

The Provider Portal Guide for Dentists

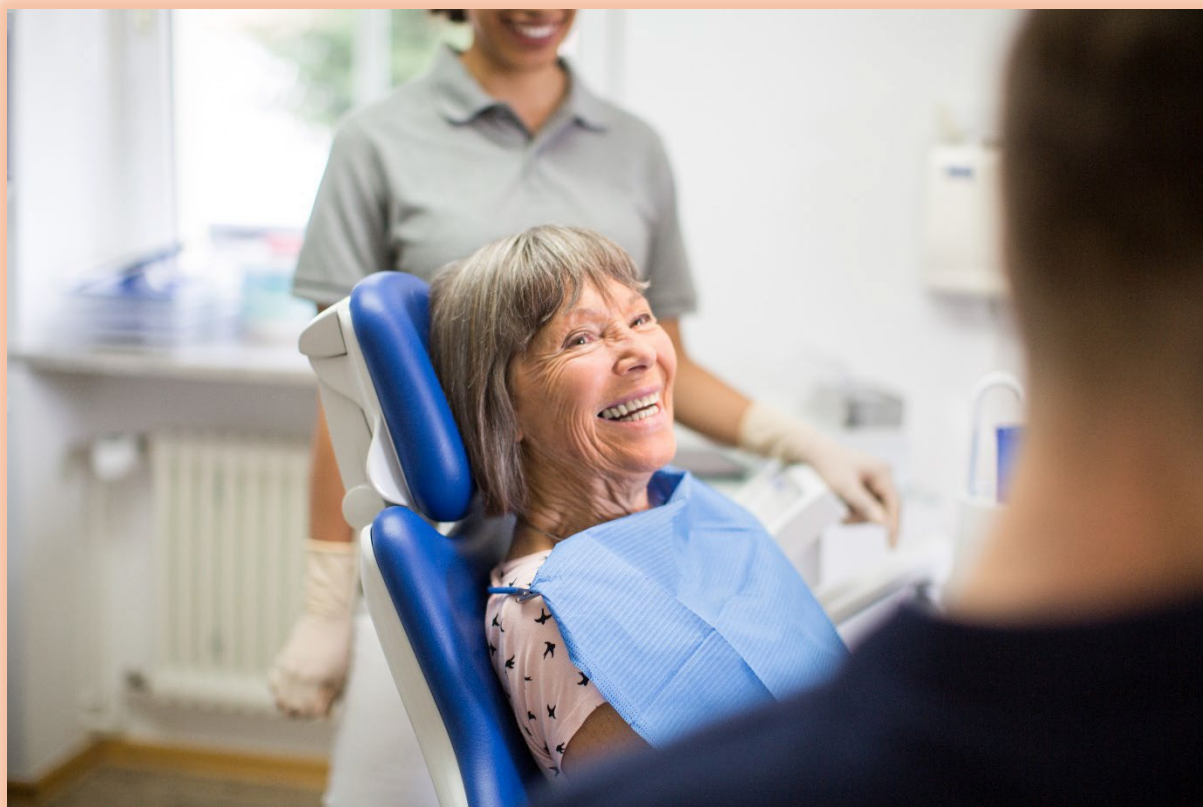


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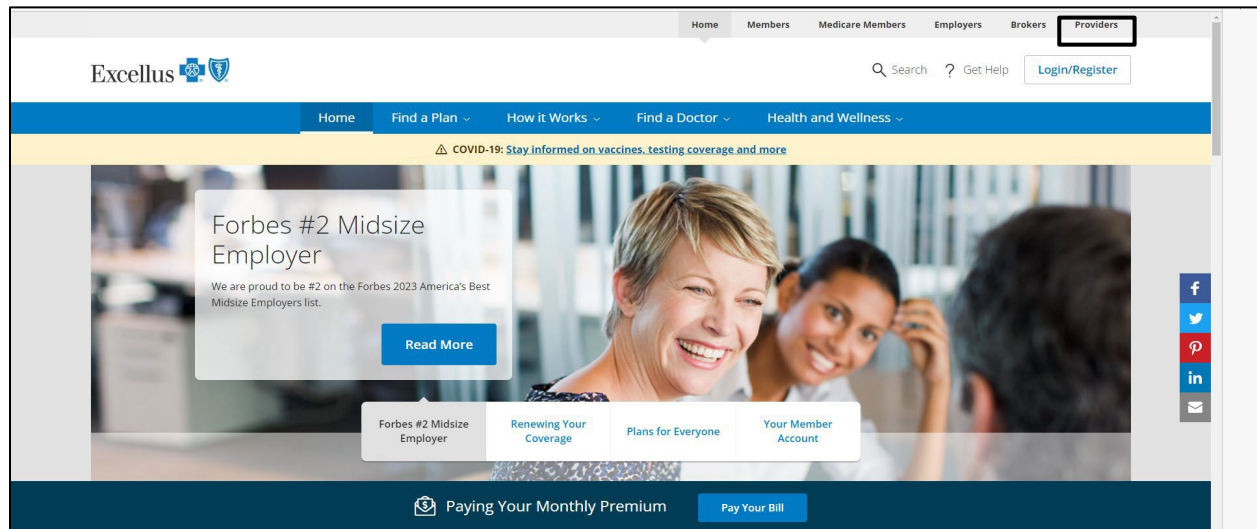
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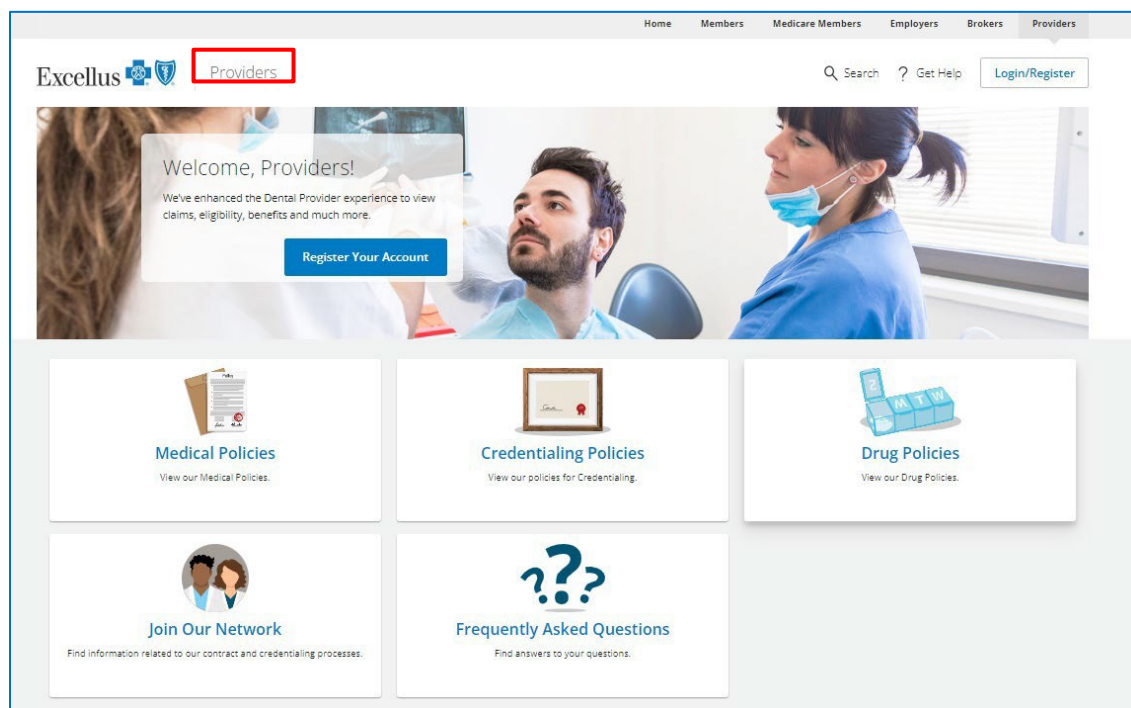
Excellus BlueCross BlueShield Provider Portal

The Excellus BCBS website (www.ExcellusBCBS.com) contains an area that is dedicated to the various types of provider we partner with. This area, called the Provider portal, can be located by selecting [Providers](#) at the top of our Home page.



The Provider public home page includes information such as how to join our network and links to our Corporate Medical, Credentialing, and Drug Policies.

The Frequently Asked Questions tile provides answers to common questions such as how to register, log in, and manage staff access to the secure portion of the Provider portal.



Secured Portion of the Provider Portal

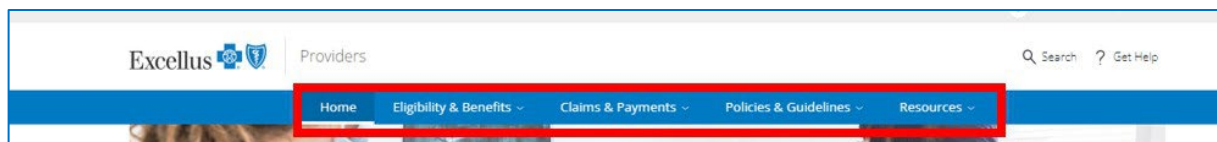
The secured portion of the Provider portal includes proprietary information that can only be viewed by provider and their staff who are registered with Excellus BCBS. Dentists will receive a letter from Excellus BCBS listing the dentist's Unique Provider ID and the last 4 digits of the corresponding tax ID. This information is required to register and log in to the Provider secure portal.

