

#### DELTA DENTAL OF COLORADO SYSTEM UPGRADE

Provider Guide



**A DELTA DENTAL** 

# Changes to Smile About





This guide will help you navigate the provider portal and additional changes related to our system upgrade.

There are additional materials available on our resource library: https://www.deltadentalco.com/resourcelibrary/



Throughout this guide, you will see this icon to note where there is a supplemental video available.

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## Logging in to the Provider Portal

#### Creating an Account

 Go to DeltaDentalCO.com. Click on the Providers link at the top of the home page and scroll down to Create an Account on the provider landing page. Click Create an Account and follow the instructions to complete your registration.



#### Logging On

There are two ways to log in:

 Click on the Sign in/Register link on the top right-hand part of the page and select Provider from the I am a.... dropdown menu, and click the green Go button. Enter your username and password and click Log In

#### OR

 Click on the **Providers** link at the top of the site and scroll down to Log In on the provider landing page, click **Log In.** Enter your username and password and then click **Log In.**

- If you forget your username or password, go to the Provider Log In page and click **Forgot Username or Password** to retrieve your information.
- Once you're logged in, you will land on the dashboard where you can easily search for patient records or view **Recent Claims** or **Payments**.



### Reset Password

- To reset your password, look in the upper right-hand corner of the login page and click on the drop-down arrow next to your name.
- Select My Profile.
- Click the change your password link.

ථ DELTA DENTAL		
Dashboard	Find a Patient Claims Payments Documents	
	✓ Return to Dashboard	My Profile Log Out
	My Profile	
	Note: Please visit the Delta Dental National portal to change your password.	
	My locations:	
	Location Facility Report	
	Le View Facility Report	

### Patient Records



On the **Find a Patient** tab, you can search for a patient and view:

- Dental Benefits
- Limitations
- Coverage
- Claims
- Treatment Plans

Let's take a look at each of these sections.

The **Dental Benefits** tab will provide a high-level overview of the patient's benefits, including policy information, maximums, and a list of **frequencies** and limits for common procedures.

The maximums will provide a snapshot of the amount that has been used to-date, the total allowed, and amount remaining.

You will also see the number of cleanings remaining for the patient and their next available coverage date, depending on their plan.



*Tip:* If you need a full list of benefits for the patient, you can get a full report that can be downloaded, printed, etc. by clicking on the option at the very bottom of the screen.



Name:			Cleani	ngs remaining
Group Name:			for	
Group Number:		EDI (Membership)		-
broup Humber.		0000000001		2
D:				—
Coverage:		PPO Premier	Ne	t available:
Effective Date:		02/01/2018	0	5/27/2021
Termination Date:		N/A		
Maximums apply if the Memb	er meets the age requirement of	the covered service		
Individual Lifetime Ort	ho Maximum (PPO)			
Used: \$0.00 / Remaining	: \$2000.00		Тс	atal allowed: \$2000.
Individual Lifetime Ort	ho Maximum (Premier)			
Used: \$0.00 / Remaining	: \$2000.00		To	tal allowed: \$2000.
Individual Annual Maxi	mum (PPO)			
Used: \$0.00 / Remaining	: \$1500.00		т	otal allowed: \$1500.
Individual Annual Maxi	mum (Out of Network)			
Individual Annual Maxii	mum (Out of Network)			
Individual Annual Maxii Frequencies and Limits	mum (Out of Network) for Common Procedures		Q View al	I frequencies & limits
Individual Annual Maxis Frequencies and Limits	mum (Out of Network) for Common Procedures How Many Allowed?	Age Limit	D View al Next Available	l frequencies & limits Remaining
Individual Annual Maxis Frequencies and Limits Type Bitewing X-Rays	mum (Out of Network) for Common Procedures How Many Allowed? 2/11 rolling month	Age Limit N/A	View al Next Available 05/27/2021	l frequencies & limits Remaining 1
Individual Annual Maxis Frequencies and Limits Type Bitewing X-Rays Cleanings	mum (Out of Network) for Common Procedures How Many Allowed? 2/11 rolling month 4/11 rolling month	Age Limit N/A N/A	View al Next Available 05/27/2021 05/27/2021	l frequencies & limits Remaining 1 2
Individual Annual Maxis Frequencies and Limits Type Bitewing X-Rays Cleanings Exams	mum (Out of Network) for Common Procedures How Many Allowed? 2/11 rolling month 4/11 rolling month 2/11 rolling month	Age Limit N/A N/A N/A	View al Next Available 05/27/2021 05/27/2021 09/21/2021	l frequencies & limits Remaining 1 2 0
Individual Annual Maxis Frequencies and Limits Type Bitewing X-Rays Cleanings Fluoride	for Common Procedures How Many Allowed? 2/11 rolling month 4/11 rolling month 2/11 rolling month 2/11 rolling month	Age Limit N/A N/A N/A	View all Next Available 05/27/2021 05/27/2021 09/21/2021 05/27/2021	l frequencies & limits Remaining 1 2 0 2

