

Dear Dentist and Staff,

Starmount Managed Dental of California Inc., dba Unum Dental HMO Plan (Unum DHMO) would like to thank you for being part of our network and providing excellent care for our members. To ensure you have the most current information regarding our plans and are aware of any annual changes that may occur from year to year, we would like to share the following information with you.

**Telehealth**

The State of California signed into law AB 744, which greatly expands health plan responsibilities for the maintenance of provider directories. Certain provisions of AB 744 require that Unum DHMO Dental Provider Agreement be amended to comply with this new law. Therefore, **enclosed** is a “Amendment #1” to your Provider Agreement”. Should you have any questions regarding this amendment, please contact our office at (800) 937- 3400.

**Appointment Availability**

The following is a reminder of Unum DHMO provider appointment availability standard:

Quick Guide	
Appointment Category	Plan Standard
Initial Examination Appointment	within 3 weeks
Routine Appointments	within 3 weeks
Hygiene Appointment	within 4 weeks
Urgent Appointments	within 72 hours or less
Emergency Care	within 24 hours or less
In-Office wait times	30 Minutes

When an appointment needs to be rescheduled by a provider or enrollee, Unum Dental HMO Plan’s Standard for Appointment availability shall be followed and the appointment will be promptly rescheduled in a manner that is appropriate for the enrollees health care needs and continuity of care which is consistent with good professional practice. The nature and urgency of services must be considered.

**Emergency Care**

Emergency care should be addressed within 24 hours. During non-business hours, offices must have an answering service, provider cell phone or answering machine operating, which provides instructions on how enrollees may obtain urgent or emergency care including, when applicable, how to contact another provider who has agreed to deliver urgent or emergency dental care to members, if the member’s assigned provider is not available.

**Specialty Care**

Specialty services, if covered by your plan, require prior authorization by Unum DHMO. If your Unum DHMO patients have questions, wish to appeal or would like to obtain copies of Unum Dental HMO Plan’s procedures to authorize or deny health care service, please refer them to our member services team at (800) 937-3400.

**Provider Directory Accuracy**

The State of California signed into law on October 8, 2015, SB 137, greatly expanding Health Plan responsibilities for the maintenance of their provider directories. Many of the key provisions became effective on July 1, 2016. The new law also establishes certain requirements for dentists to provide updated practice and professional information. Failure to do so may result in penalties including removal from the provider directory.

You should have already received a request from Unum Dental HMO Plan to confirm your provider directory information and we appreciate your time and response. Please note, if we are unable to confirm your information, this new law

requires Unum Dental HMO Plan to remove your name from its directory. Therefore, your timely response is important and appreciated.

To ensure that our provider directory remains as accurate as possible we would like to kindly remind that our providers are required by contract to:

1. Notify the plan within five (5) business days if the provider is “not accepting new patients” or if a provider who was previously “not accepting new patients” is currently “accepting new patients”.
2. Notify the plan of any changes of information displayed in the provider directory.
3. Notify the plan when a provider retires or otherwise ceases to practice.
4. Respond to directory information verification requests within thirty (30) days of receipt.
5. Direct the enrollee or potential enrollee, seeking to become a new patient, to the plan for assistance in finding a contracted provider, if they are “not accepting new patients”. Providers must also notify the Department of Managed Health Care to report any alleged inaccuracy in the Plan’s provider directory.

### **Preventive Care Guidelines**

The following is Unum Dental HMO Plan’s recommended Preventive Care Guidelines:

<b>Recommended Preventive Guidelines</b>	
<b>Age Group</b>	<b>Preventive services</b>
<b>6-12 months</b>	Prophylaxis (toothbrush or rubber cup) as tolerated, assess systemic fluoride intake and prescribe supplements if indicated, provide counseling for caregivers on oral hygiene, nutrition, injury prevention, and oral habits
<b>12-24 months</b>	Prophylaxis (toothbrush or rubber cup) as tolerated, apply topical fluoride treatment based on patient’s caries risk status, provide counseling for caregivers on oral hygiene, nutrition, injury prevention, and oral habits, fluoride intake. Six month recalls or as indicated based on patient’s risk status.
<b>2-12 years</b>	Prophylaxis, apply topical fluoride treatment based on patient’s caries risk status, place sealants upon eruption of permanent molars. Provide oral hygiene instructions and appropriate counseling.
<b>12+</b>	Prophylaxis, apply topical fluoride treatment based on patient’s caries risk status, provide oral hygiene instructions and appropriate counseling.

