Welcome to the HumanaDental network

HumanaDental.com
We want to pay you promptly

Simple tips for prompt processing
Before submitting your claim form, please complete the following fields:

• **Name field:** If you type your name in the field, please don't sign over it.

• **NPI:** Including your unique national provider identifier (NPI) helps us process your claims faster.

• **Tax ID number:** Humana can process your claims faster if we have your current tax identification number.

• **Claim filing:** Enter your provider name as it appears on your Humana contract to expedite the processing of your claim.

We recommend calling us to verify a patient's eligibility. If a procedure will cost more than $300, we recommend you submit a treatment plan for review. The plan should include:

• A list of the services you plan to provide, using American Dental Association nomenclature and codes

• Your written description of the proposed treatment

• Supporting pretreatment X-rays*

• Itemized cost of the proposed treatment

• Any other diagnostic materials HumanaDental® requests*

Non-covered services
Prior to performing any non-covered services, please inform your patient of any financial obligations.

Specialty referrals
Humana dental products do not require referrals for specialist care.

Submitting a claim electronically
Find a clearinghouse through your practice management software vendor. Simply let the clearinghouse know our payer ID:

**HumanaDental payer ID:** 73288
**CompBenefits payer ID:** CX021

• To send X-rays, periodontal charts and intraoral pictures over the internet, use FastAttach® through National Electronic Attachment Inc. (NEA).

• For questions or concerns, please call NEA at 1-800-782-5150 or visit www.nea-fast.com.

Submitting a claim by mail
We accept any standard claim form. Please fill the form out completely and mail it to:

**HumanaDental Claims Office**
P.O. Box 14611
Lexington, KY 40512-4611

**CompBenefits Claims Office**
P.O. Box 14283
Lexington, KY 40512-4283

If you are mailing X-rays, periodontal charts or other attachments that you want returned, please include a self-addressed, stamped envelope.

Attachments without a self-addressed, stamped envelope will not be returned.

*Please refer to the claim attachment guidelines in this packet. Please note that the guidelines also appear at Humana.com. You can access the guidelines, and those of other dental benefit plans, in one central location by enrolling in the National Electronic Attachment (NEA) FastLook™ online catalog. Health Insurance Portability and Accountability Act (HIPAA) rules apply to both electronic and paper submissions. For more information about HIPAA, visit the American Dental Association at www.ada.org or the U.S. Department of Health and Human Services at www.hhs.gov.
Register at Humana.com
Access information 24 hours a day when you register at Humana.com. Review patient eligibility and benefit information; check the status of your patients’ claims; view waiting periods, deductibles and maximums; and complete other tasks.

Click on “Register now” in the sign-in area. Be sure to register as a dentist on the next screen to get started.

Register at www.CompBenefits.com
If you elected to participate with the dental health maintenance organization (DHMO), Humana Advantage exclusive provider organization (EPO), Humana Federal Advantage or HumanaOne products, you may register at www.CompBenefits.com to access member eligibility and claim status information.

To get started, visit www.CompBenefits.com and click on “Log In.” On the ensuing page, click on “Register.”

Automated claim and eligibility information is available
Dial the Customer Care telephone numbers to the right to access automated information lines that can provide claims and patient information. Please have the following information handy:
- Dentist tax identification number
- Member name
- Member identification number
- Member date of birth
- Date of service

Need to speak with Customer Care?
If you need to talk to someone, please call one of the Customer Care numbers listed below.
Assistance is available Monday – Friday, 8 a.m. – 8 p.m., Eastern time, on the HumanaDental/Medicare dental line; all other lines operate from 8 a.m. – 5 p.m., Eastern time.
- HumanaDental and Humana Medicare Dental/DEN plan: 1-800-833-2223
- CompBenefits: 1-800-342-5209
- Federal Advantage Plan: 1-877-692-2468
- Humana Medicare Access/Discount plan: 1-800-898-0371
- Central States: 1-800-323-2190

Claims payment appeal process
Call Humana’s provider call center at one of the above numbers. Agents can answer most claims questions and will initiate contact with other departments as needed. Be sure to note the reference number issued. If your inquiry is referred to another area, you will receive a letter with a determination within 30 to 45 days.
If you feel your issue is still unresolved, you can submit a request for reconsideration by secure email to humanaproducerservices@humana.com.

Updating provider and practice information
Humana and its subsidiaries use the participating provider’s name, office address(es) and telephone number(s), office hours, panel status (are you accepting new members) and other pertinent information in marketing, directory information and other materials, and for regulatory purposes.
Participating providers need to provide notice within 10 business days of changes to his or her name, address, tax identification number, office hours, panel status (are you accepting new members) or other practice information.

Changes to TIN(s) will be applied to the participating provider’s network status unless otherwise notified by participating provider.

Changes can be made by:
Email: NetAdminCorrespondence@humana.com
Fax: 1-920-632-1483
Mail: Humana Dental
P.O. Box 10708
Green Bay, WI
54307-0708

Recredentialing
Humana recredits dental providers every two to three years, depending on state requirements.

Directly contracted providers will begin receiving reminders 120 days from their due date to begin the process. Delegated providers will follow their corporate procedures to ensure they remain in network with Humana.

Referring a provider
To refer a dentist to HumanaDental’s network, visit Humana.com/providers/dentists and click on “Refer a dentist form” under “Join our Network.”

Terminating your relationship with Humana
In the event of a contract termination, with or without cause, or Humana’s insolvency or other inability to continue operations, the provider will notify Humana about members whom he or she is treating.

If a participating provider moves or closes his or her office after initial contracting and does not notify us in writing, Humana will make a good-faith attempt to locate that provider; however, if we are unable to locate the provider, the provider may be terminated without written notice or cause unless prohibited by law.

Upon termination of your agreement, you are obligated to provide, arrange for and pay for covered services to our members through the last day of your agreement. You will agree to complete all work in progress before the last day of your agreement or to pay for such completion if not done so by the last day.

Quality assurance for our members
As a contracted provider, you agree to participate in HumanaDental’s quality assurance, utilization review and grievance processes.

You agree to forward to HumanaDental within seven days of receipt any complaint and/or grievance submitted by a member. In addition, you agree to cooperate with and participate in all final determinations made through the grievance procedures; however, nothing in this provision is intended to prohibit or hinder a member from using any further appeal or review process available under applicable law.