HEALTHPLEX® HERALD

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LETTER FROM THE DIRECTOR OF ORAL HEALTH EDUCATION

I am the Director for Oral Health Education for Healthplex and have been in healthcare for over 42 years. Having served on various Healthplex committees, I have the opportunity to observe the comments from Healthplex patients and the pressures that providers experience in their patient care in our utilization management conferences. I see that the patient – dentist communication beyond the definitive care is a frequent and significant concern. Specifically, the expectations of the patient, having a low understanding of dental care, what happens in their dental visit and their responsibility to the success of the visit is often not clear. I realize that "education" and time are difficult challenges in healthcare. Here are four areas that I recommend should receive more attention from providers.

First, patients, caregivers and providers may not realize there are standards for the selection of dental radiographs. You should be familiar with these standards and have this document to present to patients and caregivers. Standards of care protect you and the patient and remove common misconceptions about dental radiographs. Second is the need and outcome (quality) of a prophylaxis. This is very easy to overcome. Dental plaque is a difficult concept for many patients. I recommend that patients should watch the examination with a mirror. After all, it's their mouth and its condition is due to their attitude and behavior. Then, wipe a few teeth with a 2X2 gauze. Show the plaque on the gauze to help them understand what is happening to them (caries, gingivitis). Next, have the patient use a disclosing agent and see their teeth prior to any oral hygiene discussion or prophylaxis and then again once the therapy is completed. I also recommend the use of a disclosing tablet before bed time brushing. Third, I see complaints about "feeling of a shock" regarding local anesthesia or prolonged paresthesia in the injection area. Patient complaints about these situations are predictable based on lack of pre-injection education/preparation. Of course attention to technique will also help avoid the chance for situations associated with local analgesia. Also, incidents should be included in the record. Lastly, we must remember that patients have little appreciation or knowledge about definitive care and of course those patients who wait until their complaints are long standing expect miracles from us. I observe this often in post endodontic operative and complete denture therapy. The bottom line is the patient's understanding of their role to the success of their dental care is paramount. We ask what's wrong (chief complaint). Do you ask "what do you expect in your care"? We need to listen to our patients and take the time to build the relationship. I realize this takes time but is significant for our success. If you put in the time, this gets much easier and will help the efficiency and effectiveness of your care. It's your house.

Sincerely

Fred S Ferguson, DDS

OFFICE OF THE QUARTER

Congratulations!

To Gambella/Napoli Dental PLLC for being named Office of the Quarter.

A special thank you to the office and staff for their courteous manner and commitment to patient care.

Offices chosen are voted upon by various departments interacting with providers.

An office gift and a plaque are presented to the winner.

Inside This Issue

INFECTION CONTROL

Infection Control in Dentistry is governed by two CDC documents according to the ADA and State Dental Boards.

- "Guidelines for Infection Control in Dental Health-Care Settings ---2003". Originally published in MMWR Recommendations and Reports, December 19, 2003 / 52(RR17);1-61.

- "Summary of Infection Prevention in Dental Settings: Basic Expectations for Safe Care". Published March 2016. This is based upon the principles of standard precautions and the 2003 document listed above. It also incorporates several recommendations made by the CDC since its original release in 2003. Dentists have been expected to implement these more recent recommendations as part of their overall infection control program.

Along with proper sterilization of instruments and materials, sterilizer monitoring is an essential part of any in-office infection control program.

Sterilization should be monitored and assessed through mechanical, chemical, and biological indicators. Mechanical techniques assess time, temperature, and pressure through reading and/or recording the readings displayed on the gauges. Chemical indictors use chemicals to assess conditions such as temperature reached (e.g. heat sensitive tape). Correct mechanical and chemical indicator test results do not prove sterilization has been achieved, but incorrect results indicate that a problem has occurred. Both should be used during every sterilization cycle.

Biological indicators (e.g. spore testing) are therefore needed to assess if the sterilizer is able to kill resistant microorganisms. Spore testing should occur at least weekly or more often depending on the clinical setting.

Please be aware that failure to perform weekly spore testing will result in an automatic failure during an office site visit.

HEALTHPLEX CONTACTS

www.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
Credentialing.....228-9568
Customer Service.....227-1143
Government.....228-9576
Provider Relations.....228-9571
Referral Authorization.....228-5025

E-Mail

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Info@healthplex.com
Claims@healthplex.com
Referrals@healthplex.com

FRAUD

A small percentage of providers and consumers commit healthcare fraud, but collectively they have a significant impact in increasing the cost of healthcare coverage. Fraud is defined as wrongful or criminal deception intended to result in financial or personal gain. Fraud is committed when a provider intentionally submits false information to a payer about services rendered. Examples include, but are not limited to:

- Billing for services not performed.
- Billing for services that are not medically necessary.
- Billing for more expensive services than were provided (upcoding).
- Billing to a government and private insurer for the same service.
- Falsifying patient records, including financial records. This includes falsifying dates in order to avoid calendar year/annual maximums or time limitations.
- Billing for covered services when non-covered services were performed.

