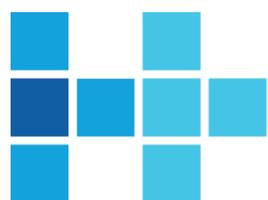




PROVIDER WEB PORTAL GUIDE



healthplex®



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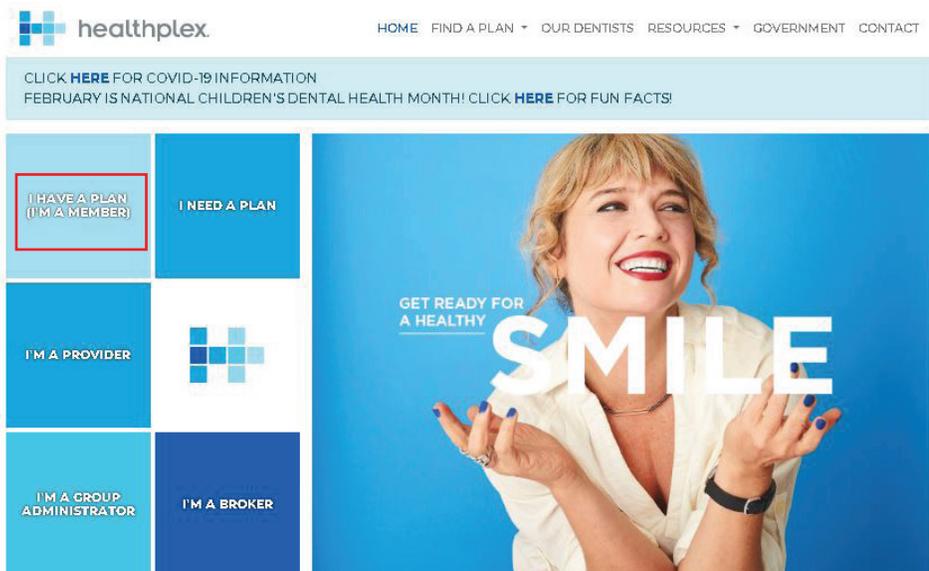
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This guide serves to capacitate providers with the knowledge of how to effectively take full advantage of the various tools available to them through the Healthplex Provider Web Portal. The self-service features that are accessible through the Healthplex Provider Web Portal will serve to reduce the amount of time that our provider partners must wait to receive the answers they are calling in to our Provider Services Hotline for.

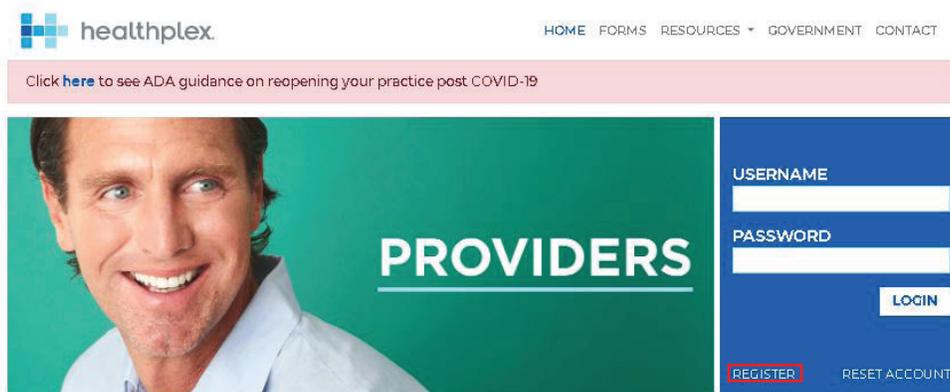
Please take a few moments to review this guide and see how easy it can be to work with Healthplex. The features which we have brought to the web portal have all been driven through provider feedback, and as time goes on, we will revise this guide to include additional features that we implement thanks to the input from our community of participating providers.

REGISTERING FOR WEB ACCESS

(1) Go to [Healthplex.com](https://www.healthplex.com), and click on “I’m a Provider”.



Under “[Healthplex Providers](#)” on the following screen, click the registration link.



LOGIN TO ACCESS

- MY ACCOUNT
- REPORTS
- PROVIDER FORMS

PROSPECTIVE PROVIDERS

Interested in becoming a Healthplex provider? [JOIN NOW](#)

HEALTHPLEX PROVIDERS

Need to register for online access? [Click here](#) to register now.

(2) There are two methods to register for the web portal:

a. Register by verifying member history

- I. Complete the form asking for your office identifying information. Once you enter in your TIN or SSN, click “here” to look up the doctor prefix before clicking on “Continue”.

Registration

Please fill out the form below:

Doctor Number (TIN / SSN)

After filling in Doctor Number, click [here](#) to look up Doctor Prefix.

Doctor Prefix

- II. If there is enough claims data on file, you are required to answer three randomized questions related to members that you’ve recently treated in your office.

Registration

In order to verify your identity, please answer below question (1 of 3).

Select the member treated recently:

- CRISBELLY BEERING
- JOSEPH COLLAZO
- LEONARD DAWA
- NAPOLION KALENDAREVA
- QUINCY KNOTT
- THOMAS BLACK

Continue →

b. Register by email

- II. If Healthplex doesn’t have enough claims data on file, you will asked to be complete a form. Further instructions on how to complete the web registration will be sent to the email provided.

PRACTICE NAME

test1

TAX ID NUMBER

55555555

PRACTICE PHONE NUMBER

555-555-5555

EMAIL

abeards@healthplex.com

RESETTING YOUR PASSWORD

(1) If you forget your password, click “Reset Account”.



(2) Please complete the following information below. Once you complete this information, you will be sent an email with instructions on how to regain access to your account.

Reset Account

If you experience any difficulties or if your account does not have an associated email, please contact Web Services at **1-888-468-5171** or email us at **websupport@healthplex.com**.

