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LIBERTY Dental Plan Quarterly
Florida



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Fraud, Waste and Abuse in Medicaid Highly Scrutinized by Federal and State Agencies

By Gary L. Dougan, DDS, MPH
LIBERTY National Dental Director

Are You Committing Fraud Without Realizing It? It's no secret that deliberate dental actions represent many of the medical fraud cases currently under investigation by the U.S. Department of Justice (DOJ). The DOJ classifies fraud as intentional deception or misrepresentation to receive payment. Whether the actions are deliberate or not, more providers have been under scrutiny since 2009, when the Health Care Fraud Prevention and Enforcement Action Team (HEAT) was created. The three major government agencies working together to fight fraud are the DOJ, the Department of Health & Human Services Office of Inspector General (HHS-OIG), and Centers for Medicare & Medicaid Services (CMS). With so many eyeballs focusing on medical fraud, you may want to reflect on whether any of your activities could be viewed as borderline. Florida providers should be especially aware that since the MMA began last year, there are additional layers of oversight such as CMS, AHCA (the state agency), Wellcare/Staywell (the medical managed care organization), and LIBERTY (as the delegated dental plan) itself. Below are several common "red flag" scenarios that dentists need to know about. Similar situations in other states have led to large fines and recoupment actions against participating doctors when their treatment could not be justified or proven.

Scenario 1: Too Busy to Check Coding on Claims

Mary A., your associate/office manager/biller comes to you with a stack of claims and says: "Just sign here so we can get these claims off to LIBERTY for payment." You hurriedly scribble your signature. The claims are all coded as D7210 - surgical removal of erupted tooth, but you actually provided a D7140 - extraction of erupted tooth or exposed root. If you signed the claim (verifying it as true) and the government receives it, and if this is deemed to be a false claim, you could be liable under the Federal False Claims Act. False claims are the leading type of Medicaid and Medicare fraud. Inaccurately coded procedures may be considered fraudulent.

Scenario 2: Upcoding - Beware of incentivizing staff for certain procedure codes

In another case, the staff of an office coded services higher to increase the practice's revenue, so that the staff's incentive compensation would increase as well. This

went on without the knowledge of the dentist. Based on an anonymous tip, an investigation was started by the insurance carrier, which resulted in the ongoing monitoring of most claims submitted by the practice, removing these claims from the auto-adjudication process and subjecting them to dental consultant scrutiny. Defined by the ADA as "reporting a more complex and/or higher cost procedure than was actually performed," upcoding bypasses insurance company reimbursement limitations (and thereby increases practice income), adversely affecting the cost of the insurance program. *(continued on page 4)*

Contact Us

Internet Access

www.libertydentalplan.com

- Eligibility
- Claims Submission
- Claims Status
- Benefits Confirmation

Professional Services

Toll Free Office:

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

- Contracting
- Provider Education

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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Focus on D9920 Behavior Management

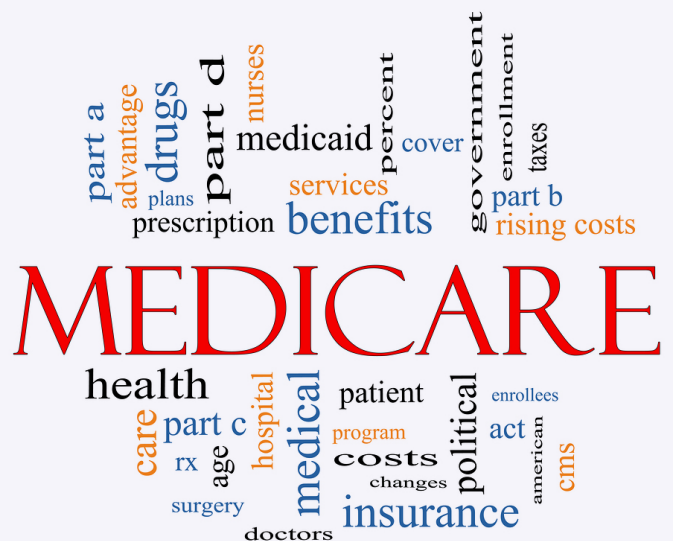
LIBERTY expects network general dentists to have the skills necessary to treat an array of patients including most children. For children that cannot be managed through routine means of patient care, FL Medicaid guidelines allow Behavior Management techniques to be reported separately and receive a payment for patients that “present a management problem that must be controlled by extraordinary means. Without this management, treatment could not be rendered.” A report of the exact nature of the management techniques must be made available. Reimbursement for D9920 is limited to developmentally disabled children, or children that are uncooperative and difficult to manage unless these extraordinary means are applied. The code is limited to 3 times per 366 days, and must be billed with other services occurring on the same date of service. D9920 is expressly not covered when routinely billed, or if billed with sedation or nitrous oxide analgesia on the same date of service.

LIBERTY is examining the reporting habits and frequency of this code. Providers who have a high ratio of D9920s may be deemed as using this as “routine” management and payment may be denied as this submission pattern is not consistent with rendering “extraordinary means.” Please be prepared to justify all submissions of D9920 to avoid delays in payment.

