UnitedHealthcare Dental will launch its own channel within UHC On Air - your source for live and on-demand video broadcasts created specifically for UnitedHealthcare Dental providers. Find in-depth program information and meaningful updates 24/7 when logging into the UHC Dental provider portal from any device.

Get instant, on-demand access to UHC On Air content you want as a provider:

- Educational video resources
- Interactive provider training materials
- Content specifically for onboarding new dentists
- Up-to-date operational and clinical policy information
- Market-specific programs
- Provider advocate profiles

A virtual one-stop shop for your online dental education needs!
clinical updates

Sealants.

In a landmark 2016 paper promoting the use of sealant and school-based sealant programs, the Centers for Disease Control and Prevention noted that “although the overall number of children with sealants has increased over time, low-income children are 20% less likely to have them and 2 times more likely to have untreated cavities than higher-income children.” The CDC goes on to note that “low income children without sealants have 60% more cavities than higher-income children.”

The American Dental Association in its introduction to its evidence-based review, “Sealants for Preventing and Arresting Pit-and-Fissure Occlusal Caries in Primary and Permanent Molars” notes that “National Health and Nutrition Examination Survey 2011-2012 data indicated that, in the United States, nearly one-fourth of children and over one-half of adolescents experienced dental carious lesions in their permanent teeth. Indeed, the caries that are found in the adolescent population are represented disproportionately in the pits and fissures of teeth compared with the smooth surfaces. Fluorides and other caries preventive approaches (for example, mechanical plaque control) seem to be less effective for preventing carious lesions in pit-and-fissure surfaces compared with smooth surfaces. Pit-and-fissure sealants, or simply sealants, were developed to help manage these sites of dental stagnation that are resistant to other therapeutic approaches and contribute to a significant portion of caries disease burden in the population. Sealants are an underused therapy; only 30% of children 6 to 8 years old have at least 1 dental sealant.”

Sealants are extremely effective in the long-term reduction of pit and fissure caries, and studies have show sealants to reduce the incidence of caries by as much as 50%. The ADA notes that “pit-and-fissure sealants are underused, particularly among those at high risk of experiencing caries; that population includes children in lower income and certain racial and ethnic groups.” Yet reviews of practice patterns throughout UnitedHealthcare’s family of dental plans reveal that sealants are consistently under utilized, a trend in keeping with findings both in the dental benefits industry and dental public health. For instance, as one of its goals, Healthy People 2020 is looking to bring the sealant rate up to 10% from the baseline of 25.5% to 28.1%.

Sealants are most effective for patients at high or moderate risk of developing carious lesions. Because treatment recommendations are increasingly tied to risk, a patient’s risk status is always be a consideration and will likely change over time. Common risk factors include a recent history of caries, poor family dental health, poor oral hygiene, suboptimal fluoride exposure, low salivary flow (Xerostomia), developmental or acquired enamel defects, genetic abnormality of teeth, many large dental restorations, irregular dental care, cariogenic diet, active orthodontic treatment, low socioeconomic status, and physical or mental disability with inability or unavailability of performing proper oral health care.

The efficacy of sealants has been demonstrated in numerous studies over many years, below is a summary of key recent findings:

- Placement of resin-based sealants on the permanent molars of children and adolescents is effective for caries reduction.
- Children and adolescents who receive sealants in sound occlusal surfaces or non-cavitated pit-and-fissure carious lesions in their primary or permanent molars (compared with a control without sealants) experienced a 76% reduction in the risk of developing new carious lesions after 2 years of follow-up
- After 7 or more years of follow-up, children and adolescents with sealants had a caries incidence of 29%, whereas those without sealants had a caries incidence of 74%.
- There is consistent evidence from private dental insurance and Medicaid databases that placement of sealants on first and second permanent molars in children and adolescents is associated with reductions in the subsequent provision of restorative services.
- Evidence from Medicaid claims data for children who were continuously enrolled for four years indicates that sealed permanent molars are less likely to receive restorative treatment, that the time to receiving restorative treatment is later, and that the restorations were less extensive than those in permanent molars that were unsealed.

On the basis of the evidence, the literature suggests that Sealants should be placed in children and adolescents on any pit and fissure permanent first and second molar teeth when it is determined that the individual or tooth surface is at moderate or high risk for caries.

Dental professionals are strongly encouraged to consider placing sealants on first and second molars, particularly for those children at risk, and to talk with parents and other caregivers about sealants, and how, along with other preventive services such as regular examinations, prophylaxis and fluoride applications, in combination with good home care and nutrition, sealants can lead to a lifetime of good dental and overall health.

