

## MANAGED CARE FEE SCHEDULES AVAILABLE ON THE WEBSITE

Healthplex is pleased to announce the self-service functionality of retrieving your Government Managed Care Fee Schedules on the Healthplex website.

**Please follow these easy instructions for access:**

1. Log onto Healthplex.com
2. Select "Reports"
3. Select "View Government Managed Care Fee Schedule by Group"
4. Select "Choose This Site" under "Generate Fee Schedule - Sites" for specific location/specialty fees
5. Select "All Groups" or a Specific Group(s)
6. Select "Generate" to obtain your fee schedule
7. Select print or export into a CSV, PDF, or Excel File
8. You also may search for specific ADA codes

Healthplex will no longer be accepting any individual requests for copies of Government Managed Care Fee Schedules.

If your office is not registered on the Healthplex Provider Web Portal, please go to Healthplex.com to download a registration form under "I am a Provider" and select "Website Registration Form".

For any additional questions, please contact Healthplex Web Support at **1-888-468-5171** or by email at **websupport@healthplex.com**.

### Inside This Issue

Dentures and Implants.....	pg. 2
Healthplex Contacts.....	pg. 2
Quote of the Day.....	pg. 2
Utilization Review.....	pg. 3
Supporting Documentation Return Policy.....	pg. 4
NCQA Certification.....	pg. 4

## OFFICE OF THE QUARTER

### CONGRATULATIONS!



### Dr. Rodney Rastegar

GREAT NECK, NEW YORK

GARDEN CITY, NEW YORK

JACKSON HEIGHTS, NEW YORK

A special thank you to Dr. Rastegar and his staff for their ongoing commitment to patient care and service.

In addition, this office has always been accommodating and responsive to Healthplex requests.

Offices chosen are voted upon by the various departments interacting with providers (Customer Service, Provider Relations, Government Services and Credentialing). An office gift and a beautifully framed certificate were presented to the office.

## DENTURES AND IMPLANTS MEDICAID GUIDELINES NOTIFICATION

The Department of Health has updated sections VI and VIII of the Dental Policy and Procedure Code Manual with an effective date of November 12, 2018.

### The following updates apply to Medicaid lines of business:

- Medicaid will now cover full/partial dentures and implants when medically necessary
- Replacement dentures will not be covered for at least eight years unless medical necessity is determined
- A letter is required from both the patient's dentist and primary care physician explaining the need for either replacement dentures within the eight year time limit or implant services
- If dentures have already been replaced once, an explanation of preventative measures to be followed to reduce the need for subsequent replacements must be submitted before additional replacements are approved
- A narrative for these services will be required from the dental provider explaining why less costly alternatives to implants will not correct the patient's condition
- All affected services still require prior approval
- New York State will release further details regarding procedure codes and billing guidelines at a future time

Continue to submit pre-authorizations as you normally would to ensure services are covered. Healthplex will request any additional information required for the pre-approval process as appropriate.

## HEALTHPLEX CONTACTS

healthplex.com

### Phone Numbers

**Provider Hotline.....888-468-2183**

- (Options)
- 1: Eligibility
  - 2: Urgent Referrals
  - 3: Website Support
  - 4: Claims Automated System
  - 5: Contracting (*Commercial Programs*)
  - 6: Contracting (*Government Programs*)
  - 7: Panel Participation

**UM Clinical Review....888-468-5182**

**Internet Support.....888-468-5171**

### Fax Numbers (516 area code)

**Claims.....542-2614**

**Customer Service.....227-1143**

**Provider Relations.....228-9571**

**Referral Authorization.....228-5025**

### E-Mail

ProviderRelations@healthplex.com

Info@healthplex.com

Claims@healthplex.com

Referrals@healthplex.com

**“Tell me and I forget.  
Teach me and I remember.  
Involve me and I learn.”**

*Benjamin Franklin*



## UTILIZATION REVIEW PROGRAM

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The Utilization Review Program is designed to monitor the frequency and appropriateness of care received by enrollees through utilization reports.

These reports compare group norms to historical fee-for-service utilization/service patterns, and comparatively to similar provider utilization patterns.

The source document for the utilization report information is the patient encounter form or claim form, which is completed by the provider of services at each patient visit.

The data is compiled and reports are analyzed to determine service utilization patterns.

Healthplex cannot over-emphasize the importance of encounter data.

### **HEDIS Reports:**

A HEDIS eligible member is a child who is between 2 years old and 20 years old as of December 31st of the measurement year AND is enrolled for at least 11 months during the measurement year (*December must be one of the 11 months*).