Medicare Opt-In Status

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

LIBERTY administers several Medicare Part C “Medicare Advantage” plans in conjunction with health plans. To participate as a network provider in these plans, our providers may NOT have “opted out” of Medicare participation. Our credentialing processes notify us when a provider changes status as an Opt Out provider, and in those cases, we will need to remove you from participation in our government programs.



Other Medicare Facts

Be aware that under new regulations, effective June 1, 2015; all health care providers (including dentists) who write prescriptions for covered Medicare Part D drugs for their patients who may be Medicare recipients, must be enrolled in and Approved by Medicare to have those prescriptions honored as a Medicare benefit for that patient. Otherwise, the patient may be financially liable for the cost of prescriptions medications that are covered under their Medicare program. To enroll in Medicare, use either the Internet-based PECOS system at <http://pecos.cms.hhs.gov/pecos/login.do>, or complete the paper 8551 or 8550 application.

Important note: The fact that you have an NPI number does NOT mean that you are enrolled in Medicare. After June 1, 2015, drugs will NOT be filled for physicians who do not meet these criteria. This means your patients will have to pay for their own drugs.

Also beginning June 1, 2015, if a provider's Drug Enforcement Administration (DEA) Certificate of Registration is suspended or revoked or an abusive pattern or practice of prescribing Part D drugs is discovered, the Centers for Medicare and Medicaid Services (CMS) will have the authority to revoke your Medicare billing privileges.

Fraud, Waste and Abuse in Medicaid

(continued from page 2)

Scenario 3: Misrepresentation of services

A provider was performing routine dental extractions and using the procedure code for impacted teeth. The insurance company noticed that the same radiograph was being provided for each patient with the name being changed.

Diagnosing or coding procedures incorrectly is fraudulent and can create provider exposure and liability. Changing the code to increase the amount of the claim reimbursement decreases the patient's maximum benefit and increases the patient's out-of-pocket expense. Other examples of this may include claiming additional surfaces involved in a filling than are really restored, or using a falsified perio chart to justify treatment.

Scenario 4: Billing for services not rendered

Billing for services not provided is another common type of

fraud (in every profession). It happens when (for example) a dentist who merely examined the patient bills for dental services planned but not actually rendered, or for services never performed at all.

LIBERTY encourages you to check and double check accuracy in reporting and billing treatment to LIBERTY for the FL Staywell Medicaid program. Severe determinations are happening in other states. LIBERTY Dental Plan's dental consultants are extensively trained to spot any activity which looks suspicious and to follow-up with an investigation.

Learn more about fraud laws at:

- www.ama-assn.org
- www.oig.hhs.gov
- www.stopmedicarefraud.gov

To report suspected fraud, please call the LIBERTY Dental Plan Compliance Helpline at 888.352.7924.

Checking the ID Cards every time may prevent HIPAA privacy incident

Member ID Card			
Name:	Your Name	Plan:	LR-1
ID#:	LDP0000-00	Effective:	01/01/2015
GRP#:	[000000] LIBERTY Dental Plan Employees - LR-1		
Dependents:	Dependent One, Dependent Two, Dependent Three		
Provider:			
 LIBERTY Dental Plan Toll Free: 888.703.6999 www.libertydentalplan.com <small>THIS CARD DOES NOT GUARANTEE ELIGIBILITY</small>			

Did you know that an error in claims submission can easily lead to a HIPAA privacy incident? Submitting claims accurately protects your patient's information and ensures timely payment. We recommend that you review the patient's ID card during every visit so that claims are submitted with correct subscriber ID. Even if a patient reports no change in coverage, important information on the ID card may have changed.

Can You Communicate in Your Patient's Language?

With nearly 2.8 million LIBERTY Dental Plan members, we are keenly aware that many of our members may speak one of more than 60 languages in our service area. This diversity of spoken language creates an opportunity for LIBERTY Dental Plan to partner with you to effectively communicate with your patients. Many LIBERTY Dental Plan clients require LIBERTY to offer no-cost expert interpreters to our members including at 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 Dental Plan's Member Services Department at 888.352.7924 at least 2 business days prior to the patient's appointment. Eligible members may arrange for telephonic interpreters 24 hours a day 7 days a week. To access telephonic interpreting services for LIBERTY Dental Plan members, please call 888.352.7924.

Americans with Disabilities Act Requirements: It's the Law

The federal Americans with Disabilities Act requires that accommodations are made for people with -disabilities so they are able to access public services, including items to assist visually or hearing impaired individuals to receive dental services.

A Deaf Person Walks Into Your Office, Now What?

Don't panic. Look at the person directly and speak. If the Deaf person does not understand, he or she will ask for paper and pen. LIBERTY encourages paper and pen communication with hearing impaired individuals. Ask the individual what communication method works best for him or her. Hearing impaired patients will inform you what is the most effective way to communicate with them.

