3/22/2021 Constant Contact



## Wouldn't it be nice if there was a program that offered extra "enhanced" benefits for your Delta Dental of Oregon patients?

Well here it is! Delta Dental of Oregon's Health through Oral Wellness program focuses on the early intervention of caries, periodontal disease and oral cancer for all ages. Delta Dental of Oregon has partnered with software company, PreViser, to provide dental offices with a free, online risk assessment tool that identifies which of your patients are at higher risk for oral diseases and which patients qualify for extra preventative benefits.

Over 600,000 Delta Dental of Oregon and ODS Community Dental members have Health through Oral Wellness in their plan design and may be eligible for the following enhanced benefits. Examples include 3 month cleanings or 3 month periodontal maintenance, 3 month fluoride (all ages), nutritional counseling or oral hygiene instructions once per 12 months, medicaments dispensed out of your office once per 6 months, sealants once every 3 years instead of 5, and smoking cessation once per 12 months.

### Join the over 750 Oregon dental offices already registered with the program!

To sign up for the PreViser risk assessment software simply go to <a href="PreViser.com">PreViser.com</a> and claim your free account. For more information about this program please visit us at <a href="DeltaDentalOR.com">DeltaDentalOR.com</a>, email us at <a href="HTOWOR@deltadentalor.com">HTOWOR@deltadentalor.com</a> or call our dedicated Health through Oral Wellness provider line at 1-844-663-4433. We are also available for office trainings!

### Welcome to the Health through Oral Wellness Corner...

a new space dedicated to sharing helpful program tips and reminders!

# Remember to reassess your patients every 12-14 months!

Please ensure your Health through Oral Wellness patients are being reassessed within 12-14 months of their last assessment. Patients not reassessed during this timeframe are at risk of being reassigned to their standard plan benefits. We appreciate your commitment to helping your high risk patients retain the extra preventative benefits they need!

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### Have you signed up for Delta Dental of Oregon's Medicare Advantage network?

Delta Dental of Oregon (DDOR) has partnered with Moda Health and Summit Health to offer Delta Dental benefits under their Medicare Advantage plan.

#### How can my office join DDOR's Medicare Advantage network?

Joining our Medicare Advantage network is simple. Since you already participate in Delta Dental's network, there are just two additional steps needed to join our Medicare Advantage network.

- 1. Review and sign the Medicare Advantage network contract. This agreement will honor your contracted Premier fees with Delta Dental of Oregon. The exhibit is specific to Moda Health and Summit Health's Medicare Advantage plan and will not enroll your office with any other carrier's Medicaid networks. Please note that providers who have opted out of Medicare directly with CMS are unable to join this network.
- 2. Complete the Medicare Advantage Attestation document. Only one document is required for your office(s). If your office operates under multiple Tax ID numbers, please list all that apply.

All required contracting paperwork may be found at <u>DeltaDentalOR.com</u>. Completed documents may be emailed to <u>dpror@deltadentalor.com</u> or faxed to 503-243-3965 for processing. Please contact Dental PR at 888-374-8905 for additional contracting questions.

Click here to see which services are covered under this plan and what the patient ID cards look like.

If you have benefit questions, please contact our Medicare Advantage Customer Service team at 877-299-9062 for Moda Health or 844-827-2355 for Summit Health.

### PPO verses Exclusive Provider Organization (EPO) plans

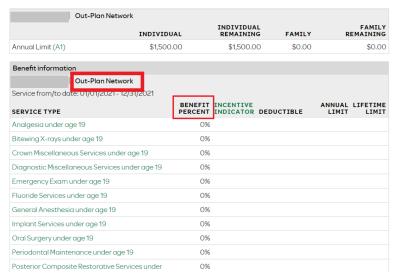
"I'm a PPO provider, can I still provide treatment with reimbursement for EPO patients?"

"Yes! Delta Dental Preferred Provider Organization (PPO) providers can see any Exclusive Provider Organization (EPO) and be reimbursed at their in-network contracted PPO rates."

EPO is one of many plan designs available under the PPO contract. Patients on the EPO plan are required to seek care from a contracted PPO dentist to receive benefits from their plan. Benefits are not available when services are rendered by a non-PPO provider. This plan may also be listed as Delta Dental PPO (exclusive) on the patients ID card.

When checking an EPO patient's eligibility in Benefit Tracker, PPO in-network providers must first select the "in-plan network" tab in the plan maximums and deductibles or benefit information to see the patient's correct "in-plan network" benefits. Benefit Tracker will default to "out-plan network" benefits.

Below is an example of how out of-network benefits display in Benefit Tracker for patients on an EPO plan. Premier only providers are considered out-of-network and would see the below benefit outline.



If you would like more information about joining our PPO network, please contact Dental Professional Relations at DPROR@deltaldentalor.com or 1-888-374-8905.



### Come say hello!

The Oregon Dental Conference will be held this year on a virtual platform. Delta Dental of Oregon is excited to once again to be a sponsor of the 2021 ODC. Stop by our virtual booth and say hi to our Dental Professional Service Representatives. We are excited to have the opportunity to connect with all of our dental partners!

Provider Handbooks
Dentist Handbook (PDF)

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