Prepared by:
Michael D. Weitzner, DMD, MS
VP Clinical Government Programs

Sources
1 Centers for Disease Control and Prevention, “Dental Sealants Prevent Cavities: Effective Protection for Children”, Centers for Disease Control and Prevention, 2016
2 National Institutes of Health, “Healthy People 2020”, Office of Health Promotion and Disease Prevention
doing business together
Network Advancement

Simplify the credentialing process with ADA®
Credentialing Service, powered by CAQH ProView®.

American Dental Association (ADA) and CAQH ProView team up to simplify the credentialing process for dentists.
The ADA credentialing service, powered by CAQH ProView, is making it easier to submit and maintain your professional information in one central place for credentialing and other business needs. Your information will be accessible to you and the participating organizations you choose. And it’s FREE to dentists.

- All U.S. practicing dentists, ADA members and non-members, visit ADA.org/godigital to log in.
- Once there, update your ADA account, or go directly to the credentialing login page.
- Complete your CAQH ProView professional profile, submit your supporting documents electronically and attest to their accuracy.
- Choose UnitedHealthcare/Dental Benefit Providers to access your information.
- Come back to one place to stay current: update any information in your profile that has changed or expired, and then attest.

Ready to get started?

Go to ADA.org/godigital to start now.
If you are new to CAQH ProView, when you start the application process, you will notice that several data fields are pre-populated with information we already have in our membership database — this will save you time!

Having trouble logging in or have other questions? Contact the ADA Member Service Center at 1-800-621-8099, Monday – Friday: 8:30 a.m. to 5 p.m. (CT) or via email at msc@ada.org.

Go digital! Spend less time with paper and more time with your patients.

Less paperwork. One solution. Countless hours saved.

Dentists already using CAQH ProView.
Dentists already using CAQH ProView can continue using the system with no interruption in service. Remember the following items to ensure timely credentialing:
1. Make the selection to add UnitedHealthcare/Dental Benefit Providers, authorizing access to your information.
2. Ensure all of your information, along with ID(s) and address/phone is current.
3. Confirm that you have updated all your documents required for credentialing (malpractice insurance, license, CDS and DEA).

Have questions about CAQH ProView? Contact the CAQH ProView Help Desk at 1-888-599-1771, Monday–Thursday: 7 a.m.–9 p.m. (ET) and Friday: 7 a.m.–7 p.m. (ET).
Or contact UnitedHealthcare Provider Services toll-free at 1-800-822-5353.
UnitedHealthcare is partnering with MediGold to offer Medicare plans effective January 1, 2020. The projected membership is 50,000 members in Ohio and Idaho.

MediGold offers three plan designs summarized in the table below. Covered services are paid at 100% of your Medicare contracted fees. Non-covered services are paid by the member at your usual and customary fees.

**MediGold Plans**

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>States</th>
<th>Annual Max</th>
<th>Covered Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>MediGold Preventive Dental</td>
<td>Ohio and Idaho</td>
<td>N/A</td>
<td>Select Preventive &amp; Diagnostic</td>
</tr>
<tr>
<td>MediGold Optional Supplemental Dental</td>
<td>Ohio and Idaho</td>
<td>$1,000</td>
<td>Select Preventive, Diagnostic, Restorative, Endodontic, Periodontic, and Oral Surgery</td>
</tr>
<tr>
<td>MediGold PPO Optional Supplemental Dental</td>
<td>Ohio</td>
<td>$1,000</td>
<td></td>
</tr>
</tbody>
</table>

OptumHealth Allies® and UnitedHealth Allies® discount program.

UnitedHealthcare has made the decision to decommission the Health Discounts program, also known as OptumHealth Allies® and UnitedHealth Allies®, effective December 31, 2019.

If you have any questions regarding OptumHealth Allies, contact the UnitedHealthcare Dental Benefit Providers Customer Service team at 1-877-441-4458.
doing business together

Regulatory Adherence

Connecticut.

CT Appointment Wait Times
In the Provider Manual posted on UHCdental.com, there is a requirement which outlines the Appointment Availability Requirements for Connecticut:

10.1. A Appointment Availability Requirements for Connecticut
Effective immediately, all PPO Providers in Connecticut are required to follow the appointment availability standards:

- Urgent appointments wait times occur within 48 hours.
- Non-urgent appointments for primary care (general dentist) occur within 10 business days.
- Non-urgent appointments for specialist care occur within 15 business days.

All Connecticut providers are required to employ an answering service or a telephone answering machine during non-business hours, which provides instructions on how plan enrollees may obtain urgent or emergency care when applicable, how to contact another provider who has agreed to be on call to triage or screen by phone, or if needed deliver urgent or emergency care. We will be conducting a random survey requesting the actual measures.