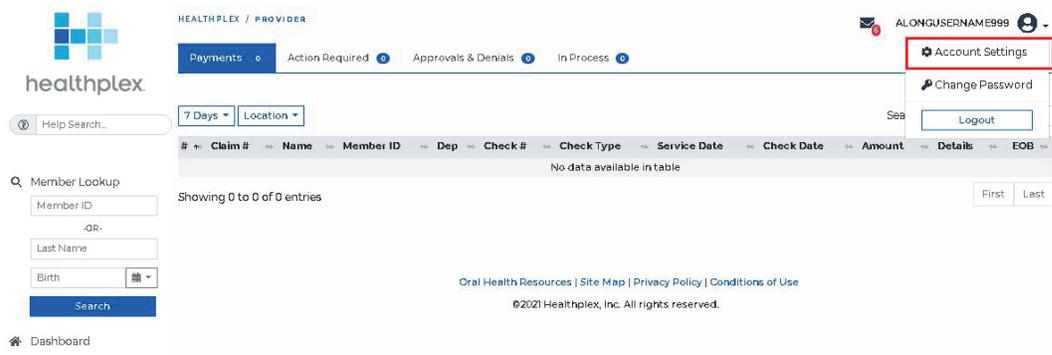
USERNAME

ACCOUNT EMAIL ADDRESS

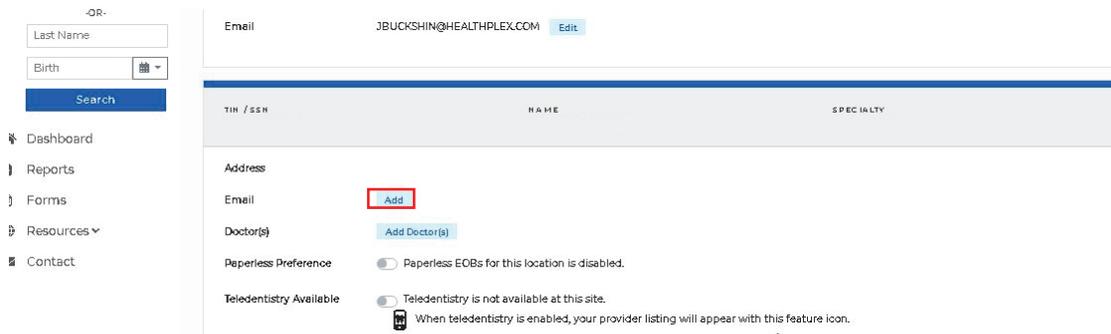
Continue →

UPDATING YOUR OFFICE EMAIL

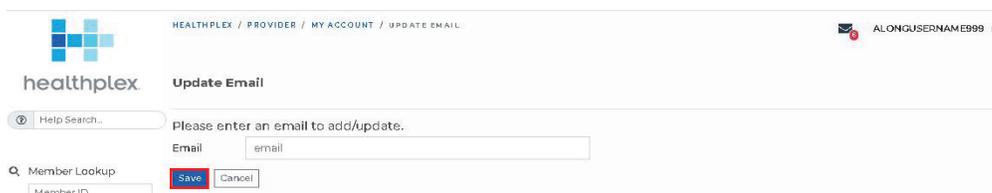
(1) Log in to the provider web portal and click on “Account Settings”.



(2) If there is **NO** email listed at an existing location, you must “Add” an email address.



(3) If there **IS** an email listed at an existing location, you may click “Edit” to update your email address. Ensure you “Save” your changes.



ADDING/REMOVING A PROVIDER

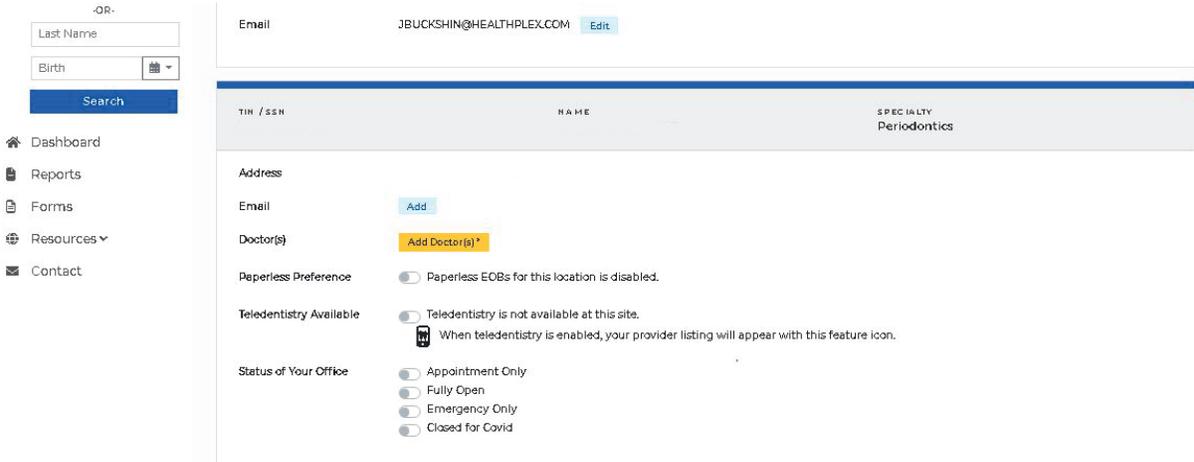
(1) Log in to the provider web portal and click on “Account Settings”.



(2) All active participating doctors at the office(s), and their corresponding role (associate or owner), are listed.

(3) To **ADD** a provider to a location

a. Click on “Add Doctor(s)” or “Update Doctor(s)”



b. Indicate how many providers (option to add 1-3 providers at a time) you’d like to add at the indicated location. User will have to indicate the First Name, Last Name, NPI, and specialty of the doctor(s) being added.



(4) To REMOVE a provider from a location

- a. Click on **“Update Doctor(s)”**
- b. Click the checkbox next to the corresponding provider you would like to remove. Once you click on a checkbox, please provide the reason you are removing this provider from this location.

Please update existing doctor(s):

Doctor	Role	Remove?	Reason for removing doctor
	Owner	<input type="checkbox"/>	
	Associate	<input type="checkbox"/>	
	Owner	<input type="checkbox"/>	
	Associate	<input type="checkbox"/>	
	Associate	<input type="checkbox"/>	

I would like to add more doctor(s):

(5) After all the required information is entered, please press **“Save”**. You will then be redirected back to the **“Account Settings Page”**. Once you’ve indicated which locations you’d like to have updated, The **“Update Doctor(s)”** button will be orange. At this point, you will not be able to modify anything until a Healthplex representative has verified and updated this information.

-OR-

Last Name

Birth

Search

- Dashboard
- Reports
- Forms
- Resources
- Contact

Email: JBUCKSHIN@HEALTHPLEX.COM [Edit](#)

TIN / SSN	NAME	SPECIALTY
		Periodontics

Address [Add](#)

Email [Add](#)

Doctor(s) [Add Doctor\(s\)](#)

Paperless Preference Paperless EOBs for this location is disabled.

Teledentistry Available Teledentistry is not available at this site.
 When teledentistry is enabled, your provider listing will appear with this feature icon.

Status of Your Office Appointment Only
 Fully Open
 Emergency Only
 Closed for Covid

You have successfully updated your provider information!

RETRIEVE PPO FEE SCHEDULES

(1) To obtain PPO Fee Schedules, input the member’s information into the member lookup.

Member Lookup

Member ID

-OR-

Last Name

Birth

Search

(2) On the member tabs, click Fee Schedule.

Member Lookup

Plan Type: DENTCARE INDEMNITY FAMILY OR COMPOSITE
PPO
25 A - LIBERTY PPO
[View if your office participates with the member's plan.](#)

Plan Details | Plan History | Service History | Claim Status | Used Benefits | **Fee Schedule** | Active Referrals

Benefits Summary

(3) Choose the fee schedule for the location/specialty you’re inquiring for and the fee schedule will generate.

Contact

Category: A: Diagnostic B: Restorative C: Major D: Orthodontic
Percentage: 0 0 0 0

Individual Annual Maximum Benefits: \$0.00
Family Annual Maximum Benefits:
Lifetime Ortho Maximum Benefits:

Messages

- Children Covered Until 19th Birthday
- Students Covered Until 23rd Birthday

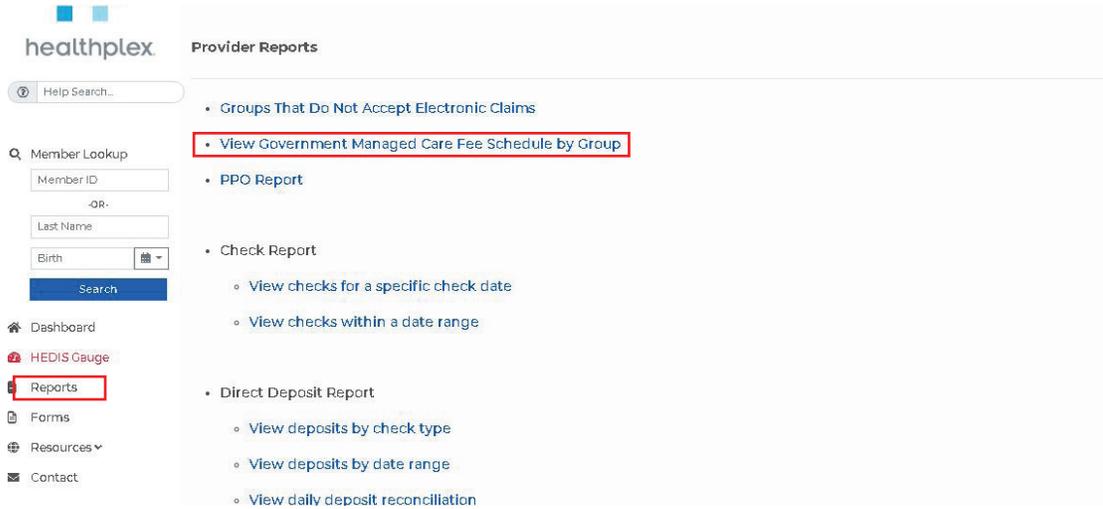
Search:

