

# DENTAL NEWS

## Dental News is going paperless in 2010

Asuris wants to become a role model for the sustainable use of our natural resources. In order to support these efforts, we're saying farewell to the paper format of this newsletter.

Beginning next year, Dental News will be incorporated into *The Connection Online*<sup>SM</sup>. *The Connection Online* newsletter contains information relevant to physicians, other health care professionals, facilities and their staff including updates on policies and procedures. Historically, content and distribution of this publication did not include the dental community.

We will publish only *The Connection Online*. We will also change our publication schedule to February, April, June, August, October and December, allowing us to deliver more timely communications to you. In addition, we will begin to post many of our letters announcing new products or policy updates on our *Provider Web Site*. Prior to publication, we will mail a reminder letter listing the critical articles or other communications.

Our goal is to make the *Provider Web Site* the go-to place for information that impacts your office, such as:

- Verifying patients' eligibility, general benefits and claim status information through our secure portal, the Provider Center (formerly known as Asuris Online Services for Providers)
- Submitting paper or electronic claims (Claims & Billing section)
- Viewing letters and other general communications (coming next year)
- Learning about Patient Feedback, Enhanced Provider Profile and Treatment Cost Estimator initiatives (Cost & Quality section)

Sign up now to receive our online newsletter and other communications via email by completing the short subscription form on our *Provider Web Site*.

### To do:

- Register for the Provider Center.
- Subscribe to The Connection Online and other communications.

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### Receive newsletter notifications via email

For your convenience, you can receive email notifications when new editions of our newsletter or other communications are available for viewing online.

To receive notifications via email, please complete the subscription form available on our Provider Web Site.

### Office Ally makes claims submission easy

Office Ally, a full-service clearinghouse, submits claims to more than 2,300 health plans, including Asuris Northwest Health. Office Ally is focused on simplifying provider interactions with health plans, and their services are available at no cost to you. Some of the advantages of using Office Ally include:

- Real-time claims status
- Faster claims processing
- Simple to learn and easy to use
- No contract or commitment necessary
- Available 24 hours a day, seven days a week
- **No need for additional software—just an Internet connection**
- Health Insurance Portability and Accountability Act (HIPAA)-compliant
- Data verification (current procedure and diagnostic codes available and verified)

Learn more and enroll at [www.officeally.com](http://www.officeally.com).

### Electronic data interchange options

We encourage dentists, physicians, other health care professionals and facilities to use electronic transactions. Advantages include:

- Reduced paperwork
- Decreased data errors
- Lower administrative costs
- Improved cash flow by providing:
  - Expedited account reconciliations and claims processing
  - Confirmation reports for submitted, received and denied claims

Several electronic transactions resources are available, including our Provider Center (formerly known as Asuris Online Services for Providers); Office Ally ([www.officeally.com](http://www.officeally.com)), a full-service claims processing company; and Availity®, our claims clearinghouse partner.

Our Provider Center enables your staff to perform and manage a variety of business transactions with us, including access to valuable information for most of your Asuris patients. Please visit [www.asuris.com/provider/](http://www.asuris.com/provider/) to learn more.

The Availity Health Information Network uses a single, secure Web portal to conduct electronic transactions with a large number of health plans. It offers a suite of products and services that reduce administrative inefficiencies and costs while improving the patient experience.

Registered Availity users now have real-time access to claims status, patient eligibility and benefits.

Learn more about Availity at [www.availity.com](http://www.availity.com).

*Note:* The phone number for the Asuris EDI Support Center has changed to 1 (800) 713-1693.

### Enhanced Provider Profile: Do you have one?

Many providers have created or enhanced their provider profile by using Provider Center, (formerly Asuris Online Services for Providers). (Please note, at this time an Enhanced Provider Profile is available only for contracted providers.) Our members can use that information to search and compare providers by specialty, location, network, philosophy of care and more.

We encourage you to complete or update your information today. The process is user-friendly, fast and simple. Your profile will be available to members who use the Provider Search feature on **myAsuris.com**.

Many members have posted reviews about their providers, and 89% are recommending their provider to others. Membership on myAsuris.com has steadily increased. These growing numbers are significant, and enhancing your provider profile with as much information as possible is a powerful marketing tool for you to consider.