CT Emergency Services After-Hours:
In the Provider Manual that is posted on UHCdental.com, there is a requirement which outlines Scheduling Standards and Emergency Care:

Section 10: Practice Capacity & Appointment Scheduling Standards
UnitedHealthcare is committed to ensuring that its providers are accessible and available to their members for the full range of services specified in the UnitedHealthcare Provider Agreement and Provider Manual.

Participating providers must comply with any state-mandated appointment scheduling requirements for Emergency Care as well as Elective or Routine Care Appointments.

10.2 Emergency Coverage
All network dental providers are required to be available to members during normal business hours. Providers will offer members access to emergency care 24 hours a day, seven days a week, through their practice or through other resources (such as another practice or a local emergency care facility). The out-of-office greeting must instruct callers what to do to obtain services after business hours and on weekends, particularly in the case of an emergency.

UnitedHealthcare conducts periodic surveys to ensure that access and availability standards for members are in compliance with state requirements and UnitedHealthcare standards.

Member Services, Provider Services and Quality Management staff monitor and document all instances of provider unavailability to ensure continuity of care.

Network dentists are required to participate in all activities related to these surveys. Offices out of compliance will be required to submit a corrective action plan to UnitedHealthcare.
The Centers for Medicare and Medicaid Services (CMS) requires that handicap accessibility information be collected to ensure compliance with the Americans with Disabilities Act (ADA). This completed survey will also help us better serve our providers and members. The purpose of this accessibility survey is to determine whether or not a provider’s office has access barriers for people with a variety of disabilities. Reviewing offices for accessibility is one of the most effective ways UnitedHealthcare/Dental Benefit Providers can ensure that our providers comply with the American Disabilities Act (ADA).

The ADA survey has questions related to the following categories, which can include sub-categories:

- **P** = Parking
- **IB** = Interior Building
- **E** = Exam Room
- **EL** = Elevator
- **EB** = Exterior Building
- **R** = Restroom
- **RA** = Ramp
- **BE** = Building Entrance

It is important that you and your staff understand there are no wrong answers to the accessibility section of this survey. Please choose the answer (Yes, No, or Not Applicable) which best describes your office handicap accessibility as it relates to parking, exterior route, ramps, building entrance, interior route, elevators, restrooms, exam rooms and other. Your responses to this section will help us to better serve our members.

---

**Dental Fun Facts.**

- Giraffes only have bottom teeth.
- The elephant grinds its molars and grows new ones. This happens six times in a lifetime!
- An elephant’s molar is about 7 inches square and can weigh over 6 pounds
- The Blue Whale is the largest mammal on earth, but it eats only tiny shrimp because it has no teeth.
- The Crocodile Bird flies into the open mouth of a crocodile and cleans the crocodile’s teeth!
CAHPS and HOS Surveys – What are they?

Consumer Assessment of Healthcare Providers and Systems (CAHPS®):

Each year, the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey gathers feedback from health plan members to better understand their overall health care experience. The survey results are then used by health plans and care providers to find ways to better serve patients and help them live healthier lives.

**How does CAHPS work?**

From February through June, CAHPS surveys are sent to a random sample of health plan members. The survey is managed by the U.S. Department of Health and Human Services Agency of Healthcare Research and Quality, and administered by vendors certified by the National Committee for Quality Assurance (NCQA) and the Centers for Medicare & Medicaid Services (CMS). Consumer participation in the survey is voluntary.

**What is the value of the CAHPS survey?**

UnitedHealthcare reviews the survey results closely every year. The information we learn is applied to our work with care providers and other health care partners. Together, our goal is to help drive quality improvements while enhancing the patient experience. While much of this survey is based on a member’s medical experience, dental results are also factored into questions involving:

- Appointment times with specialists and access to care
- Urgent care
- Quality of care
- Care coordination
- Review of prescriptions being taken by the patient

**How can I help improve a patient’s experience?**

The following are some ideas to try, if you aren’t already doing them.

1. **Make a personal connection.**
   Everyone in your office has an important role to play in creating a great health care experience for your patients. A smile at the front desk or a quick “How are you doing?” can make a big difference.

2. **Make it easy.**
   To help your patients get the care they need, consider extending office hours and providing multiple services during a single visit. Verify patient contact information and submit prior authorizations when they’re in the office, if possible.

3. **Pick the right care provider.**
   Help patients get care more quickly by connecting them with the right care provider for their needs at that time, whether it’s a specialty dentist, oral surgeon or a referral to a medical doctor/hospital.

