Ensure Accurate Humana Dental Eligibility & Benefits Results

Searching Humana Dental transactions

To be sure you receive accurate Humana Dental (or CompBenefits) member benefits, please select **Humana Dental** in the payer dropdown. Humana is the medical payer and if selected instead, you may see a message that the member is not found. While Dental Care is a benefit option within medical, this relates only to oral surgery benefits.

Click here for training tips, select Start Course, expand on the second section, "Already a registered Availity user? Build your training plan here." and then look for the title **Availity Overview for Humana Dental Providers**

Members with multiple coverages

It is important to receive accurate member benefit information, even when the member does not tell you they have additional coverage. When a member has multiple active dental plans a message appears on the Eligibility and Benefits (E&B) results page, stating the selected patient has multiple plans and you need to select one in the dropdown to continue. As best practice the **plan group number should be included** when submitting the inquiry. When members have dual coverage, and the group number is not included it can result in display issues on the benefit results page:

- When members have multiple active plans under different ID numbers and the group number is not included, a display issue can result where both plans display - but there is a mismatch of the group number on the second plan returned.

- For a member who is Subscriber on one plan, and Dependent on another plan, regardless of which ID number is entered - the results will only display plan details for one of the plans, and no drop down will appear.
    - This is important for providers who use their own practice management systems to view member E&B information, as not including the Group ID can cause only one of the member's plans to be seen, regardless of which ID is used.

To ensure the returned results are accurate it is important to change from the default search option under Patient Information to the fourth option that includes the Group number:
- Proceed to Eligibility and Benefits Inquiry, select your organization and payer (Humana Dental) and fill in the Provider Information.
- Proceed to the Patient Information. The default Search Option is Patient ID, Date of Birth.
    - In the dropdown select the option for **Patient ID, Date of Birth, Group Number.**
    - This results in a new 'Group Number' field, which is where the group number is entered.
- Continue filling out the remainder of required fields on the page and submit.
- As a result, the accurate benefit information returns for the Member ID and Group number combination.

Find tips on submitting <u>dental claims</u> for members with Medicare Advantage and an individual dental insurance plan.

Medicare Advantage member IDs and claim status

Did you know that Medicare Advantage (MA) members do not receive a separate dental ID card?

In order to verify eligibility for a MA member you should enter the ID number, also known as the "H" number from the Medicare Advantage ID card on the E&B Inquiry page. Visit <u>www.humana.com/sb</u> for more details about Medicare dental benefits and a sample image of an ID card.

<u>It is important to note this MA ID number will not work when searching for Claim Status results,</u> because the dental ID must be used. However – after entering the MA ID number on an E&B Inquiry, notice on the dental eligibility results page, the dental specific ID is provided. This is the ID number specific to dental that can be used in a claim status search under the Claims & Payments menu.

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