Code #	Cat.	Ins. Pays	Time Limits	Description
120	A	\$ 0.00	1 per 5.5 Months	PERIODIC ORAL EVALUATION
150	A	\$ 0.00	1 per 5.5 Months	COMPREHENSIVE ORAL EVALUATION
160	A	\$ 0.00	1 per 5.5 Months	DETAILED AND EXTENSIVE ORAL EVALUATION
210	A	\$ 0.00	1 per 60 Months	INTRACORAL - COMPLETE SERIES OF RADIOGRAPHIC IMAGES
220	A	\$ 0.00		INTRACORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE
230	A	\$ 0.00		INTRACORAL-PERIAPICAL EACH ADD'L RADIOGRAPHIC IMAGE
240	A	\$ 0.00	1 per 6 Months	INTRACORAL - OCCLUSAL RADIOGRAPHIC IMAGE
250	A	\$ 0.00		EXTRACORAL - FIRST RADIOGRAPHIC IMAGE
270	A	\$ 0.00	4 per 12 Months	BITEWING - SINGLE RADIOGRAPHIC IMAGE
272	A	\$ 0.00	2 per 12 Months	BITEWINGS - TWO RADIOGRAPHIC IMAGES

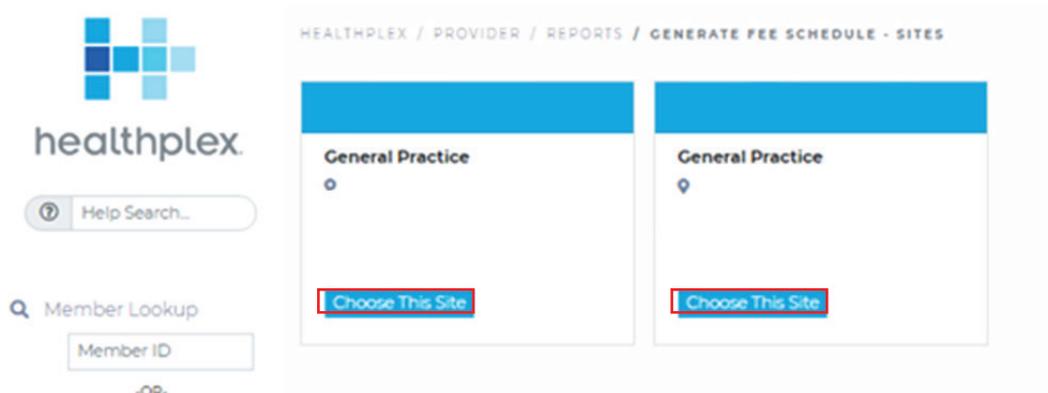
RETRIEVING GOVERNMENT MANAGED CARE FEE SCHEDULES

(1) Managed care fee schedules are found under the “Reports” tab on the left side of your screen.

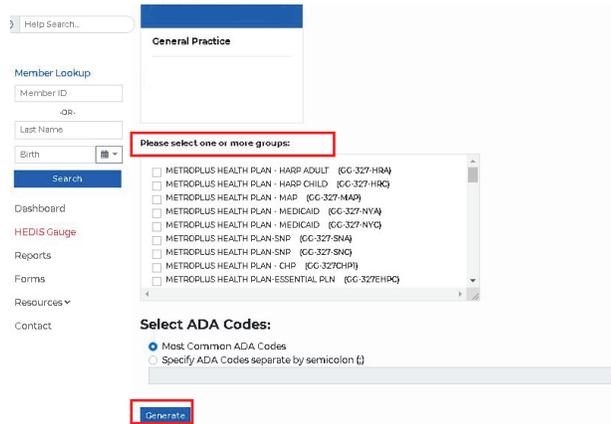
a. Click, “**View Government Managed Care Fee Schedules by Group**”.



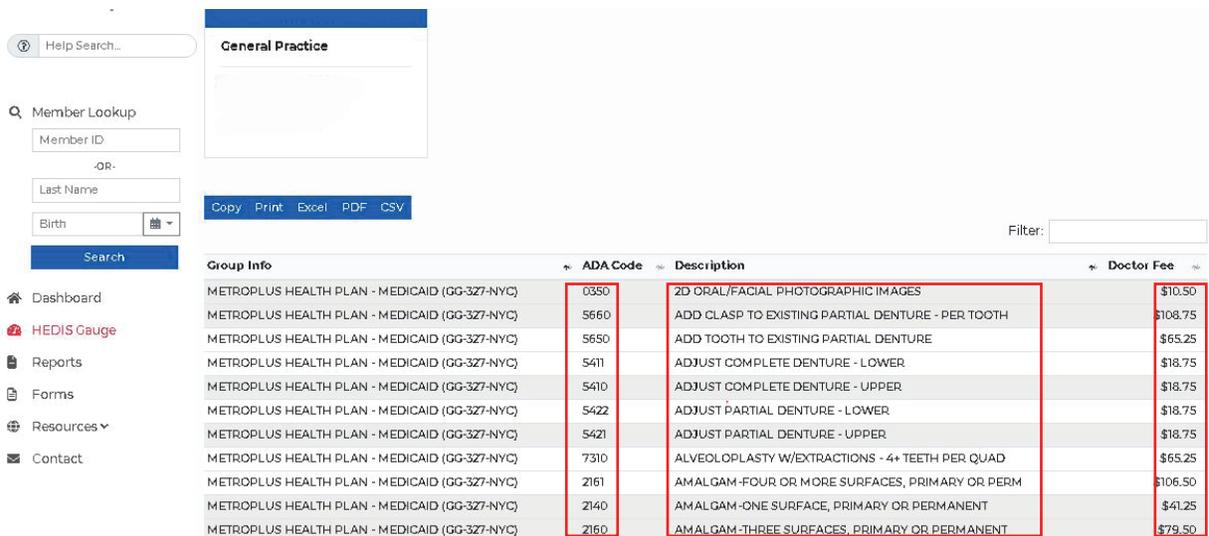
(2) Each site associated under your currently logged in tax ID will appear.



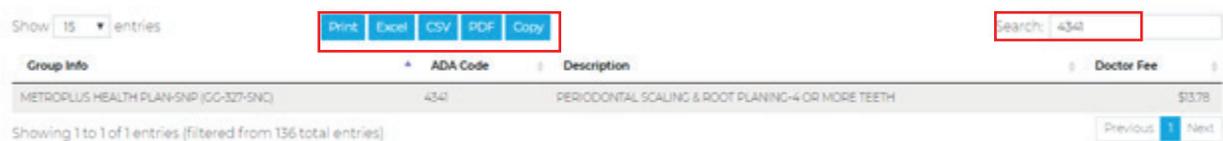
- (3) Your selected site will list all the managed care plans your office participates with.
 - a. You can choose one or multiple plans. (Please note that the more groups you select, the longer it will take to generate the fee schedule.)
 - b. Once you've selected which plans you'd like to view the fee schedule for, click on **“Generate”**.



- (4) You are now able to see the fee schedule for the indicated plans. The Group Name/ Number, ADA Code, Description, and fees are listed.

