



Orientation Overview

For Participating Dentists and Staff

California



Office # _____
Access Code: _____



welcome

Health Net Dental (Health Net) welcomes you as a network provider. We look forward to working together with you and your office staff. This guide has been prepared to assist you and your staff with the administration of the Health Net Program.

Member Eligibility

We recommend that your office staff verify eligibility for each member prior to their appointment. A Health Net ID card does not guarantee eligibility. Real-Time member eligibility can be verified by visiting our website at www.hndental.com or by calling our Member Services Department at 888.273.2713, Monday through Friday, 8 am to 5 pm PST.

Dental offices participating in Health Net's capitation plans will receive a monthly eligibility roster during the first week of each month.

DHMO - Capitation

Contracted DHMO network dentist compensation consists of fixed monthly payments (capitation), member charges (co-payments) and procedural guarantee payments for specific plans. Monthly capitation payments are issued on the 20th day of each month and will reflect the members listed on the eligibility roster. Co-payment should be collected from the member at the time of appointment. For additional information regarding DHMO payment and eligibility, please contact our Member Services Department at 888.273.2713, Monday through Friday, 8 am to 5 pm PST, or use our Provider Portal.

Encounter & Claims Submission

Network dentists are required to submit claims and or encounters to Health Net on a timely basis each month. To avoid delay in payments, we recommend that you submit within 45 days after treatment is completed. Claims or encounters may be submitted in one of the following ways:

- By submitting data electronically – Payor ID CX083
- By using a standard ADA form
- By using Health Net's Provider Portal

Mail paper claims to: Health Net Dental,
Attn: Claims, PO Box 26110, Santa Ana, CA 92799

Specialty Care Referrals

Services beyond the scope of a General Dentist may require a referral to a contracted Health Net Network Specialist. A Specialty Care Referral Request form can be obtained by visiting our Provider Portal at www.hndental.com or by calling Member Services at 888.273.2713, Monday through Friday, 8 am to 5 pm PST.





Quality Assurance

Health Net is committed to ensuring and optimizing high standards of quality. Our Quality Assurance Management Program oversees the quality of care administered by network dentists.

Areas of plan oversight include:

- Complaint and grievance review
- Utilization Management
- Accessibility monitoring
- Periodic onsite assessments of dental facilities
- Satisfaction surveys
- Credentialing and Re-Credentialing (NCQA Standards)
- Health promotion and preventive care
- Reporting results and implementing corrective actions

Quality of Dental Care

Health Net's quality of care guidelines apply to all contracted network providers. Each contracted provider must have established protocols in place for the following:

- Patient confidentiality and protected health information (PHI) security to be maintained
- Documentation of medical and dental history
- Dental records
- Informed patient consent
- Personal protective equipment, face mask, gloves, barrier clothing
- Radiographs
- Continuity of care for maintaining good oral health
- Oral diagnosis and treatment planning procedures

Patient Treatment Plan

Members should receive a written treatment plan and estimate of costs based on the member's explanation of benefits before treatment begins. A dentist may propose alternate treatment to a member including covered and non-covered services.

Treatment Plan Sequencing:

- Procedures for the relief of pain and discomfort, elimination of infection, irritations and trauma
- Treatment of active dental decay, necessary extractions, periodontal treatment, prophylaxis and oral hygiene instructions
- Final restorations and replacement of missing teeth
- Placement of an active recall system

Members may request a consultation with another network dentist for a second opinion to confirm the diagnosis and/or treatment plan. Dentists should refer these members to our Member Services Department at 888.273.2713, Monday through Friday, 8 am to 5 pm PST.

Patient Access Standards

Health Net's appointment standards ensure patient access to dental services within specified time frames.

- **Initial** (*exams, x-rays, restorative care*) Within 28 days
- **Routine** (*Non-Emergency*) Within 28 days
- **Preventive Care** (*prophys or periodonal care*) Within 28 days
- **Emergency/Urgent Care** (*acute pain/swelling/bleeding*) Within 72 hours
- **After-Hours/Emergency Availability** 24 hours a day, 7 days a week
- **Lobby waiting time** (*for scheduled appointments*) Not to exceed 30 minutes
- **Specialist Appointments** Within 30 days
- **Telephone Wait time to Answer** Within 30 seconds
- **Return Telephone** Call Within 30 minutes
- **Office Hours** Minimum of 3 days/30 hours per week

Language Assistance

As part of the Language Assistance Program, Health Net offers interpreter services to dentists and their staff. To obtain assistance, please contact Health Net's Member Services Department at 888.273.2713.

On-Line Services

Health Net offers 24/7 real-time access to information and tools through our secure online Provider Portal. Please visit www.hndental.com to register as a new user and/or login. Office's "Access Code" will be required to register and can be found on your Health Net Dental Welcome Letter.



Following are a few of the features that can be utilized through our Provider Portal:

- Real-time member eligibility and benefit information, including status of annual maximum and deductibles
- Submission of claims and x-rays
- Submission of specialty care referrals
- Viewing of claim status, including adjudication results
- Automatic response to provider authorization requests

If you cannot locate your access code or need help with the login process, please contact our on-line administrator at 888.273.2713 for assistance Monday through Friday, 8 am to 5 pm PST.

Changes to Office Profile

Office changes requiring notification to Health Net Dental are:

- Address Updates - such as treatment and/or billing locations
- Tax Identification Number - include a copy of the signed IRS W-9 form
- New Dentists - require a completed and signed Health Net Credentialing application
- Ownership Change
- Telephone Number
- Fax Number
- Office Hours
- Language Proficiency

Send profile changes to address below.

Contact Us

For Claims:

Health Net Dental

Attn: Claims
PO Box 26110
Santa Ana, CA 92799

888.273.2713

For Profile Changes:

Health Net Dental

Attn: Professional Relations
PO Box 26110
Santa Ana, CA 92799

Fax: 800.268.0154

For General Inquires:

Call Member Services: 888.273.2713

Hours: M-F, 8 am to 5 pm PST

Email Professional Relations:

inquiries@libertydentalplan.com

Website: www.hndental.com

Personalized Service

Our Network Managers are available to provide exceptional service. Please contact your assigned network manager when you have questions. His or her contact information is below:

Name of Network Manager: _____

Office Phone: **888.273.2713** Extension: _____ Mobile Phone #: _____

Email: _____