4. **Watch the wait times.**
   Shorten wait times by limiting the number of same-time appointments. Approach a waiting patient every 10 minutes or so to let them know they haven’t been forgotten.

5. **Be a good host.**
   When a patient arrives, make sure you greet them. If there’s a long wait, apologize and explain the reason for the delay. Provide options that may include rescheduling. Remember the customer service you appreciate – treat each patient the way you’d like a loved one to be treated.

For more information about the CAHPS survey, please visit [cahps.ahrq.gov](http://cahps.ahrq.gov).

Health Outcomes Survey (HOS)

The Centers for Medicare & Medicaid Services (CMS) conducts the Health Outcomes Survey (HOS) annually. The survey includes: 1) a baseline survey and 2) a follow-up survey. Both surveys evaluate the care that Medicare Advantage plan members receive. The follow-up survey is for members who participated in the baseline survey two years prior. It includes questions about several quality measures. HOS results are dependent on respondents’ answers and their memory of discussions with you.

To help you frame your conversations at every visit, we’ve included suggested tips and best practices that can address the purpose of each survey question. While this survey is largely medically focused, Dentists can assist by ensuring that patients are not having issues eating or chewing and are clinically managed (a question embedded in the survey).

For more information about the HOS survey, please visit [hosonline.org](http://hosonline.org).
product updates

CA Providers with BSCA County of Orange members.

All County of Orange members were given new member IDs, effective 1/1/2020. To ensure accurate and timely claims adjudication, please ask to see their new ID card so you can ensure your system has the most up-to-date information.

Sample of County of Orange ID card:

RIte Smiles members are required to report address changes to Healthsource RI or the Rhode Island Department of Human Services (DHS) within 10 days of the change.

If you have a RIte Smiles member informing of an address change, please refer them to contact Healthsource RI (HSRI):

• Members can go online at www.healthsourceri.com or call HSRI at 1-855-840-4774.
• Members can also visit the Healthsource RI walk-in center at 401 Wampanoag Trail, East Providence, RI 02915. Business hours are 8 a.m. – 6 p.m. ET, Monday – Friday.
• Members can call the Rhode Island Department of Human Services (DHS) at 1-855-697-4347. Business hours are 8:30 a.m. – 4:00 p.m. ET, Monday – Friday.

UHC Dental Provider Solutions wants to hear from you!

Please submit your newsletter comments and suggestions to uhcdentalnewsletter@uhc.com.

This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact either your broker or the company. UnitedHealthcare dental coverage underwritten by UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), DBP Services (NY only), United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number DPOL 06 TX and associated COC form number DCOC.CER.06. Plans sold in Virginia use policy form number DPOL 06 VA and associated COC form number DCOC.CER.08.VA.

Benefits for the UnitedHealthcare dental DHMO plans are provided by or through the following UnitedHealth Group companies: Nevada Pacific Dental, National Pacific Dental, Inc. and Dental Benefit Providers of Illinois, Inc. Plans sold in Texas use contract form number DMO CNT.11 TX and associated EOC form number DMO EOC.11 TX. The New York Select Managed Care Plan is underwritten by UnitedHealthcare Insurance Company of New York located in Islandia, New York. Administrative services provided by DBP Services. Offered by Solstice Benefits, Inc. a Licensed Prepaid Limited Health Service Organization; Chapter 636 F. S., and administered by Dental Benefit Providers, Inc.

*Benefits for the UnitedHealthcare Dental DHMO/Direct Compensation plans are offered by Dental Benefit Providers of California, Inc. UnitedHealthcare Dental is affiliated with UnitedHealthcare.

Disclosure: The Dental Discount Program is administered by Dental Benefit Providers, Inc. The Dental Discount Program is NOT insurance. The discount program provides discounts at certain dental care providers for dental services. The discount program does not make payments directly to the providers of dental services. The discount program member is obligated to pay for all dental care services but will receive a discount from those dental care providers who have contracted with the discount plan organization. Dental Benefit Providers, Inc. is located at 8250 Old Dobbin Lane, Liberty 6, Suite 200, Columbia, MD 21045, 1-877-816-3596, myuhc.com. The dental discount program is offered to members of certain products underwritten or provided by UnitedHealthcare Insurance Company or its affiliates to provide specific discounts and to encourage participation in wellness programs. Dental care professional availability for certain services may be dependent on licensure, scope of practice restrictions or other requirements in the state. UnitedHealthcare does not endorse or guarantee dental products/services available through the discount program.

M56245 Q4 12/19 ©2019 United HealthCare Services, Inc.