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LIBERTY Dental Plan Quarterly

National Newsletter



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Welcome Richard Goren, DDS



LIBERTY's Senior Vice President and Chief Dental Officer

As a long time veteran of the dental health care industry, Dr. Goren has 20 years of executive level experience using his clinical background to provide quality care and access for members across the nation. Prior to joining LIBERTY, he was the Second Vice President, Group Products, and National Dental Director for The Guardian Life Insurance Company of America (Guardian) where his primary duties included the development of PPO and DHMO networks, managing dental claim policy, and oversight of Guardian's national dental quality management program. Before joining Guardian in 1996, Dr. Goren served in the role of Western Regional Dental Director at CIGNA Dental.

Dr. Goren has the additional accomplishments of being a charter member of the California Department of Corporations Quality of Care Working Task Force and developed his clinical expertise in dentistry while running a private practice for 14 years in Southern California. His academic credentials include a Bachelor of Science degree in Public Health and a Doctor of Dental Surgery degree, both earned from the University of California, Los Angeles. He continues to stay involved in organized dentistry by maintaining his membership in the California Dental Association and American Dental Association.

Provider Satisfaction and Access Survey



LIBERTY would like to thank all of the Providers who participated in our recent satisfaction and access surveys; we appreciate your valuable feedback. We strive to enhance the level of service you receive from us and appreciate your partnership to provide the highest quality of care to our members.

If you have any questions regarding this survey or LIBERTY's Quality Management and Improvement Plan Policies and Procedures, please feel free to call our Quality Management or Professional Relations Departments at **800.268.9012**.

Contact Us



Internet Access

www.libertydentalplan.com

- Eligibility
- Claims Submission
- Claims Status
- Benefits Confirmation

Professional Services

- Contracting
- Provider Education

Toll Free Office:

Florida: **888.352.7924**
California: **800.268.9012**
Nevada: **888.700.0643**
All other States: **888.352.7924**

Toll Free Fax:

Florida: **888.401.1129**
California: **800.268.0154**
Nevada: **888.334.6034**
All other States: **888.401.1129**

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Increase Patient Satisfaction

You and your staff work hard every day to build a successful and thriving practice. An important factor that contributes to your success is “patient satisfaction.” There are five simple things you can do right now to successfully increase patient satisfaction: Connect, Listen, Explain, Ask and Reconnect.

1. CONNECT

To immediately connect with patients, greet them by name and continue to address them by name throughout the duration of the appointment.

2. LISTEN

Make adequate eye contact. When entering data in their chart, try to look at them reassuring them that you are listening to what they have to say.

3. EXPLAIN

Patients feel more comfortable when they know what is happening throughout their time in your office. Take the time to explain the details of what you are doing and what will happen next. This is sometimes referred to as “narrating the care.” You can help manage patient expectations by assuring patients that the need for additional treatment in the future may not be “unusual” or “out-of-the-ordinary,” particularly with respect to dentures.

4. ASK

Sometimes patients have reservations or concerns regarding the plan you create but leave the office without saying anything. Before concluding the appointment, take a moment to ask, “Have I answered all of your questions? Do you fully understand your treatment plan?”

5. RECONNECT

Before your patient leaves the office, be sure to reconnect by recapping the appointment and the details of their follow up care.



5
Simple Ways
to Build a
Successful &
Thriving
Practice



Be in the Know

Members are given the opportunity to participate in Satisfaction Surveys on an ongoing basis. The survey results are reviewed frequently to identify opportunities to improve quality of service and care.

Medicare Opt-In Status

Your Medicare Opt-In Status is Important to LIBERTY Dental Plan

The Centers for Medicare & Medicaid Services (“CMS”) requires dentists who write prescriptions for Medicare Part D drugs (e.g., antibiotics and pain medications) to either opt-in or opt-out of Medicare for the prescriptions they write for Medicare enrollees to be covered under their Medicare Part D benefits. If a dental provider does not opt-in or opt-out, his/her Medicare patients will not be able to have their prescriptions covered under Medicare at a pharmacy.

LIBERTY Dental Plan (“LIBERTY”) requires that all contracted providers **OPT-IN** to Medicare no later than February 1, 2017. To clarify,

- **If you OPT-IN:** your Medicare eligible patients **WILL** have coverage for Part D drugs AND you **WILL** be in-network as a LIBERTY dental provider
- **If you OPT-OUT:** your Medicare eligible patients **WILL** have coverage for Part D drugs AND you **WILL NOT** be in-network as a LIBERTY dental provider
- **If you DO NOTHING:** your Medicare eligible patients **WILL NOT** have coverage for Part D drugs AND you **WILL NOT** be considered in-network as a LIBERTY dental provider

Prior to the effective date for this requirement, February 1, 2017, prescribers of Part D drugs must submit their Medicare enrollment application **as soon as possible** to ensure sufficient time to process the application and avoid their patients’ prescription drug claims from being denied by their Medicare Part D plans.