<https://www.ada.org/en/member-center/oral-health-topics> /American Dental Association

This site provides an alphabetical list of dental topics.

<https://www.ada.org/en/member-center/oral-health-topics/home-care>

Provides instructions on daily dental homecare Dental Visits are Important.

<https://crest.com/en-us/oral-health/why-crest/faq/how-to-properly-brush-your-teeth>

Provides information on how to maintain the proper home dental care cleaning procedures.

### **LAP (Language Assistance Program)**

Unum Dental HMO Plan has a free Language Assistance Program (LAP) for members with Limited English Proficiency (LEP) and enrollees with disabilities, hearing, speech and visual impairment. To access these interpretation and translation services, please call (800) 937-3400 or 711 to access the California Relay Service to contact the Plan. If you require assistance outside of Unum DHMO’s normal business hours, please call Unum DHMO’s language assistance service, Language Line Solutions, at (866) 874-3972. Provide them with Unum DHMO’s Client ID #: 298338 and they will be able to assist you.

The following is a reminder of a provider’s responsibilities:

- Providers must notify members of Unum Dental HMO Plan’s interpreter services and discourage the use of minors, friends and family who may act as interpreters.
- If the member chooses a friend, family member or minor as an interpreter, after being informed of free interpreter services, the provider is to document this choice in the member’s dental record.

The Plan has a grievance process to deal with member problems, complaints and disputes. Grievance forms and the

Plan's process for handling member complaints are available in your provider handbook and on our website at [www.unumdentalhmo.com](http://www.unumdentalhmo.com). Members with LEP and disabilities of speech, hearing or visual impairment may utilize the LAP as described above to access the grievance system.

**Provider Dispute Resolution Mechanism**

Enclosed with this letter is Unum's "Provider Dispute Resolution Mechanism". This document provides you with the steps providers can take to dispute a claim with Unum Dental HMO Plan.

Should you have any questions regarding the information provided in this letter, please contact our office at (800) 937-3400. Again, thank you for your continued participation with Unum DHMO network of dental professionals.

Sincerely,

Unum Dental HMO Plan

**CALIFORNIA-ONLY ADDENDUM #1  
TO  
GENERAL DENTAL PROVIDER AGREEMENT**

This California-Only First Addendum to General Dental Provider Agreement (“Addendum 1”), dated as of January 1, 2021 (the Effective Date), is attached to and forms a part of the General Dental Provider Agreement (the “Agreement”) between Starmount Managed Dental of California, Inc. dba Unum Dental HMO Plan (“Starmount”) and Provider, each a “Party,” collectively the “Parties.”

This Addendum 1 only applies to dental services provided pursuant to the Agreement that are performed in the state of California. All capitalized terms herein shall, except as specifically stated, have the same meaning as in the Agreement. If there is a conflict in the terms and provisions between the Agreement and this Addendum, when applicable, the terms and provisions of this Addendum 1 shall control.

Section 7.9.3 of the Agreement provides that Starmount may unilaterally amend the Agreement to comply with changes in regulatory requirements. Accordingly, to ensure compliance with sections 1374.13 and 1374.14 of the Knox-Keene Health Care Service Plan Act of 1975, the Agreement is hereby amended to incorporate the following provision:

1. Telehealth Services. Diagnosis, consultation, or treatment and all other covered services of a Member that are appropriately delivered through telehealth services will be reimbursed on the same basis and to the same extent that the Payor’s plan is responsible for reimbursement for the same service through in-person diagnosis, consultation, or treatment.

