

PREMIER ACCESS DENTAL UPDATE

FOR PROVIDERS PARTICIPATING IN PREMIER ACCESS DENTAL GOVERNMENT-FUNDED PROGRAMS IN UTAH

ATTENTION UTAH PROVIDERS: NEW BENEFITS ROLLED OUT

Utah implemented new Medicaid benefits on April 1, 2016. To update your records, please refer to the procedure guidelines in the Utah Government Programs Provider Manual.

CHIP benefits are updated effective July 1, 2016. These plan updates will be available in the Provider Manual on the Premier Access website by June 15th.

www.premierlife.com

Provider module, "Forms and Materials"

GUARDIAN LIFE ACQUIRES AVÉSIS INCORPORATED

On January 29, 2016, Guardian announced its acquisition of Avésis, Inc. The Guardian purchase of Premier Life Insurance Company in 2014 enhanced Guardian's dental portfolio and government programs segment. And now, Avésis strengthens Guardian's government programs business further. It is one of the leading administrators for vision, dental and hearing benefits for government and commercial programs with three million members administered under Medicaid, CHIP, and Medicare Advantage programs; and 1.5 million members covered by their group vision programs. Avésis has partnerships with managed care organizations holding government contracts in 21 states. Founded in 1978, Avésis has been providing essential ancillary benefit solutions for over 35 years and has corporate offices in Phoenix, Arizona and Owings Mills, Maryland.

Chris Swanker, formerly Guardian's vice president of group and worksite markets, has been appointed chief executive officer of Avésis and is quoted as saying: "The acquisition strengthens Guardian's government programs business with an experienced management team possessing deep knowledge of the market, a scalable operating and technology platform, existing relationships with leading managed care organizations, and a broad product portfolio."



IMPORTANT!

Encounter Forms are due by the 15th of each month. Make sure you submit yours on time.

PRACTICING IN A CULTURALLY DIVERSE WORLD

As part of the Utah Medicaid Program, the plan incorporates in its policies, administration, and delivery of services the values of honoring an enrollee's beliefs; being sensitive to cultural diversity; and promoting attitudes and interpersonal communication styles with staff and participating providers which respect to enrollees' cultural backgrounds.

Dental practices need to consider the diversity of their clients' values, beliefs and cultural expectations. To work effectively with culturally diverse clients, you will need knowledge and skills.

Some of the things that you should focus on:

1. Recognize that ethnicity and culture may have an impact on a patient's behavior.
2. Respect the patient's religious and/or spiritual beliefs and values.
3. Be aware of your own cultural background/experiences, attitudes, values, and biases that might influence your ability to assist patients from diverse cultural populations. It is essential that you correct any prejudices and biases you may have regarding different cultural groups.
4. Educate yourself wherever possible to enhance your understanding and to address the needs of culturally diverse patients. This may involve learning about cultural, social, psychological, political, economic, and historical material specific to the particular ethnic group being served.
5. Provide information in a language that the patient can understand.

THE IMPORTANCE OF PREVENTIVE ORAL HEALTH CARE

The importance of helping patients practice good oral hygiene cannot be overstated. It is imperative that patients, especially young ones, are reminded at each visit how brushing and flossing will help avoid dental decay. Appointments should include a discussion of how the child has been practicing good oral health, and a standard cleaning, as warranted.

"Educating children on the importance of their home care, and teaching proper brushing and flossing, creates a routine of healthy behavior that kids can continue into adulthood," said Pam Quinones, RDH, BS, ADHA President. "Teaching kids at a young age sends the message that oral health care is important, and this message will have a tremendous impact on their oral and overall health for the rest of their lives. It really is a simple matter of creating habits that keep your mouth, and your entire body, healthy."

Premier Access urges dentists to make full use of the sealant benefit in our members' dental plans. Sealants are a primary element in the prevention of dental caries. They provide a physical barrier between the spaces created by anatomical pits and fissures of posterior teeth and the cariogenic bacteria, halting incipient lesions and preventing caries. But, again, education plays a factor in the use of sealants. Patients must understand that sealants are only one element of an oral health regime. They aren't magic shields that protect their teeth once they've been applied; they must be used in conjunction with periodic dental exams and daily brushing and flossing, along with a healthy diet and a reduction of sugary foods.

SEALANTS

- Approximately 23% of children ages 2-11 have untreated dental caries.
- It has been shown that the occlusal surfaces account for up to 90% of all caries in school aged children.
- Pit and fissure dental sealants have reduced caries over 70%.