Logging in to the Provider Portal

To login into the secure portion of the Provider portal:

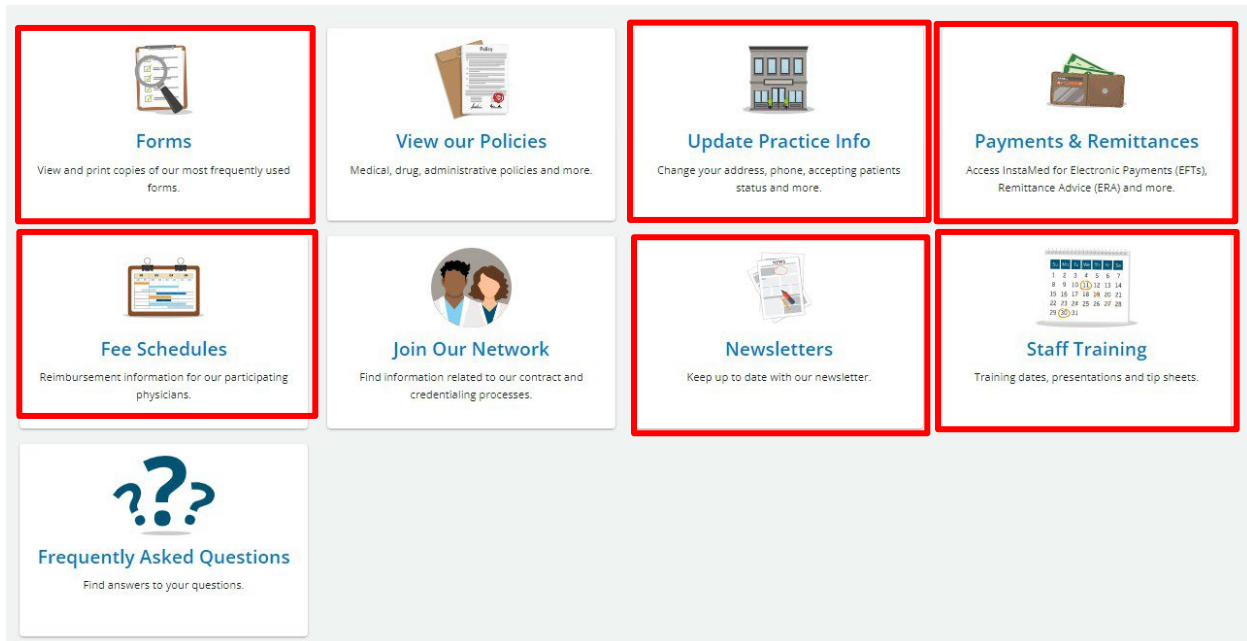
1. Go to Provider.ExcellusBCBS.com/login.
2. Enter your [Username](#) and [Password](#)
3. Click [Log In](#)

The screen will then reflect the user's name and option to Log Out at the top and various options for the user to select from: Home (default page), Eligibility & Benefits, Claims & Payments, Policies & Guidelines, and Resources.



Home Page

The Home page will include the tiles available to everyone (View Our Policies, Update Practice Info, and Join Our Network, and Frequently Asked Questions, and includes the secure tiles (Forms, Update Practice Info, Payments & Remittances, Fee Schedules, Newsletters and Staff Training).

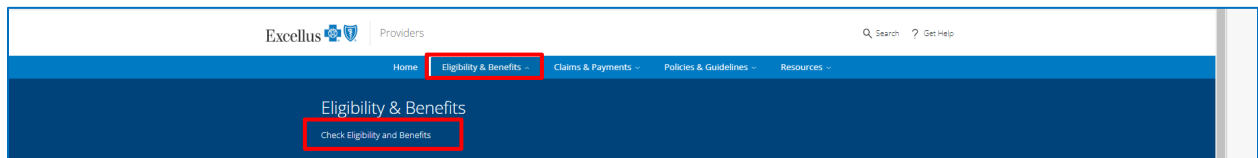


- Forms – includes frequently used items such as claim forms that can be viewed or printed
- Update Practice Info – participating dentists can use this link to obtain access to the instructions and online form or PDF to update demographic changes to a practice
- Payments & Remittances – includes information and a link to sign up for electronic payment through InstaMed®
- Fee Schedules (viewable for participating dentists only) – a listing of custom fee schedules for the employer groups
- Newsletters – a link to news and updates including The Floss Dental Newsletter
- Staff Training – a link to all training topics, dates, and times, as well as presentations, guides, and tip sheets.

Eligibility and Benefits

To check a patient's eligibility and benefits:

1. Click on the Eligibility & Benefits at the top of the Provider Home page
2. Select Check Eligibility and Benefits.



3. There are two tabs at the top giving the user the option of selecting Dental or Medical eligibility and benefits; however, the screen defaults to dental.
4. Select the Date of Service by clicking on the calendar icon and selecting the applicable date. Note: Only one date of service can be selected regardless of the number of members being searched. Selecting the correct date of service will ensure that the eligibility and benefits such as deductible and amount met, or benefit limitations are reflected accurately for the time period specified.

A screenshot of the 'Check Eligibility and Benefits' form. The title 'Check Eligibility and Benefits' is at the top in a large, blue, sans-serif font. Below the title are two tabs: 'Dental' and 'Medical'. The 'Dental' tab is selected and highlighted with a blue border. Below the tabs is a section labeled 'Date of Service:'. Under this label is a text input field containing the date '03/16/2023'. To the right of the input field is a small calendar icon.

5. The portal allows up to 10 members to be searched using one of the following combinations:
 - Member ID* & Date of Birth **or**
 - Member ID* & First/Last Name **or**
 - Date of Birth & First/Last Name

*Note – when looking up a member that has an M in the identification number, please make sure to use a capital M when entering as the field is case sensitive.

Once the selected information is entered, click Submit.

Search for up to 10 patients

Enter Two: Member ID & Date of Birth **or** Member ID & First/Last Name **or** Date of Birth & First/Last Name

MEMBER ID ⓘ	DATE OF BIRTH	FIRST NAME	LAST NAME
<input type="text" value="Subscriber ID"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="First Name"/>	<input type="text" value="Last Name"/>
<input type="text" value="Subscriber ID"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="First Name"/>	<input type="text" value="Last Name"/>
<input type="text" value="Subscriber ID"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="First Name"/>	<input type="text" value="Last Name"/>

[+ More Rows](#)

If the required field combinations are not entered, a red triangle will appear.

Search for up to 10 patients

Enter Two: Member ID & Date of Birth **or** Member ID & First/Last Name **or** Date of Birth & First/Last Name

MEMBER ID ⓘ	DATE OF BIRTH	FIRST NAME	LAST NAME
<input type="text" value="20"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="L"/>	<input type="text" value="Last Name"/>
<input type="text" value=""/>	<input type="text" value="04/09/2012"/>	<input type="text" value="First Name"/>	<input type="text" value="Last Name"/>
<input type="text" value="Subscriber ID"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="First Name"/>	<input type="text" value="Last Name"/>

[+ More Rows](#)

6. When the search produces a match, each patient entered will have his/her own separate tab and will default to the first patient entered in the search. To select another patient, click on the applicable tab.

Eligible members will also reflect the options to View Claims and to Download the eligibility and benefits as a PDF.

Search Results - Date of Service: 03/02/2023

Patient 1 - 123456789

Patient 2 - 987654321

Patient 3 - 246813579

View Claims

Download as PDF

MEMBER		PLAN	
Name	Patient 1	Status	✓ Active
Address	1 Main Street Henrietta, NY	Waiting Periods	No
		Waiting Period End Date	N/A

Ineligible members for the date of service entered, will reflect eligibility details when applicable.

Patient 1

View Claims

This member is not eligible on 09/11/2015. This member's most recent eligible period is: 09/01/2023 to 12/31/2199

MEMBER		PLAN	
Name	Patient 1	Status	Inactive
Address	1 Main Street Henrietta, NY	Waiting Periods	No
		Waiting Period End Date	N/A

Eligibility and Benefits Search Results

The search results are broken into the following categories and fields:

Member	
Name	The name of the patient entered
Address	The address of the member
Phone	The phone number for the member
Date of Birth	The patient's date of birth
Gender	The patient's gender
ID Card	If the identification card for the member is available, a link to the card will be listed.
Subscriber	
Name	The name of the person holding the policy
Address	The policy holder's address
Phone	The phone number for the member
Active Plan Members	The names of all active members under the same plan
Plan	
Status	Eligible members will reflect Active as the status
Waiting Periods	This field indicates if waiting periods apply to the specific member
Waiting Period End Date	If waiting periods apply, the date reflected in this field indicates when the waiting period will end.
Effective	The effective dates of coverage. Please note active coverage will indicate a 12/31/2199 end date.
Plan Year Effective Date	The date that this plans 12-month period of benefit coverage begins. For example, a 01/01 plan year will run from 01/01 to 12/31.
Member ID	Displays the member's identification number and suffix
Plan Name Product Type	Displays the name of the insurance plan, product, and policy.

