



EXCITING ENHANCEMENTS COMING TO OUR WEB PORTAL



We are excited to announce that soon you will be able to find cost benefit breakdown information for commercial PPOs on our web portal. This will be found when you log into our website under “Forms -> Healthplex Provider Web Portal Guide”

OFFICE OF THE QUARTER CONGRATULATIONS!



**Dr. Jennifer Sipkin,
Orthodontist.**

**514 West Merrick Road
Valley Stream, NY 11580**

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

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

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DUPLICATE CHECKS - HEALTHPLEX IPA (HIPA)

Your office recently may have received duplicate checks from Healthplex IPA (HIPA)

- Healthplex cannot void and reissue the duplicate check.
- Please do not deposit the duplicate check; it will be rejected by the bank.
- Healthplex will reimburse you \$12.00 for any bounced check fee. Please provide a copy of the notification of a fee from the bank in order to be reimbursed. This should be emailed to the Accounting department at webaccounting@healthplex.com

VIRTUAL SITE VISITS

We are happy to announce that we are staying safe at Healthplex and protecting the safety of our providers and members by conducting virtual site visits.

The decision to conduct virtual site visits went into effect July 2020. Virtual site visits can be done for your office whether you are new to Healthplex or you are a legacy provider. All you need to do is download the “Zoom” application and then use your smart phone or iPad to “walk” us around the office.



HEALTHPLEX CONTACTS

healthplex.com



Fax Numbers (516 area code)

Claims.....542-2614

Provider Relations.....228-9571



E-Mail

ProviderRelations@healthplex.com

Info@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

REFERRAL AUTHORIZATIONS

Referral Authorizations can no longer be faxed. They must be mailed to:

Healthplex, Inc.

PO BOX 211672

Eagan, MN 55121

SUFFOLK COUNTY MUNICIPAL EMPLOYEES

Healthplex is proud to announce that effective 1/1/21 Suffolk County Municipal Employees Active and SPERP Retirees Group will now be covered under our National Plus Network fully-insured program, group # GG-749. In addition we will also be administering the Suffolk County Municipal Employees No-Cost Basic Retiree self-funded program Group # GG-487RB/RBC.

- Suffolk County Municipal Employees has two separate plans with Healthplex (*National Plus and Self-funded Retiree Basic No-Cost.*)
- National Plus is a 100/100/100 plan with no maximum that allows two implants per year. Ortho for adult/child is a \$2000 maximum.
- The Retiree Basic No-Cost pays at the SCMEBF Fee schedule. \$500 Individual Max/750 Family. Healthplex will administer the SCMEBF dental plan.
- Visit the Healthplex Provider Web Portal for a complete breakdown of the new Suffolk County Municipal Employees Plans. If you are treating a Healthplex member, please have them supply their member ID or their last name and date of birth in order to determine their eligibility, coinsurance to collect, etc.
- **Using the web portal is the best way to stay informed.**

For assistance on registering for the web portal as well as how to take advantage of the most frequently used features, go to www.Healthplex.com, click on RESOURCES > FORMS > PROVIDER > Healthplex Provider Web Portal Guide.

Claims should only be mailed to **Healthplex, Inc. P.O. Box 211672 Eagan MN. 55121.**

When submitting claims please make sure all pertinent information is on claim i.e. Tax ID#, Patient ID, Patient DOB, dates of services rendered.

Questions relating to the new SCMEBF program can be directed to the SCMEBF “Rapid Response” email service (memberinfo@healthplex.com); this is not to be used for eligibility. All other inquiries should be made via the Provider Portal. Healthplex will be honoring pre-authorizations that had been given by ASO/SIDS. In order for Healthplex to honor these pre-authorizations, please attach the previous pre-authorizations to the claim that will be submitted to Healthplex.”



QUOTE OF THE QUARTER

“Today’s accomplishments were yesterday’s impossibilities.”

