Dental Program Training and Policy and Procedures Overview

Getting Started

Objective: Welcome to our Provider Network Training Presentation. Our objective is help you and your practice improve the oral health of your patients.

Training Categories:

- Introduction and Contact Information
- Dental Clinical Guidelines Overview
- FAQ
- Understanding the Dental Programs available
  - Peoples Health (PHN)
  - AmeriHealth Caritas of Louisiana (ACLA)
  - Community Health Choice (CHC)
- Provider On-Boarding Helpful Information and Tips
  - ❖ Helpful Information
    - ➢ Application and Attestation
    - ➢ Credentialing Influenced By
    - ➢ Who is Credentialed
    - ➢ Initial Credentialing
    - ➢ Re-Credentialing
    - ➢ Provider Credentialing Notifications
  - ❖ Top reasons for credentialing delays
  - ❖ Important Tips for credentialing
- Key Regulatory Changes
- Proper Claim Submission
- How to Avoid Un-Clean Claims
- Fraud, Waste and Abuse (FWA)
- The HIPPA Privacy Rule
- Cultural Competency
- How to Access the Provider Web Portal

INTRODUCTIONS and CONTACT INFORMATION

- Provider Relations Representative Team Members
  - William Graves- MO/TN Representative
    - wgraves@fcldental.com
  - Traci Lusignan- LA Representative
    - tlusignan@fcldental.com
  - Denyse Rodriguez – TX Representative
    - drodriquez@fcldental.com
  - Susy Gutierrez- Provider Relations Liaison

- Director of Provider Relations, Network Development and Credentialing
  - Donna G. Vogler
- How to Contact the Provider Relations Department:
  - Call: 1-877-493-6282.
  - Email: pr@fcldental.com
  - You can also call our customer service department Monday – Friday from 8 a.m. – 5 p.m. at numbers listed below: (excluding national holidays)
    - Commercial: 1-866-436-3093
    - PHN: 1-866-803-1672
    - ACLA: 1-877-587-9331
  - If calling after hours, please leave us a message and one of our representatives will returned your call on the next business day.

DENTAL CLINICAL GUIDELINES OVERVIEW

- FCL Dental's Clinical Guidelines are developed to assist in administering plan benefits and do not constitute dental advice. Treating providers are solely responsible for dental advice and treatment of members. Provider should discuss with Members any Dental Clinical related procedures and explain benefits based on their conditions and coverage.
- While the Dental Clinical Guidelines are developed to assist in administering plan benefits, they do not constitute a description of plan benefits. The Dental Clinical Guidelines describe FCL Dental's current determinations of whether certain services or supplies are medically necessary, based upon a review of available clinical information.
- Each benefit plan defines which services are covered, which are excluded, and which are subject to dollar caps or other limits. Members and their providers will need to consult the member's benefit plan to determine if there are any exclusions or other benefit limitations applicable to services.
- FCL Dental's conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service is covered (i.e., will be paid for by FCL Dental). The benefits plan determines coverage. Some plans exclude coverage for services or supplies that FCL Dental considers medically necessary. If there is a discrepancy between this policy and a member's plan of benefits, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of a State or the Federal government.
- Please note also that FCL Dental's Clinical Guidelines are regularly updated and are therefore subject to change.
- Since FCL Dental's Clinical Guidelines can be highly technical and are designed to be used by our professional staff in making clinical determinations in connection with coverage decisions, providers are encourage to review member benefit options with their members so they may fully understand the benefits.
- Under certain plans, if more than one service can be used to treat a covered person's dental condition, FCL Dental may decide to authorize coverage only for a less costly covered service provided that certain terms are met.

Frequently Asked Questions (FAQ)

Questions/Answers:

Provider Overview and Contracting with FCL Dental

Q. How do I sign up with FCL Dental

A. To learn more about enrolling in our network of provider contact the Provider Relationships Department by email at pr@fcldental.com or by calling 1-877-493-6282. You can also download the credentialing application from our website at www.fcldental.com

Q. What is the average time to complete the FCL Dental credentialing process?

A. Once we have received the completed application and all required documents, the average processing time is 45 days.

Q. Do I need to be credentialed by FCL Dental if I am already a Louisiana Medicaid provider?

A. Yes, providers must complete FCL Dental's credentialing process in order to participate in any FCL Dental network.

Transition Program Period

Q. If I am in the process of being credentialed with current carrier, will I still need to be credentialed by FCL Dental?