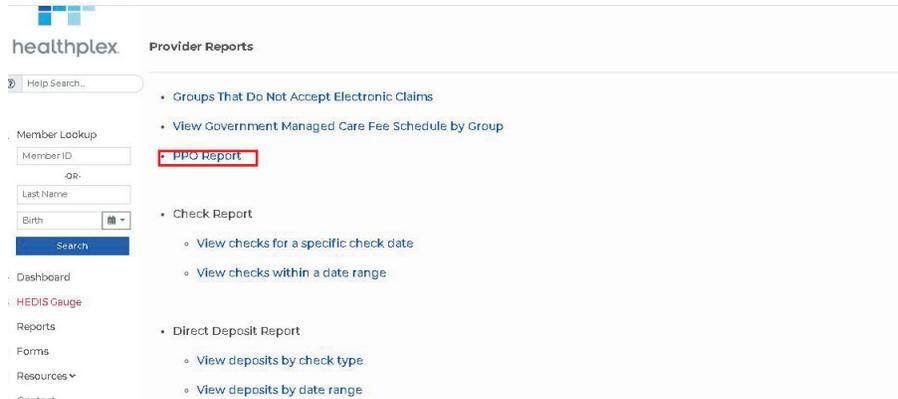


- (5) You also have the ability to search for specific ADA codes. You can either print or download the fee schedule into an Excel, CSV, or PDF.



DETERMINING WHAT PPOS YOUR OFFICE PARTICIPATES WITH (PPO REPORTS)

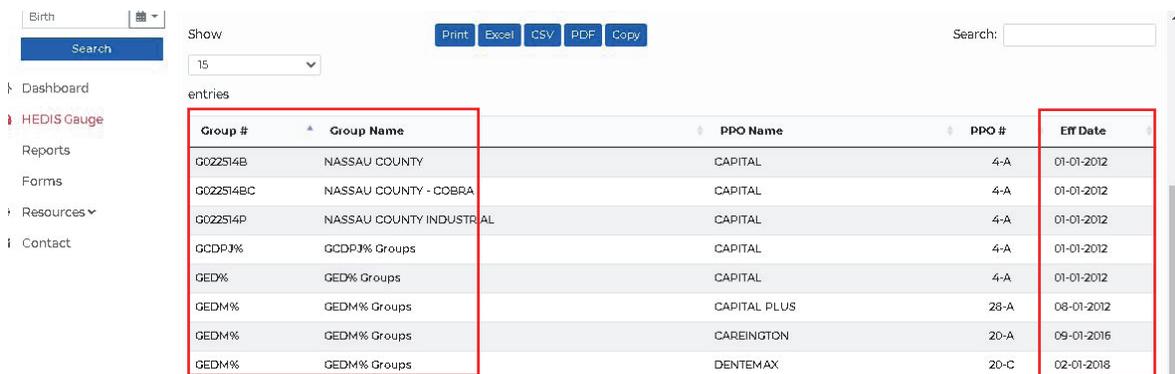
- (1) PPO reports are found under the “Reports” tab on the left side of your screen.
 - a. Click “PPO Report”.



- (2) You will be presented with a list of locations and/or specialties that are currently on PPO plans. Participation status may differ for each locations and/or specialty.



- (3) You will be presented with a list of PPO plans your office participates with along with the effective dates.
 - a. You may further refine your report to search for specific groups. You also have the ability to either print/download the list of plans into an Excel, CSV, or PDF.



CHECK REPORTS

The check reports are found under the “Reports” tab on the left side of your screen. You can either review this information by a specific check date or by date range.



(1) View Checks for a Specific Date Range

a. Select which specialties/locations you'd like to receive a specific check date report for.



b. You now can view checks within a specific date by using the filter.

Check Report

2021-03-30 view report

Claim #	Name	Member ID	Dep	Chk #	Chk Type	Service Date	Chk Dt	Amount
			00		HPX5	2020-12-07	2021-03-30	\$1,919.00
			00		HPX5	2021-02-17	2021-03-30	\$44.00
								\$1,963.00

(2) View Checks within a Date Range

a. Select which specialties/locations you'd like to receive a specific check date report for.

Please Select Your Location and/or Specialty

Show 10 entries Search Address:

#	Name	Address	Specialty	
1			General Practice	Dir. Deposit Rpt
2			Oral Surgery	Dir. Deposit Rpt
3			Endodontics	Dir. Deposit Rpt
4			Periodontics	Dir. Deposit Rpt
5			Orthodontics	Dir. Deposit Rpt
6			Pedodontics	Dir. Deposit Rpt

Showing 1 to 6 of 6 entries [Previous](#) [1](#)

b. You now can view checks within a date range by using the filters.

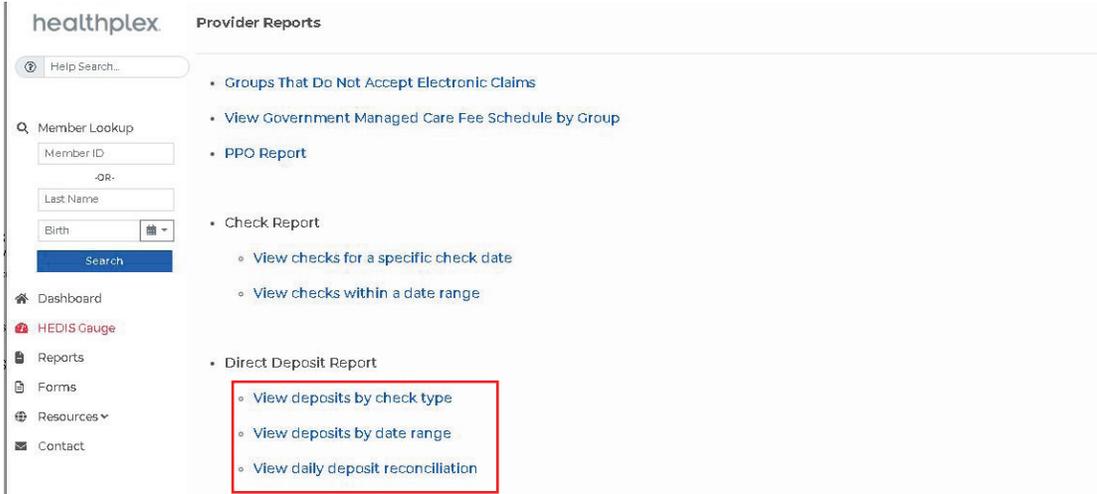
Check Report

Start Date: 2021-01-04 End Date: 2021-02-04 [view report](#)

Claim #	Name	Member ID	Dep	Chk #	Chk Type	Service Date	Chk Dt	Amount
			01		HPLX	2020-12-09	2021-01-07	\$1,810.00
			03		HPLX	2020-12-05	2021-01-07	\$132.00
			00		HPX7	2021-01-16	2021-02-02	\$125.00
			02		HPX7	2021-01-16	2021-02-02	\$300.00
			02		HPX7	2021-01-16	2021-02-02	\$241.00
			02		HPX7	2021-01-16	2021-02-02	\$60.00
			01		HPX7	2021-01-07	2021-01-26	\$279.00
			03		HPX7	2020-12-30	2021-01-26	\$945.00
								\$3,892.00

DIRECT DEPOSIT REPORT

Direct Deposit reports are found under the “Reports” tab on the left side of your screen. You can either review this information by check type, date range, or by daily deposit reconciliation.



- (1) View deposits by check type .
 - a. Select which specialties/locations you’d like to receive a direct deposit summary by plan type for (commercial plans, government plans, Medicare, etc.).

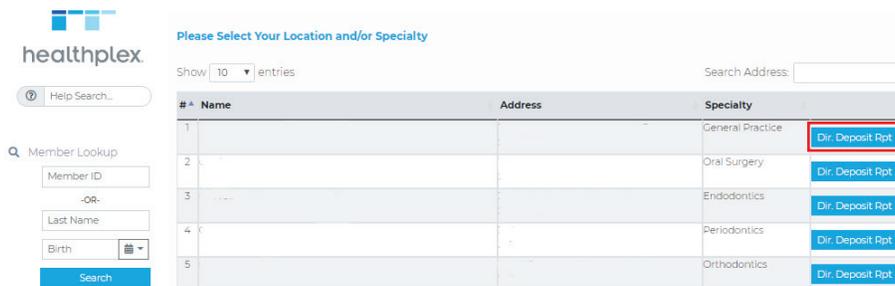


- b. Direct deposit information is available by plan type and transaction dates.