Ophy Dont see information you need? Click here to view full benefits

Under **Limitations**, you can see a comprehensive list of the patient's plan limitations with information such as:

- Type of limitation
- Number of allowed for the plan
- Age limit
- Next available
- Remaining

You may see N/A for certain treatments. This does not always indicate that coverage is not available; it may be that our system in unable to display the details for this coverage so it defaults to N/A.

For example, under Fillings, N/A will display for "How Many Allowed" because the system cannot display the information for each tooth. It's best to cross-reference the **Coverage** section to confirm.

The **Coverage** section will show the benefit classes, copay, deductible waived, waiting period, and eligibility for benefit class details by network – Premier<sup>®</sup>, Out of Network, and PPO<sup>™</sup>

You can do an individual code search by clicking on the top search bar with the code and provider details.

A pop up box will appear with the details for that particular code.

Dental Benefits Li	mitations	Coverag	e Claims T	reatment Plans	
Туре	How Ma	iny Allowed?	Age Limit	Next Available R	emaining
Bitewing X-Rays	2/11 ro	lling month	N/A	05/27/2021	1
Bridges	1/60 rd	olling month	Prosthodontics 16+	per tooth	0
Cleanings/Periodontal Maint	tenance 4/11 ro	lling month	N/A	05/27/2021	2
Consultations	1/12 ro	lling month	N/A	05/27/2021	1
Crowns	1/60 rd	olling month C	rowns, Inlays, Onlays & Veneers 12	2+ per tooth	0
Exams	2/11 ro	lling month	N/A	09/21/2021	0
Fillings	N/A		N/A	per tooth	0
Fluoride	2/11 ro	lling month	N/A	05/27/2021	2
Full Mouth Debridement	1/24 rc	lling month	N/A	05/27/2021	1
Full Mouth/Panoramic X-Ray	<b>rs</b> 1/36 ro	lling month	N/A	05/27/2021	1
Implant Restoration	1/60 rd	lling month	Implants Surgical & Restoative 16-	+ per tooth	0
* Implants	1/60 rc	olling month	Implants Surgical & Restoative 16-	+ per tooth	0
Limited Exams	3/6 rol	ling month	N/A	05/27/2021	3
Occlusal Guards	1/36 ro	lling month	N/A	05/27/2021	1
Orthodontics	N/A		Ortho 0-26 End of Month	N/A	0
Palliative Treatment	1/day		N/A	05/27/2021	1
Periapical X-Ray	N/A		N/A	N/A	0
* Periodontal Scaling	1/24 rc	lling month	N/A	per quadrant	0
* Periodontal Surgical Service	s 1/36 ro	lling month	N/A	per quadrant	0
Prosthodontics	1/60 rd	lling month	Prosthodontics 16+	per tooth	0
<sup>®</sup> Root Canal Therapy	1/24 rc	lling month	N/A	per tooth	0
* Sealants	1/36 ro	lling month	Sealants 0-14	per tooth	0

1 Submit Claim or Treatment Plan



# On the patient record, you can also **Submit a Claim** or **Treatment Plan**.

For a pre-treatment estimate, click on the check box below treatment plan and proceed to adding all required information in the form below.

To submit a claim, complete the form with all required information.



Treatment Plan?	
Check here if you are only submitting a treatment plan and not a claim. Treatment plans valid for a period of 90 days following submission.	are
Payer Information:	
PRIMARY PAYER:	
Additional Coverage Information:	

Enter the appropriate procedures that were completed on the patient under the **Procedures** section. You can add or remove procedures as needed.

*Tip:* Don't forget to check the legal check boxes at the end before you hit **submit**.