A. Yes, all providers must complete FCL Dental's credentialing process in order to participate in any FCL Dental network.

Q. If I am denied participation with FCL Dental, can I still see members during the transition period.

A. No, there are no out of network benefits, therefore you cannot see any members unless you are credentialed with FCL Dental.

Pre-Authorization Requests, Claim Submissions, and Covered Services

Q. How are requests for pre-authorization accepted/FCL Dental?

A. Pre-authorization are accepted via email, fax, an or mail. (see section claims for contact information)

Frequently Asked Questions (FAQ)

Questions/Answers:

Pre-Authorization Requests, Claim Submissions, and Covered Services con't

Q. Does FCL Dental Accept electronic claims?

A. FCL Dental accepts and encourages electronic claims submission. Our payor ID is CX090. Claims may be entered and submitted via FCL Dental's online Provider Portal. Use of this portal feature enables electronic submission without the need for a third-party clearinghouse. Paper claims are also accepted. Paper claims should be submitted to FCL Dental at:

FCL Dental
101 Parklane Boulevard, Suite 301
Sugar Land, Texas 77479

Q . What is FCL Dental's payor ID for electronic submission of claims and pre-authorization?

A. Our payor ID is CX090

Q. Q. What are the periodic limits for preventive services?

A. Preventive services follow the frequency limits are outlined in the fee schedules and are client specify. Office should also call and for member benefits and frequencies to avoid claim denials.

Frequently Asked Questions (FAQ)

Questions/Answers:

Claim Appeals and Reconsideration Requests

Q. What is an appeal?

A. Appeal requests must be filed within 90 days of the initial claim determination. An appeal may be filed when a claim has been denied for determinations related to medical necessity and benefit coverage. Any requested or supporting information such as x-rays or rationale should be included with the appeal submission.

Q. How do I submit an appeal ?

A. Appeals and reconsideration requests can be submitted using either of the following two methods:

- Online through the Provider Portal
- On paper sent by standard mail to:

FCL Dental
101 Parklane Boulevard, Suite 301
Sugar Land, Texas 77479

Understanding the Dental Programs Available Peoples Health

I. **Peoples Health –Adult Medicare Advantage Program**
   A. Available to adults over the age of 21
   B. Dental Benefits covered for the Medicare Advantage program consist of:
      1. **Peoples Health Choices Plan Options**
         - Diagnostic Benefits
            - Exams
            - X-rays
         - Preventive
            - Prophylaxis – Adult
         - Restorative
            - Fillings
         - Oral and Maxillofacial Surgery
            - Extraction
         - Adjunctive General Services
            - Palliative Treatment

Understanding the Dental Programs Available con't Peoples Health

2. **Peoples Health –Secure Health (HMO SNP) Plan Options**
   - •Diagnostic Benefits
     - •Exams
     - •X-rays
   - •Preventive
     - •Prophylaxis – Adult
   - •Restorative
     - •Fillings
     - •Crowns
   - •Prosthodontics
     - •Dentures
     - •Partials
   - •Oral and Maxillofacial Surgery
     - •Extraction
   - •Adjunctive General Services
     - •Palliative Treatment

