



PROVIDER WEB PORTAL GUIDE



healthplex®

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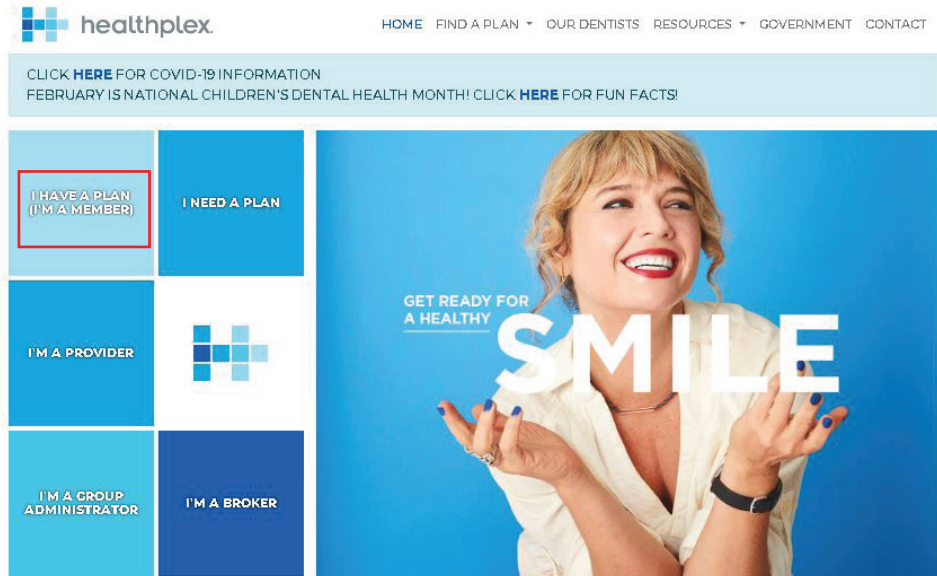
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This guide serves to capacitate providers with the knowledge of how to effectively take full advantage of the various tools available to them through the Healthplex Provider Web Portal. The self-service features that are accessible through the Healthplex 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.

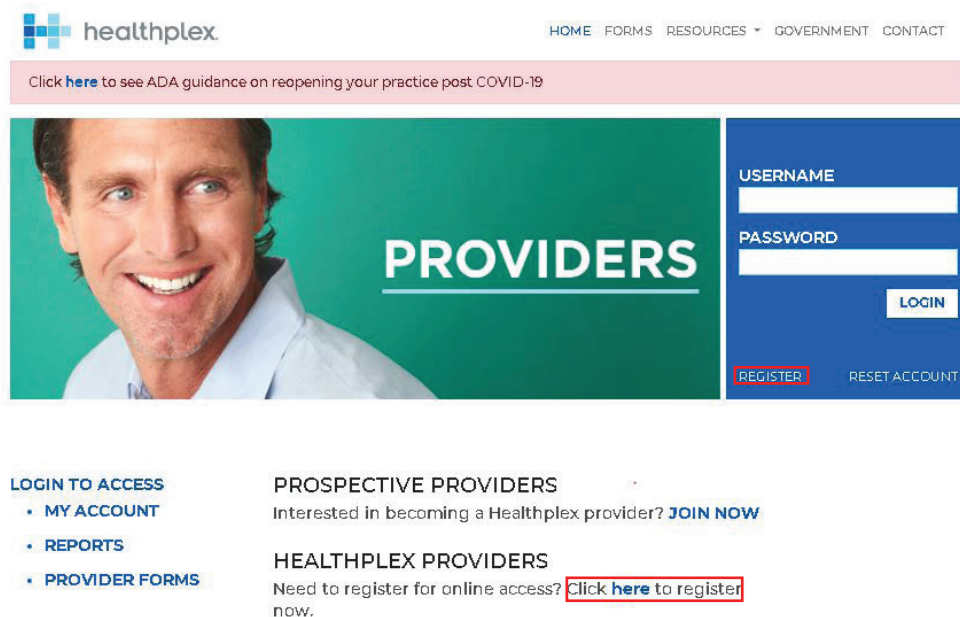
Please take a few moments to review this guide and see how easy it can be to work with Healthplex. The features which we have brought to the web portal have all been driven through provider feedback, and as time goes on, we will revise this guide to include additional features that we implement thanks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

REGISTERING FOR WEB ACCESS

(1) Go to Healthplex.com, and click on “I’m a Provider”.