Policy	Note: a custom group displays a "C" in the fourth charter of the product type. (e.g. DSSC0001 – Custom Dental Product)
Group Name Group #	Displays the employer group name and number
Out of Area Provider Network	This field indicates if there is out of area provider network available: <ul style="list-style-type: none"> • N/A: the member's plan does not offer the National Dental Grid+ DenteMax or DenteMax pricing benefit • National Dental Grid+DenteMax: a pricing agreement is available to provider who participate with this network • DenteMax: a pricing agreement is available to provider who participate with this network
Relationship	Displays the patient relationship to the subscriber or policy holder
Dependents	Displays the dependent age limit
Other Coverage	When applicable, this section will display the primary insurance carrier, status, effective date, and member ID, for any primary insurance coverage the Health Plan has on file
Medicare	Displays Medicare information that the Health Plan has on file

Waiting Periods

To determine if a member has waiting periods, review the Waiting Periods field found in the Plan section of Eligibility and Benefits. If this field indicates Yes, click on the question mark to determine what specific benefits the waiting period applies to, and review the Waiting Period End Date field to determine when the waiting period ends. In the example below, the member has a waiting period for class III – Major Restorative Services through 04/30/2024.

The screenshot shows a web application interface for checking eligibility and benefits. The top navigation bar includes links for Home, Eligibility & Benefits, Claims & Payments, Policies & Guidelines, and Resources. Below the navigation bar, the breadcrumb trail reads: Providers > Eligibility & Benefits > Check Eligibility and Benefits. The main heading is 'Check Eligibility and Benefits' with a 'Back to Search' button. The search results are for 'Date of Service: 05/31/2023'. There are buttons for 'View Claims' and 'Download as PDF'. The results are organized into two columns: MEMBER and PLAN. The MEMBER column lists fields: Name, Address, Phone, and Date of Birth. The PLAN column lists fields: Status, Waiting Periods, and Waiting Period End Date. The 'Waiting Periods' field is highlighted with a red box and shows 'Yes' with a question mark icon. A tooltip for the question mark icon states: 'Dental waiting period applies to class III - Major Restorative Services'. The 'Waiting Period End Date' is listed as '04/30/2024'.

Benefits

To view Benefits, click on the drop-down arrows to the right of the following options:

- Deductibles & Out of Pocket Maximums
- Benefit Details
- Additional Limits

Note: When the member is enrolled in Child Health Plus (CHP), Medicaid Managed Care (MMC), or Essential Plans, the information in these sections will be blank as dental services are provided by **Healthplex**.

Deductibles & Out-of-Pocket Maximums	▼
Benefit Details	▼
Additional Limits	▼

Deductibles and Out of Pocket Maximums

To review the policy in network family or individual deductible and individual annual maximums, click on the drop-down arrow to the right of Deductibles & Out of Pocket Maximums.

Deductibles & Out-of-Pocket Maximums	▼
Benefit Details	▼
Additional Limits	▼

The individual deductible, family deductible, and individual maximum will be listed along with the amount currently used, and the amount remaining for the date of service entered.

Annual Maximums: The Individual Annual Maximum field currently displays calendar year (January 1 – December 31) totals based on the year entered in the Date of Service field. For example, if the date of service entered is 05/05/2023, then the 2023 (01/01/2023 – 12/31/2023) annual maximum totals will display. To view the 2022 annual maximums, change the year to 2022 (05/05/2022) and the 2022 (01/01/2022 – 12/31/2022) annual maximum totals will display. Note - the Annual Maximum does not display plan year maximums (e.g. 7/1 plan year - 07/01/2022 - 06/30/2023).

Deductibles & Out-of-Pocket Maximums					
Individual Deductible ?		Family Deductible ?		Individual Annual Maximum ?	
In Network		In Network			
USED	REMAINING	USED	REMAINING	USED	REMAINING
\$0.0	\$25.0	\$0.0	\$50.0	\$0.0	\$2,000
Total : \$25.0		Total : \$50.0		Total : \$2000.0	

The question mark to the right of each category provides additional information related to the category. In the example below, the question mark provides additional information on how the family deductible applies to individuals and the family.

Deductibles & Out-of-Pocket Maximums					
Individual Deductible ?		Family Deductible ?		Individual Annual Maximum ?	
In Network		In Network			
USED	REMAINING	USED	REMAINING	USED	REMAINING
\$0.0	\$25.0	\$0.0	\$50.0	\$0.0	\$2,000
<div></div>		<div></div>		<div></div>	

Once the family deductible has been met by any number of individuals, the deductible is met for all.

Benefit Details

For additional details on corporate dental policies and patient costs for in and out of network services, click on the drop-down arrow to the right of Benefit Details.

Deductibles & Out-of-Pocket Maximums	▼
Benefit Details	▼
Additional Limits	▼

For a detailed list of plan specific benefits and limitations, click on [Additional Details](#).

Benefit Details	
View Additional Details for plan specific limitation.	Dental Policies

The search bar can be used to locate specific terms or benefits listed in the Additional Details.

Date of Service: 03/16/2023

[Back to Results](#)

Search for:

GENERAL INFO

-- Adult Dental - No Coverage
-- Pediatric Dental - Coverage until end of month 19th birthday

DEDUCTIBLE

***** In Network: None

***** Out of Network: \$5000 Individual/\$10000 family

***** Limits: Each individual does not exceed single deductible, once family deductible has been met by any number of individuals, deductible is met for all.

Deductible Carryover:

Deductible Carryover does not apply

Annual Out-of-Pocket Maximum

***** In Network: \$5000 Individual/ \$10000 Family

***** Out of Network: \$10000 Individual/ \$20000 Family

The top right-hand side provides a link to the Dental Policies

Benefit Details

View [Additional Details](#) for plan specific limitation.

Dental Policies

After clicking on the box, the list of dental related Medical Policies will be listed.

Medical Policies

[Access policies for members of other Blue Cross plans](#)

In accessing our medical policies, you signify your agreement to our [Terms of Use](#). Learn more about how [medical policies](#) are developed [and](#) about [experimental & investigational procedures](#).

For certain member contracts, the Health Plan has delegated utilization management of the following services to eviCore Healthcare MSI, LLC d/b/a eviCore Healthcare: **implantable cardiac devices, radiology/imaging, radiation therapy, and musculoskeletal services (large joint replacement, pain management, and spine services)**. The Health Plan has adopted [eviCore's medical policies and guidelines](#) as a basis for the determination of medical necessity and appropriateness of care.

Please refer member-specific questions to the Customer Care number on the back of the member ID card. Final determination of coverage is subject to the member's benefits and eligibility on the date of service.

or

Showing 1 - 6 of 6 Results

TITLE	LAST UPDATED	CATEGORY
Dental and Oral Care under Medical Plans 7.01.21	2022-07-15	Dental
Dental Crowns and Veneers 13.01.02	2022-07-15	Dental

The Benefit Details then lists the different categories of services, and patient costs for both in and out of network provider.

Benefit Details		
View Additional Details for plan specific limitation.		
Dental Policies		
SERVICE	PATIENT COST IN NETWORK	PATIENT COST OUT OF NETWORK
Class I - Preventive/Diagnostic Services	\$0 Deductible 0% Coinsurance \$0 Annual Limit	\$0 Deductible 0% Coinsurance
Class II - Basic Restorative Services	\$0 Deductible 20% Coinsurance \$0 Annual Limit	\$5000.0 Deductible 20% Coinsurance
Class IIA - Periodontic Services	\$0 Deductible 20% Coinsurance \$0 Annual Limit	\$5000.0 Deductible 20% Coinsurance
Class III - Major Restorative Services	\$0 Deductible 50% Coinsurance \$0 Annual Limit	\$5000.0 Deductible 50% Coinsurance

Additional Limits

To determine the number of times a type of service can be performed within a given timeframe, or if there is a dollar limitation to a service, click on the drop-down arrow to the right of Additional Limits.

Deductibles & Out-of-Pocket Maximums	▼
Benefit Details	▼
Additional Limits	▼

The Additional Limits will provide a listing of the type of service, period, limit, and the individual limit accumulated.

For full mouth X-rays, panoramic X-rays, and root scaling, when used, the Limit # / Amount field will reflect when the benefit was used and will list the service, code, tooth, or quadrant.

If the full mouth X-rays, panoramic X-rays, and root scaling benefits are not used, the Limit # / Amount field will reflect No Claim history on file, and will have a link to the Additional Details section where the benefit and limits can be found.

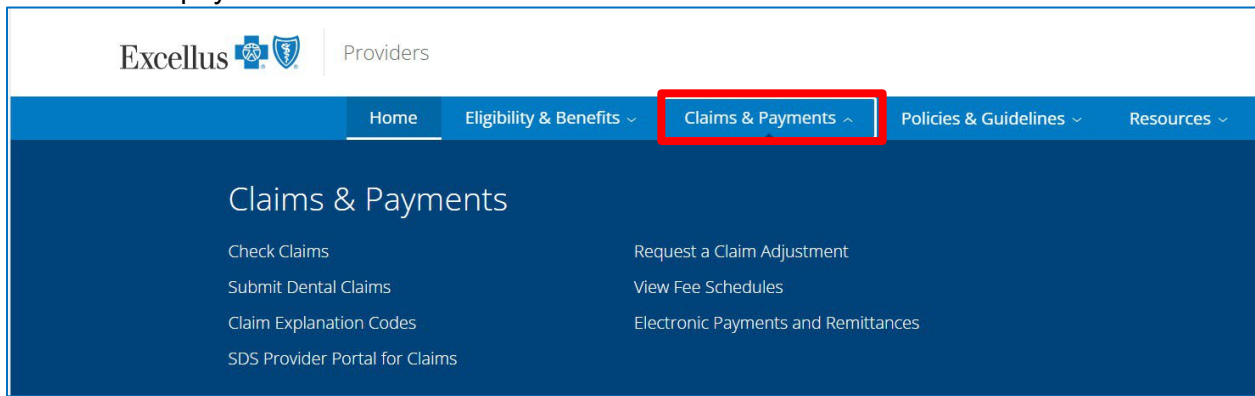
Deductibles & Out-of-Pocket Maximums	▼
Benefit Details	▼
Additional Limits	▲

TYPE	PERIOD DESCRIPTION	LIMIT # / AMOUNT	INDIVIDUAL LIMIT ACCUMULATED
Full Mouth X-Ray (D0210) or Panoramic X-Ray (D0330)		Benefit Used On 08/01/2023- Full Mouth X-Ray (D0210)	
Root Scaling (D4341)		No Claim history on file Additional Details	
Root Scaling (D4342)		No Claim history on file Additional Details	
Cone Beam(s) - Units	Plan Year	1.0	0

Note: Bitewings are limited to any combination of 4 films per plan year for most standard Dental Plans. Always review the additional benefits tab for specific plan limitations.