Understanding the Dental Programs Available con't Peoples Health

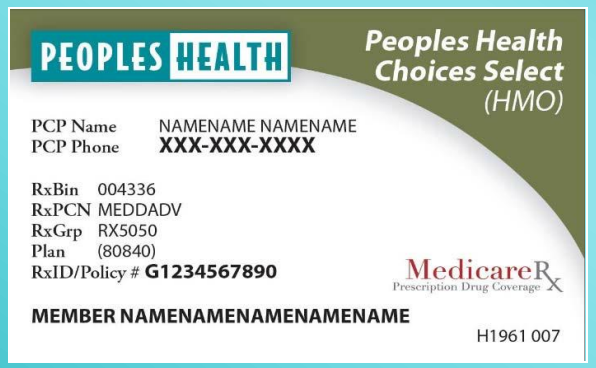
3. **Peoples Health –Group Medicare Plan Options**
   - Diagnostic Benefits
     - Exams
     - X-rays
   - Preventive
     - Prophylaxis – Adult
   - Restorative
     - Fillings
     - Crowns
   - Periodontics
     - Root Planning
     - Full Mouth Debridement
     - Maintenance
   - Prosthodontics
     - Dentures
     - Partials
     - Adjustments
     - Repairs
   - Oral and Maxillofacial Surgery
     - Extraction
   - Adjunctive General Services
     - Palliative Treatment

* ***To obtain a complete benefit fee schedule please contact the provider relations department***

Understanding the Dental Programs Available con't
Peoples Health

C. Identification Cards for Peoples Health:

There are various identification cards that Peoples Health plan members may have. We have included two sample plan cards below. All identification cards for Peoples Health plan members clearly state "Peoples Health" on the top portion of the card. Dental services for these plans will be reimbursed based on the included fee schedules and the member's available benefits.



FCL Dental recommends that each dental office make a photocopy of the Members' identification card each time treatment if provided. The Identification card in itself does not guarantee that a person is currently enrolled in the health plan. Eligibility can be verified by calling FCL Dental's customer service department.

Understanding the Dental Programs Available
AmeriHealth Caritas of Louisiana

II. AmeriHealth Caritas of Louisiana–Adult Medicaid Program

Diagnostic services include the oral examination, and selected radiographs needed to assess the oral health, diagnose oral pathology, and develop an adequate treatment plan for the member's oral health.

Reimbursement for some or multiple radiographs of the same tooth or area may be denied if FCL Dental determines the number to be redundant, excessive or not in keeping with the federal guidelines relating to radiation exposure. The maximum amount paid for individual radiographs taken on the same day will be limited to the allowance for a full mouth series. When individual radiographs are bundled to this allowance, they are payable as D0210.

Reimbursement for radiographs is limited to those films required for proper treatment and/or diagnosis.

FCL Dental utilizes the guidelines published by the Department of Health and Human Services Center for Devices and Radiological Health. However, please consult the following benefit tables for benefit limitations.

All radiographs must be of good diagnostic quality properly mounted, dated and identified with the recipient's name and date of birth. Substandard radiographs will not be reimbursed for, or if already paid for, FCL Dental will recoup the funds previously paid.

The two routine dental exams, two prophylactic cleanings, and one set of bite wing x-rays apply towards the $225.00 Diagnostic and Preventive Annual Benefit Maximum. The $275 .00 Annual Comprehensive Benefit Maximum applies only to Comprehensive Services. Unused portions of the $500.00 Annual Benefit Maximum do not roll over to the following calendar year.

Understanding the Dental Programs Available con't AmeriHealth Caritas of Louisiana

A. Available to Medicaid Adults over the age of 21
   1. Dental Benefits covered for the Adult Medicaid program consist of:
      - Diagnostic Benefits
        - Exams
        - X-rays
      - Preventive
        - Prophylaxis – Adult
      - Restorative
        - Fillings
      - Oral and Maxillofacial Surgery
        - Extractions