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



(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

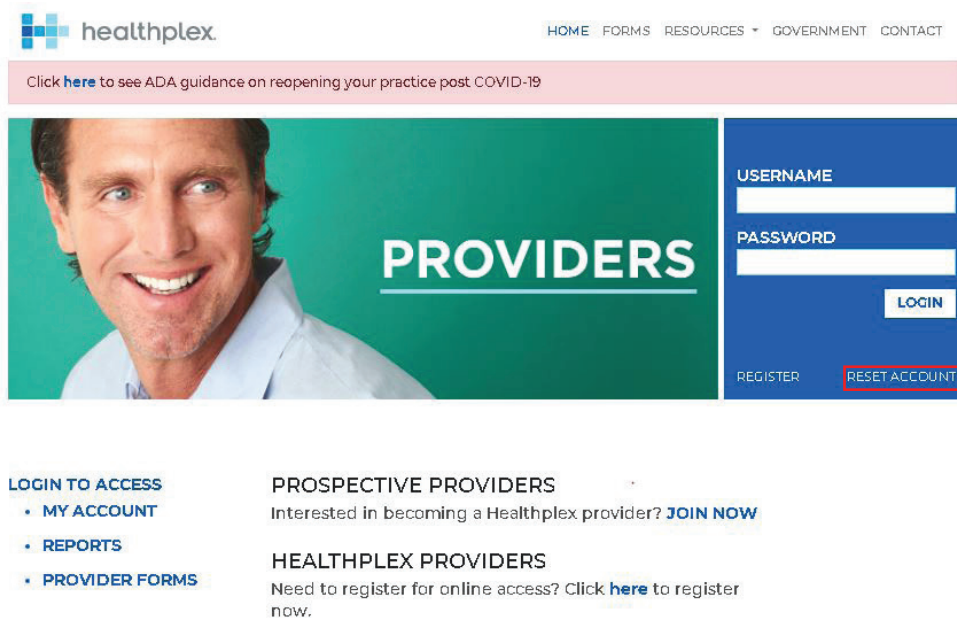
555-555-5555

EMAIL

abeards@healthplex.com

RESETTING YOUR PASSWORD

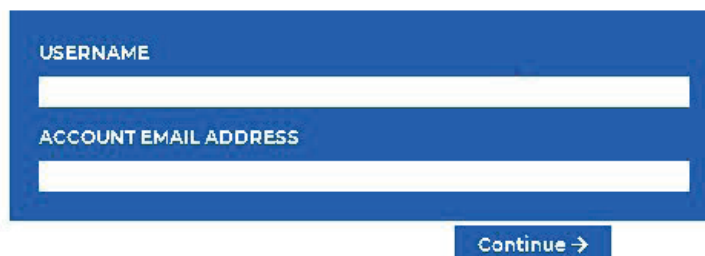
- (1) If you forget your password, click “[Reset Account](#)”.



- (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.

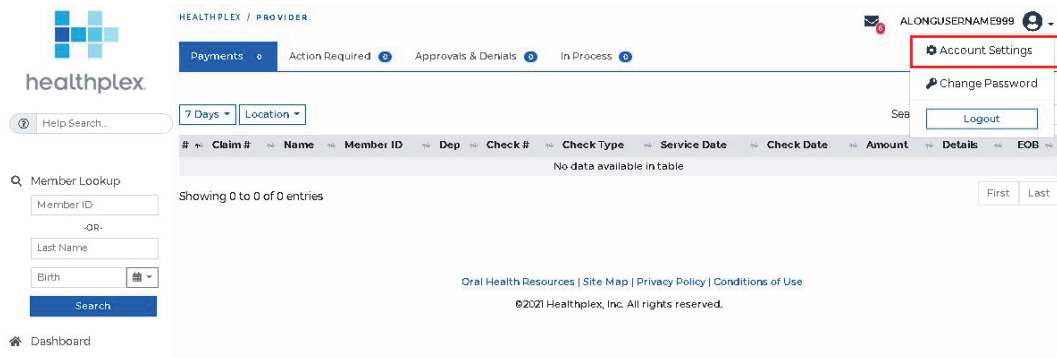
Reset Account

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

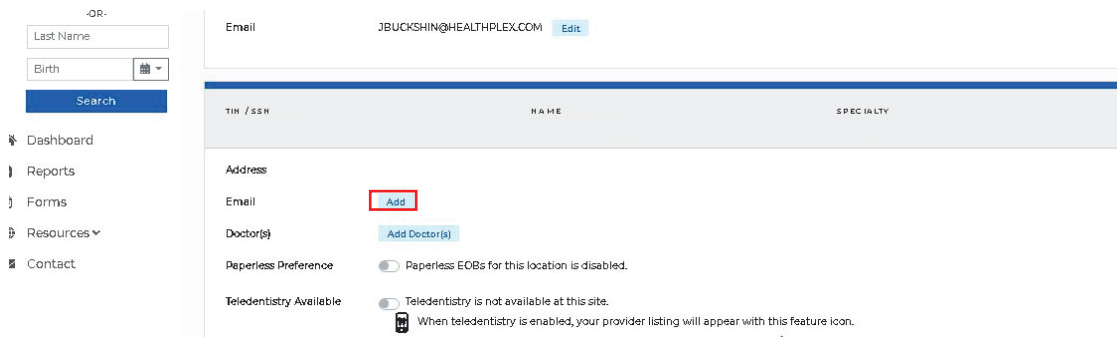


UPDATING YOUR OFFICE EMAIL

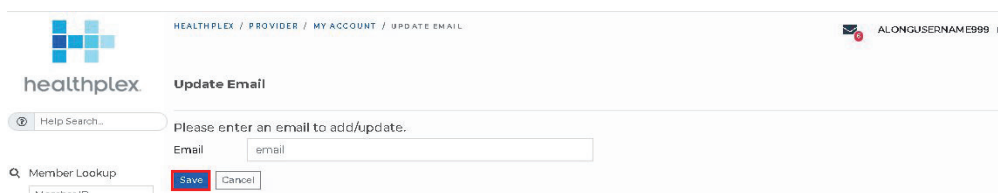
(1) Log in to the provider web portal and click on “**Account Settings**”.