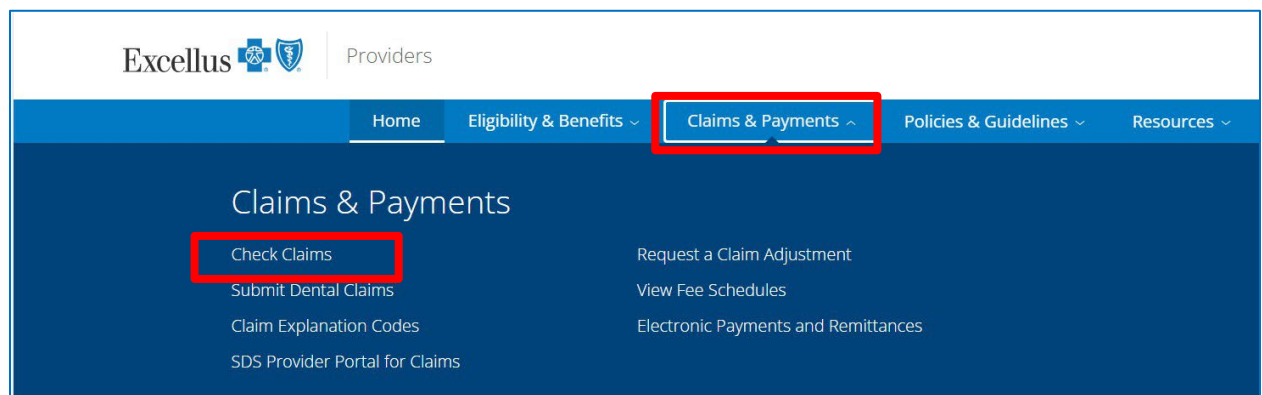
Claims & Payments

Under the Claims and Payments area, the user can check claims, submit dental claims, review claim explanation codes, review the information and links to the Smart Data Solutions, Inc. (SDS) portal, request a claim adjustment, view fee schedules, review the information and links for electronic payments and remittances.



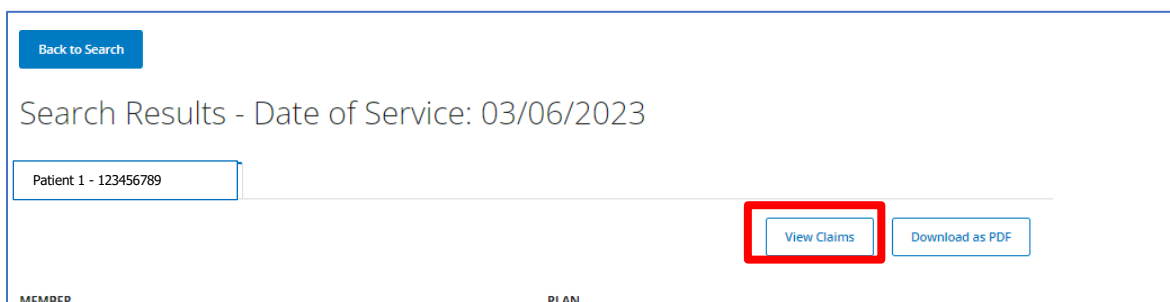
Check Claims

To review claims or pre-estimate treatments, the user can click on Claims & Payment and Check Claims:



OR

Click on Check Claims from the Eligibility and Benefits screen:



When the dental claim search page appears, there are 3 tabs with different options on how to search for a claim:

1 - Search By Patient = NPI, First Name, Last Name, and Date of Birth are required

Check Claims

Search By Patient

Search By Member Id

Search By Claim Number

*** Required Fields**

NPI *

Provider NPI

First Name *

First Name

Last Name *

Last Name

Date of Birth *

MM-DD-YYYY

Search

2 - Search By Member ID = NPI, Member ID, and Date of Birth are required

Check Claims

Search By Patient

Search By Member Id

Search By Claim Number

*** Required Fields**

NPI *

Provider NPI

Member ID *

Member ID

Date of Birth *

MM-DD-YYYY

Search

3 - Search by Claim Number = NPI and Claim Number are required

Check Claims

Search By Patient

Search By Member Id

Search By Claim Number

*** Required Fields**

NPI *

Provider NPI

Claim Number *

Claim Number

Search

Search Results Page

The search results page is broken out in to three areas:

Search Results

You've Search for:
NPI: 16? | Patient's Name: | Date of Birth: [Search Again](#)

FILTER RESULTS

Date Range
Last 6 Months

Claim Type:
☒ Medical
☒ Dental







☐ Show pre-treatment estimates

Claim Status:
All

[Apply](#)

3 Claim Results 08/01/2022 - 02/01/2023

Show 5 entries Search: < 1 >

	Dr. Doe				
Date of Service	Dental Claim Number	Total Charge	Amount Paid	Processed Date	>
10/05/2022	R001	\$165.00	\$0.00	10/14/2022	
	Dr. Doe				
Date of Service	Dental Claim Number	Total Charge	Amount Paid	Date Paid	>
09/13/2022	R00	\$90.00	\$75.40	09/23/2022	
	Dr. Doe				
Date of Service	Dental Claim Number	Total Charge	Amount Paid	Date Paid	>
10/05/2022	R001	\$165.00	\$95.67	10/14/2022	

Search Criteria	Reflects the information entered in the search and the link to Search Again.
Filter Results	<p>This area allows you to filter by:</p> <ul style="list-style-type: none"> • Date range (last 6 months, year to date, last 12 months, last 24 months, or select a date range) • Medical or dental claim types • To show or not show pre-estimates • Claim status (All, in process, processed, denied, pre-determination in process, and pre-determined).
Claim Results	<p>This area reflects:</p> <ul style="list-style-type: none"> • The date range used for the search, the maximum number of entries that will listed, and a search box for additional filtering • A list of claims with the medical or dental icon, provider's name, claim status, date of service, dental claim number, total charges, amount paid, and date paid

To open a claim, click on the arrow to the right of the applicable claim to review the details:

Dr. Doe					Denied
Date of Service	Dental Claim Number	Total Charge	Amount Paid	Processed Date	>
10/05/2022	R0012	\$165.00	\$0.00	10/14/2022	

The Dental Claim Information screen will appear.

Check Claims

Dental Claim Information

You Searched for
NPI: 161 | Claim Number: R001 | Status: Denied

[Back to Claim Results](#) [View Coverage](#) [Request Adjustment](#) [Download as PDF](#) [Print](#)

Member Information

Patient 1

1 Main St Syracuse, NY 13212

Member ID	Patient Account Number	
123456789	123455	
Gender	Date of Birth	Phone
Female	01/01/1999	(315)555-5555

Provider Information

Dr. Doe

NPI	Date Paid	Check/EFT Number
161	10/14/2022	0
Date Cashed	Received Date	Paid To
-	10/10/2022	Dr. Doe
Payment Reference Number		

Claim Items

This claim has 1 items

Show 5 entries

Search:

#	DATE	PROCEDURE	TOOTH#	SURFACE	CHARGED	ALLOWED	DEDUCTIBLE	COPAY OR COINSURANCE	DISALLOW
1	10/05/2022	D2391	2	O	\$165.00	\$0.00	\$0.00	\$0.00	\$165.00

Showing 1 to 1 of 1 entries

At the top is the search criteria, the option to go Back to Claims Results, A box to View Coverage, Request Adjustment, Download as a PDF, or Print.

Check Claims

Dental Claim Information

You Searched for
NPI: 16 | Claim Number: R00 | Status: X Denied

[← Back to Claim Results](#)[View Coverage](#)[Request Adjustment](#)[Download as PDF](#)[Print](#)

Underneath is the Member and Provider Information:

Member – Name, Address, ID, Patient Account Number, Gender, Date of Birth and Phone

Member Information

Patient 1

1 Main St Syracuse, NY 13212

Member ID	Patient Account Number	
123456789	123455	
Gender	Date of Birth	Phone
Female	01/01/1999	(315)555-5555

Provider – Name, NPI, Date Paid, Check or EFT Number, Date the check was cashed, Received Date, Paid To name, Payment Reference Number.

Provider Information

Dr. Doe

NPI	Date Paid	Check/EFT Number
161	10/14/2022	0
Date Cashed	Received Date	Paid To
-	10/10/2022	Dr. Doe
Payment Reference Number		

Claim Items are listed under the Member and Provider sections.

