



OUTREACH PROGRAM

Healthplex is continuously working to increase the dental visit rate of our non-utilizing members. Our Outreach Program conducts an annual calling campaign which identifies pediatric members with gaps in their preventative dental care. Outreach Representatives are trained to contact these members to educate and encourage the parent/guardian to take action.

Specially trained Healthplex representatives contact members (between the ages of 2 and 20) or the parents of these members who are assigned to your office and have not had a dental visit this year. The purpose of this campaign is to educate these members, their parents, and caregivers on the importance of good oral health and regular dental care.

Through this calling campaign, Healthplex representatives will be assisting members with scheduling appointments at their assigned dental offices. In the case that a member is assigned to your office and would like to schedule an appointment, the representative assisting them may ask your receptionist for a convenient appointment time for the member. Since these members have not received dental care this year, it is imperative that they receive an appointment within a reasonable amount of time.

Please join us in our efforts to increase the dental visit rate of our non-utilizing members by downloading a copy of your office's HEDIS (Healthcare Effectiveness Data & Information Set) report.

Your HEDIS report identifies HEDIS eligible members assigned to your practice who have not been seen this year according to our records. If you believe that any of these members have been seen at your practice this year, please resubmit claims or encounter data immediately electronically, by fax to 516-228-1742, or by email to claims@healthplex.com.

To obtain your HEDIS list please follow these steps:

1. Log onto the provider portal at Healthplex.com
2. Select "Reports"
3. Select "Non Utilizing HEDIS Eligible Members Report"
4. If more than one TIN, you'll be prompted to select address

Please note: Encounter data is used to determine which Healthplex providers are able to handle additional member assignment. The higher the utilization rate of the members who are already assigned to your office, the likelier your roster is to grow since you will be showing that your practice can indeed handle more patients.

Healthplex is excited about this initiative to improve the oral health of your patients. Your cooperation with this project is greatly appreciated.

OFFICE OF THE QUARTER

CONGRATULATIONS!



Lawrence J Lehman, DDS FLUSHING, NEW YORK

A special thank you to Dr. Lehman 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.

— Inside This Issue —

- National Cleft Awareness.....pg. 2
- Healthplex Contacts.....pg. 2
- Quote of the Day.....pg. 2
- Exchange Reference Guide...pg. 3
- NYS Provider Enrollment.....pg. 3
- Prior Authorization.....pg. 4
- Appointment Availability.....pg. 4

NEW YORK STATE PROVIDER ENROLLMENT

Per the 21st Century Cures Act, effective July 1, 2018, all providers participating with Healthplex administered Medicaid, HARP, HIV-SNP, Medicaid Advantage, MAP, and/or MLTC plans must have a Medicaid number in order to continue to participate in these programs or risk being removed from the network. This applies to all owners and associates in your practice.



It is mandated for all providers participating on any of the above lines of business to complete a provider enrollment form and to revalidate their Medicaid number every five years.

Please visit www.emedny.org/info/providerenrollment/ for new enrollments and revalidations. Should you have any questions or concerns, please contact your state's CMS office.

Failure to submit the required documents will result in you no longer being eligible to participate on the above lines of business.

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

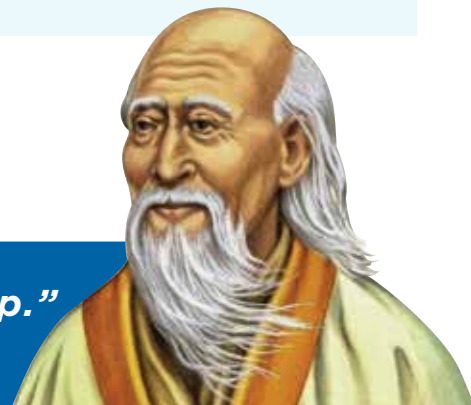
E-Mail

ProviderRelations@healthplex.com

Info@healthplex.com

Claims@healthplex.com

Referrals@healthplex.com



“The journey of a thousand miles begins with one step.”

- Lao Tzu

2019 NY DENTAL EXCHANGE REFERENCE GUIDE

A copy of the Exchange Reference Document outlining active Exchange plans is available on the Healthplex website. To access this file please follow the instructions below:

1. Log onto the Healthplex.com portal
2. Select “Resources”
3. Select “Educational Library”
4. Select “2019 NY Dental Exchange Reference Guide”

Information regarding deductibles and copayments for Dental Exchange members will be posted on the Healthplex website in the “Member Details” tab behind your “Providers” page log-in. If you have not yet established an account to access the Healthplex website Healthplex.com, contact our Web Support Hotline at 1 (888) 468-5171, option 2.



IMPORTANT: Your office must check the member’s status ON the day of their office visit. Our website is refreshed daily – up-to-date information must be obtained on the day of the appointment.

You must send claims to Healthplex for the actual services performed when you charge a deductible or copayment. It is crucial that you do so in order for us to update our systems. We appreciate your continued partnership with us to ensure members in your community receive high quality dental care. If you have any questions specific to the Exchange please contact us at 1(888) 468-2183.

PRIOR AUTHORIZATION RECOMMENDATIONS

Healthplex offers great flexibility in plan designs available to members; this maximizes the amount of business that we, in turn, are able to send to your office.

Within each network there will be various benefit packages, and the services covered will vary.

Since plan coverage is subject to change at any time to include historically non-covered services, it is highly recommended that you submit prior authorization for all major services before rendering treatment, regardless of whether or not the procedure has historically been considered “non-covered”.

For covered services, you will be reimbursed at your contracted rate. If a service is not covered, you may charge the patient as private pay, provided you have confirmed with Healthplex that the service is not covered. A signed waiver should be obtained from the patient and should include the non-covered services and state that the patient is responsible for the non-covered services. A Disclosure Sheet Sample for Cosmetic or noncovered Treatment is available on the Healthplex website under the Forms section.

Benefit verification can be done via the healthplex.com provider web portal. Contact your site rep if you would like an in-office tutorial.

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**. Please continue to check member eligibility by using the Healthplex website Healthplex.com or by calling our Provider Hotline at **1 (888) 468-2183**, option 1.

APPOINTMENT AVAILABILITY

Healthplex performs quarterly survey calls to offices who are participating providers of the Healthplex Managed Care and Dental Exchange Marketplace plans.

The purpose of these surveys is to ensure that all subscribers are seen by participating providers in a timely manner. Members are to have reasonable access to a participating provider.

Healthplex representatives call provider offices to inquire about next available appointments for emergency care, after hours care, routine care and preventative care.

Below are the timeframes mandated by Healthplex:

Patient Situation	Timeframe Patient Must be Seen
Emergency Care	Within 24 hours of request
Routine Preventive Appointment	Within 4 weeks of request
After Hours Emergency	Within 24 hours of request



It is important that each office be aware of the plans that they participate with and that all staff is educated on plan participation.

Written notifications are sent to offices that do not provide an adequate response to a survey. Offices are required to provide Healthplex with a corrective action plan outlining the steps the office will take to meet compliance guidelines. Failing two or more appointment availability or after hours accessibility surveys in one calendar year may result in panel closure until the issue can be resolved.

It is recommended that your office proactively notify Healthplex if you wish to close to new.

To see what plans the office is enrolled with along with the fees, please go to 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 may also search for specific ADA codes