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

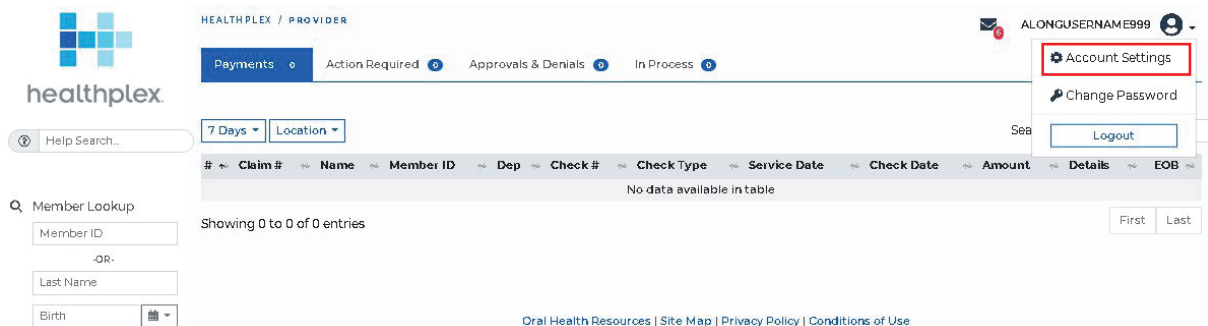


(3) If there **IS** an email listed at an existing location, you may click “**Edit**” to update your email address. Ensure you “**Save**” your changes.



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)**”

The screenshot shows the 'Add Doctor(s)' form. The left sidebar contains a 'Member Lookup' section with fields for Last Name, Birth, and a 'Search' button. The main content area includes a 'Doctor(s)' section with an 'Add Doctor(s)' button. Below this, there are sections for 'Paperless Preference', 'Teledentistry Available', and 'Status of Your Office'. The 'Status of Your Office' section includes radio buttons for 'Appointment Only', 'Fully Open', 'Emergency Only', and 'Closed for Covid'.

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.

The screenshot shows the 'Add Doctor(s)' form with the 'I would like to add' dropdown set to '2'. The form displays a table with columns: First Name, Last Name, NPI #, and Specialty. The table is currently empty. Below the table, there is an 'Updated By:' field and 'Save' and 'Cancel' buttons.

(4) To REMOVE a provider from a location

- Click on **“Update Doctor(s)”**
- 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 |
|------------|-----------|--------------------------|----------------------------|
| Dr. [Name] | Owner | <input type="checkbox"/> | |
| Dr. [Name] | Associate | <input type="checkbox"/> | |
| Dr. [Name] | Owner | <input type="checkbox"/> | |
| Dr. [Name] | Associate | <input type="checkbox"/> | |
| Dr. [Name] | Associate | <input type="checkbox"/> | |

I would like to add more doctor(s):

- 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

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

Member ID

-OR-

Last Name

Birth 

Search

Plan Type: DENTCARE INDEMNITY FAMILY OR COMPOSITE
PPO
26 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

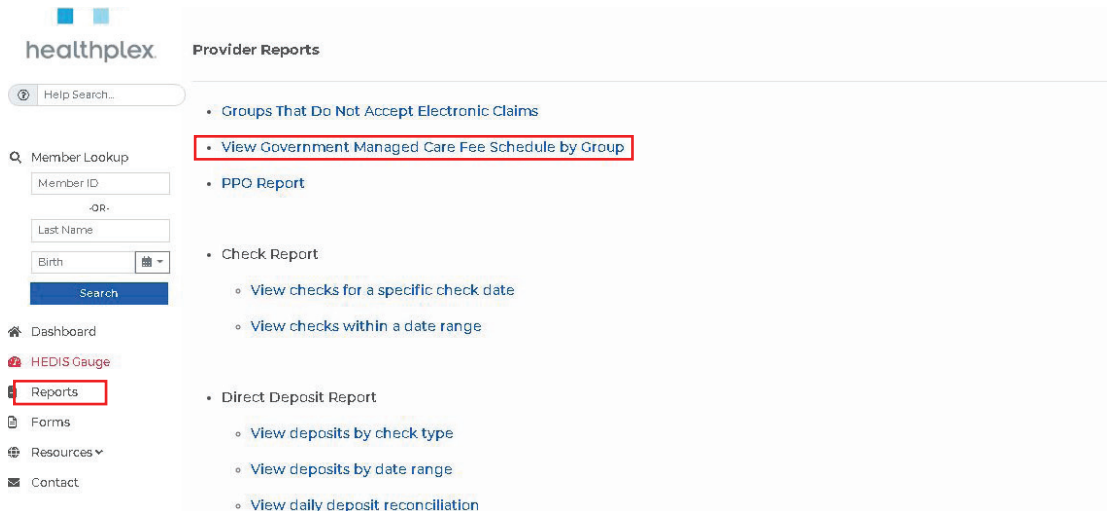
Search:

| 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 | INTRACRANIAL - COMPLETE SERIES OF RADIOGRAPHIC IMAGES |
| 220 | A | \$0.00 | | INTRACRANIAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE |
| 230 | A | \$0.00 | | INTRACRANIAL - PERIAPICAL EACH ADD'L RADIOGRAPHIC IMAGE |
| 240 | A | \$0.00 | 1 per 6 Months | INTRACRANIAL - OCCLUSAL RADIOGRAPHIC IMAGE |
| 250 | A | \$0.00 | | EXTRACRANIAL - 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 |