Claim Items
This claim has 4 items

Show entries

Search:

#	DATE	PROCEDURE	TOOTH#	SURFACE	CHARGED	ALLOWED	DEDUCTIBLE	COPAY OR COINSURANCE	DISALLOW
1	03/01/2022	D0120	P	-	\$30.00	\$30.00	\$0.00	\$0.00	\$0.00
2	03/01/2022	D1110	-	-	\$69.00	\$69.00	\$0.00	\$0.00	\$0.00
3	03/01/2022	D0274	P	-	\$45.00	\$45.00	\$0.00	\$0.00	\$0.00
4	03/01/2022	D0330	P	-	\$93.00	\$79.00	\$0.00	\$0.00	\$14.00

Search:

MEMBER RESPONSIBILITY	PAID	STATUS/ EXPLANATION
\$0.00	\$30.00	Paid
\$0.00	\$69.00	Paid
\$0.00	\$45.00	Paid
\$0.00	\$79.00	Paid

The scroll bar can be used to view all details on the claim – line number, date of service, procedure code, tooth number, surface, charged amount, allowed amount, deductible applied, copay or coinsurance applied, disallow amount, member responsibility, other insurance amount, paid amount, and status/explanation code.

When the status of a claim is Denied, hover over the explanation code to see the denial verbiage.

Claim Items
This claim has 1 items

Show entries

Search:

SURFACE	CHARGED	ALLOWED	DEDUCTIBLE	COPAY OR COINSURANCE	DISALLOW	MEMBER RESPONSIBILITY	PAID	STATUS/ EXPLANATION
0	\$165.00	\$0.00	\$0.00	\$0.00	\$165.00	\$0.00	\$0.00	Denied CDD

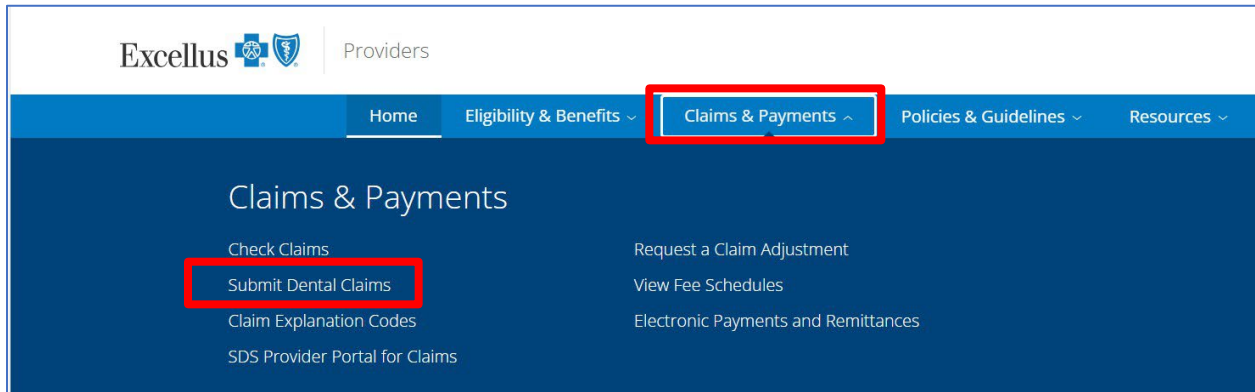
Showing 1 to 1 of 1 entries

CDD-This claim is a duplicate of a previously submitted claim for this member

Please note - when submitting a secondary claim, printouts of the dental portal cannot be used in place of an explanation of benefit or provider remittance statement, as the portal does not contain the detail needed to process the secondary claim.

Submit Dental Claims

To submit a dental claim, the user can click on Claims & Payment and Submit Dental Claims:



When the Submit Dental Claims screen appears, the user must check the box indicating agreement to the statement *"I hereby certify that the procedure as indicated by date are in progress (for procedures that require multiple visits) or have been completed"* to continue.

The screenshot shows the 'Submit Dental Claims' screen. At the top, there is a progress bar with two steps: '1 Claim Information' and '2 Review & Confirm'. Below the progress bar, a note states: 'Note: This feature is not yet available for plans that use National Dental GRID+ DenteMax networks or for members of the Federal Employee Program. To submit claims for these members, please use the SDS Provider Portal for Claims or submit a paper claim.' The 'Treating Dentist' section is highlighted with a blue header. Below the header, there is a checkbox with the text: 'I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.*'. A red arrow points to this checkbox. Below the checkbox, there are three input fields: 'Unique Provider Id *', 'Tax Id *', and 'NPI *'. Each field has a placeholder text: 'Unique Provider ID', 'Provider Tax ID', and 'Provider NPI' respectively.

The treating dentist's Unique Provider Id, Tax Id, and NPI are required fields. Once the information is entered, click Load.

The screenshot shows the 'Submit Dental Claims' screen, specifically the 'Treating Dentist' section. The checkbox for certification is present. Below the input fields for 'Unique Provider Id *', 'Tax Id *', and 'NPI *', there is a 'Load' button highlighted with a red box. Next to the 'Load' button is a 'Clear' button. The input fields have placeholder text: 'Unique Provider ID', 'Provider Tax ID', and 'Provider NPI'.

The dentist's information will auto populate into the Treating Dentist fields.

Treating Dentist

☒ I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.*

Unique Provider Id *

123456789100

Tax Id *

161444444

NPI *

1987654321

Load

Clear

Treating Dentist Name

Doe, Jane

Address Line 1

1 Main Street

Address Line 2

City

Auburn

State

NY

Zip Code

130212614

Provider Speciality Code

0270-General Dentistry

Phone Number

3155552555

Click on the drop-down arrow next to Patient Information.

Patient Information	▼
Billing Dentist or Dental Entity	▼
Record of Services Provided	▼
Ancillary Claim/Treatment Information	▼

Under the Patient Information section, the Subscriber ID, Date of Birth, Last Name, and First Name are required fields. Once the information is entered, click Load.

Patient Information

Subscriber ID *

Subscriber ID

Date of Birth *

MM/DD/YYYY

Last Name *

Last Name

First Name *

First Name

Load

Clear

Patient Name

The patient's information will auto populate into the Patient Information fields.

Patient Information

Subscriber ID *

200000001

Date of Birth *

01/01/1999

Last Name *

Smith

First Name *

John

Load

Clear

Patient Name

Last Name

Smith

First Name

John

Middle Initial

E

Plan/Group Number

99999999

Address Line 1

21 Anywhere Lane

Address Line 2

City

Rochester

State

New York

Zip Code

146179998

Gender

☒ Male ☐ Female ☐ Unknown

Click on the drop-down arrow next to Billing Dentist or Dental Entity.

Patient Information

Billing Dentist or Dental Entity

Record of Services Provided

Ancillary Claim/Treatment Information

If the billing dentist is the same as the treating dentist, click the check box and all of the information will auto populate. If the billing and treating dentists are not the same, enter the billing dentist's Tax ID and NPI, and click load.

Billing Dentist or Dental Entity

☐ Same as treating dentist

Tax Id *

Provider Tax ID

NPI *

Provider NPI

Load

Clear

The Billing Dentist information will auto populate.

Billing Dentist or Dental Entity

☒ Same as treating dentist

Tax Id *

16144444

NPI *

1987654321

Load

Clear

Billing Dentist Name

Doe, Jane

Address Line 1

1 Main Street

Address Line 2

City

Auburn

State

NY

Zip Code

130212614

Provider Speciality Code

0270-General Dentistry

Phone Number

3155552555

Click on the drop-down arrow next to Record of Services Provided.

Patient Information	▼
Billing Dentist or Dental Entity	▼
Record of Services Provided	▼
Ancillary Claim/Treatment Information	▼

When applicable, add the primary diagnosis code in A. If there are additional diagnosis codes, enter them in B, C and D.

Click Add/Edit Record.

Record of Services Provided

Diagnosis Code ?

A ? K0851

B ?

C ?

D ?

Add/Edit Record *

#	PROCEDURE CODE ?	PROCEDURE DATE ?	TOOTH NO(S) OR LETTER(S) ?	BEGIN ?	END ?	TOOTH SURFACE ?	DIAGNOSIS POINTER ?	QTY ?	FEE ?
Total Fee Fee									

When the box appears enter or select the required information noted with an asterisk.

Record of Services Provided

*** Required Fields**

#	PROCEDURE CODE *	PROCEDURE DATE *	TOOTH NO(S) OR LETTER(S) *	BEGIN *	END *	TOOTH SURFACE	DIAGNOSIS POINTER	QTY *
1	D4341	06/13/2023	Upper Left Quad - Perm. (9-16)	9	16		K0851	1

[Add Row](#)

Total Fee

[Close](#) [Add](#)

Field	Required	Description
Procedure Code	Yes	Dental procedure code for procedure performed
Procedure Date	Yes	Date on which procedure was performed
Tooth NO (S) or Letter (S)	Yes	Tooth Letter/Number, Arch, Range upon which procedure was performed.
Begin	Yes	Begin Tooth. This field will auto generate when the tooth numbers or letters are selected.
End	Yes	End Tooth. This field will auto generate when the tooth numbers or letters are selected.
Tooth Surface	No	Tooth surface on which the procedure was performed
Diagnosis Pointer	No	Diagnostic code for the services rendered. Click the drop-down arrow and select the applicable diagnosis.
QTY	Yes	Quantity

Using the scroll bar, scroll to the right, enter the Fee, and click Add.

Record of Services Provided

PROCEDURE DATE	TOOTH NO(S) OR LETTER(S)	BEGIN	END	TOOTH SURFACE	DIAGNOSIS POINTER	QTY	FEE
03/2023	Upper Left Quad - Perm. (9-16)	9	16		K0851	1	308.00
							Total Fee: 308.00

Close Add

Field	Required	Description
Fee	Yes	Charged amount

If additional rows are needed, click on Add/Edit Record.