Visit myAsuris.com and register using the Guest Pass code PROVIDER to see the information available to our members. Once you are logged in, navigate to the My Navigator drop-down menu and select Provider Search.

### Help prevent medical identity theft

Health care member card fraud is on the increase and we urge you to take some simple precautions:

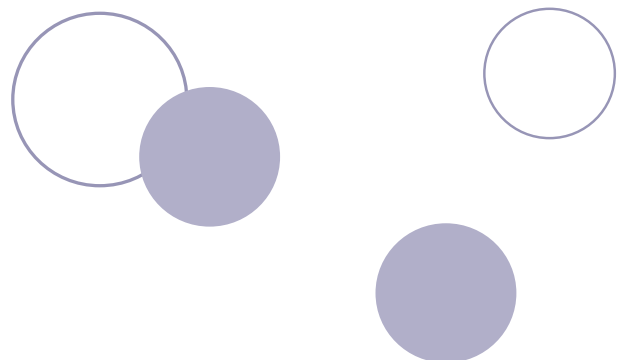
- Photocopy the front and back of each patient's (or their guardian's) member card and driver's license at every visit.
- Take a digital photo of each patient when he or she checks in for their first visit. Include it as part of his or her permanent electronic record. Then refer to the picture each time that patient checks in.

Every year, many cases of identity fraud involving misplaced, stolen or loaned member cards occur. Theft can also happen when a perpetrator writes down a member's information and presents it as his or her own at the time of service.

These activities can seriously impact a member's lifetime benefit maximum and can add medical diagnoses to his or her records, negatively impacting his or her lifetime medical history. When such cases of fraud are discovered, we will seek reimbursement from providers.

According to the World Privacy Forum ([www.worldprivacyforum.org](http://www.worldprivacyforum.org)), insurance fraud affects more than three million people every year and costs the health care industry more than \$68 million.

Please take the necessary steps today to protect your practice.



# Message from Asuris President and CEO Mark Ganz

By the time this is printed, we may have a clearer idea about the direction of health care reform. I hope the goals of achieving universal coverage, and improving affordability and quality of health care will be achieved for the uninsured and for those currently with coverage.

One thing for certain is that Asuris remains devoted to sustainable health care reform, which must include finding solutions to the fundamental cost drivers that make coverage increasingly unaffordable for too many Americans.

I believe now more than ever that we must transform the health care system. As the son of a primary care physician in Spokane, I saw the tremendous impact my father had on the lives of his patients and their families, serving them with honesty, care and compassion. We believe in these same values at Asuris, and we know that they must exist throughout the system to achieve meaningful and sustainable health care reform.

I invite you to learn more about our company, our values and our thoughts on health system reform by visiting the Advocate for Health Care Reform section of our Provider Web Site.

On behalf our members—and the employees who serve them—I thank you.

## **Consejeros Latinos and health disparity resources available**

Our region has experienced substantial growth in the Latino population in the last several years. As one of our first steps in addressing health disparity and cultural competency issues among racial and ethnic minority patients, we would like to help you find resources available to assist this population.

## **Provider resources**

Many professional organizations, including the American Medical Association, offer continuing medical education credits for courses, including communication strategies and health care disparities among racial-ethnic minority patients.

The Office of Minority Health has also created training tools for health care professionals that can be found at [www.omhrc.gov](http://www.omhrc.gov).

## **Member resources**

We are committed to supporting this growing population by offering a variety of programs and resources. This includes implementing programs, such as Consejeros Latinos, that educate our Latino community about health and wellness and, specifically, how their Asuris health plan works.

## **Asuris launches WhatsTheRealCost.org**

With health care costs rising twice as fast as inflation, Asuris launched a Consumer Cost Education campaign earlier this year to educate people about the drivers of these costs and to get them further engaged.

As part of the campaign, Asuris launched **WhatsTheRealCost.org**, an interactive Web site that includes social networking, gaming and video components.

*“This Web site is part of Asuris’ ongoing efforts to educate consumers about the costs of health care and how the choices they make each day impact those costs,” said Mark Ganz, Asuris president and chief executive officer.*

Explore the various tools and resources available to help consumers become more engaged in their health care decisions, including:

**5 Questions** – Encourages patients to ask their health care provider the following questions to facilitate a more comprehensive discussion about their health care needs and options:

- Is that necessary?
- Is there a cheaper option?
- Is there a generic for that?
- How much does that cost?
- Has anybody out there had this before?