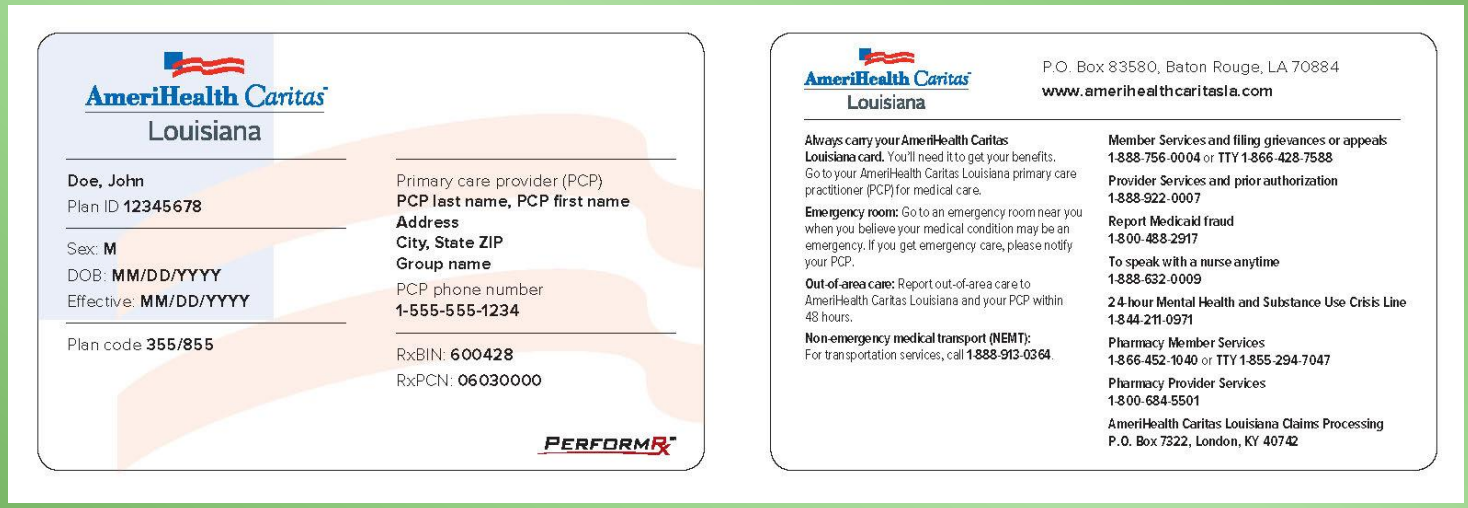
* ***To obtain a complete benefit fee schedule please contact the provider relations department***

Understanding the Dental Programs Available con't
AmeriHealth Caritas of Louisiana

B. Identification Card for AmeriHealth Caritas of Louisiana

Members will receive a Plan ID Card. Participating providers are responsible for verifying that Members are eligible at the time services are rendered and to determine if recipients have other health coverage.

Please note that due to possible eligibility status changes, this information does not guarantee payment and is subject to change without notice. Below is a sample of the AmeriHealth Caritas of Louisiana I.D. Card:



FCL Dental recommends that each dental office make a photocopy of the Members' identification card each time treatment if provided. The Identification card in itself does not guarantee that a person is currently enrolled in the health plan. Eligibility can be verified by calling FCL Dental's customer service department

Understanding the Dental Programs Available con't
Community Health Choice (CHC)

A. **Value-Added Service for STAR Members 21 years of age and older**

1. **Dental Benefits covered for the Adult Medicaid program consist of:**
    - **Diagnostic Benefits**
        - **Exams**
        - **X-rays**
    - **Preventive**
        - **Prophylaxis – Adult**
    - **Restorative**
        - **Fillings**
    - **Oral Extractions**
        - **Simple Extractions**
2. **For members in the Harris County Service Areas Which include:**
    - **Montgomery, Austin, Waller, Harris, Fort Bend, Wharton, Matagorda, Brazoria, & Galveston**
    - **Must be assigned to a Primary Care Provider**
    - **If members are not part of your roster, have the member call our Customer Service Department for assignment.**
3. **For members in the Harris County Expansions and Jefferson County Service Areas Which include:**
    - **Harris County Expansion SDA: Austin, Matagorda and Wharton Counties**
    - **Jefferson County SDA: Chambers, Hardin, Jasper, Jefferson, Liberty, Newton, Orange, Polk, San Jacinto, Tyler and Walker Counties**
    - **Must be go to an in-network Provider**
    - **No out-of-network benefits available**

FCL Dental recommends that each dental office make a photocopy of the Members' identification card each time treatment if provided. The Identification card in itself does not guarantee that a person is currently enrolled in the health plan. Eligibility can be verified by calling FCL Dental's customer service department

Provider On-Boarding Information & Tips

Provider On-Boarding Credentialing Information:

The process by which FCL Dental verifies and evaluates an applicant's qualifications to ensure current competence by assessing:

- Education and training background
- Work History
- Current Licensure
- References, and
- Ability to perform the services/privileges requested.
- Ensure the practitioner has legal authority and relevant training and experience to provide quality care.