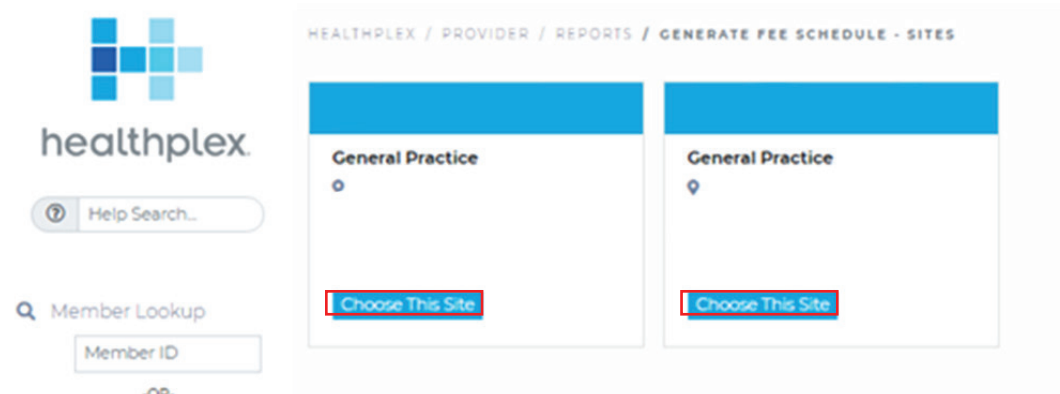
RETRIEVING GOVERNMENT MANAGED CARE FEE SCHEDULES

(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.
- 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.)
 - Once you've selected which plans you'd like to view the fee schedule for, click on **"Generate"**.

Help Search...

Member Lookup

Member ID

-OR-

Last Name

Birth

Search

Dashboard

HEDIS Gauge

Reports

Forms

Resources

Contact

Please select one or more groups:

- ☐ METROPLUS HEALTH PLAN - HARP ADULT (GG-327-HBA)
- ☐ METROPLUS HEALTH PLAN - HARP CHILD (GG-327-HRQ)
- ☐ METROPLUS HEALTH PLAN - HARP (GG-327-MAP)
- ☐ METROPLUS HEALTH PLAN - MEDICAID (GG-327-NYA)
- ☐ METROPLUS HEALTH PLAN - MEDICAID (GG-327-NYC)
- ☐ METROPLUS HEALTH PLAN - SNP (GG-327-SNA)
- ☐ METROPLUS HEALTH PLAN - SNP (GG-327-SNQ)
- ☐ METROPLUS HEALTH PLAN - CHIP (GG-327-CHP)
- ☐ METROPLUS HEALTH PLAN-ESSENTIAL PLAN (GG-327-HPQ)

Select ADA Codes:

☒ Most Common ADA Codes

☐ Specify ADA Codes separate by semicolon

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.

Help Search...

Member Lookup

Member ID

-OR-

Last Name

Birth

Search

Dashboard

HEDIS Gauge

Reports

Forms

Resources

Contact

General Practice

Copy Print Excel PDF CSV

Filter:

| Group Info | ADA Code | Description | Doctor Fee |
|---|----------|---|------------|
| METROPLUS HEALTH PLAN - MEDICAID (GG-327-NYC) | 0350 | 2D ORAL/FACIAL PHOTOGRAPHIC IMAGES | \$10.50 |
| METROPLUS HEALTH PLAN - MEDICAID (GG-327-NYC) | 5660 | ADD CLASP TO EXISTING PARTIAL DENTURE - PER TOOTH | \$108.75 |
| METROPLUS HEALTH PLAN - MEDICAID (GG-327-NYC) | 5650 | ADD TOOTH TO EXISTING PARTIAL DENTURE | \$65.25 |
| METROPLUS HEALTH PLAN - MEDICAID (GG-327-NYC) | 5411 | ADJUST COMPLETE DENTURE - LOWER | \$18.75 |
| METROPLUS HEALTH PLAN - MEDICAID (GG-327-NYC) | 5410 | ADJUST COMPLETE DENTURE - UPPER | \$18.75 |
| METROPLUS HEALTH PLAN - MEDICAID (GG-327-NYC) | 5422 | ADJUST PARTIAL DENTURE - LOWER | \$18.75 |
| METROPLUS HEALTH PLAN - MEDICAID (GG-327-NYC) | 5421 | ADJUST PARTIAL DENTURE - UPPER | \$18.75 |
| METROPLUS HEALTH PLAN - MEDICAID (GG-327-NYC) | 7310 | ALVEOLOPLASTY W/EXTRACTIONS - 4+ TEETH PER QUAD | \$65.25 |
| METROPLUS HEALTH PLAN - MEDICAID (GG-327-NYC) | 2161 | AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR PERM | \$106.50 |
| METROPLUS HEALTH PLAN - MEDICAID (GG-327-NYC) | 2140 | AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT | \$41.25 |
| METROPLUS HEALTH PLAN - MEDICAID (GG-327-NYC) | 2160 | AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT | \$79.50 |

- (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.

Show 15 entries

Print Excel CSV PDF Copy

Search: 434

| Group Info | ADA Code | Description | Doctor Fee |
|--|----------|--|------------|
| METROPLUS HEALTH PLAN-SNP (GG-327-SNC) | 434 | PERIODONTAL SCALING & ROOT PLANING-4 OR MORE TEETH | \$13.78 |

Showing 1 to 1 of 1 entries (filtered from 136 total entries)

Previous 1 Next

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”.

The screenshot shows the Healthplex Provider Reports interface. On the left, there is a sidebar with navigation links: Dashboard, HEDIS Gauge, Reports, Forms, and Resources. The 'Reports' link is selected. In the main content area, under the 'Provider Reports' heading, there is a list of report categories. The 'PPO Report' link is highlighted with a red box.

- (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.

The screenshot shows the 'Please Select Your Location and/or Specialty' page. It features a search bar, a 'Show' dropdown set to '10', and a 'Search Address' field. Below this is a table with two entries:

| # | Name | Address | Specialty |
|---|------|---------|------------------|
| 1 | | | GENERAL PRACTICE |
| 2 | | | PERIODONTICS |

Each row has a 'PPO Report' button next to it.