**Resist the System** – Consists of an interactive experience that encourages consumers to ask questions, even in intimidating environments

**Cost Generator** – Designed to educate the consumer about procedure costs and how different areas of the health care system contribute to those costs

**The Big Cost Picture** – Includes content like “Myths and Facts” of health care and the latest on government reform

**Spread the Movement** – Connects the site to social networking sites, and includes information about current events and featured PDF downloads

**Healthy Heights** – An online game where the consumer acts as a Community Health Planner challenged with managing the health of a community with limited resources

### Asuris holiday closure schedule

The office will be closed for the following holidays:

#### 2009

##### Christmas

Thursday and Friday Dec. 24-25

#### 2010

##### New Year’s Day (2010)

Friday Jan. 1

##### President’s Day

Monday Feb. 15

##### Memorial Day

Monday May 31

##### Independence Day

Monday July 5

##### Labor Day

Monday Sept. 6

##### Thanksgiving Day

Thursday and Friday Nov. 25-26

##### Christmas

Thursday and Friday Dec. 23-24

##### New Year’s Day (2011)

Friday Dec. 31

## Legislative update

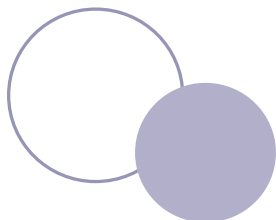
In compliance with recent Washington state legislation, the following benefit changes will go into effect Jan. 1, 2010, unless another date is specified. These changes will be applied to all new groups and to our Individual products on Jan. 1. They will apply to our group products at the group's renewal on or after Jan. 1.

*Note:* Mandated changes with minimal or no impact to current Asuris benefits or policies are not included in the changes listed below.

## Coordination of Benefits changes

The following changes apply to claims for dates of services on or after Sept. 1 that include Coordination of Benefits (COB) with another health plan (except when Medicare is the primary payer):

- Secondary plans no longer have to estimate payment.
- Primary plans must pay 95% of clean claims within 30 days and all clean claims within 60 days.
  - If a primary plan fails to pay a clean claim within 60 days, the claim can be submitted to the secondary plan to pay as primary within 30 days.
  - Secondary plans can delay payment of claims that lack primary payment information until such information is received.
- Plans must work together within 30 days to determine which payer is primary. If an agreement cannot be reached, both plans must share the allowable expenses equally.
- Secondary plans can use their highest allowable if the primary plan has paid the claim but has not submitted the payment information to the secondary plan within 60 days.



## Amendment to the federal False Claims Act

To improve the enforcement of recovery of funds lost to fraudulent claims and activities, Congress amended the federal False Claims Act (FCA), 31 U.S.C.A. §§ 3729 - 3733, effective May 20, 2009. This amendment, a part of the Fraud Enforcement and Recovery Act (FERA), impacts providers, among others, who may have been overpaid by a government program including the Federal Employee Program (FEP), Medicare, Medicare Advantage, Medicare Part D and TRICARE. Some sections of the amendment have a retroactive effective date of June 7, 2008

### A few notable changes to the FCA are listed below:

- **Intent**-Formerly, the FCA required proof of intent to get a false claim paid. This provision has been revised, and now a person can be found liable if he or she “knowingly make, use or cause to be made or used a false record or statement material to a false or fraudulent claim. Material is defined as “having the natural tendency to influence or being capable of influencing the payment or receipt of money or property.” Knowingly means that a person, with respect to information, has actual knowledge of information, acts in deliberate ignorance of the truth or falsity of information, or acts in reckless disregard of the truth or falsity of information.
- **Recipient of claim** - The FCA formerly applied only to a claim presented to an officer or employee of the government. Now, the amendment also attaches liability if a false or fraudulent claim is presented to an agent of the government or a government contractor (e.g., if a provider's office submits a fraudulent claim to a government program such as Asuris MedAdvantage or FEP).
- **Obligation to repay** - The amendment obligates providers to return overpayments. It is a FCA violation if a provider knowingly and improperly avoids or decreases an obligation to pay or transmit money or property to the government. An obligation includes an established duty arising from the retention of an overpayment.
- **Expanded conspiracy provision** - The amended FCA no longer applies only to conspiracy to get a false claim paid; it now includes conspiracy to violate any substantive provision of the FCA.