Valuable Information Available to Providers on LIBERTY Dental Plan's Provider Portal

LIBERTY Dental Plan's provider portal has information about many different topics that might be helpful to you. It provides a useful way to get information about LIBERTY Dental Plan and its processes. Registration at <http://www.libertydentalplan.com/Providers/Providers.aspx> is required for providers and staff to use the tools. Visit our registration page to sign up today. Once you are registered, LIBERTY encourages dentists and office staff to visit our provider portal for helpful information about LIBERTY Dental Plan's such as:

- Provider Reference Manual
- Clinical Criteria, Guidelines and Office Parameters
- Grievance Forms
- ADA Claim Form
- Behavioral Management Form
- Initial Assessment Form – (Orthodontic Qualification Form)
- Non-Covered Benefit Form
- Online Provider Portal User Guide
- Provider Relations Network Manager Contact List by Region
- Transition of Care (TOC)



Tips & Resources

Florida, Provider Resource Library

<http://www.libertydentalplan.com/Providers/Providers.aspx>

Select Providers Resource Library from the sidebar menu, then select Florida then click continue.

- Provider Facility Application
- Provider Agreement
- Medicaid Addendum
- Credentialing Application
- W9
- Direct Deposit Form
- Standard Adult Medicaid Fee Addendum
- Standard Child Medicaid Fee Addendum
- Adult Medicaid Benefit Plan
- Child Medicaid Benefit Plan

If you would like paper copies of any of the information available on the website, please contact our provider relations team at 888.352.7924.

COMPLIANCE



Compliance Program

LIBERTY Dental Plan is committed to establishing and maintaining its business operations in compliance with ethical standards, contractual obligations, and all-applicable statutes, regulations and rules, including those pertaining to the federal CMS regulations (when applicable), State of Florida (AHCA) requirements, Medicaid, MMA and Medicare programs, where pertinent.

HIPAA Corner: Protecting Patient Privacy in Open Areas

When you are talking to or about a patient, do you give much thought to who might be listening? While HIPAA does not require that all risk of possible disclosures be eliminated, dentist offices, clinics, health plans, and other entities covered by HIPAA must have “reasonable safeguards” in place to avoid prohibited disclosures of protected health care information (PHI) and to limit incidental disclosures (disclosures that are an unavoidable by product of an otherwise permitted disclosure).

Reasonable and appropriate safeguards must be in place to protect patient privacy even in the office.

LIBERTY recommends that you assess the potential risks to patient privacy and impacts on patient care in your own practice, as well as any administrative or financial burden from implementing any particular safeguard as follows. Consider steps that other prudent health care professionals take to protect patient privacy. Examples that may be considered as reasonable safeguards include:

- Asking waiting patients to stand a few feet back from a counter used for discussing patient information
- Using cubicles, dividers, shields, curtains, or similar barriers in an area where multiple patient-staff communications routinely occur
- Ensuring patient files are supervised or locked

Please be mindful of privacy rules and guidance. When speaking with a patient about information and/or instructions that are personal and should be private, keep in mind who might be listening and take care to have reasonable safeguards in place to avoid prohibited disclosures.



Why We Need Diagnostic X-Rays

Did you know that approximately one-third of the x-rays we receive with claims are not diagnostic? For some procedures, x-rays help us determine if treatment is covered under the patient's benefits plan. For example, a consultant reviews a pre-operative x-ray for a requested cast restoration to see if the contractual criteria have been met for coverage:

- Gross coronal destruction due to caries or fracture
- High probability that a direct amalgam or resin restoration would not be retained with an expected longevity of at least 3 years
- Demonstrated history of pre-existing root canal procedure

X-rays are required to demonstrate one or more of these criteria so that the benefit determination can be made to approve or pay for your requested or rendered treatment. Please assist in this process by sending in diagnostic x-rays that clearly show the findings required to approve your claim.



MORE on X-rays

It is important not to submit original x-rays, especially if they are the only diagnostic record for your patient. Duplicate films and x-ray copies of diagnostic quality, including paper copies of digitized images, are acceptable. Please refer to the plan benefit schedule for Procedures that require x-ray submission.



How to submit an Authorization or Referral Request

There are a few ways to submit a request for an authorization, referral 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:

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:

PO Box 26110
Santa Ana, Ca. 92799-6110

Online

The online authorization and referral online 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 tools. Visit our registration page to sign up today.

CONGRATULATIONS Dr. Nancy Havens!

Dr. Nancy Havens was the winner of a **Fitbit Charge** courtesy of LIBERTY Dental Plan's give away at the Florida National Dental Convention (FNDC) earlier this month.



Pictured From left to right: Thrica Brown (Network Manager), Dr Nancy Havens (LeCom Dental School, Director of Patient Care Services and Dental Practice Management), Dr. Jack Singer (FL Dental Director), Shelley Weiner (Director of Provider Relations, FL)

Florida National Dental Convention a Big Success

As seen in the photo above, the state meeting is not only educational but a lot of fun. We at LIBERTY thank all of the doctors and staff that took a minute to say "Hi" and others that introduced themselves. The meeting is a great time to share what is going on in your practices and what we can do to enhance your LIBERTY experience. We hope to see you again next year.

And if some of you got left handed clips and needed right handed just set on the tabletop and spin clockwise and that will solve the dilemma . 😊



Making members shine, one smile at a time™