DID YOU KNOW?

NEA is no longer the only electronic attachment company. The clearinghouses that you might be using for electronic claims submissions, such as Tesia, DentalXchange and Change HealthCare (f.k.a. Emdeon) are also offering their own electronic attachment services. Healthplex has taken this opportunity to partner with these 3 companies so that your office can take advantage of a potential cost savings. Depending on how many attachments you submit on a monthly basis or if you use Practice Management Software, your office might be able to reduce the cost of electronic submissions. Be sure to get in touch with the clearinghouse or the Practice Management Software Compamny you are using.

MEDICARE PART C

The Centers for Medicare & Medicaid (CMS) issued a new Physician Fee Schedule (PFS) rule in 2016. This rule requires dentists participating in Medicare Advantage Plans (MA), also known as Medicare Part C plans, to enroll in Medicare. Medicare Advantage Plans provide dental coverage to enrolled Medicare beneficiaries. The implementation date is scheduled for January 1, 2019. MA plans must show that their participating dentists are compliant by July 1, 2018.

MEDICARE PART D

Good news! The Centers for Medicare & Medicaid (CMS) released a proposed rule on November 16, 2017 to allow Medicare beneficiaries to have their dental prescriptions covered under Medicare Part D without the prescribing dentist enrolling as a Medicare provider or submitting an opt-out affidavit. The proposed rule was published in the November 28, 2017 Federal Register. This is the closest to a repeal of the rule passed in 2015 (now scheduled to take effect January 2019) requiring dentists to participate in Medicare or opt-out in order to have their prescriptions written for Medicare Part D members filled. We will keep you posted on the outcome.

FLUORIDE VARNISH

The incorporation of primary dental care in physician settings is growing. The most common services rendered are oral health screenings and the application of fluoride varnish in pediatrician practices. This trend may result in more pediatricians referring their patients to dentists.

The United States Preventive Services Task Force released a recommendation on fluoride varnish use in the medical setting in 2014. The recommendation advocates the application of fluoride varnish to primary teeth through age 5. This service is covered under medical insurance for plans sold on the state or federal marketplace as part of the Affordable Care Act.

Educating medical and nursing professionals on fluoride varnish application serves to strengthen the relationship between dentists and their medical colleagues. By joining forces, the hope is that a dental home is established early for each child and parents/guardians better understand the importance of preventive care.

A new CPT code was created in 2015, code 99188, for use by medical and nursing providers for the application of fluoride varnish.

SECURITY AWARENESS PROGRAM:

Healthplex.com Reports

Providers and their staff have access to a significant amount of information via Healthplex.com, including rosters, financial reports and HEDIS reports. In many situations, not all office staff personnel require access to all these reports and information. So, why not supply your office staff only the information they require to perform their job function?

Did you know that you can set up ID/passwords for individual members of your staff, with access only to the reports they require access to? The access levels that exist are as follows:

- All reports
- Financial Reports only
- Financial and HEDIS Reports only
- Member Rosters and HEDIS Reports only
- No report access (eligibility information only)
- HEDIS Reports only

If you would like to to set up different ID/passwords and access levels for your staff, please contact Healthplex at (888) 468-5171, or complete the "Website Registration Form" located at Healthplex.com under the Provider tab. This form can be e-mailed or faxed to Healthplex using the contact information in the form. Please note, one form per individual. A direct link to the form is below:

https://www.healthplex.com/doc/no/F-2224

CURRENT DENTAL TERMINOLOGY

Each year the American Dental Association publishes The ADA Practical Guide to Dental Procedure Codes, which includes current dental terminology (CDT). In 2000 the CDT Code was designated by the federal government as the national terminology for reporting dental services on claims submitted to third-party payers under authority granted by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The ADA's Council on Dental Benefit Programs maintains the CDT Code in accordance with ADA Bylaws and policy, and applicable federal regulations. While the majority of CDT codes do not change from year to year, changes occur on a regular basis and can impact the way that submitted claims are considered. This is especially true for the current (2018) CDT guide, which includes eighteen additions, sixteen revisions, three deletions, and no editorial changes in language that help clarify CDT codes without changing them. Providers who regularly file claims for dental benefits are strongly encouraged to secure, either in print or in digital format, a copy of the 2018 CDT guide.

The CDT guide book is an invaluable tool for any provider filing claims for dental benefits. Quite often, the reason for a "technical" denial is due to use of an incorrect or outdated code and an explanation can be found in the official description of the CDT code. Please check with the ADA or your local dental society to obtain a copy of the current guide book.

BITS & PIECES

Dennis P. Kimbro