The roles of the provider relations, credentialing, and data maintenance teams play an instrumental role in obtaining, processing, and maintenance of provider data. All team players play a critical role in the data integrity of our networks, therefore, it is very important that all team members and on-boarding providers understand the implications of the credentialing process.

Credentialing Influenced By:

- Federal/State laws and regulations
- Center for Medicare & Medicaid Services (CMS)
- State Department of Insurance
- Accreditation standards
  - NCQA
  - URAC
- Standard of care (legal aspect)
- Client contractual obligations
- FCL Dental Policies and Procedures

Provider On-Boarding Information & Tips

Who is Credentialed:

FCL Dental's credentialing program applies to all dentists and specialists who wish to contract for network participation. The types of providers eligible include:

- General Dentist
- Endodontist
- Pedodontist
- Periodontist
- Prosthodontist
- Oral Surgeon
- Orthodontist

Initial Credentialing

- Credentialing Committee Presentation
  - Files not meeting criteria for "clean" designation will be submitted to the committee for review and decision making
  - Review and decision must be made within 180 days of receiving initial application
  - Once decision is made, the credentialing department will notify applicant of final decision within 10 business days

Recredentialing

- Required every 3 years by NCQA and URAC
- Similar process to initial credentialing
- Recredentialing Time frames:
  - NCQA (month/year to month/year)
  - URAC (month/year to month/year) and
    - For Louisiana practitioners: (month/day/year to month/day/year)*
      - *Client preference

Provider On-Boarding Information & Tips

Provider Credentialing Notifications:

- **Right to Review Credentialing File:**

  A Provider has the right to review their credentialing file by notifying the Credentialing Department and requesting an appointment to review their file. Allow up to seven days to coorFCLte schedules.

- **Providers Right to Correct Erroneous Information:**

  A Provider has the right to correct erroneous information. The Company will notify the Provider in writing in the event that credentialing information obtained from other sources varies from that supplied by the Provider. Provider must explain the discrepancy, may correct any erroneous information and may provide any proof available.

- **Provider Rights to be Informed of Application Status:**

  Providers have the right upon request to be informed of the status of their credentialing application.

  - Committee decisions must be communicated within 10 working days
    - All initial credentialing decisions
    - Recredentialing adverse decisions

Provider On-Boarding Information & Tips

Top Reasons for Credentialing Delays:

As part of an ongoing commitment to both the FCL Dental staff and our network providers to eliminate delays in the credentialing staff we have put together the Most Common Mistakes made on provider applications. In identifying these mistakes it will help the staff pinpoint application issues and also help education providers during the application process.

Information on Application is missing or inaccurate.

- Common Mistakes:
  - Provider does not note if any additional license exists in any other state;
  - Attestation is not complete or missing information;
  - No "Primary Credentialing Contact" information or e-mail address;
  - Hospital privilege info is missing or out-dated;
  - Expired License, Insurance, CDS and or DEA;
  - Dates of schooling are missing or inconsistent between different documents submitted;
  - Liability Insurance is not included;
  - When a field of the application is completed with "See CV", or a similar reference documents and the information does not comply with requirements.

Information on Application does not meet minimum requirements of FCL Dental.

- Common Mistakes:
  - Liability Insurance does not note minimum required amounts:
  - Provider does not meet the necessary liability minimums to meet FCL Dental liability requirements. In this case the provider must be notified and given the decision to meet the liability requirements to be considered part of the network.

Provider On-Boarding Information & Tips

Top Reasons for Credentialing Delays con't:

Credential verifications are delayed in getting returned to FCL Dental.

- As part of the Credentialing process, we must verify application info by either contacting the primary source of a particular credential (eg. Boards, hospitals), or delegating certain research to other entities (eg. Sanctions, OIG, NPDB verifications). If these other entities are delayed in returning or verifying the information we request, the Credentialing Process will also be delayed.