(2) View Direct Deposit by Date Range

- a. Select which specialties/locations you'd like to receive a direct deposit summary using a date range for.



- b. Define the date range for your inquiry.

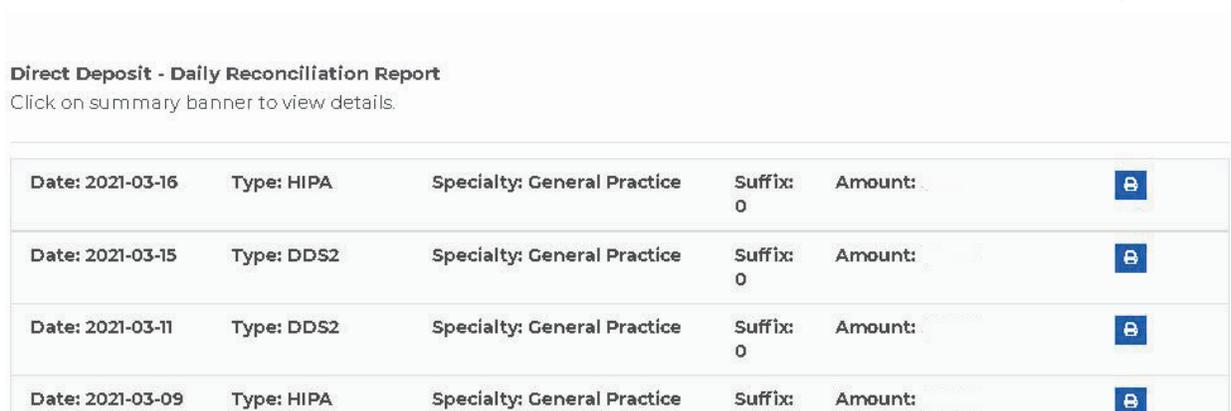


- c. A report is presented with detailed claim information by member including the check type, service date, check date, and the amount paid.



(2) Daily Reconciliation Report

This is a report that lists what each specialty at the office was paid daily. Click on the dropdown box to see a more detailed breakdown of direct deposit by specialty.



OBTAINING MANAGED CARE ROSTERS (MEMBERS ASSIGNED TO YOUR

(1) To view Managed Care Rosters, go to the reports tab and click “Managed Care Roster by Billing Office”



(2) Select the site to retrieve the roster for.



(3) Chose a site to see your roster history using the date range feature.



(4) “View Report”, will give a detailed member roster including the monthly capitation

Your Managed Care
 Administrator is: Healthplex Provider Relations
 1-888-468-2183

Current Month Capitation:	
Capitation Adjustments:	
Other Adjustments:	
NET CAPITATION AMOUNT:	

Report Date: 03-08-2021
 Report Effective Date: 03-01-2021

SUMMARY BY GROUP AND PLAN TYPE:

Group #	Group Name	Plan	Type	Members	Depends	Capitation	Adds	Terms	# Adjusts	Net Adjusts
GG-327-NYA	METROPLUS HEALTH PLAN - MEDICAID	Individual	CAID							
GG-327-NYC	METROPLUS HEALTH PLAN - MEDICAID	Individual	CAID							
GG-327EHPC	METROPLUS HEALTH PLAN-ESSENTIAL PLN	Individual	EHP							
GG-412IC	ELDERPLAN - EXTRA HELP	Individual	CARE							
GG-412SNP	ELDERPLAN - SNP	Individual	CARE							
GG-419-HMA	MVP HEALTHCARE-ADULT HARP	Individual	HARP							
GG-419-HNA	MVP HEALTHCARE-ADULT HARP	Individual	HARP							
GG-419-HRA	MVP HEALTHCARE-ADULT HARP	Individual	HARP							
GG-419-MHA	MVP HEALTHCARE-ADULT MEDICAID	Individual	CAID							
GG-419-MHC	MVP HEALTHCARE-CHILD MEDICAID	Individual	CAID							
GG-419-NMA	MVP HEALTHCARE-ADULT MEDICAID	Individual	CAID							
GG-419-NMC	MVP HEALTHCARE-CHILD MEDICAID	Individual	CAID							
GG-419-WEA	MVP HEALTHCARE-ADULT MEDICAID	Individual	CAID							
GG-419-WEC	MVP HEALTHCARE-CHILD MEDICAID	Individual	CAID							

Type Legend: CAID=MEDICAID | CHP=CHILD HEALTH PLUS | MLTC=MLTC | FIDA=FIDA | PACE=PACE | MCA=MEDICAID ADVANTAGE | CARE=MEDICARE | EX=EXCHANGE GG550 / 551 | EX-B=EXCHANGE BRONZE | EX-S=EXCHANGE SILVER | EX-G=EXCHANGE GOLD | EX-P=EXCHANGE PLATINUM | EX-C=EXCHANGE CATASTROPHIC | HARP=HEALTH AND RECOVERY PLAN | EHP=ESSENTIAL PLAN

HEDIS GAUGE

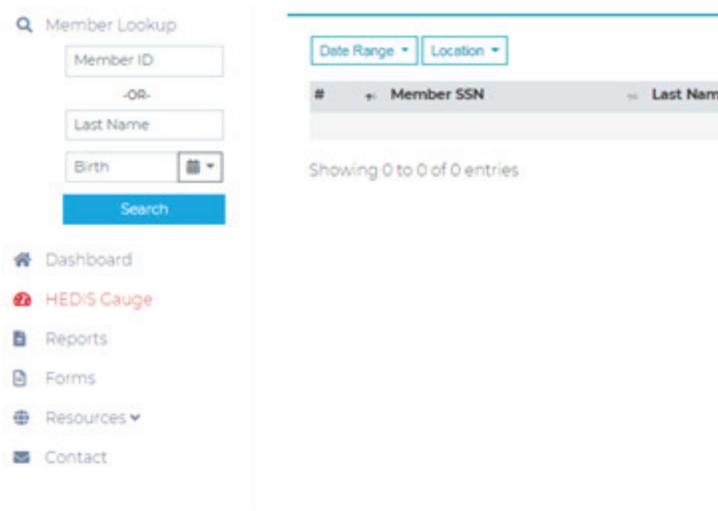
“HEDIS” is a quality measure used to determine utilization rates for a select segment of the population, mainly consisting of Medicaid eligible children aged 2 – 20 years old. The importance of these children being seen by a dentist at least once per calendar year is imperative to the overall health of our communities, and Healthplex partners with providers like you to drive these quality standards every day.

One way we do this is by providing you with the tools needed to identify which of these HEDIS eligible members are assigned to your office but have not been seen yet this year. Through joint outreach efforts from Healthplex and providers our goal is to raise the state-wide average every year in dental benefit utilization.

