’ve partnered with LifeLock®, the industry leader in proactive identity theft protection.

As a Delta Dental of Arizona Provider, you and your office staff can receive LifeLock free for 30 days and a 10% discount. Visit www.lifelock.com or call 1-800-LIFELOCK (543-3562) and use promotion code “DELTADOCC” to enroll today.

Here’s what you get with LifeLock:

- Proactive identity theft protection
- $1 Million Total Service Guarantee
- eRecon™ – Patrols the web for illegal selling of your information
- True Address™ – Notifies you when a change of address is requested on your behalf
- WalletLock™ – Helps cancel & replace the contents of a lost wallet
- Reduced junk mail & credit card offers
- Request free annual credit reports

No payment, no obligation for 30 days. After 30 days, your credit card will automatically be billed. You can cancel at any time without penalty.

**Explanation of Benefit Videos**

To better serve you and your patients, we have created a number of helpful videos to explain some of the procedures referenced on your Explanation of Benefits (EOB) document(s). These brief video explanations can be viewed from our website at: www.deltadentalaz.com. The video topics include:

- Amalgam v. Composite
- Anesthesia
- Attrition
- Benefit Maximum
- Bitewing Limitation
- Cleanings
- Crown Age Limitation
- Crown Cosmetic
- Crown Limitation
- Crown/Amalgam Allowance
- Fixed Bridge
- Fluoride
- Maxillary Partial Denture
- No Benefit Available
- Oral Evaluation
- Pano Limitation
- Perio Scaling
- Prosthetic Appliances
- Restoration Repair/Replace
- Sealants
- Space Maintainer
- Surface Coverage
- Topical Fluoride Application
- Waiting Periods
- X-Rays

**Dentist Direct Phone Numbers:**

Toll free: 866-746-1834  •  Local: 602-588-3982
Press 1 - Faxback of eligibility & benefit information
Press 2 - Automated claim information
Press 5 - DDS contracts/appeals - Professional Relations
Press 6 - Claims status/benefits/eligibility - Customer Service
Direct Deposit; Get Your Green Faster by Going Green!
Sign up now for Delta Dental of Arizona’s Electronic Funds Transfer (EFT) service

What is EFT? EFT is an electronic funds transfer service sponsored by Delta Dental of Arizona (DDAZ) that allows DDAZ to directly deposit your claims checks into your bank account. This service is provided at no cost to providers and all are eligible.

How does EFT work? When you submit a claim to DDAZ, the claim is then entered into DDAZ’s claims processing system. On Wednesday of each week that you have claims payment dollars due to you, your monies for those claims paid, are automatically deposited into your bank account and your EOP’s are either faxed or an email confirmation is sent to you depending on the method you chose when signing up for EFT.

Benefits of EFT?
- Increase staff productivity – We recognize that time is short and gas prices are high. No longer will you have to wait in line at the bank or rush to get to the lobby before it closes. The less time you or your office staff spends at the bank, the more time you will have to dedicate to your dental practice.
- Reduce the risk of theft or fraud – Whether it is mail theft or embezzlement, direct deposit provides greater assurance/accountability for funds. Arizona ranks first in mail theft and surveys show that 35% of your colleagues have been the victims of embezzling and 17% of them more than once.
- Predictable cash flow – Know exactly when your funds from Delta Dental of Arizona will be in your bank account. No longer worry about mail delays or trying to make it to the bank in time for a deposit.
- Get paid faster!

More manageable Explanations of Payment (only available on the website) – Now you can sort the information by subscriber name or number, by dentist and subscriber name or by dentist and subscriber number.

Sign up today by calling our Professional Relations Department at 602-938-3131 or 800-352-6132 Option #5 or visit www.deltadentalaz.com. Don’t forget, we are available to do on-site training!

EFT – No fuss. No worries.
Just one more way Delta Dental of Arizona is making your life easier.

Help Your Patients Understand the Appeals Process

The dentist or patient has the right to appeal any denied procedure. However, there are some things you should know that will help your patients understand their group contracts and the appeals process. There are two types of denied procedures that are defined below.

Clinical - procedures that are subject to consultant review and are denied if the processing policies criteria are not met.

Contractual - procedures that are denied in accordance with the group contract
- Time limitations (example: one crown in a five year period)
- Frequency limitations (example: two cleanings per benefit period)
- Exclusions - procedures not covered by the group contract, procedures performed before the waiting period, etc.

IMPORTANT: Procedures denied based on contractual limitations and exclusions are not subject to consultant review and must be upheld in accordance with the group contract.

Verifying eligibility and benefits before treatment is performed, helps to inform your patient about what procedures will be covered or denied. You can request a printout by calling the FaxBack system at 602-588-3982, option 1. This will automatically send complete benefits and eligibility information to your fax number.

You may also get detailed benefit plan information by going to www.deltadentalaz.com. For other Delta Dental plans, go to www.deltadental.com and use the “Find a Delta Dental Member Company” from the Dentist home page.

DDAZ Welcomes More Than 21,000 New Members
01/01/09 Freeport McMoran - 10,000 employes (6900 in AZ)
01/01/09 Uhaul - 8,800 employees (1550 in AZ)
01/01/09 Standard Aero - 2,400 employees
10/01/08 Chas Roberts - 600
DDAZ Welcomes Our New Groups

Delta Dental of Arizona
5656 W. Talavi Blvd.
Glendale, AZ 85306

New DDAZ Products

CheckUp Plus:
New option promotes wellness

CheckUp Plus is a new option for Delta Dental of Arizona groups that enables enrollees to obtain diagnostic and preventive dental services without those costs applying to their plan year individual annual maximum. CheckUp Plus promotes regular visits to the dentist for exams and cleanings, and leaves more money available for other dental procedures. Preventive care can save costs over the long-term by reducing the need for more expensive services. With the growing body of evidence showing the links between oral health and overall health, CheckUp Plus is an easy way to promote wellness among employees. It’s simple and easy to understand.

What services are included?
All services listed under the diagnostic and preventive services of your plan are included in CheckUp Plus. This includes examinations, routine x-rays and cleanings. Sealants are also included if they are part of your plan’s diagnostic and preventive category, along with any other services that are in that category.

High Deductible/High Maximum:
More choices offer greater flexibility

The High Deductible/High Maximum plan provides comprehensive benefits at a cost effective premium. Adding the opportunity to leverage the tax advantage of an HSA or FSA to fund annual deductible and/or any out of pocket expense provides a consumer driven element to the plan. This offers a variety of flexibility that is not always available on a standard group dental plan.

• Diagnostic and Preventive benefits are covered at 100% (deductible does not apply to these services).
• Choosing higher deductibles lowers the premium. When combined with an HSA/FSA plan, it provides employees more funding choices while often lowering the overall cost of the plan for employers.
• For those who may need more extensive work, the high annual benefit maximum allows employees to receive the necessary dental treatments throughout their benefit year.

Employer Benefits

• Lower monthly premium with the ability to provide a greater contribution
• Consumer driven elements which may lower overall claims cost and plan related expenses
• Can be offered as a standalone offering or as a compliment to a more traditional plan

To view previous Newsletters please visit: www.deltadentalaz.com