– Robert H. Schuller

INDEPENDENT HEALTH MEDICARE GG-693SUPP - UPDATE

- If your office currently participates with **Independent Health Medicare GG-693**, please be advised Independent Health has updated their benefits, effective January 1, 2021, to the Optional Supplemental Comprehensive Dental Benefit (GG-693SUPP) plan.
- The Optional Supplemental Comprehensive Dental Benefit (GG-693SUPP) members will now have an annual maximum allowance of \$3,000.
- These members will earn \$750 of comprehensive dental benefits each quarter, and any balance not used will carry over to the next quarter. Any balance not used by December 31st of each year will be forfeited.
- **Members will continue to have a cost share of 50% coinsurance.**

Please continue to check member eligibility on the web portal as you normally would before rendering services.

DENTAL FUN FACTS



The average American spends 38.5 total days brushing their teeth over a lifetime



More than 300 types of bacteria make up dental plaque



Dogs have 42 teeth, cats have 30 teeth, pigs have 44 teeth, and an armadillo has 104 teeth



An elephant's molar is 7 inches squared and can weigh over 6 pounds



During the Middle Ages of ancient Germany, the cure for a toothache included a kiss from a donkey.

ALL SUBMITTED CLAIMS MUST BE SUBMITTED TYPED

Healthplex, Inc. no longer accepts handwritten claim submissions. This will ensure that your submitted claims are processed accurately, quickly, and efficiently.

Submit your typed claims to Healthplex, Inc. through one of the following accepted transmission routes:

Electronic Clearinghouse:

- Select an authorized clearinghouse like Tesia, NEA, Emdeon or DentalXChange
- Use Healthplex Payor ID #11271

**Mailing Address:
Healthplex, Inc.
PO BOX 211672
Eagan, MN 55121**

- Do not send via UPS or FedEx
- ALL CLAIMS MUST BE TYPED; handwritten claims will be denied
- Correctly total out box #32 (“Total Fee”)

Urgent Request for Prior Authorization or Request for Appeal:

- Contact Healthplex Member Services
 - Providers: Call 1-888-468-2183
 - Members: Call 1-800-468-9868
- During standard business hours: An agent will facilitate receipt and processing of the request during typical business hours.
- Outside standard business hours: Leave a detailed message with the After-Hours Operator.

As fast as the condition requires, the Operator shall either contact the UM Agent on call or forward the detailed message to Healthplex Representatives.

Please refer to the Healthplex Provider Manual for the requirements for claim information submitted to Healthplex, which is available online at: www.healthplex.com.

Look under RESOURCES > PROVIDER > FORMS, for the most up to date Provider Manual.

MANAGED CARE MEMBERS NOT ASSIGNED TO YOUR OFFICE

Offices can see managed members that are not assigned to your office by submitting a claim. Members will be assigned automatically on the day of service and upon receipt of the claim/encounter form by Healthplex.

A member does not need to be assigned to your office if your office participates on their plan!

Dental Terminology



Find the following words in the puzzle.
Words are hidden → ↓ and ↘ .

AMALGAM
APICOECTOMY
BICUSPID
BIOPSY
BITEWING
BRIDGE
CAVITY

CROWN
DENTURE
ENAMEL
FISTULA
FRACTURE
HANDPIECE
IMPLANT

MANDIBLE
MAXILLOFACIAL
MOLAR
RADIOGRAPH
SALIVA
VENEERS

Created by Healthplex using Word Search Generator on Super Teacher Worksheets (www.superteacherworksheets.com)

MANDIBLE (E,7,3)
MAXILLOFACIAL (E,3,11)
MOLAR (E,3,4)
RADIOGRAPH (S,15,11)
SALIVA (E,3,2)
VENEERS (E,5,8)

CROWN (E,6,6)
DENTURE (E,5,11)
ENAMEL (S,18,6)
FISTULA (S,1,2)
FRACTURE (E,3,12)
HANDPIECE (S,2,2)
IMPLANT (S,16,5)

AMALGAM (E,4,5)
APICOECTOMY (E,3,9)
BICUSPID (E,9,4)
BIOPSY (S,14,5)
BITEWING (E,3,7)
BRIDGE (E,8,10)
CAVITY (S,17,3)

Word directions and start points are formatted: (Direction, X, Y)