Record of Services Provided

Diagnosis Code

A K0851 B C D

Add/Edit Record *

PROCEDURE TOOTH NO(S) OR LETTER(S) TOOTH SURFACE DIAGNOSIS POINTER

When the box opens, click Add Row.

Record of Services Provided

* Required Fields

#	PROCEDURE CODE	PROCEDURE DATE	TOOTH NO(S) OR LETTER(S)	BEGIN	END	TOOTH SURFACE	DIAGNOSIS POINTER	QTY
1	D4341	06/13/2023	Upper Left Quad - Perm. (9-16)	9	16		Select	1

Add Row

Total Fee

Close Add

When the 2nd row appears, complete the required fields using the same steps for Row 1. Click Add when all rows have been added and completed.

Record of Services Provided

*** Required Fields**

#	PROCEDURE CODE	PROCEDURE DATE	TOOTH NO(S) OR LETTER(S)	BEGIN	END	TOOTH SURFACE	DIAGNOSIS POINTER	QTY
1	D4341	06/13/2023	Upper Left Quad - Perm. (9-16)	9	16		Select	1
2		MM/DD/YYYY					Select	

Add Row

Total Fee

Close **Add**

In the Missing Tooth Information section, check all that apply. In the Remarks field, add any applicable note that can assist with processing the claim.

Missing Tooth Information (Check on each missing tooth)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks

Click on the dropdown arrow next to Ancillary Claim/Treatment Information.

Ancillary Claim/Treatment Information	▼
Authorizations for Assignments of Benefits	▼

When the Ancillary Claim/Treatment Information screen appears, complete all fields.

The screenshot shows a form titled "Ancillary Claim/Treatment Information". It contains the following fields:

- Place of Treatment ***: A dropdown menu with "Please select" and a downward arrow. Below it, a note says "(E.g. 11=Office; 22=O/P Hospital)".
- Is Treatment for Orthodontics ? ***: Two radio buttons, "Yes" and "No".
- Is Replacement of Prosthesis ? ***: Two radio buttons, "Yes" and "No".
- Treatment Resulting From ***: Three radio buttons, "Occupational Illness", "Accident", and "None".
- Patient Account Number ***: A text input field with the placeholder "Patient Account Number".

Click the drop-down arrow next to Place of Treatment and make a selection from the following options:

- 24 = Ambulatory Surgery Center
- 12 = Home
- 11 = Office
- 22 = Outpatient Hospital

Answer the questions by selecting the applicable radial button, and enter the patient's account number.

Click on the dropdown arrow next to Authorizations for Assignments of Benefits.

The screenshot shows a navigation bar with two items: "Ancillary Claim/Treatment Information" and "Authorizations for Assignments of Benefits". The second item has a dropdown arrow next to it, which is highlighted with a red square.

Select the applicable signature, select whom the assignment of benefits payee should be for non-participating providers, and click Continue.

The screenshot shows a form titled "Authorizations for Assignments of Benefits". It contains the following fields:

- Signature ***: Three radio buttons, "Signature Not Present", "Signature on File at Provider Site", and "Informed Consent".
- Payee ***: Two radio buttons, "Provider" and "Subscriber".

At the bottom of the form, there are two buttons: "Continue" and "Cancel".

Review each section to confirm the information entered is complete and accurate. To make changes, click the edit button and make the corrections. When all sections have been reviewed and/or corrected, check the “I hereby confirm that all the fields are accurate to the best of my knowledge, and click Submit.


Treating Dentist	Edit	▼
Patient Information	Edit	▼
Billing Dentist or Dental Entity	Edit	▼
Record of Services Provided	Edit	▼
Ancillary Claim/Treatment Information	Edit	▼
Authorizations for Assignments of Benefits	Edit	▼

☐ I hereby confirm that all the fields are accurate to the best of my knowledge.

[Submit](#) [Cancel](#)

A confirmation screen will appear advising the submission was complete. There will also be a submission reference number indicated that identifies the transaction.

Confirmation



Submission Complete.

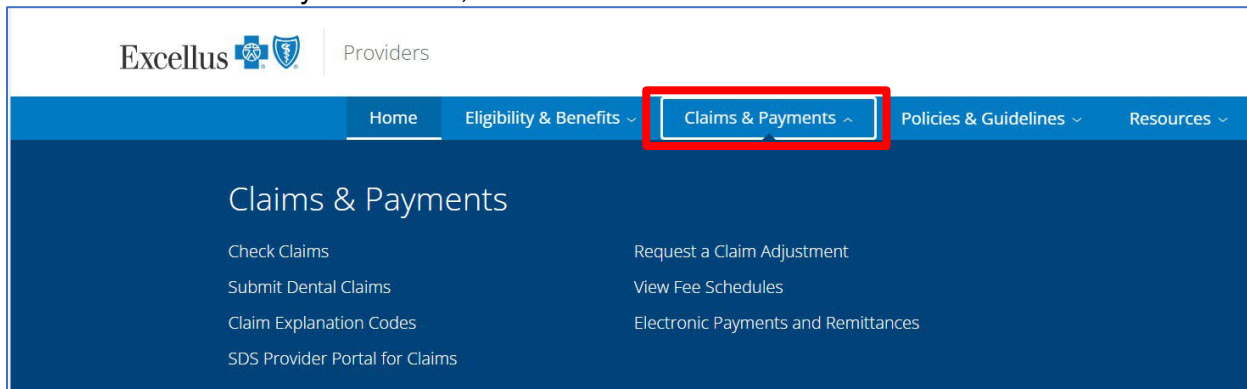
The claim has been submitted successfully. You can use the Check Claims feature to view claim status. If you need to contact Customer Care, use the following submission reference number:

DCN 44010321460300

[Submit New Claim](#) [Ok, Got it](#)

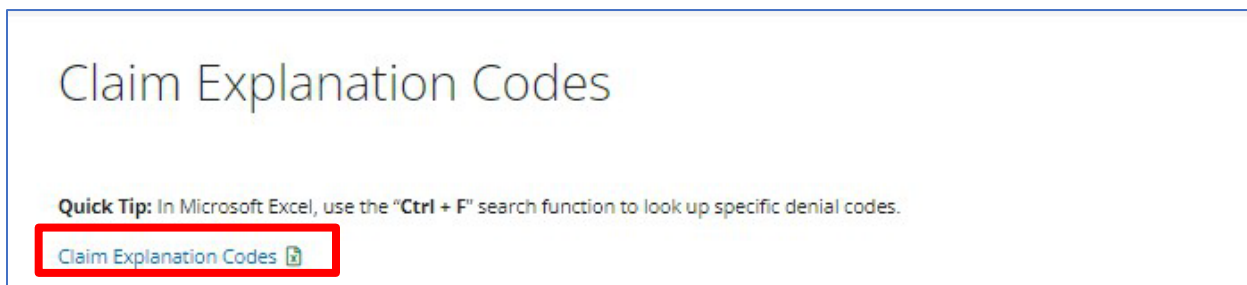
Claims & Payments

Under the Claims & Payments area, additional items and resources are available to the user.




Claim Explanation Codes

The claim explanation codes link is a listing of denial codes and their descriptions. To view the full list, click on the link to download, and open the file.



The file will open to an excel spreadsheet.

<div><div><div>Excellus</div><div></div></div><div>A nonprofit independent licensee of the Blue Cross Blue Shield Association</div></div>	
Claim Denial Codes	
Document #: csd673	Last Updated: 02/03/14
Explanation Code	Description
001	Postpone payment of claim > 2 weeks
002	Increased allowable
003	Reduced allowable
009	Administrative approval
016	Reduced allowable amount per unit
018	Reduced allowable units
019	Disallowed amount
040	Valid Referral, Pre-authorization and/or Pre-Certification not obtained
043	Pre-authorization request was denied.
044	Referral request was denied.
045	Auto Action, Eligibility Other
046	Auto Action, Ineligibility Other
047	Dates of service span provider's agreements.

SDS Portal for Claims

The SDS portal for Claims provides information on how to register, sign in, and submit claims to our partner SDS through a web-based platform.

Request a Claim Adjustment

If a claim adjustment is needed, this area of the portal provides the form needed for the adjustment as well as the information on how to address overpayments.

View Fee Schedules

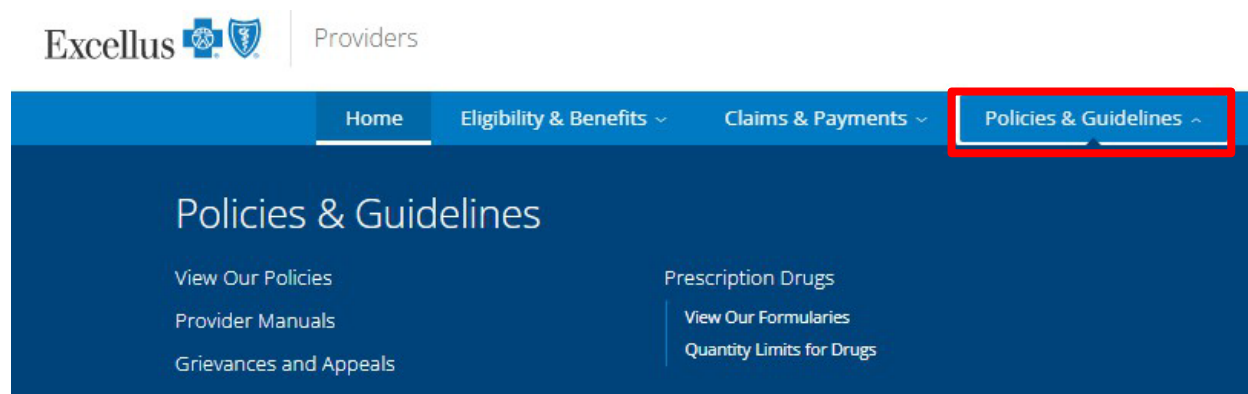
Custom employer or group specific fee schedules are listed in this area and provide a current and previous year listing of codes, descriptions, in and out of network allowances, and what area the benefit falls within if covered. The search box can be used to search by a Group Name or Product ID that can be found in the eligibility and benefits section under Group Name or Product Type. To open the fee schedule, click on the link to download, and open the file.