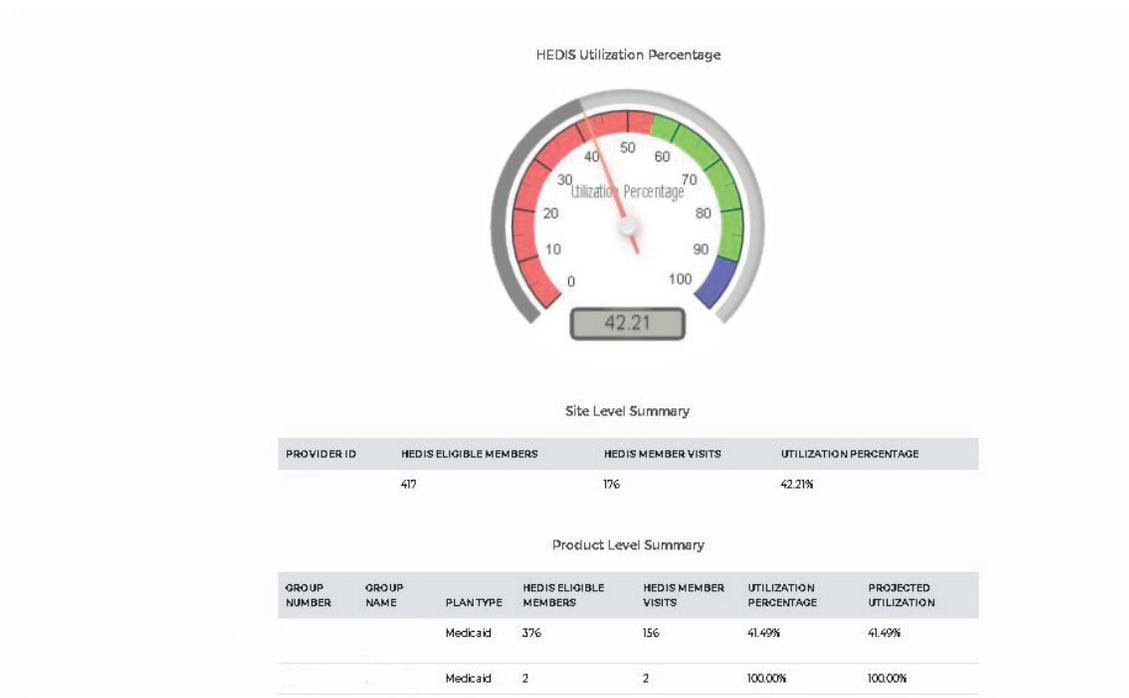
Providers with the highest HEDIS scores in their area are awarded additional member assignment from Healthplex.



- (1) To view your current HEDIS utilization score, click “HEDIS Gauge” to access a breakdown of your HEDIS eligible members.



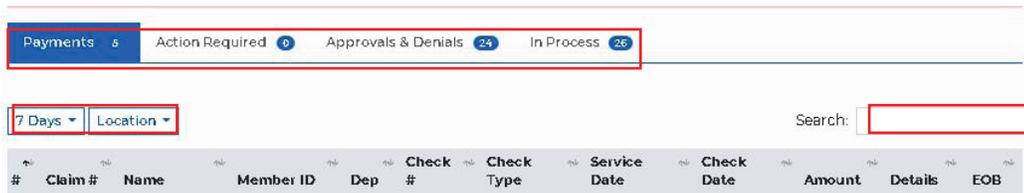
- a. HEDIS Utilization Percentage is calculated by how many HEDIS eligible members you have seen within the calendar year over how many eligible members you have assigned to your practice.



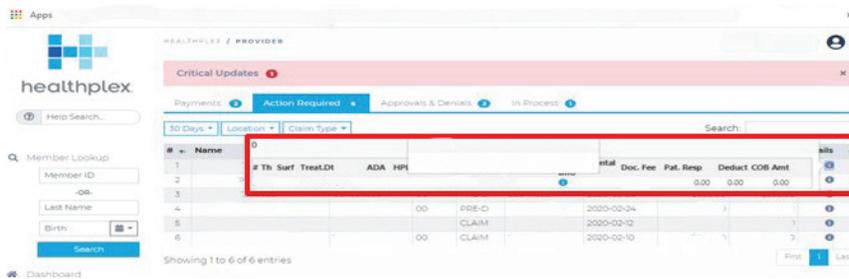
CLAIMS DASHBOARD

(1) The Claims Dashboard serves as your landing page when first logging onto the web portal. You can view status of claims as classified by **Payments, Action Required, Approvals & Denials, or In Process**. You can also use the search bar to inquire the status on specific claims.

a. **Payments** - Claims that were paid to the office. You can filter by date and location.



b. **Action Required** - Claims or predeterminations submitted by the office that are pending until Healthplex receives the supporting documentation requested. If you use your mouse to hover over the details, it will detail why this claim is being held up. In the example below, Healthplex is pending this claim because “Pre-Operative Radiograph(s) Required”.



- c. **Approvals and Denials** - A list of claims/predeterminations that have either been approved or denied. If a claim is denied or a predetermination is denied, you are provided a detail explanation of why coverage of those services were denied.

Critical Updates 1

Payments 117 Action Required 35 Approvals & Denials 217 In Process 1

2 Years Location Claim Type Search:

#	Name	SSN	Dep	Type	Claim #	Received	DocFees	Allowed	Details
46				CLAIM LINE	1				
47				IN-NETWORK	YES				
48				PPO USED	4.A				
49				OUT-OF-NETWORK COVERAGE AVAILABLE? YES					
50				CLAIM LINE DETAILS:		In-network maximum payable capped at contracted fee schedule of \$595			
51						Denied, time limit - allowed 1 time every 36 months (most recent 01/02/2019)			

- d. **In Process** - These are claims or Pre Determinations that have been submitted and not yet reviewed.

Payments 0 Action Required 0 Approvals & Denials 0 In Process 0

7 Days Location Claim Type Search:

#	Name	SSN	Dep	Type	Claim #	Received	DocFees	Allowed	Details	EOB
No data available in table										

Showing 0 to 0 of 0 entries

First Last

Oral Health Resources | Site Map | Privacy Policy | Conditions of Use

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Please keep in mind that Healthplex has up to 30 days to process clean e-claims and up to 45 days to process clean paper claims.

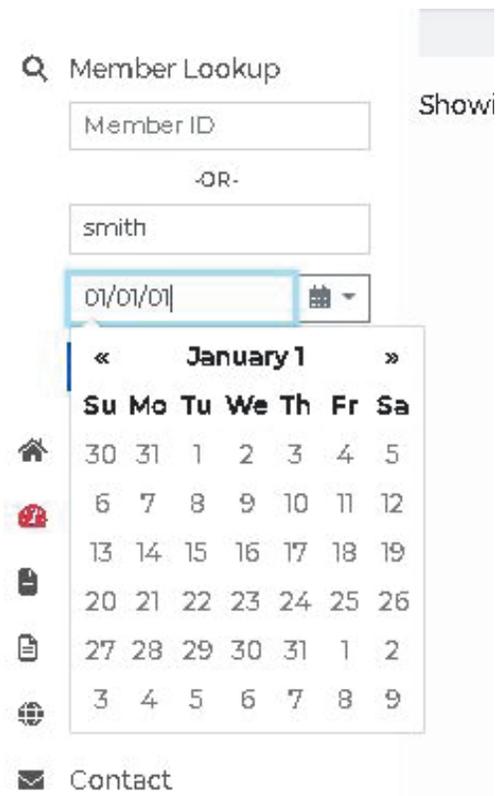
CHECKING MEMBER ELIGIBILITY/BENEFITS

Checking member eligibility on the Provider Web Portal is the best way to ensure that the member is active on the date of service

When your office checks member eligibility using the provider web portal, a record is created within Healthplex’s system under your office’s history to reflect that your office checked eligibility for the member and the result that you were presented with at the time.

THIS PROTECTS YOU if a member is retro terminated at a later date and a claim is then denied due to eligibility not being in force at the time the claim was received. Checking eligibility over the phone does not offer you this protection.

- (1) To check member eligibility or to see if you are a participating provider with a member’s plan, enter the Member’s ID or Last Name and date of birth.



(2) You will then be directed to the Member Details Screen. You can review the following:

- a. **Member Information and Plan Details** – This will provide the member and dependent information along with their group number/name, plan type, participation, and benefit information.

