

Annual Provider Newsletter!



Dear Provider,

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.

Protecting Health Information in your Practice

The State of California signed into law AB 1184, which amends the Confidentiality of Medical Information Act (CMIA), requiring healthcare plans and health care providers to protect a protected individual's (member) privacy. AB 1184 prohibits the disclosure of medical information related to sensitive services to anyone other than the individual without their written authorization.

As a provider you must accommodate request for confidential communication of medical information regarding sensitive services for protected individuals.

What are "Sensitive Services"?

All health care services related to mental or behavioral health, sexual and reproductive health, sexually transmitted infections, substance use disorder, gender affirming care, and intimate partner violence.

Who are "Protected Individuals"?

Any adult covered by the subscriber's health care service plan or a minor who can consent to a health care service without the consent of a parent or legal guardian. "Protected individual" does not include an individual that lacks the capacity to give informed consent for health care.

The following are the Confidentiality of Medical Information Act guidelines to protect a member's privacy:

- Do not disclose a member's medical information related to sensitive health care services to the primary subscriber or other enrollees unless the member's authorization is present.
- A member who has the right to consent to care is not required to obtain authorization from the primary subscriber to receive or submit a claim for sensitive services.
- Communications (verbal, written or electronic) regarding a member's (including a minor) receipt of sensitive services should be directed to the member's designated mailing address, email address, or phone number.

Confidential communication includes:

- Bills and attempts to collect payment.
 - A notice of adverse benefit determinations.
 - An explanation of benefits notice.
 - A request for additional information regarding a claim.
 - A notice of a contested claim.
 - The name and address of a provider, description of services provided, and other information related to a visit.
 - Any written, oral, or electronic communication that contains protected health information.
- Notify the member that they may request a confidential communication in a specified format and how to make the request.

- Respond to confidential communications requests within:
 - (7) calendar days of receipt via electronic or phone request, or
 - (14) calendar days of receipt by first-class mail.

Plan members may request confidential communication through the contact methods below:	
U.S. Mail	Other
Unum Dental HMO Plan - Privacy Division 10700 Civic Center Dr. Ste 100-A Rancho Cucamonga, CA 91730	Phone: (800) 937-3400 E-mail: members@unumdentalhmo.com

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

Optimizing Your Oral Health: A Collaborative Approach

We emphasize the significance of regular dental visits for checkups, cleanings, and necessary treatments to maintain your oral health. Our network of dedicated providers is here to support you in achieving a healthier smile. Remember, a balanced diet contributes not only to your overall well-being but also to sustaining oral health as you age. Together, let’s commit to a routine that ensures your smile stays bright and healthy for years to come!

Importance of Preventive Oral Health Care

Preventive health care is important for the following reasons:

1. Many oral disease conditions are preventable with early treatment.
2. Preventive dental care practices including early and routine treatment at the dentist, combined with good home care (brushing and flossing) can reduce cost of oral health care in the long run.
3. Per the World Health Organization, “Oral health is a key indicator of overall health, well-being and quality of life”.¹

Recommended Preventive Guidelines	
Age Group	Preventive services
6-12 months	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.
12-24 months	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.
2-12 years	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.
12+	Prophylaxis, apply topical fluoride treatment based on patient’s caries risk status, provide oral hygiene instructions and appropriate counseling.

You can get additional information on oral health from the following websites:

[Centers for Disease Control and Prevention: Basics of Oral Health](#)

This site provides information on oral health conditions, children's oral health, adult oral health, and older adult oral health.

[American Dental Association: Oral Health Topics](#)

This site provides an alphabetical list of common dental topics.

[American Dental Association: Home Oral Care](#)

This site provides home oral care recommendations based on data from clinical studies and systematic reviews.

[American Dental Association: Brushing Your Teeth](#)

Provides information on how to brush your teeth.

[American Dental Association: Flossing](#)

Provides information on flossing your teeth.

[American Dental Association: Sealants](#)

Provides information on the application of sealants

[Nonopioid Therapies for Pain Management | Healthcare Professionals | Opioids | CDC](#)

Exploring Non-Pharmacological Pain Management Options

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. 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.

Dental benefits provided by Starmount Managed Dental of California, Inc. dba Unum Dental HMO Plan

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