Electronic Payments and Remittances

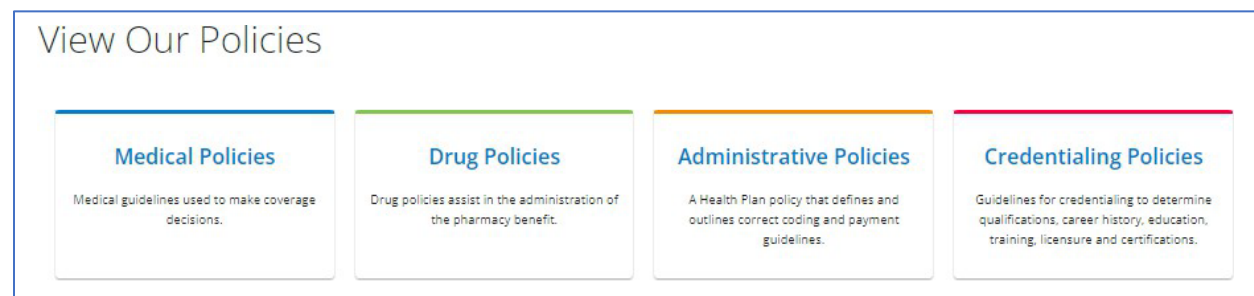
This area provides details regarding our partner for electronic payments and remittance advice - InstaMed, including a link to their online registration, benefits of InstaMed and details on who to call for different types of questions.

Policies & Guidelines

The Policies & Guidelines area of the portal includes reference material and prescription drug formularies.



View our Policies



The view our policies section, provides tiles that link to the following:

Medical Policies – includes all medical and dental corporate policies that are used in making coverage decisions.













Drug Policies – includes all drug related policies that assist in the administration of pharmacy benefits.

Administrative Policies – a policy that defines and outlines correct coding and payment guidelines. After clicking on this link, the user must agree to the terms prior to viewing the list. The search bar at the top allows the user to search for a specific topic.

Credentialing Policies – includes information on the different types of medical and dental provider, and their policies on credentialing.

Provider Manuals

The Provider Manual is a reference and source document for physicians and other providers who participate with Excellus BlueCross BlueShield.

Provider Manuals	
Excellus BCBS Provider Manual	
ENTIRE MANUAL 	
Section 1	Introduction 
Section 2	Administrative Information 
Section 3	General Provider Information 
Section 4	Benefits Management 
Section 5	Pharmacy Management 
Section 6	Behavioral Health 
Section 7	Billing and Remittance 
Section 8	Quality Improvement 
Section 9	Medicare Advantage Programs 
Section 10	Government Programs 
Excellus BCBS Health and Recovery Plan Manual	
Excellus BCBS Health and Recovery Plan (HARP) Manual 	

Grievances and Appeals

The Grievances and Appeals area includes the policies related to adverse determinations.

Grievances and Appeals
<p>The grievance and appeal process is intended to provide a reasonable opportunity for a full and fair review of an adverse determination. The process varies slightly based on federal and state regulations.</p> <p>For additional information, please refer to our Participating Provider Manual</p> <ul style="list-style-type: none">• For Commercial Members - Section 4.12 Utilization Review Appeals and Grievances• For Medicare Members - Section 9.5 Member Grievances, Organization Determinations and Appeals• For Medicaid Members - Section 10.11 Member Grievance and Utilization Review Appeal Policy and Procedure

Prescription Drugs

The Prescription Drugs area includes links to the Drug Formularies and quantity limits for drugs.

Prescription Drugs

Choices in this section include:

[View Our Formularies >](#)

View or print our formularies. Preview upcoming changes to formularies.

[Quantity Limits for Drugs >](#)

To help assure access to safe, effective drug therapy and to protect against misuse and waste, we require quantity limits on selected prescription medications.

Resources

The Resources area also includes a variety of reference and training materials and videos, includes links to current and past provider communications, and practice related information and links to assist provider in running their day-to-day business, and maintaining their records with the Health Plan.

[Home](#) [Eligibility & Benefits](#) [Claims & Payments](#) [Policies & Guidelines](#) [Resources](#)

Resources

[View Forms and Documents](#)
[News and Updates](#)
[Practice Management](#)

- [Credentialing and Re-Credentialing](#)
- [Staff Training](#)
- [Manage Staff Access](#)
- [Update Practice Information](#)

[Attestations & Certifications](#)
[Frequently Asked Questions](#)
[Consolidated Appropriations Act Toolkit](#)

View Forms and Documents










Under the view forms and documents section, there are links to a variety of forms and documents that can be downloaded, viewed, and printed.

View Forms and Documents

Use the links below to print/view copies of our most frequently used forms.

Administration	▼
Benefits Management	▼
Claims	▼
Billing and Remittance	▼

The forms are broken out in to four categories – Administration, Benefits Management, Claims, and Billing and Remittance related forms. Click on the arrow to the right of the topic and the sub list of topics will appear:

Administration <ul style="list-style-type: none">• Application for Dental Enrollment • Practitioner Demographic Changes • Review Dental Enrollment Checklist 	Benefits Management <ul style="list-style-type: none">• Medicare Advantage Dental Benefit Plan Year 2023 • Request for Grievance or Appeal Form 
Claims <ul style="list-style-type: none">• Procedure Codes for Dental Record Submission • ADA Dental Claim Form • Dental Claim Adjustment Form 	Billing and Remittance <ul style="list-style-type: none">• Request for Timely Filing Review • Tooth Billing Requirement Guide 

News and Updates

The News and Updates section includes communication that we mail or email to our provider.

Provider News & Updates

Latest News

February 21, 2023
Medicare Advantage Hearing Aid Benefit Update
Audience: Audiologists, Hearing Aid vendors
We are pleased to share important news regarding our Medicare Advantage hearing aid benefit. All Medicare Advantage members now have a \$0 copayment for routine hearing exams. Additionally, all members can purchase hearing aids in-network for a new, lower copayment of...

February 20, 2023
Clinical Editing Claims Processing Enhancement for All Lines of Business
Audience: Participating Providers, Hospitals and Facilities
Based on feedback from our participating providers, we are pleased to share advance notice of a new enhancement to claim processing. Later this year, we will move post payment audit recovery for Administrative Policy 31 – Related Services, to a prepayment clinical...

February 15, 2023
CAR-T Administrative Policy Update Effective March 15, 2023
Audience: Participating Oncologists
Excelus BlueCross BlueShield will update the administrative policy entitled "Cellular/Chimeric Antigen Receptor T-cell Therapy (CAR-T)" effective March 15, 2023. You can access the individual policies by clicking here. Note: You must login with your username and...


Read All News

Opt in to stay informed!

Receive our monthly newsletter and communications by email. It's fast, easy and convenient.

[Sign Up >](#)

The Floss Dental Newsletter

[Current Issue](#) 

[Previous Dental Newsletter Issues](#)

The **Latest News** includes links to recent communication mailed or emailed to medical and dental provider when applicable.

To read all communication, click on the button for Read All News and the **News Archive** page will appear.

This view also allows the user to search by a specific topic or filter by a specific topic within the communication area.

News Archive

Search or All Categories

Showing 1 - 15 of 84 Results

< 1 2 3 4 5 6 >

Latest News

February 21, 2023
Medicare Advantage Hearing Aid Benefit Update
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The Floss Dental Newsletter

Communication related to system changes, updates, trends, and tips, are communicated through our dental newsletter “The Floss”. To view the issues, click on either the current or previous issue link found on the bottom of the Provider News and Updates page.

Provider News & Updates

Latest News

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Read All News

The Floss Dental Newsletter
Current Issue
Previous Dental Newsletter Issues

Opting In

To receive the newsletter and communications via email, dentists can click on the Sign Up link found on the right hand side of the Provider News & Updates page.

Provider News & Updates

Latest News

February 21, 2023
Medicare Advantage Hearing Aid Benefit Update
Audience: Audiologists, Hearing Aid vendors
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[Read All News](#)

Opt in to stay informed!

Receive our monthly newsletter and communications by email. It's fast, easy and convenient


[Sign Up >](#)

The Floss Dental Newsletter

[Current Issue](#) 

[Previous Dental Newsletter Issues](#)

The Sign-Up page will appear requesting additional information. To ensure that you are receiving dental communication, please select "General Dentistry" in the Practice Specialty field.



Sign up to Receive Provider Updates Electronically

Get the latest Health Plan news and information delivered electronically!

When you opt in to receive our electronic communications, you will receive important information and updates via e-mail, including advance notice that the latest edition of our provider newsletter is available on our website.

Please complete and submit the form below to opt in to Provider News and Updates.

