

Perfect Score – Quality and Utilization Management Audit

Inter Valley Health Plan is a Medicare Advantage plan that offers Dental Health Services benefits to its more than 16,500 seniors throughout Los Angeles, Riverside and San Bernardino Counties.

Because Inter Valley is a Medicare Advantage plan, all aspects are subject to review and audit. We recently underwent our annual audit by Inter Valley to review our Quality and Utilization Management Program.

We are proud to announce **we received a perfect 100 percent score!** This is a very impressive mark and is a testament to the quality care you provide to our members. It is also a confirmation to us that though we have been growing rapidly, there has been no compromise on our commitment to quality care, excellent member service and education on plan benefits – ensuring satisfaction and encouraging better dental health.

Federal Incentives for Electronic Health Records

Medicare and Medicaid are providing cash incentive to health care professionals for adopting certified Electronic Health Records (EHR) and using them in a “meaningful” way.

Eligible professionals who demonstrate this meaningful use of EHR can receive up to \$44,000 in the Medicare incentive program or up to \$63,750 in the Medicaid incentive program. If you practice in an area deemed a Health Professional Shortage Area (HPSA), you can receive an additional 10% increase in payment. All incentives are paid over 5 years. There are other considerations for Medicare Advantage professionals.

In order to get the maximum payment, you must begin your participation by 2012, but earlier participation means earlier payment. The Center for Medicare and Medicaid Services Web site recommends registering as early as you are able - registration opened on January 3, 2011 for Medicare participation.

You can participate in the program regardless of whether you have EHR implemented yet or not. You just need to follow the requirements.

Medicare Incentive Program Overview

1. Make sure you're eligible. Eligibility details can be found at the CMS website at the end of this article. According to the site, eligible professionals include doctor of dental surgery and doctor of dental medicine.
2. Use Certified EHR technology and demonstrate that you are using it in a “meaningful” way. The CMS site has a page that defines what “meaningful use” is so you can ensure you will qualify.

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Federal Incentives for EHR (continued)

- To receive payment you must attest through Medicare's Web site that you have fulfilled the "meaningful use" requirements through the use of Certified EHR technology. Starting in April, you will be able to access the secure attestation Web site through the CMS Registration and Attestation page.

Medicaid Incentive Program Overview

The Medicaid program carries the same requirements but is a bit more restrictive for qualification. Qualifying practitioners must have a minimum 30% Medicaid patient volume, 20% Medicaid patient volume if you're a pediatrician or practice predominantly in a Federally Qualified Health Center or Rural Health Center and have a minimum 30% patient volume attributable to needy individuals. They note that Children's Health Insurance Program (CHIP) patients do not count toward Medicaid patient volume criteria.

The Medicaid Incentive Program is initiated by the state in which you practice. California is expected to begin on February 1, while Washington State is expected to begin in April of this year.

To get official information on eligibility, participation, Certified EHR technology, "meaningful use" criteria and attestation, visit the CMS Web site for EHR Incentive Programs at <http://www.cms.gov/ehrincentiveprograms/>.

For information specific to Washington State's Medicaid Incentive Program, visit: <http://hrsa.dshs.wa.gov/MedicaidHealthCareReform/IT.shtml>.

For specific information about California's Medicaid Incentive Program visit: <http://medi-cal.ehr.ca.gov/>.



Anti-Fraud Hotline

Dental Health Services has established and maintains an Anti-Fraud Program as required by state and federal regulations. Examples of fraud include: billing for services not performed, double billing, performing unnecessary services, kickbacks, inappropriate expenses on cost reports, upcoding and unbundling. Member fraud, employee fraud and outside fraud are also investigated.

Dental Health Services has a Fraud Detection Hotline—877.498.9490. Anyone can call and submit information about potential fraud either anonymously or with their identity. For more information, please visit <http://www.nhcaa.org>.

Language Assistance Program

Dental Health Services provides language assistance to our members and dentists who treat our members who are Limited English Proficient.

During regular business hours, Mon-Fri 8am-5pm, you will be able to speak directly to us by calling 866.756.4259. After hours, you can still connect by following a few directions on the phone line.

If a member declines language assistance translation services, you should note this in the member's chart.

We're always happy to hear any comments or suggestions you have regarding our service to you, and your service to your patients. You can reach us at 800.637.6453.



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