- (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.

The screenshot shows the PPO plans page. It includes a search bar, a 'Show' dropdown set to '15', and buttons for 'Print', 'Excel', 'CSV', 'PDF', and 'Copy'. Below this is a table with the following data:

| Group # | Group Name | PPO Name | PPO # | Eff Date |
|-----------|--------------------------|--------------|-------|------------|
| G022514B | NASSAU COUNTY | CAPITAL | 4-A | 01-01-2012 |
| G022514BC | NASSAU COUNTY - COBRA | CAPITAL | 4-A | 01-01-2012 |
| G022514P | NASSAU COUNTY INDUSTRIAL | CAPITAL | 4-A | 01-01-2012 |
| GCDP3% | GCDP3% Groups | CAPITAL | 4-A | 01-01-2012 |
| GED% | GED% Groups | CAPITAL | 4-A | 01-01-2012 |
| GEDM% | GEDM% Groups | CAPITAL PLUS | 28-A | 08-01-2012 |
| GEDM% | GEDM% Groups | CAREINGTON | 20-A | 09-01-2016 |
| GEDM% | GEDM% Groups | DENTEMAX | 20-C | 02-01-2018 |

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.

The screenshot shows the Healthplex Provider Reports page. On the left is a sidebar with navigation links: Help Search..., Member Lookup (with fields for Member ID, Last Name, and Birth), Dashboard, and HEDIS Gauge. The main content area is titled 'Provider Reports' and contains a list of links: 'Groups That Do Not Accept Electronic Claims', 'View Government Managed Care Fee Schedule by Group', 'PPO Report', and 'Check Report'. The 'Check Report' link is highlighted with a red box and has two sub-links: 'View checks for a specific check date' and 'View checks within a date range'.

(1) View Checks for a Specific Date Range

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

The screenshot shows the 'Please Select Your Location and/or Specialty' page. It features a table with columns for #, Name, Address, and Specialty. The table lists six specialties: General Practice, Oral Surgery, Endodontics, Periodontics, Orthodontics, and Pedodontics. Each row has a 'Dir. Deposit Rpt' button. The page also includes a search address field, a 'Show 10 entries' dropdown, and a 'Previous' button.

- 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.

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Help Search...

Member Lookup

Member ID

-OR-

Last Name

Birth

Search

Dashboard

HEDIS Gauge

Please Select Your Location and/or Specialty

Show 10 entries

Search Address:

| # | Name | Address | Specialty | Dir. Deposit Rpt |
|---|------|---------|------------------|------------------|
| 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

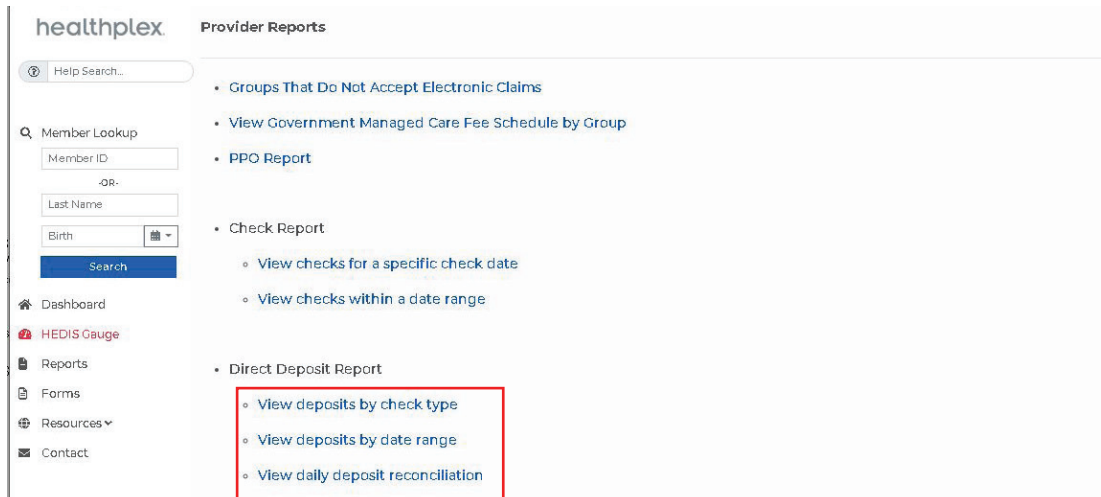
Start Date: 2021-01-04 End Date: 2021-02-04

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.

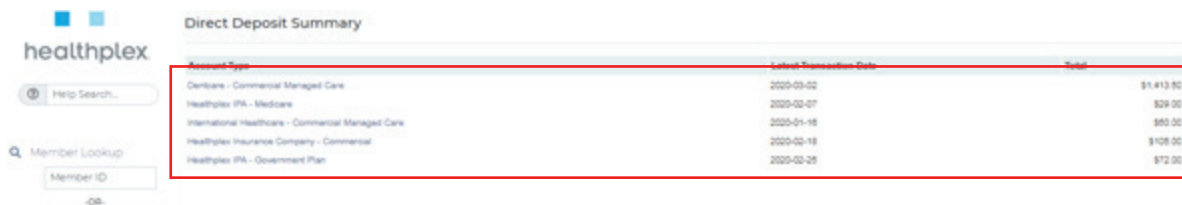


(1) View deposits by check type .

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



- 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.