The screenshot shows the Healthplex Member Details screen for member JOHN PUBLIC. The interface includes a search bar, a navigation menu on the left, and a main content area with tabs for Member Information, Plan Details, Plan History, Service History, Claim Status, Used Benefits, Fee Schedule, and Active Referrals. The Member Information tab is active, displaying details such as ID (123456789-0), Name (JOHN PUBLIC), Birth (01-FEB-53), and Plan Type (HEALTHPLEX INDEMNITY FAMILY OR COMPOSITE). A red message states: "Your office does not participate with the member's plan." The Benefits Summary section shows Plan Coverage [as of 01/04/2021]: PPO: with a list of benefits: No claims paid, network access only; Annual Deductible \$0; Children covered to 19th birthday (no age limit if handicapped), students to 23rd birthday.

- b. **Capitation Site** – If a member is on a managed care plan, this is where their primary care provider is listed.

The screenshot shows the Capitation Sites section of the Healthplex Member Details screen. The 'Capitation Sites' tab is active. Below the navigation tabs, there is a section for 'Current Capitation Site' with a table. The table has four columns: Site #, Name, Effective Date, and Phone. One row is visible with an Effective Date of 01-OCT-16. Below the table, there is a section for 'Capitation Sites By Effective Dates' which states 'No capitation site history available.'

- c. **Service History** – A list of services that the member has received including the service date, ADA code, description, and tooth number.

The screenshot shows the Service History section of the Healthplex Member Details screen. The 'Service History' tab is active. Below the navigation tabs, there is a section for 'Service History' with a table. The table has five columns: Tooth, Surface, Service Date, ADA Code, and Description. The table contains several rows of service records:

Tooth	Surface	Service Date	ADA Code	Description
			5213	UPPER PARTIAL DENTURE-CAST METAL FRAME W/RESIN
			5214	LOWER PARTIAL DENTURE-CAST METAL FRAME W/RESIN
		22-FEB-20	0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES
		22-FEB-20	1110	PROPHYLAXIS-ADULT
		22-FEB-20	0120	PERIODIC ORAL EVALUATION
		17-SEP-19	0150	COMPREHENSIVE ORAL EVALUATION
		17-SEP-19	1110	PROPHYLAXIS-ADULT
		17-SEP-19	0210	INTRAOURAL - COMPLETE SERIES OF RADIOGRAPHIC IMAGES

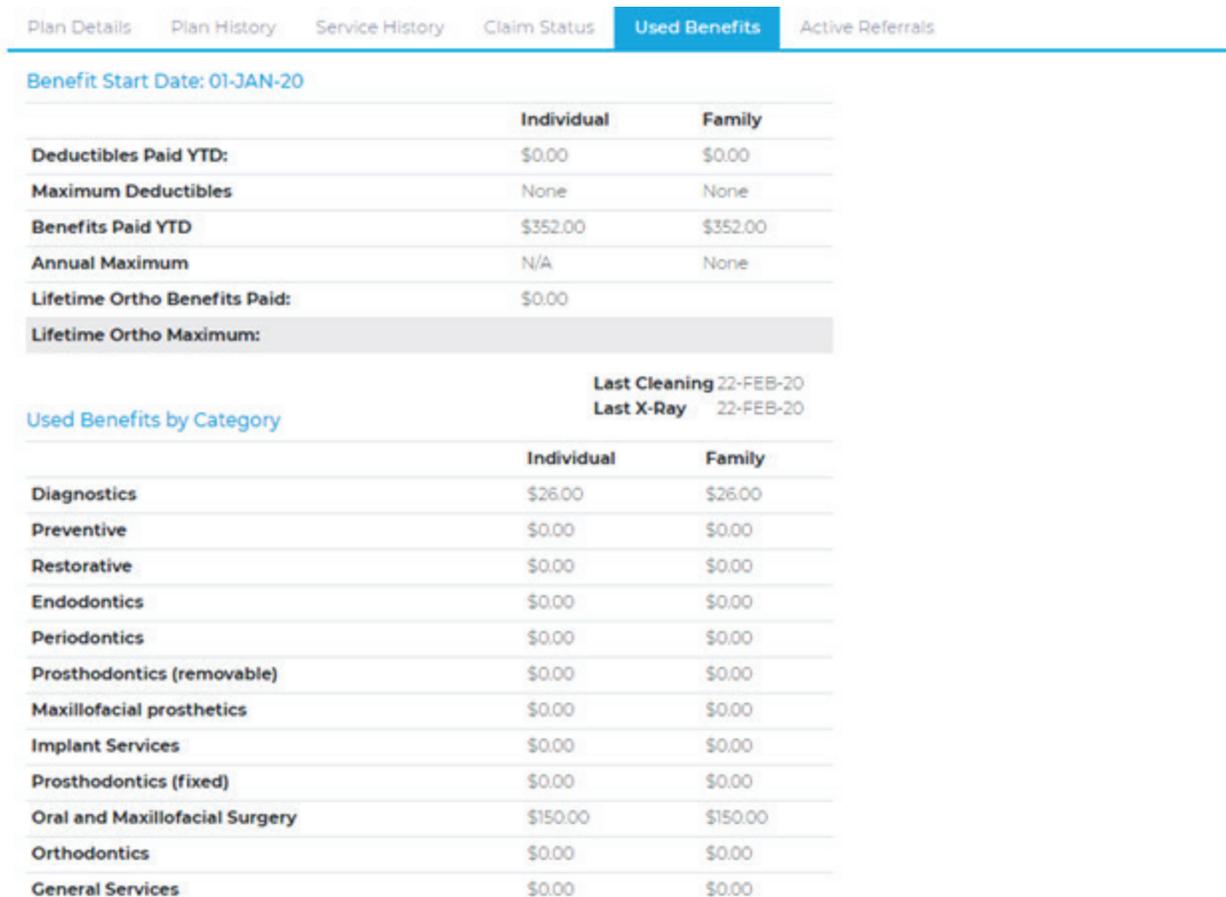
d. **Claim status** – This will list active/pending claims.



Type	Claim	Suffix	Received	Doc Fees	Allowed*	Mailed	EOB
CLAIM			24-FEB-20				B
PEND			24-FEB-20			27-FEB-20	B

*Unless a check has been generated, the Amount Allowed is only an estimate. Plan maximums, deductibles, benefit changes, coordination of benefits, eligibility and other claims can affect payment.

e. **Used benefits** – This is a detailed summary of what has been used from the plan maximum.



Benefit Start Date: 01-JAN-20

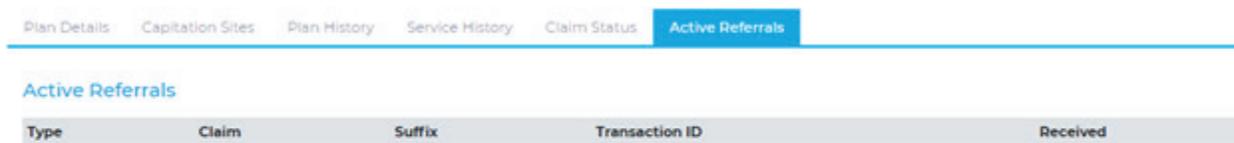
	Individual	Family
Deductibles Paid YTD:	\$0.00	\$0.00
Maximum Deductibles	None	None
Benefits Paid YTD	\$352.00	\$352.00
Annual Maximum	N/A	None
Lifetime Ortho Benefits Paid:	\$0.00	
Lifetime Ortho Maximum:		

Last Cleaning 22-FEB-20
Last X-Ray 22-FEB-20

Used Benefits by Category

	Individual	Family
Diagnostics	\$26.00	\$26.00
Preventive	\$0.00	\$0.00
Restorative	\$0.00	\$0.00
Endodontics	\$0.00	\$0.00
Periodontics	\$0.00	\$0.00
Prostodontics (removable)	\$0.00	\$0.00
Maxillofacial prosthetics	\$0.00	\$0.00
Implant Services	\$0.00	\$0.00
Prostodontics (fixed)	\$0.00	\$0.00
Oral and Maxillofacial Surgery	\$150.00	\$150.00
Orthodontics	\$0.00	\$0.00
General Services	\$0.00	\$0.00

f. **Active referrals** – If there are any active referrals on file, they will be listed under this tab.