**CALIFORNIA-ONLY ADDENDUM #1  
TO  
SPECIALTY PROVIDER AGREEMENT**

This California-Only First Addendum to Specialty Provider Agreement (“Addendum 1”), dated as of January 1, 2021 (the Effective Date), is attached to and forms a part of the Specialty Provider Agreement (the “Agreement”) between Starmount Managed Dental of California, Inc. dba, Unum Dental HMO Plan (“Starmount”) and Dentist, each a “Party,” collectively the “Parties.”

This Addendum 1 only applies to dental services provided pursuant to the Agreement that are performed in the state of California. All capitalized terms herein shall, except as specifically stated, have the same meaning as in the Agreement. If there is a conflict in the terms and provisions between the Agreement and this Addendum, when applicable, the terms and provisions of this Addendum 1 shall control.

Section 13.6.3 of the Agreement provides that Starmount may unilaterally amend the Agreement to comply with changes in regulatory requirements. Accordingly, to ensure compliance with Sections 1374.13 and 1374.14 of the Knox-Keene Health Service Plan Act of 1975, the Agreement is hereby amended to incorporate the following provision:

1. Telehealth Services. Diagnosis, consultation, or treatment and all other covered services of a Member that are appropriately delivered through telehealth services will be reimbursed on the same basis and to the same extent that the Payor’s plan is responsible for reimbursement for the same service through in-person diagnosis, consultation, or treatment.

**UNUM DENTAL HMO PLAN  
PROVIDER DISPUTE RESOLUTION MECHANISM**

**Definition of a Provider Dispute:**

A provider dispute for both contracted and non-contracted providers is a written notice from a provider to Unum Dental HMO Plan (“Unum”) which challenges, appeals or requests reconsideration of a claim that has been denied, adjusted or contested, or which seeks resolution of a billing determination or a contract dispute, or which disputes a request for reimbursement of an overpayment of a claim.

Whenever Unum contests, adjusts or denies a claim, it shall inform the provider of the availability of Unum’s provider dispute resolution mechanism and the procedure for submitting a dispute.

**Contents of Written Provider Dispute:**

Each provider dispute must contain, at a minimum, the following information:

Provider’s name, provider’s license number, provider’s contact information, and:

1. If the provider dispute concerns a claim or a request for reimbursement of an overpayment of a claim from Unum to the provider, the following must be provided: a clear identification of the disputed item, the date of service, the claim number and a clear explanation of the basis upon which the provider believes the payment amount, request for additional information, request for reimbursement for the overpayment of a claim, contest, denial, adjustment or other action is incorrect; or,
2. If the provider dispute is not about a claim, a clear explanation of the issue and the provider’s position on such issue.

Provider disputes submitted by the provider on behalf of an enrollee will be resolved through Unum’s enrollee grievance process and not through Unum’s Provider Dispute Resolution Mechanism.

**Submitting a Provider Dispute to Unum Dental HMO Plan:**

Provider disputes submitted to Unum must be in writing and must include the applicable information listed above for each provider dispute. All provider disputes must be sent to Unum at the following address:

Dental Director  
Unum Dental HMO Plan  
10700 Civic Center Dr. Suite 100-A  
Rancho Cucamonga, CA 91730

**Time Period for Submission of Provider Disputes:**

Provider disputes must be received by Unum Dental HMO Plan within three hundred sixty five (365) days from Unum's action that gave rise to the dispute. Provider disputes that do not include all required information as set forth above may be returned to the submitting provider for completion. An incomplete dispute that is returned to the provider by Unum shall identify in writing the missing information necessary to resolve the dispute. An amended provider dispute which includes the missing information may be submitted to Unum within thirty (30) working days of the provider's receipt of a returned provider dispute.

**Acknowledgment and Resolution of Provider Disputes:**

Unum Dental HMO Plan will acknowledge receipt of all submitted provider disputes within fifteen (15) working days of the date of receipt by Unum and will issue a written determination within forty-five (45) working days after the receipt of a properly submitted provider dispute. The written determination shall recite the pertinent facts and explain the reason(s) for Unum's determination.