FEDERAL FALSE CLAIMS ACT

It is illegal under the federal False Claims Act to submit a claim for property or services that were not provided, or to submit a false claim that includes or is supported by any written statement which is false or omits a fact that the person has a duty to include. It is also a violation of the law for any person to make or submit a statement that the person knows or has reason to know is false or omits a fact that the person has a duty to include, which results in a false claim.

FROM THE UTAH FALSE CLAIMS ACT...

26-20-3. False statement or representation relating to medical benefits.

- (1) A person may not make or cause to be made a false statement or false representation of a material fact in an application for medical benefits.
- (2) A person may not make or cause to be made a false statement or false representation of a material fact for use in determining rights to a medical benefit.
- (3) A person, who having knowledge of the occurrence of an event affecting the person's initial or continued right to receive a medical benefit or the initial or continued right of any other person on whose behalf the person has applied for or is receiving a medical benefit, may not conceal or fail to disclose that event with intent to obtain a medical benefit to which the person or any other person is not entitled or in an amount greater than that to which the person or any other person is entitled.

Any violation of this chapter which comes to the attention of any state government officer or agency shall be reported to the attorney general or the department. All state government officers and agencies shall cooperate with and assist in any prosecution for violation of this chapter.

This is only one section of the act. For the full Act, go to <http://le.utah.gov/xcode/Title26/Chapter20/26-20.html>.

Premier Access provides information to all employees, contractors, subcontractors and agents about the federal and State False Claims Acts; remedies available under these acts; and how employees and others can use them; and about whistleblower protections for individuals who report suspected false claims.

Possible False Claims Act violations should be reported to the Premier Access Fraud Officer for further investigation. The Fraud Officer can be contacted by phone at (916) 920-2500 or by mail at the following address: Anti-Fraud Officer, Premier Access, P.O. Box 659010, Sacramento, CA 95865-9010. You may report possible violations directly to the Federal Department of Health and Human Services (DHHS). The Office of the Inspector General also maintains a hotline, which offers a confidential means for reporting vital information.

The Hotline can be contacted:

Phone: 1-800-HHS-TIPS Fax: 1-800-223-2164

Email: HHSTips@oig.hhs.gov

Mail: Office of the Inspector General HHS TIPS Hotline

P.O. Box 23489 Washington, DC 20026

IF A PATIENT FILES A GRIEVANCE

Members or their designee can file grievances for any incident or action that is the subject of the Member's dissatisfaction.

A grievance must be submitted within 90 days of the date of the event.

An appeal is a request for review of an Action by the plan. An Action is one of the following:

- the denial or limited authorization of a requested service, including the type or level of service;
- the reduction, suspension, or termination of a previously authorized service;
- the denial, in whole or in part, of payment for a service and the denial could result in the Member liable for payment;
- the provider's failure to provide services in a timely manner, as defined as failure to meet performance standards for appointment waiting times; or
- the failure of the plan to act within the time frames established for resolution and notification of Grievances and Appeals.

An appeal must be submitted within 30 days from the date on the plan's Notice of Action.

An appeal can be submitted verbally, however, it must be confirmed in writing within five working days from the oral appeal.

A "Notice of Action" is the written notification to a Member, or written or verbal notification to a Provider when applicable, of an Action that will be taken by the plan. If requested, the Member is able to receive the disputed service while the appeal is being processed.

A Grievance Form is included in the Member Handbook disseminated to all new Members and in the Provider Manual. Grievance Forms are also available on the Premier Access website at: www.premierlife.com.

If you have questions or concerns about this process or about a grievance you may have received, please contact Provider Services at 888-620-2447.

THE PREMIER ACCESS WEBSITE IS HERE FOR YOU

Registration Login

Need Help? [Email](#) [Find a Dentist](#)

MEMBERS EMPLOYERS PROVIDERS BROKERS PROSPECTIVE MEMBERS ABOUT US CONTACT US

CLAIMS ▶ ROSTERS MEMBER INFO ▶ FEES & COPAYS ▶ REFERRAL GUIDELINES FORMS AND MATERIALS NEWSLETTERS ▶ CHANGE ADDRESS

The Patient Protection and Affordable Care Act (ACA) is here.

Find out how this affects you.

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Provider Login

Check eligibility...view benefits...track claims and much more. The information you need, when you need it.

stevejobs

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There is a wealth of time-saving information available on the Premier Access website:

www.premierlife.com

We've put everything you'd need to know in one place you can access
24 hours a day, 7 days a week.

CONTACT INFORMATION:

Your Provider Representative is Amanda Morgan. She can be reached through Provider Services at

888.620.2447

The Premier Access website is your dedicated source for patient information, forms and news.

WWW.PREMIERLIFE.COM