There is no application fee to enroll for Medicare participation. There are two ways to OPT-IN for Medicare enrollment:

1. Online: For expedited processing, you may submit your enrollment application electronically using the Internet-based Provider Enrollment, Chain, and Ownership System (PECOS) located at <https://pecos.cms.hhs.gov/pecos/login.do> ; or

2. Mail: Use the CMS 855O paper application which is available on the CMS website at <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-List.html>

To ensure our records are accurate, please submit confirmation of your Medicare Enrollment status to LIBERTY via fax at **800.268.0154** or email to prinqueries@libertydentalplan.com.

Cultural Competency Corner

LIBERTY has worked arduously to develop a comprehensive and culturally inclusive program that will benefit both you as a provider and every member serviced within our networks. Below are some quick tips to ensure full compliance with LIBERTY's Cultural Competency Program:

- ✓ Be sure to record the member's preferred language in their document
- ✓ When a member with a preferred language other than English refuses interpretation services, document it in their chart

LIBERTY strongly discourages the use of friends, family and particularly minors as interpreters. To access telephonic interpreting services for LIBERTY members, please call **888.352.7924**.

Quality Assurance Reviews

LIBERTY's Quality Assurance Program is focused on ensuring members receive quality of care and services. LIBERTY monitors the integrity of the network by conducting Quality Assurance Reviews of participating provider offices. Below are two of the highest noted deficiencies identified during procedural (chart) and structural (office) reviews:

Spore Testing

Spore testing or biological monitoring of sterilizers is required by law in many states and the Centers for Disease Control (CDC) recommends that spore testing be performed on each sterilizer in your office on a weekly basis. For further guidance regarding sterilization procedures, please consult your State Dental Board and the CDC website www.cdc.gov.

Oral Cancer Screenings

Each year, more than 45,000 Americans are diagnosed with cancer of the oral cavity and pharynx and over 8,000 deaths are due to oral cancer – that is nearly one patient per hour, per year. The 5-year survival rate for these cancers is only about 50%. Since early detection is the key to increasing an individual's survival rate, LIBERTY recommends oral cancer screenings be conducted and documented in the member's chart during every visit.

45,000
new cases
8,000
deaths

Billing Bulletin:

Protect your dental practice from government scrutiny— watch for Medicare and Medicaid overpayments (False Claims Act)

Here's a stern warning for dentists. Do NOT keep overpayments from Medicare or Medicaid. This could lead to False Claims Act liability and lawsuits, and no one wants to face the wrath of the US government. Lea Courington is an attorney who specializes in these matters. She explains how you can protect your practice.

Under the **Affordable Care Act**, health-care providers must report and return Medicare or Medicaid overpayments within 60 days after an overpayment is identified, or the date a corresponding cost report is due, whichever is later. But it can be challenging to figure out what constitutes an "identified" overpayment. Does the 60-day clock start when a health-care provider actually knows there is an overpayment, or is suspicion about a possible overpayment enough to start the 60-day clock?

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It's an important question. If a health-care provider misses the 60-day deadline, particularly if the government can demonstrate that the provider did not investigate a suspicion or concern about possible overpayment, the government can assert that an identified overpayment has been "knowingly concealed" or "knowingly and improperly avoided." Looking the other way to avoid knowing of the overpayment never protects the provider from having to repay an overpayment, but it could lead to False Claims Act liability, potentially triggering treble damages, civil monetary penalties, and, even worse, exclusion from federal health-care programs.

Here are some things you can do to protect yourself from being caught in a similar situation. **First**, conducting regular self-audits and compliance checks will help you catch errors early, when they're small and easier to correct. If you discover you were erroneously reimbursed for incorrectly coded services, promptly repay the amounts. This not only avoids False Claims Act liability, but will demonstrate to the government that your compliance efforts are serious.

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Next, if you're surprised by something—such as learning that a patient death occurred prior to the service date on a claim, or finding that services were provided on your behalf by someone who was excluded from health care programs but didn't tell you, or by a provider that may not have had the certifications they claimed to have—promptly investigate the matter. For example, if someone didn't have the proper certifications, were the services billed as though they did? If the services were billed as though someone did, which patients' claims were billed? Were the claims paid?

Next, watch for sudden spikes in reimbursement without any obvious explanation for the spike, such as bringing a new partner into the practice, which you would expect to increase reimbursements. When you investigate the situation, you may find another explanation that justifies the spike, or you may find overpayments that need to be repaid.

The standard imposed by the False Claims Act for reporting and returning overpayments is an exacting standard with dire consequences for missteps. The government is likely to continue its strong enforcement. Each year the federal government and states recover larger amounts of allegedly fraudulent payments, and as health care costs increase, so does the incentive to recover these fraudulent payments.