Provider has not designated plan option on FCL Dental Application.

- When Providers complete the application, they neglect to pick a plan(s) option. This is the most common reason. Therefore, we have implemented a new election page on our application to help eliminate this issue.

Provider On-Boarding Information & Tips

Important Tips - What's Required:

All dentists who want to enroll with FCL Dental must be credentialed and contracted prior to treating any FCL Dental member. Applicants for participation must complete an application approved by FCL Dental Credentialing Committee in the State in which the practitioner practices.

Along with your credentialing application below is a list of items required

Important Tips – What needs to be included:

- Practitioner must complete an application for initial credentialing and recredentialing, that includes the following:
  - All applicable sections must be completed,
  - If a field is not applicable /or does not pertain, indicate N/A. Do not leave field blank.
    - A common field that is N/A: Board Certification. Enter N/A is you are not Board Certified
  - Must include a Medicaid ID (if applying for a Medicaid program)
  - Questionnaire/Attestation
    - Please answer all questions with either yes/no.
  - For any question with an answer of yes:
    - Practitioner must include a detailed explanation, including a summary of the situation and resolution
  - Organization NPI must be included
  - Statements and Signature Page
    - Read agreements carefully
    - Sign and date application and agreement
    - Must be signed within 180 days of committee decision
    - Signature may be faxed, digital, electronic, scanned or photocopied
    - Signature stamps are not acceptable
  - A W-9 for each participating office is required

Key Regulatory Changes

Provider Directory Requirements

In accordance to section 100.4-42 CFR 422.11 l(b)(3) and (h)(2)(ii), 422.112 , 423.128(d)(2) of the CMS Chapter 3-Medicare Marketing Guidelines (MMG), online provider directory requirements Medicare Advantage Organizations and Medicare-Medicaid Plans are required to send network providers a quarterly provider verification. Additionally , to be consistent with marketplace rules, online directories will be updated in real time to mean within 30 days. This will assist us in maintaining our records to ensure correct provider payments and accurate provider directory listings. Below is the info1mation that we will required in order to update in our system on a quarterly basis:

- Ability to accept new patients
- Street Address
- Phone Number
- Fax Number
- Email Address
- Office Hours
- And any other changes that affect availability to members
- A list of your current roster of provider if any changes of staff have occurred

FCL Dental will send out quarterly notices to participating providers via email requesting notification of any changes listed above.

Provider Changes are updated in the system in real time by the Data Maintenance department. Online directories are updated within 30 days.

If any of the information has changed, please email us at PR@FCLdental.com, fax us at 832-415-0383 or 832-415-0378, or call us if you have any questions on our toll free number at 1-877-493-6282.

Proper Claim Submission

1. To ensure your dental claims are accepted please be sure to:
   - A 2012 or new ADA claim form is required for all dental claim submissions (found at www.ada.org)
   - Include the treating dentist signature in box #53. Acceptable signature include: "signature on file", electronic name and typed names.
   - Indicate in box #4 if the member has other insurance
   - Remember to submit documentation along with the claim even when the services have been prior authorized.
2. Timely filing:
   The timely filing requirements for the FCL Dental programs is three hundred sixty-five (365) calendar days from the date of service and receipt of a clean claim. FCL Dental will determine whether a claim has been filed timely by comparing the date of service to the receipt date applied to the claim when the claim is received. *Providers cannot bill the Beneficiary for claims denied for "untimely filing*
3. Federal Law:
   The Medicaid agency must require providers to submit all claims no later than 12 months from the date of service.

Proper Claim Submission

Top 5 Reasons a claim is denied:

- The procedure filed is a duplicate of a service previously processed.
  - Before filing the claim again, call to find out if the claim has been processed.
- The services provided exceeds benefit allowance or services not covered.
  - Call to verify eligibility and find out if the member has utilized any benefits.
- The member is not eligible for the services rendered under the plan.
  - When calling to verify benefits, make sure the services to be provided are covered.
- The member is not eligible for any services under the plan.
  - Call and verify and determine if member is eligible.
- The provider information is incorrect:
  - Incorrect TIN # - Make sure that if the TIN has changed to notify us immediately.
  - Provider Out Of Network – Providers must go thru the credentialing process and be approved prior to rendering services to members.
  - Provider location is incorrect – if the office has moved, notify our office immediately
  - Provider NPI is incorrect – Make sure the correct NPI is used when filing claims.