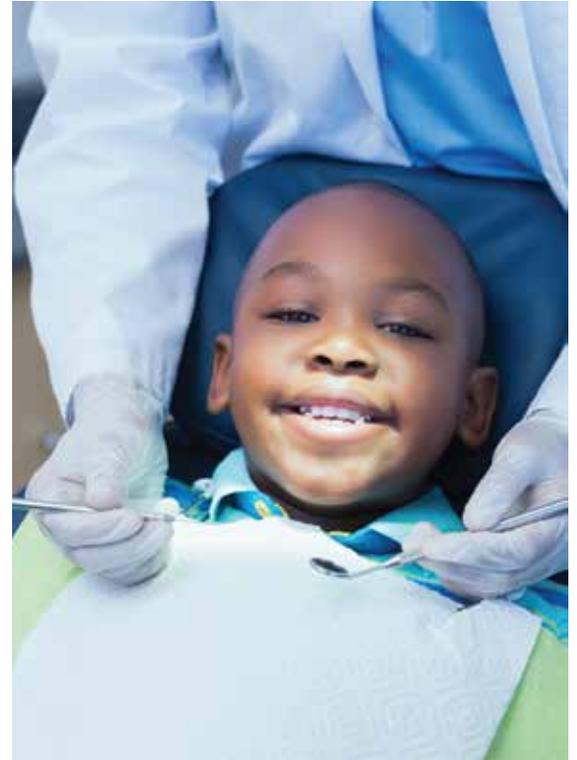
Lists of HEDIS eligible members assigned to a general dentist's office are available on the Healthplex website found under the "Reports" tab and then by selecting "Non Utilizing HEDIS Eligible Members Report" link.

- The list includes member name and contact information.
- The list is a tool to be used by the office staff in contacting members to schedule appointments.

This data is the only means by which Healthplex can track provision of services to their members who are assigned to capitated offices.

Offices with the highest utilization percentages for their assigned members are considered first for the assignment of additional members to their practice; this is why encounter forms for services which are covered under straight capitation agreements are just as important as claims forms for services covered under a fee-for-service or hybrid cap/fee-for service agreement. Consistently submitting encounter and/or claims forms for any and all services rendered to Healthplex members is the surest way to maximize additional member assignment to your practice.

Contact your assigned Healthplex site representative for any assistance in identifying assigned members and maximizing your practice's utilization scores.



## SUPPORTING DOCUMENTATION RETURN POLICY

Radiographs are an integral part of your patients' records and should always remain in your files. When radiographs are requested for purposes of benefit determination, originals should be retained and duplicate films should be submitted to Healthplex. This policy has been endorsed by the American Dental Association and local constituent societies.



### Effective October 1, 2018:

No supporting documentation will be returned to provider offices, regardless of the inclusion of a self-addressed and stamped envelope.

### Electronic X-ray Submission:

X-rays may be submitted electronically. Electronic submissions eliminate the need for duplicate x-rays. Submit x-ray attachments electronically by using NEA at [nea-fast.com](http://nea-fast.com). For information, call NEA at **1-800-782-5150, option 3.**

## NCQA CERTIFICATION

The National Committee for Quality Assurance (NCQA) exists to improve the quality of health care.

Healthplex is certified by the NCQA as a Credentials Verification Organization (CVO) in 11 out of 11 credentialing elements, along with various other categories including Utilization Management and Quality Management. NCQA is an independent, not-for-profit organization dedicated to assessing and reporting on the quality of managed care plans, managed behavioral healthcare organizations, preferred provider organizations, new health plans, physician organizations, credentials verification organizations, disease management programs and other health-related programs.

As an NCQA-certified CVO, Healthplex provides data collection, credentials verification, database management and sanction monitoring.

NCQA certification benefits include industry recognition and the ability to strongly market to current and potentially future clients. For you, the provider, this means that Healthplex is better positioned to secure additional business and provide a larger number of members to your office by maintaining its NCQA certification status.

In keeping up with the standards of NCQA certification, Healthplex holds participating providers to high standards. This includes obtaining documents needed to review member complaints and corrective action plans for failed site visits and appointment availability. A stringent deadline on these measures allows Healthplex to report to third party auditors in a fashion that allows them to clearly understand the situation and what transpired. As a result of working together with providers to resolve issues, third parties gain confidence in Healthplex which in turn creates more business for both Healthplex as well as participating providers who treat the new membership.

Healthplex appreciates providers willing to work together with us to provide information in the required time frame to resolve member issues and complaints, and to continue to support our mission of providing access to high quality affordable dental care and to improving the oral health of our community.