At the same time, health-care providers are often inundated with claim and billing information, some of which could be characterized as identified overpayments. Providers should take a critical and comprehensive look at their billing and compliance processes and create a streamlined process to review claim and billing information, investigate reports of possible noncompliance, and report and return overpayments within 60 days.

An excerpt from Dentistry iQ Practice Management Article: **Protect Your Dental Practice from Government Scrutiny—Watch for Medicare and Medicaid Overpayments**. Full Article Available at <http://www.dentistryiq.com/articles/2016/02/protect-your-dental-practice-from-government-scrutiny-watch-for-medicare-and-medicaid-overpayments.html>



After-Hours Coverage

Having a system in place to inform and direct patients after-hours is essential to providing complete patient care and establishing a “dental home.” As a service to your patients and to meet professionally recognized standards of practice and compliance standards for after-hours accessibility, please review your protocol and update it as necessary.

The ADA Principles of Ethics and Code of Professional conduct states that “Dentists shall be obligated to make reasonable arrangements for the emergency care of their patients. In most cases, the patient is best served by the treating dentist, by someone who works with the treating dentist or by another dentist in the community who is, or may easily become familiar with the patient’s treatment history. A patient injured as a result of inadequate after-hours coverage may allege that the treating dentist, facility or both, abandoned them.” To reduce the risk of potential liability, the office should make every effort to provide appropriate and timely coverage.

Acceptable After-Hours Methods include:

- An answering machine with an emergency telephone number to contact the dentist or a participating dentist in your office, or a dentist “on call” to cover your emergencies
- An answering machine outgoing message may refer patients to the emergency room for after-hours care for “life-threatening” or “medical emergencies” or in some cases, for patients that have not been treated in the office before
- An answering service with a live person answering the call, who has direct telephone access to the dentist on call.
- A member who is a patient-of-record in your practice, or is assigned to your office as their primary care dental facility, should expect to receive a call back in a reasonable time frame, often within two hours.
- Validated true emergencies should be appointed within 24 hours, or sooner if medically indicated.

If you have any questions regarding the compliance standards for after-hours accessibility, please contact our Provider Relations Team at [888.352.7924](tel:888.352.7924).



Focus on Sealants (D1351)

A large emphasis has been placed on sealants as a highly effective preventive public health measure. Sealant placement is endorsed and emphasized by the federal and state regulators of Medicaid plans. States are tracked and compared on this measure. LIBERTY encourages all providers to perform sealants on permanent first and second molars that have no history of decay or restoration.

Sealants vs. Preventive Resin Restorations (PRRs) vs. One-Surface Fillings

- PRRs are not a benefit under many LIBERTY plans
- Filling restorations are payable only if the decay has penetrated into the dentin
- Fillings are not covered under the program when decay or a fracture is not present

LIBERTY appreciates your cooperation with proper coding, charting and making sure that our Medicaid beneficiaries are receiving correct and appropriate procedures for their presenting conditions.

Can You Communicate in the Same Languages as Your Patients?



LIBERTY offers telephonic interpreting services in 150 languages

With nearly 2.8 million LIBERTY Dental Plan members, we are keenly aware that many of our members may speak languages other than English. This diversity of spoken language creates an opportunity for LIBERTY to partner with you to effectively communicate with your patients. Many clients require LIBERTY to offer no-cost interpreters for our members at the provider offices. Not all members are eligible for this service.

To request a telephonic, or, in some cases, a face-to-face interpreter for dental visits, call LIBERTY's Member Services Department at **888.352.7924** at least two business days prior to the patient's appointment. For eligible members, LIBERTY may arrange for telephonic interpreters 24 hours a day, seven days a week. To access telephonic interpreting services for members, please call **888.352.7924**.



Authorization, Referral or Claims Submission Requests

There are a few ways to submit a request for an authorization, referral or claim submission to LIBERTY Dental Plan: online, e-mail, fax or mail.

For Referrals, Referral Resubmissions or Hospital Cases, please use:

Email: referralfax@libertydentalplan.com

Fax: 949.270.0104
949.253.0096

Mailing address for referral requests:
LIBERTY Dental Plan
PO Box 26110
Santa Ana, CA 92799-6110

For Claims, Pre-Estimates, Non-referral resubmissions, W9 forms attached to claims, and Ortho Transition of Care cases, please use:

Email: claims@libertydentalplan.com

Fax: 949.270.0103

Mailing address for claims requests:
LIBERTY Dental Plan
PO Box 26110
Santa Ana, CA 92799-6110

Online

The online authorization and referral tools offer quick and easy submission and status tracking of prior authorizations, referrals, etc. Registration at <http://www.libertydentalplan.com/Providers/Providers.aspx> is required for providers and staff to use the Self Service Tools. Visit our registration page to sign up today.