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Please Select Your Location and/or Specialty

Show 10 entries

Search Address:

| # | Name | Address | Specialty |
|---|------|---------|------------------|
| 1 | | | General Practice |
| 2 | | | Oral Surgery |
| 3 | | | Endodontics |
| 4 | | | Periodontics |
| 5 | | | Orthodontics |

Dir. Deposit Rpt

Dir. Deposit Rpt

Dir. Deposit Rpt

Dir. Deposit Rpt

Dir. Deposit Rpt

Dir. Deposit Rpt

- b. Define the date range for your inquiry.

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HEALTHPLEX / PROVIDER / REPORTS / DIRECT DEPOSIT SUMMARY

Direct Deposit by Date Range

Start Date: yyyy-mm-dd

End Date: yyyy-mm-dd

Run Report

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

Start Date: 2020-02-13

End Date: 2020-03-18

view report

| Claim # | Name | Member ID | Dep | Chk # | Chk Type | Service Date | Chk Dt | Amount |
|---------|------|-----------|-----|-------|----------|--------------|--------|--------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

(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.

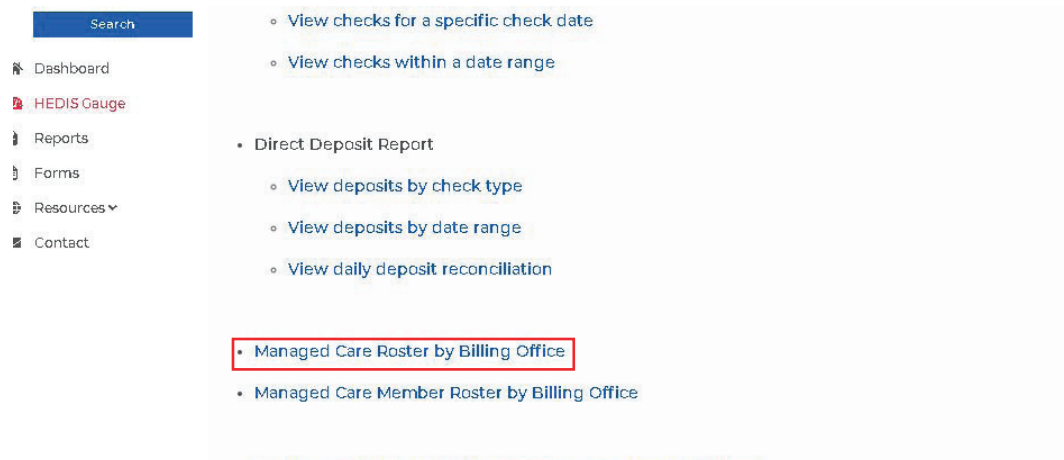
Direct Deposit - Daily Reconciliation Report

Click on summary banner to view details.

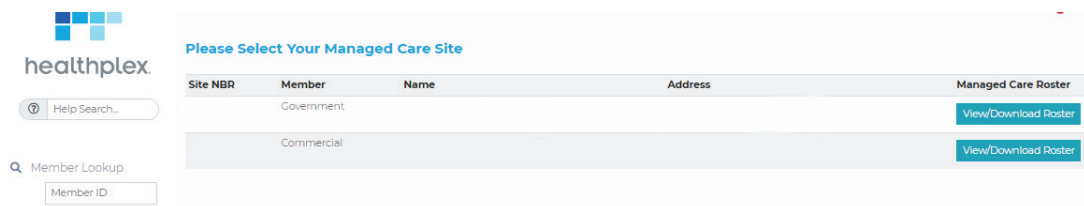
| | | | | | |
|------------------|------------|-----------------------------|-----------|----------------|--|
| Date: 2021-03-16 | Type: HIPA | Specialty: General Practice | Suffix: 0 | Amount: \$0.00 | |
| Date: 2021-03-15 | Type: DDS2 | Specialty: General Practice | Suffix: 0 | Amount: \$0.00 | |
| Date: 2021-03-11 | Type: DDS2 | Specialty: General Practice | Suffix: 0 | Amount: \$0.00 | |
| Date: 2021-03-09 | Type: HIPA | Specialty: General Practice | Suffix: 0 | Amount: \$0.00 | |

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-8=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.