First Name *

Last Name *

Email Address *

Role *

Select One

Practice or Group Name *

Practice Specialty *

General Dentistry

National Provider Identifier

County *

Select One

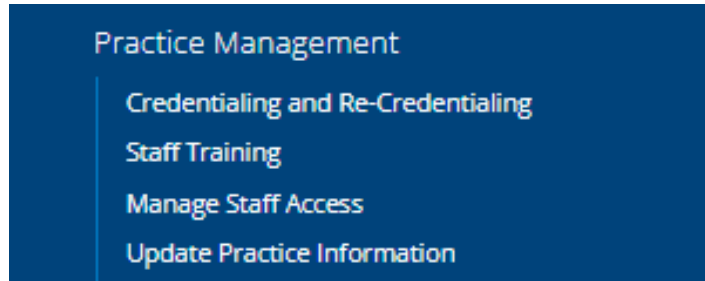
Zip Code *

Submit

*Indicates required field

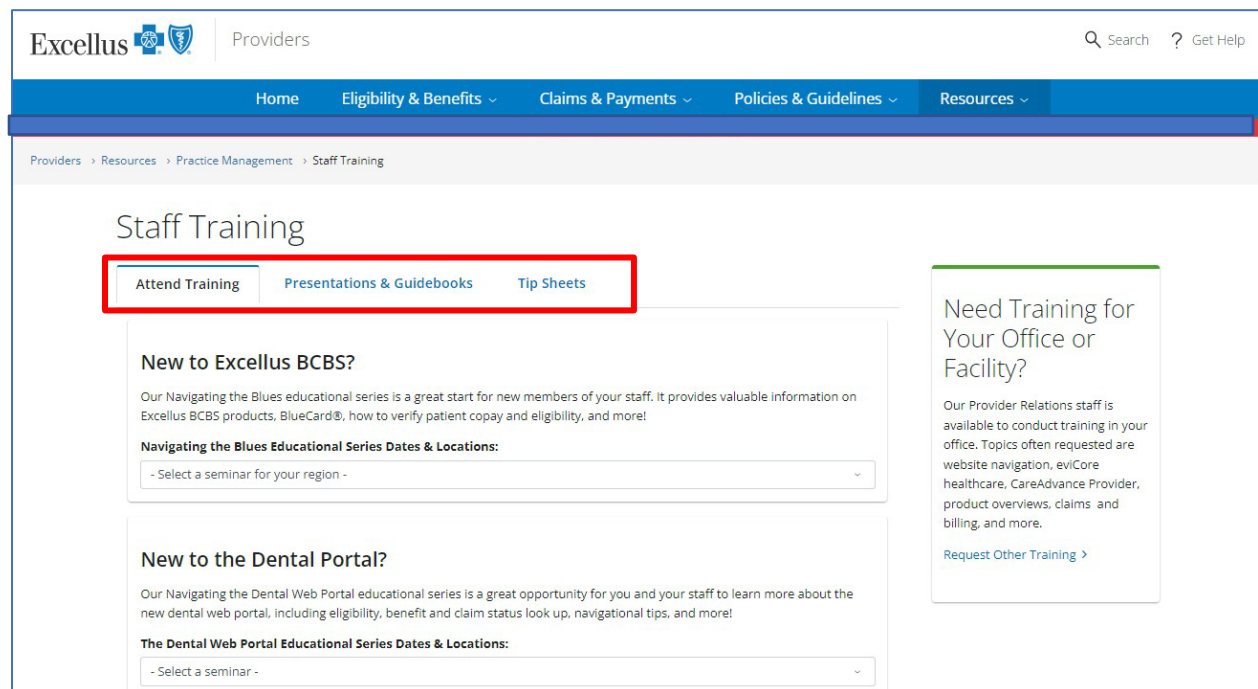
Practice Management

Practice Management includes links to items that a provider or practice would utilize for new or required periodic trainings, updating practice information, and managing their staffs access to the secure portion of the portal.



Staff Training

The Staff Training section is broken down in to three tabs – Attend Training, Presentations & Guidebooks, and Tip Sheets.



The Attend Training tab provides a listing of available trainings.

The screenshot shows the 'Attend Training' tab selected, highlighted with a red rectangle. The interface includes two main sections: 'New to Excellus BCBS?' and 'New to the Dental Portal?'. Each section contains a description of an educational series and a dropdown menu for selecting seminars by region. Red arrows point to the dropdown menus in both sections.

Attend Training Presentations & Guidebooks Tip Sheets

New to Excellus BCBS?

Our Navigating the Blues educational series is a great start for new members of your staff. It provides valuable information on Excellus BCBS products, BlueCard®, how to verify patient copay and eligibility, and more!

Navigating the Blues Educational Series Dates & Locations:

- Select a seminar for your region -

New to the Dental Portal?

Our Navigating the Dental Web Portal educational series is a great opportunity for you and your staff to learn more about the new dental web portal, including eligibility, benefit and claim status look up, navigational tips, and more!

The Dental Web Portal Educational Series Dates & Locations:

- Select a seminar -

The Presentations & Guidebooks tab provides links to reference material and videos for training and informational purposes.

The screenshot shows the 'Presentations & Guidebooks' tab selected, highlighted with a red rectangle. The interface lists various training materials under four categories: Training Presentations, Claims and Billing, Onboarding, and Smart Data Solutions. Each category contains a list of links to documents or videos, indicated by document icons.

Attend Training **Presentations & Guidebooks** Tip Sheets

Training Presentations

Claims and Billing

- Participating Providers: Navigating the Blues Dental Guidebook
- Tips for Completing the CMS-1500 Form

Onboarding

- Provider Portal Registration and Maintenance Guide for Dentists
- Dental Portal Training Manual
- Dental Portal Latest Information

Smart Data Solutions

- SDS Provider Portal for Claims

The Tip Sheets tab includes links to tip sheets and guides that will assist users with specific topics or systems. The search bar at the top can be used to search for a specific topic or category.

Attend Training Presentations & Guidebooks **Tip Sheets**

Search by Name or Topic or Select a Category

Showing 1 - 30 of 56 Results

TITLE	CATEGORY
Access & Availability Standards	Patient Care
ADHD PCP Toolkit	Patient Care
Anxiety PCP Toolkit	Patient Care

To the right of the tabs is the option to “Request Other Training”.

Providers > Resources > Practice Management > Staff Training

Staff Training

Attend Training Presentations & Guidebooks **Tip Sheets**

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Our Navigating the Blues educational series is a great start for new members of your staff. It provides valuable information on Excellus BCBS products, BlueCard®, how to verify patient copay and eligibility, and more!

Navigating the Blues Educational Series Dates & Locations:

- Select a seminar for your region -

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Our Navigating the Dental Web Portal educational series is a great opportunity for you and your staff to learn more about the new dental web portal, including eligibility, benefit and claim status look up, navigational tips, and more!

The Dental Web Portal Educational Series Dates & Locations:

- Select a seminar -

Need Training for Your Office or Facility?

Our Provider Relations staff is available to conduct training in your office. Topics often requested are website navigation, eviCore healthcare, CareAdvance Provider, product overviews, claims and billing, and more.

[Request Other Training >](#)

After clicking on the link, the Staff Training Request Form will appear. Requestors must select or fill out all required fields and click submit to request the training.

Staff Training Request Form

Please complete the form below to request training for your staff with your Provider Relations Representative. Your representative will contact you to schedule training.

***Required Field**

Please select type of training *

☐ Website Navigation
☐ CareCore National
☐ Product Overview
☐ Claims and Billing
☐ Other

Other training

Describe desired training

Are you a Billing Agency *

☐ Yes ☐ No

Office Name

Phone Number

###-###-####


Your Name *

First and Last Name

Email Address *

Message

List the people from your office who will attend

☐ I'm not a robot  reCAPTCHA
Privacy - Terms

Manage Staff Access

Manage Staff Access is used to view, add, modify, or delete authorized employees of the practice. Please refer to [The Provider Portal Registration & Maintenance Guide](#) for further details.

Manage Staff Access

Use this screen to ensure that only authorized employees at your practice have access to patient information. If you wish, you can delegate this role to your Office Manager by Registering them below as an "Office Manager". When registered as an Office Manager, they will be able to add or delete staff accounts.

List of Authorized Employees

Your practice has approved the following individuals to access patient information. If an employee's status has changed, you can terminate their access by clicking the "Delete Account" button next to their name. To establish a new account for an employee, select the "Add New Account" button below.

+ Add New Account

Unique Provider ID: 100000226656

Federal Tax Identification Number: 261735460

Show entries

USERNAME	FIRST NAME	LAST NAME	EMAIL	ROLE
dentaluniusr060	Jackie	Doe		Office Manager

Showing 1 to 1 of 1 entries

< 1 >

Update Practice Information

Update Practice Information provides details on what information can be updated, how to submit the changes, and links to the forms.

Attestation and Certifications

This area is a centralized location for the annual Cultural Competency, Model of Care, Provider Directory Data, and OMIG training, attestation, or certifications.

Attestations & Certifications

Cultural Competency Attestation

Annually attest to Cultural Competency training.

Model of Care Training and Attestation

Annually attest to Dual Eligible Special Needs Plan (D-SNP) Model of Care training.

Provider Directory Data Attestation

Annually attest to your provider directory data to meet the CAA mandate.

OMIG Medicaid Certification

Annual certification required for providers billing Medicaid.

Frequently Asked Questions

The Frequently Asked Questions section includes questions that we commonly receive and the answers to those questions.

Consolidated Appropriations Act Toolkit

This area provides information related to the Consolidated Appropriations Act and the Transparency in Coverage regulation including a number of provisions relating to health insurance and group health plan coverage.