

# DENTAL OFFICE UPDATE

Summer 2000



## “Track” patient information online

Fall signifies “new beginnings” like back to school and the end to summer vacations.

A fresh start to any dental office is Benefit Tracker, a free, online eligibility service.

With over 155 users, Benefit Tracker gives amazing flexibility to dental offices by having information literally at their fingertips.

With Internet access, an office is ready to verify

patient  
eligi-  
bility,  
dental

benefits and claim status information.

There is no waiting. An office staff can access information at convenient times for them.

For more information, call 1-877-337-0651 or email [denben@odshealthplans.com](mailto:denben@odshealthplans.com).



## ODS News

### ADA CDT-3 Coding Update

ODS is working to accommodate the new alpha/numeric CDT-3 codes into our system. However, we are unable to process the codes at this time.

If received, they will be processed with a corresponding ADA CDT-2 code.

ODS is working to complete the update by January.

In the meantime, we appreciate your patience during this transition process.

### Deferred Compensation Update

ODS offers two Tax Deferred Compensation Plans which allow OHP participating dentists to invest a portion of their OHP reimbursement into a self-directed portfolio.

A wide range of Columbia Mutual Funds are offered to maximize investment choices. Benefits are generally payable upon retirement, disability or death, and certain limitations

may apply to the amounts that can be deferred.

For more information on Deferred Compensation, call the ODS Professional Relations Department at 1-800-852-5195. We can send you a complete informational packet, including enrollment forms, for your consideration.

### Pediatric Dentist Referrals

Our ODS Dental Customer Service representatives would be happy to assist you in a search for a pediatric dentist referral. They can be reached 7:30 a.m. to 5:30 p.m. Monday through Friday at 228-6554.

### Office closures

ODS Health Plans will be closed on:

**Sept. 4, 2000**  
*Labor Day*

**Nov. 23-24, 2000**  
*Thanksgiving*

## Survey shows improvement

An OHP provider survey of participating dentists gathered information on various topics including how participating dentists provide access to dental care and compliance with the American Disability Act's access regulations.

Out of the 415 surveys mailed last fall, ODS received responses from 220 providers for a final response rate of 53 percent.

A few highlights of the survey results are:

- 75.6 percent responded average wait time for a complete exam appointment was 14 days or less. This is up from the 72 percent rating in 1997 survey.
- 63 percent rated ODS customer service support staff as better than other managed care plans. This is an increase from the 60 percent rating in the 1997 survey.
- Over 86.4 percent of dentists reported there was easy wheelchair access to the office, exam rooms and restrooms.

## Coordination of Benefits Process

Coordination of Benefits, or COB, is a term in the industry that strikes fear in even the most experienced office manager.

It has long been difficult to determine who the primary insurance carrier is. More employers in Oregon today self-insure and may have different COB rules than an insured plan.

To simplify the process, if the primary carrier is known, bill them first. Upon receipt of their payment, bill the secondary carrier showing what the primary carrier paid.

The National Association of Insurance Commissioners (NAIC) has "Model Regulations" that outline which plan is primary. These regulations only apply for insured groups. Self-insured groups do not have to follow these regulations. Because they often don't, an investigation is necessary.

ODS suggested in the past to bill both carriers at once and have them determine together the primary cov-

erage and payment. With more self-insured programs in Oregon, it is more efficient to bill one carrier and then the other upon receipt of payment.

Nearly all dental plans require coordination of benefits if more than one plan exists. The usual result is that each plan will pay its regular benefits provided that the total payments, by all plans, does not exceed 100 percent of the allowable charges.

**ODS is available to answer any questions or clarify procedures.**

**If you have a group that meets for continuing education, ODS would be happy to send a representative to discuss this or other topics of interest.**

**You can reach our Customer Service department 7:30 a.m. to 5:30 p.m. Monday through Friday at 503-243-4494.**

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