- **Expanded whistleblower protection** - Whistleblower protection now extends to employees, contractors and agents attempting to stop or report an FCA violation.
- **Liability for cost of recovery** - A new provision was added imposing strict liability on FCA violators for the costs incurred by the government to recover penalties and damages.
- **Extends statute of limitations for the government** - If a private person brings a lawsuit for violation of the FCA, the government can intervene in that lawsuit. For statute of limitations purposes, the government's complaint shall "relate back" to the original filing date of the lawsuit.

The penalties for violating the FCA remain the same. A person who violates the FCA could be liable to the government for \$5,000 to \$10,000 per violation, plus three times the amount of damages the government sustains because of the violation.

We support the government's efforts to recoup funds paid on false or fraudulent claims, as well as inadvertent overpayments. We encourage you to review your billing practices to ensure all claims are submitted accurately.

*Note:* This article is intended as general information only, and is not intended to serve as legal advice or as a substitute for legal counsel.

### Interactive voice response available soon

On Dec. 20, some of our Provider Customer Service phone lines will be upgraded to include a new service option: interactive voice response (IVR). This technology enables a computer to accept voice commands or touch-tone inputs and respond to your inquiries, allowing you to quickly get information without speaking with a Customer Service specialist.

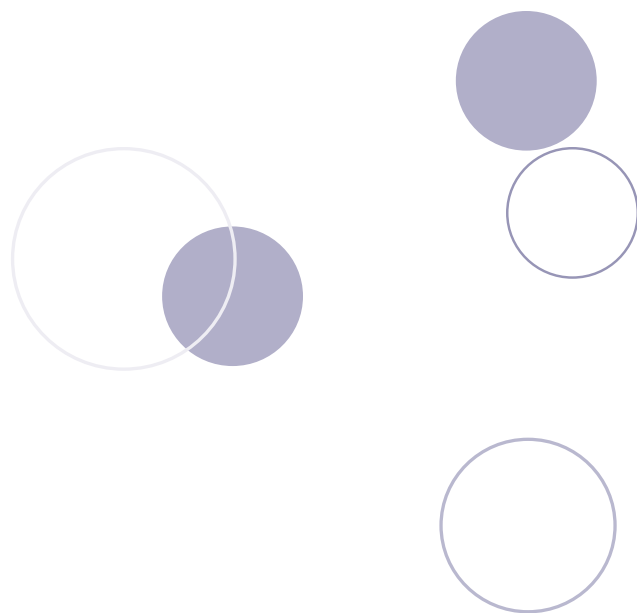
The information available on IVR will be a subset of the data already available on our Asuris Online Services for Providers. IVR is an easy option for offices without access to the Internet. It's also available if your office Internet connection is temporarily unavailable.

IVR allows you to quickly and easily receive member medical eligibility; and medical, dental and vision claims status (e.g., if the claim has been received, is in process or has been completed). Information about multiple members can be obtained in a single session. You will have the option to opt out of the IVR to speak with a Customer Service specialist at any time during normal Customer Service hours.

IVR will be available for the following Provider Customer Service phone numbers:

| Customer Service                  | Phone number     |
|-----------------------------------|------------------|
| General Provider Customer Service | 1 (800) 462-5680 |
| AspireSM, EnhanceSM, AchieveSM    | 1 (888) 349-6558 |
| Asuris TruAdvantageTM             | 1 (877) 508-7362 |

The initial launch of IVR will not include eligibility (for dental or vision) or benefits.





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## Contact us

### We're here for you.

We are dedicated to helping you. Please see the specific contact information below. Additional contact information is available in the Contact Us section of our Provider Web Site.

### Provider Customer Service

General: 1 (800) 462-5680

Aspire, Enhance and Achieve: 1 (888) 349-6558

Asuris TruAdvantage: 1 (877) 508-7362

### Provider Web site

[www.asuris.com/provider](http://www.asuris.com/provider)

### Dental representative

Alan Hong (206) 332-3937

Adams, Asotin, Douglas, Ferry, Lincoln, Pend Oreille,  
Spokane, Stevens counties

*Dental News* is published by the Asuris Provider Communications department. It contains information for Asuris Northwest Health dental providers.