6. Clearinghouse and clean claims:
   - You may send in your claims via mail, fax, or electronically
   - Clean claims are processed by the regulatory requirements listed below:
     - All clean claims are processed within 30 days of receipt of the claim
   - Definition for a clean claim:
     - A “Clean Claim” is a claim that includes all the information from the provider and does not require additional information to process the claim.

How to Avoid Un-Clean Claims

Claims that do not meet the definition of "clean" claims are considered "un-clean" and require investigation or additional information.

Below are some examples of claims that are considered un-clean claims.

- Most common un-clean claims are for missing information as detailed below:
  - Missing Provider's NPI Number,
  - Missing Tax ID Number,
  - Missing Treating and Billing Address
    - Or Treating address does not match what is in our system
    - This usually happens when the provider moves and does not inform FCL Dental immediately
  - Missing Member's and Patient's Information,
    - Full Name,
    - Identification or member number and
    - Date of Birth
  - Missing Date of Service
  - Missing Tooth Number or Quadrant along with the Surface
- We will return an unclean claim to Provider as un-processed claim
- We will notify the provider of service that claim cannot be processed, and that it must be corrected or resubmitted.
- When an unclean claim is returned to the Contracted Provider, an explanation of the error(s) and how to correct the errors prior to resubmission will be included.
- The claim is considered closed; however, the claim record is flagged with an action code for a 15-day follow-up.
- The claim will appear on the pended claim lag report.
- On the 14th day, the EOB is reprinted and sent to the provider as a follow-up. During the 14th day, follow-up time the claim does not continue to age.
- If we do not receive the required information within the specified timeframe, the claim will be denied and a (NPD) Notice of Denial of Payment letter is mailed out.

Note: A claim returned as un-process for incomplete or invalid information does not meet the criteria to be considered as a claim, is not denied, and, as such, is not afforded appeal rights.

Fraud, Waste, & Abuse (FWA)

A. Provider Fraud, Waste and Abuse Training:

The Centers for Medicare and Medicaid Services (CMS) has outlined requirements that must be followed by everyone who participates in any way with the Medicare- Medicaid Program. Following these requirements protects our enrollees from harm and helps to keep health care cost down.

B. Definitions:

1. Fraud: An Intentional act of deception, misrepresentation, or concealment in order to gain something of value.
2. Abuse: Excessive or improper use of services or actions that are inconsistent with acceptable business or medical practices

Waste and abuse may involve obtaining an improper payment, but does not require the same intent and knowledge.

C. What are my responsibilities as a provider?

You are a vital part of an effort to prevent, detect and report Medicare-Medicaid non-compliance as well as possible fraud, waste and abuse.

1. First you are required to comply with all applicable statutory, regulatory, and other CMS requirements, including adopting and implementing an effective compliance program.
2. Second you have a duty to the Medicare-Medicaid Program to report any violations of laws that you may be aware of.
3. Third you have a duty to follow your organization's Code of Conduct that articulates your organization’s commitment to compliance and that address specific areas of potential fraud, waste, and abuse.

Fraud, Waste, & Abuse (FWA) con't

D. If you suspect fraud, please contact the FCL Dental compliance Department through on the following options:

- **Contact** the Fraud, Waste and Abuse Hotline at:
  - Call: 1-866-202-5898
  - Email: Compliance@fcldental.com
  - Fax: 281-336-0157
  - **Mail** : FCL Dental
    Attention: Compliance Department/Fraud, Waste and Abuse
    101 Parklane Boulevard, Suite 301
    Sugar Land, Texas 77479

E. Reporting Fraud to Your State:

- **Louisiana**
  Louisiana Program Integrity Fraud and Abuse Hotline:
  1-800-488-2917
  Louisiana Office of Inspector General Fraud and Abuse Hotline:
  1-866-801-2549