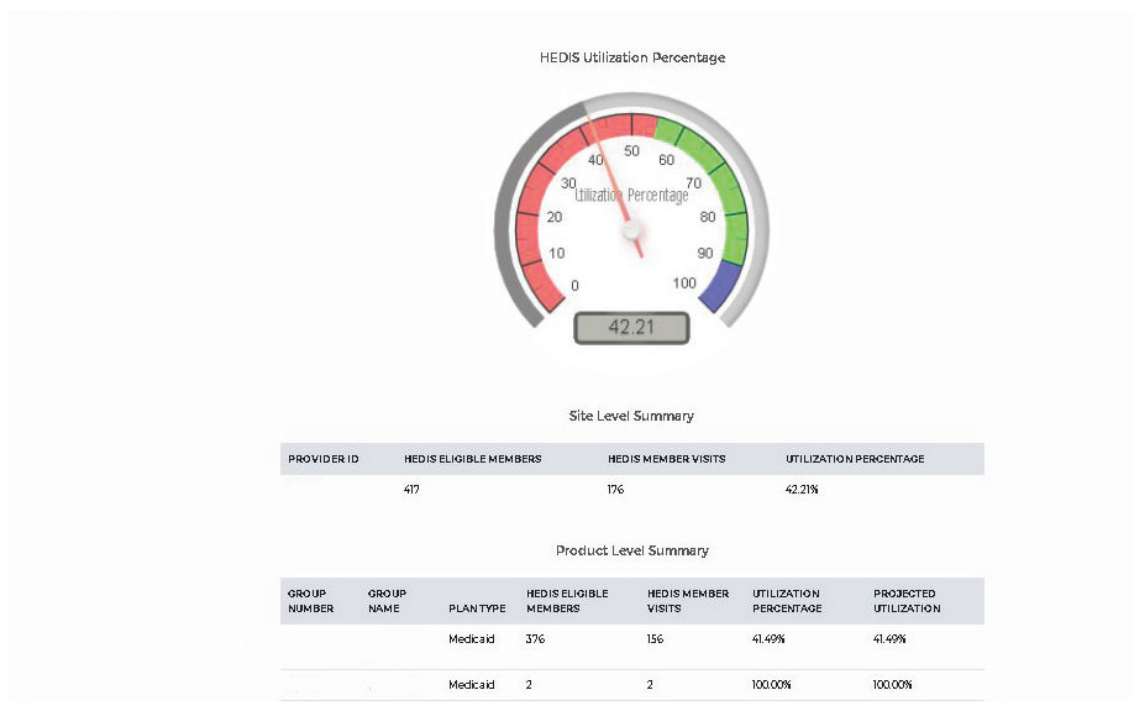
One way we do this is by providing you with the tools needed to identify which of these HEDIS eligible members are assigned to your office but have not been seen yet this year. Through joint outreach efforts from Healthplex and providers our goal is to raise the state-wide average every year in dental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

The screenshot shows the 'Member Lookup' section with input fields for Member ID, Last Name, and Birth, along with a search button. Below this is a sidebar menu with links to Dashboard, HEDIS Gauge (highlighted in red), Reports, Forms, Resources, and Contact. To the right, there is a table header for 'Member SSN' and 'Last Name', and a message indicating 'Showing 0 to 0 of 0 entries'.

- 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.

The screenshot shows the Claims Dashboard with the 'Payments' tab selected. The dashboard includes filters for '7 Days' and 'Location', a search bar, and a table with columns: Claim #, Name, Member ID, Dep, Check #, Check Type, Service Date, Check Date, Amount, Details, and EOB.

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”.

The screenshot shows the Claims Dashboard with the 'Action Required' tab selected. The dashboard includes filters for '30 Days' and 'Location', a search bar, and a table with columns: #, Name, # Th, Surt, Treat, DT, ADA, HPI, Initial, Doc, Fee, Pat. Resp, Deduct, COB, Amt, and Status. A red box highlights the details for a specific claim.

- 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.

healthplex

Help Search...

Member Lookup

Member ID

-OR-

Last Name

Birth

2 Years Location Claim Type

Search:

Critical Updates 1

Payments 177 Action Required 35 Approvals & Denials 217 In Process 1

| # | Name | SSN | Dep | Type | Claim # | Received | DocFees | Allowed | Details |
|----|------|-----|-----|------|--|----------|---------|---------|---------|
| 46 | | | | | 1 | | | | |
| 47 | | | | | YES | | | | |
| 48 | | | | | 4-A | | | | |
| 49 | | | | | OUT-OF-NETWORK COVERAGE AVAILABLE? YES | | | | |
| 50 | | | | | CLAIM LINE DETAILS: | | | | |
| 51 | | | | | In-network maximum payable capped at contracted fee schedule of \$595 | | | | |
| | | | | | 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.

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Help Search...

Member Lookup

Member ID

-OR-

Last Name

Birth

7 Days Location Claim Type

Search:

Critical Updates 1

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

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

Showing 0 to 0 of 0 entries

First Last

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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.

Member Lookup

Member ID

OR

smith

01/01/01

« January 1 »

| Su | Mo | Tu | We | Th | Fr | Sa |
|----|----|----|----|----|----|----|
| 30 | 31 | 1 | 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 27 | 28 | 29 | 30 | 31 | 1 | 2 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 |

Contact

(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.

healthplex

Member: **JOHN PUBLIC** Dependents: [REDACTED]

Help Search...

Member Lookup

Member ID: [REDACTED]

-OR-

Last Name: [REDACTED]

Birth: [REDACTED]

Search

Dashboard

HEDIS Gauge

Reports

Forms

Resources

Contact

Member Information

| | | | |
|--------------|--|--------|-----------|
| ID | 123456789-0 | Status | ACTIVE |
| Name | JOHN PUBLIC | Birth | 01-FEB-53 |
| Group Number | GG-000 | Sex | Male |
| Group Name | TEST GROUP 19/23 | | |
| Plan Type | HEALTHPLEX INDEMNITY FAMILY OR COMPOSITE | | |

Your office does not participate with the member's plan.

Provider Options

[Estimate a Procedure](#)

[Find Dentists](#)

Plan Details

Plan History Service History Claim Status Used Benefits Fee Schedule Active Referrals

Benefits Summary

Benefit Information

Plan Coverage [as of 01/04/2021]: PPO:

- 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.

Plan Details **Capitation Sites** Plan History Service History Claim Status Active Referrals

Current Capitation Site

| Site # | Name | Effective Date | Phone |
|--------|------|----------------|-------|
| | | 01-OCT-16 | |

Capitation Sites By Effective Dates

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.

Plan Details Plan History **Service History** Claim Status Used Benefits Active Referrals

Service History

| 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 | INTRAORAL - COMPLETE SERIES OF RADIOGRAPHIC IMAGES |

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

Plan Details
Plan History
Service History
Claim Status
Used Benefits
Active Referrals

Claim Status

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

*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.