Type	Claim	Suffix	Transaction ID	Received
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- g. **Office Participation** - By clicking on the indicated, you can see if any office associated with your login accepts the plan.

Status of your offices' participation with the member's plan

Name	Address	Specialty	Participate with member's plan?
		General Practice	Yes
		General Practice	No

- (3) **Estimate a Procedure** - This tool is used to estimate member responsibility and Healthplex rates for a given procedure.

- a. Input the tooth #, ADA Code, your UCR, and click calculate fee.

b. Any cost sharing and total fee for services will be displayed here. Prior procedure date and frequency are also listed.

Calculate Fee

Treatment Dt	Tooth	ADA	Hplx Cd	Doc. Fee	Pay Ind.	Exp. Code	Supplemental Info	Print
24-MAR-21	12	120	0120	300.00	N	Y4	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div> <p>Plan Pays: 0.00</p> <p>Patient Pays: 0.00</p> </div> <div> <p>Deductible: 0.00</p> <p>Over Max: 0.00</p> </div> </div> <p style="font-size: small; margin-top: 5px;">* Allows 1 occurrence every 6 months * Prior Procedure Date: 02-OCT-08</p>	Print

c. In the example below, this member had a prior procedure done within the last six months so there is an explanation code which explains why the service is not covered.

Help Search...

Member Lookup

Member ID

-OR-

Last Name

Birth ▼

Search

- [Dashboard](#)
- [Reports](#)
- [Forms](#)
- [Data Import](#)

ID:

Name:

Group Number:

Group Name:

Plan Type:

PPD: 14 C - METRO

Click here to view if your office participates with the member's plan.

Status: ACTIVE

Birth:

Sex:

Provider Options

- [Estimate a Procedure](#)
- [View/Print ID Card](#)
- [Provider Fee Schedule](#)
- [DDO Facts Sheet](#)
- [Find Dentists](#)

⚠ This screen is for inquiry purposes only. This screen cannot be used for claims submissions or requests for approval of services: **PPO Doctors -- Please check the fee schedule for patient copays.**

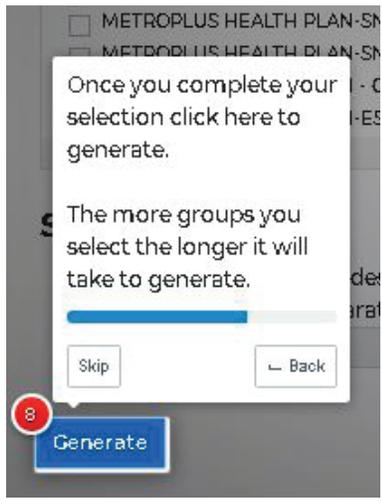
Calculate Fee

Treatment Dt	Tooth	ADA	Hplx Cd	Doc. Fee	Pay Ind.	Exp. Code	Supplemental Info	Print
10	120	0120	100.00	N	30	exp-30	<div style="border: 2px solid red; padding: 2px; font-size: x-small; margin-bottom: 5px;"> <p>THIS PROCEDURE IS COVERED ONCE EVERY 6 MONTHS</p> </div> <div style="font-size: x-small;"> <p>Plan Pays: 0.00 Deductible: 0.00</p> <p>Patient Pays: 100.00 Over Max: 0.00</p> <p style="font-size: xx-small;">* Allows 1 occurrence every 6 months * Prior Procedure Date: 10-OCT-19</p> </div>	Print

Additional Topics (Help Search)

(1) This is a tool to find whatever your office is looking for or having trouble with on the web. It will provide a step-by-step tutorial and direct you to many of our features on the web and where to find these features.

If you are unable to find the answers to your questions in this guide, the “[Help Search](#)” field is your next step for assistance.



These are the results from the generated fee schedule.

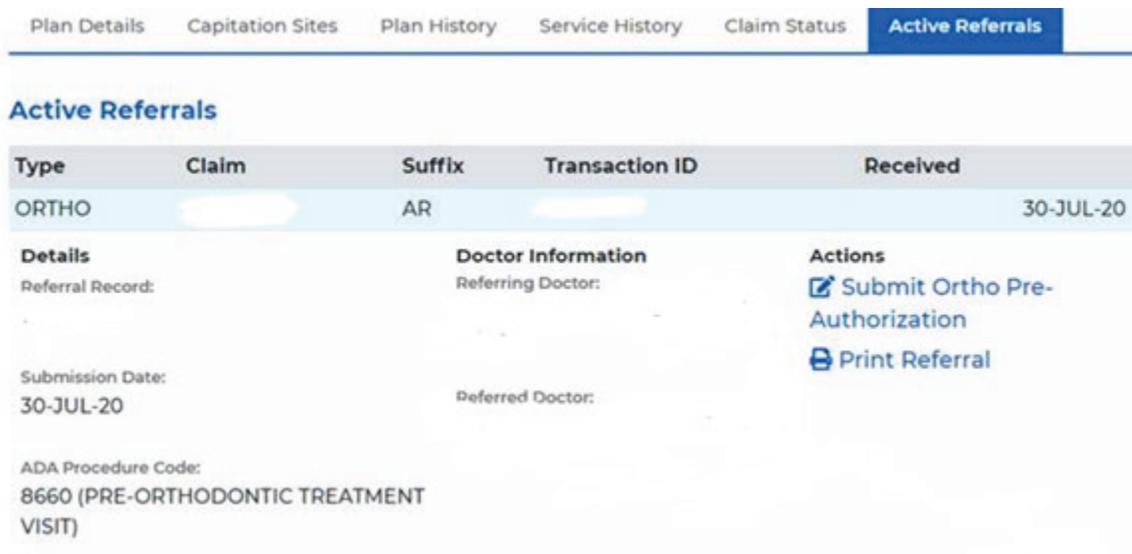
Filter:

Group Info	ADA Code	Description	Doctor Fee
METROPLUS HEALTH PLAN - HARP ADULT (GG-327-HRA)	0350	2D ORAL/FACIAL PHOTOGRAPHIC IMAGES	\$5
METROPLUS HEALTH PLAN - HARP ADULT (GG-327-HRA)	5660	ADD CLASP TO EXISTING PARTIAL DENTURE - PER TOOTH	\$108
METROPLUS HEALTH PLAN - HARP ADULT (GG-327-HRA)	5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	\$69
METROPLUS HEALTH PLAN - HARP ADULT (GG-327-HRA)	5411	ADJUST COMPLETE DENTURE - LOWER	\$18

CREATE ORTHODONTIC REFERRAL

****Please keep in mind these instructions are only for government plans. All prior authorizations for our PPO members must be submitted on an ADA form either electronically (Payor ID: 11271) or via mail to our claims address (Healthplex Inc., P.O. Box 211672, Eagan, MN 55121) with supporting documentation.****

- (1) When checking eligibility for a medicaid member you must verify if the member has an active referral on file. You can find the referral under the “**active referrals**” tab after verifying a member’s eligibility



- (2) If there is no active referral on file, go to the upper right box on the member eligibility screen and click on “create ortho referral” link to create a referral to your office for the member. Please note, if there is an active referral on file for the member that is assigned to another practice, you must contact provider services (800-468-2183, option 4) to have the referral transferred to your practice.



Once there is an active referral on file for the member in the eligibility screen, click on the active referrals tab, then on the referral itself, click on the link “submit ortho pre-authorization” to open up a live version of the Medicaid evaluation form that you’re looking for.