The HIPAA Privacy Rule

Better communication equals Better patient Care

Communication among health care professionals can lead to better outcomes. When, and how, can you share information about patients being treated for health care:

- The HIPAA Privacy Rule establishes national standards to protect individuals' medical records and other personal health information and applies to health plans, health care clearinghouses, and those health care providers that conduct certain health care transactions electronically. The Rule requires appropriate safeguards to protect the privacy of personal health information, and sets limits and conditions on the uses and disclosures that may be made of such information without patient authorization. The Rule also gives patients rights over their health information, including rights to examine and obtain a copy of their health records, and to request corrections.
- Go to HHS.gov website to learn more about HIPAA rules for sharing information:
  - https://www.hhs.gov/hipaa/for-professionals/index.html

Your may also contact FCL Dental compliance department if you have any questions or require any forms. (see previous slide for Compliance contact information)

- *Please note that Links to various non-FCL Dental sites are provided for your convenience only. FCL Dental and its subsidiary companies are not responsible or liable for the content, accuracy, or privacy practices of linked sites, or for products or services described on these sites.*

Cultural Competency

Cultural Competency Resources

FCL Dental promotes cultural competency to increase patient satisfaction and even positive health outcomes. These are related to good communication between a member and his or her provider. A culturally competent provider effectively communicates with their patients and understands their individual concerns. It is incumbent on providers to make sure patients understand their care regimen. Below is a list of principles for health care Providers related to cultural competency in the delivery of health care services.

- Culture:

  To improve patient health and build health communities, health care providers need to recognize and address the unique culture, language and health literacy of diverse patient and communities. Culture is a major factor in how people respond to:
  - Health Services
  - How they experience illness
  - How they access care
  - How they approach the process of getting well
- Knowledge:
- Providers self understanding of race, ethnicity and influence
- Understanding what impacts the health of minority populations based on historical factors such as racism and immigration patterns.
- Have an understanding of the minority family life cycle and patient
- Gain a Greater Appreciation of Diversity Issues

With these principles, FCL Dental supports Providers in efforts to work in a cross-cultural environment and to ensure the adaptation of services to meet Members cultural and linguistic needs.

Training resources for our providers

- As part of our cultural competency program, we provider training resource information to our providers.
- As oral health disparities among cultural minority groups persist in our country, culturally and linguistically appropriate services (CLAS) are increasingly recognized as an important strategy for improving quality of care to diverse populations. This e-learning program will equip you with the knowledge, skills, and awareness to best deliver oral health services to all patients, regardless of cultural or linguistic background.
- The course will also provide Dentist, Dental Hygienists, and Dental Assistants – 6 credit hours
- Below is the website to the Office of minority health's web-based
  - https://www.thinkculturalhealth.hhs.gov/education/oral-health-providers

How to Access the Provider Web Portal

How to Access the Web Portal:

- If this is your first visit to our provider portal, you must obtain your access code in order to access the Web Portal. To obtain your office, provider, or vendor access codes. Please see options below:
  - Call your provider relations representative to obtain your Access Code
  - Send an email to the provider relations department at pr@fcldental.com
  - Call our provider relations department at 1-877-493-6282
- Once you obtain your access code go to www.fcldental.com
  - Follow these prompts:
    - "Services"
    - "Provider Portal" (you will see this prompt on the lower left hand side of the screen)

What information is available in the Web Portal:

Our Provider Web Portal has been enhanced to include patient claim history and allow eligibility verification. This new feature will allow your staff to conveniently obtain all the necessary information regarding:

- Member benefits
- Utilization
- Claims Status
- Eligibility Roster
- Submit claims.
- Download or review current Provider Manual

Provider Web Portal Instructions to verify member eligibility

- To review detailed information for members assigned to you click "Member List"
- To verify member eligibility for any member click "Eligibility Check"
- To check claims history click "Claim List"

Once you have registered your provider/office, the Web Portal the prompts will walk you thru to your needs.

FOR QUESTIONS PLEASE CONTACT OUR OFFICE

Thank you for your time.