Plan Details
Plan History
Service History
Claim Status
Used Benefits
Active Referrals

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 |
| Prosthodontics (removable) | \$0.00 | \$0.00 |
| Maxillofacial prosthetics | \$0.00 | \$0.00 |
| Implant Services | \$0.00 | \$0.00 |
| Prosthodontics (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.

| Plan Details | Capitation Sites | Plan History | Service History | Claim Status | Active Referrals |
|-------------------------|------------------|--------------|-----------------|--------------|------------------|
| Active Referrals | | | | | |
| Type | Claim | Suffix | Transaction ID | Received | |

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

The screenshot shows a member information form with the following fields:

| | | | |
|--------------|--|--------|--------|
| ID | | Status | ACTIVE |
| Name | | Birth | |
| Group Number | | Sex | Female |
| Group Name | | | |
| Plan Type | | | |
| PPO | | | |

Below the form, there is a link: [Click here to view if your office participates with the member's plan.](#)

On the right, there is a 'Provider Options' section with links: [Estimate a Procedure](#), [PPO Facts Sheet](#), and [Find Dentists](#).

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.

The screenshot shows the same member information form as above. The 'Estimate a Procedure' link in the 'Provider Options' section is highlighted with a red box.

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

The screenshot shows the 'Estimate a Procedure' form. At the top, there is a link: [Click here to view if your office participates with the member's plan.](#)

Below the link, there is a warning message: **⚠ This screen is for inquiry purposes only. This screen cannot be used for claims submissions or requests for approval of services.**

The form has the following input fields:

- TOOTH
- ADA CODE
- \$ Doctor Fee

There is a **Calculate Fee** button.

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

| | | | | | | | |
|-------|--|----------|--|---------------|--|---------------|--|
| TOOTH | | ADA CODE | | \$ Doctor Fee | | 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> <div>Plan Pays:</div> <div>0.00</div> </div> <div> <div>Deductible:</div> <div>0.00</div> </div> <div> <div>Patient Pays:</div> <div>0.00</div> </div> <div> <div>Over Max:</div> <div>0.00</div> </div> <div>* Allows 1 occurrence every 6 months</div> <div>* Prior Procedure Date: 02-OCT-08</div> | |

- 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

Last Name

Birth

Search

Dashboard

Reports

Forms

Doctors in net

ID

Name

Group Number

Group Name

Plan Type

PPO

Status

Birth

Sex

ACTIVE

14 C - METRO

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

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.

TOOTH

ADA CODE

\$ Doctor Fee

Calculate Fee

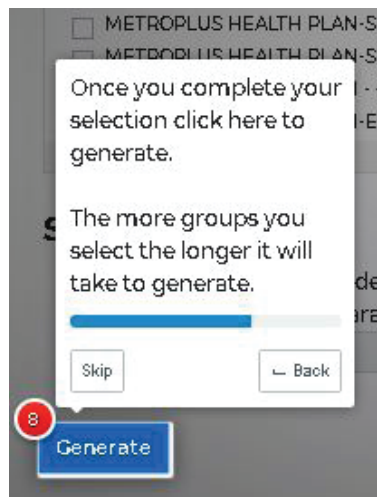
| Treatment Dt | Tooth | ADA | Hplx Cd | Doc. Fee | Pay Ind. | Exp. Code | Supplemental Info | Print |
|--------------|-------|------|---------|----------|----------|-----------|---|-------|
| 10 | 120 | 0120 | 100.00 | N | 30 | exp-30 | <div> <div>Pays:</div> <div>0.00</div> </div> <div> <div>Deductible:</div> <div>0.00</div> </div> <div> <div>Net Pays:</div> <div>100.00</div> </div> <div> <div>Over Max:</div> <div>0.00</div> </div> <div> <div>Allows 1 occurrence every 6 months</div> <div>Prior Procedure Date: 10-OCT-19</div> </div> | |

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.

The screenshot shows the Healthplex Provider Web Portal interface. At the top left, a search bar labeled "Help Search..." is highlighted with a red rectangle. Below it, there are sections for "Member Lookup" with input fields for Member ID, Last Name, and Birth, and a "Search" button. To the right, there are filters for "Date Range" and "Location", and a "Search:" field. Below these, a table header is visible with columns: #, Member SSN, Last Name, First Name, Claim Number, and Claim Date. The table content shows "No data available in table" and "Showing 0 to 0 of 0 entries". At the bottom, there are links for "Dashboard" and "Reports", and a footer with "Oral Health Resources | Site Map | Privacy Policy | Conditions of Use" and "©2021 Healthplex, Inc. All rights reserved."



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

| Plan Details | Capitation Sites | Plan History | Service History | Claim Status | Active Referrals |
|--|------------------|---------------------------|-----------------|--|------------------|
| Active Referrals | | | | | |
| Type | Claim | Suffix | Transaction ID | Received | |
| ORTHO | | AR | | 30-JUL-20 | |
| Details | | Doctor Information | | Actions | |
| Referral Record: | | Referring Doctor: | | Submit Ortho Pre-Authorization | |
| Submission Date: | | Referred Doctor: | | Print Referral | |
| 30-JUL-20 | | | | | |
| ADA Procedure Code: | | | | | |
| 8660 (PRE-ORTHODONTIC TREATMENT VISIT) | | | | | |

- (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.

| Provider Options |
|---------------------------------------|
| Estimate a Procedure |
| Submit an Encounter |
| Create Ortho Referral |
| Find Dentists |
| Assign Member |

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.