/ Submit Claim or	Treatment Plan
Treatment Plan?	
Check here if you are only submitting a treatment p valid for a period of 90 days following submission.	olan and not a claim. Treatment plans are
Payer Information:	
PRIMARY PAYER:	
Delta Dental of Colorado	
Additional Coverage Information:	
Patient has other Coverage?	
Assignment of Benefits is on File	
Dentist Information:	
TREATING DENTISTS NPI: *	
C0000000	CO 800200 *
BILLING / BUSINESS NPI: "	1008



2021070A414000 (Paid)

(Paid)

(Denied)

2021070A417100

2021071A038100

2021071A059800 (Paid)

Claim:

Patient

Provider

Claim:

Provider

Claim:

Provider

Patient

Provide

Subscribe

# Claims

On the Claims tab, you can view submitted claims.

Each claim will show whether the claim is In Process, Denied or Paid.

From this screen, you can also edit or void claims in process, and view paid or denied claims.

You can download and/or print the EOB from here.

location, patient name or date range.

You can also filter claims by status, provider

Claims ER BY PROVIDER LOCATION All All locations In Process 11/18/2020 📩 05/18/2021 🛅 Paid 00 (Paid) 05/05/2021 Denied Date of Service: 02/11/2021 \$102.00 N/A Check 2021043A285500 (Paid) Claim: 05/05/2021 Patien Provider Date of Service: 02/10/2021 \$80.10

05/05/2021

03/10/2021

05/05/2021

03/10/2021

05/05/2021

03/10/2021 **\$0.00** 

05/05/2021

03/10/2021

Paid Amoun

\$480.00

N/A

N/A

**\$91.20** N/A

\$154.00 N/A



### Payments

On the **Payments** tab, you can view current and historical payments.

If you need to look up a payment for a particular patient, you can also use the patient quick search.

You can also search payments by a specific time period by changing the dates on the Showing From and Showing To bar.

You can view and download check disbursement.

ර් delta dental							
Dashboard	Find a Patient	Claims	Payments	Documents			
	Patient Quick S	earch:					
	SUBSCRIBE	R ID OR SSN *	FIRST NA	ME *	DOB *	SEARCI	н
	Payme	ents Hist	torical Payments (Pri	ior to 04/09/2020	))		
	Paymo	ents					
	SHOWING FR 06/17/202	ом: showing 0 • 06/17/2	ато: 2021 <sup>Ш</sup>				
	DATE OF ISS	UE	CHECK		AMOU	NT	
	06/16/202	1	Q 40003	0888	\$154.0	00	
	06/14/202	1	0 40002	6950	\$68.0	0	
	06/11/202	1	<b>Q</b> 40002	0064	\$91.20	0	
	06/10/202	:1	0 400018	3794	\$276.0	00	
	06/09/20:	21	<b>Q</b> 400017	003	\$169.4	10	
					Items per page: 5	▼ 1-5 of 8 < >	



### Documents

Access important Delta Dental of Colorado documents such as the Provider Handbook, bi-monthly newsletter, fee and copay schedules, and more in the **Documents** tab.



Visit **My Profile** to view the facility report for your provider's credentialing due dates and which providers are associated with the Tax ID.

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Dashboard	Find a Patient	Claims	Payments	Documents
	Return to Dash	board		
	My Pro	ofile		
	Note: Pleas	se visit the Delta I	Dental National port	al to change your password.
	My locati	ons:		
	Location			Facility Report
				Q View Facility Report



# Other Changes Impacting Providers

In addition to a new web and portal experience, providers will also see the following changes:

- 1. Paper checks will only be processed **once per week on Tuesdays.** Sign up for direct deposit to conveniently receive daily payments, view your EOBs online 24/7, easily track payments, and more! Email **profservices677@ddpco.com** to sign up.
  - ACH payments will continue being processed daily.
- 2. Information requests (IR) for claims will now be sent as requests for information (RFI). Providers will have **30 days to submit the additional information requested**.
- 3. You will see new formats on documents such as ID cards, EOB's, and checks.



- 4. Some members and groups will see a change to their group numbers, and the format for termination dates will be different.
  - Group numbers will now be composed of an 11-digit number group number, preceded by zeroes.
  - The format of termination dates is changing from "through date" to "to date". The period that the member is covered is NOT changing. Currently, coverage is active through a particular date. The new format will be the date AFTER the last date of coverage or date up to which coverage was active.
    - Example: 1/1/2021 THROUGH 12/31/2021. Last day of coverage is 12/31/2021. 1/1/2021 TO (but not including) 1/1/2022. Last day of coverage is still 12/31/2021.

If you have any questions, please contact your provider representative or 303-889-8677 or **profservices677@ddpco.com**.