

HIPAA 101

Are Your Passwords HIPAA Compliant?

Passwords are used everywhere to protect critical and sensitive information. Yet, it is human nature to want to create a simple password that is easy to remember, or to write the password on a post-it note and put it in your desk. If you and/or your staff have not recently reviewed the passwords you are using and the methods in place to protect them, now might be a good time. Password management has to be a part of your HIPAA compliance plan. Passwords protect your Electronic Medical Record (EMR) systems, and all the Protected Health Information (PHI) they contain. Password Management is part of the Administrative Safeguards section of the HIPAA Security Rule:

4. PASSWORD MANAGEMENT - 164.308(a)(5)(ii)(D):

"Where this implementation specification is a reasonable and appropriate safeguard for a covered entity, the covered entity must implement: Procedures for creating, changing, and safeguarding passwords. In addition to providing a password for access, entities must ensure that workforce members are trained on how to safeguard the information. Covered entities must train all users and establish guidelines for creating passwords and changing them during periodic change cycles."

Consider these questions:

- 1. Are there policies in place that prevent workforce members from sharing passwords with others?
- 2. Is the workforce advised to commit their passwords to memory?
- 3. Are common sense precautions taken, such as not writing passwords down and leaving them in areas that are visible or accessible to others?

So while the HIPAA security rule does not mandate a specific plan, it does mandate that a plan is in place. Here are some "DON'Ts" that you can discuss in your next staff meeting about your password policy:

- DON'T reuse passwords. If you do, a hacker who gets just one of your accounts will own them all.
- **DON'T** use a dictionary word as a password. If you must, then string several words together into a password phrase.
- **DON'T** use standard number substitutions. Think P455w0rd is a good password? N0p3! Password cracking tools now have those concepts built-in.
- **DON'T** write your password down.
- **DON'T** forget to sign out when you are done using the system.

- **DON'T** allow your browser to remember your settings. Here are some things you can DO to ensure the safest possible password:
- **DO** use the longest possible password; at least 8 characters.
- DO use at least one upper case, one lower case, one special character and one number to create your password.
- DO commit to memorizing your password!

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Spore testing or biological monitoring of sterilizers is required in many states and the Centers for Disease Control recommend that spore testing be performed on each sterilizer in your office on a weekly basis. For further guidance regarding sterilization procedures, please consult your state dental board and the CDC website www.cdc.gov.

Oral Health Cancer Screenings

Each year, more than 30,000 new cases of cancer of the oral cavity and pharynx are diagnosed and over 8,000 deaths are due to oral cancer. The 5-year survival rate for these cancers is only about 50%. LIBERTY recommends oral cancer screenings be conducted at every visit, as early detection is the key to increasing an individual's survival rate for these cancers.



Medicare Opt-In Status

Your Medicare Opt-In Status is Important to LIBERTY Dental Plan All providers must complete the Medicare Opt-In no later than June 1, 2016.

If you don't successfully Opt-In as a Medicare provider by June 1, 2016, you will: (1) be removed from LIBERTY's government program networks and (2) even if you aren't a Medicare provider, if you don't either Opt-In or Opt-Out, your Medicare eligible patients will not be able to fill the Medicare Part D prescriptions that you prescribe for them.

LIBERTY administers several Medicare Part C "Medicare Advantage" plans in conjunction with health plans. To participate as a dental provider in LIBERTY's government network plans, you must successfully Opt-In as a Medicare provider. LIBERTY's Credentialing Department verifies that its network providers are not on the Medicare Opt-Out list.

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Flu Season is Upon Us

Winter is here! Please remember the importance of protecting yourself, your staff and your patients from the potential transmission of germs that may cause the seasonal flu.

Some important tips to follow are:

- Encourage all staff members to get the flu vaccine as soon as it is available.
- Avoid touching your eyes, nose and mouth as germs are more likely to spread this way.
- Keep surfaces clean by wiping them down with disinfectants.
- Promote basic hand hygiene precautions. The Centers for Disease Control and Prevention has many tips and methods you can use to educate your staff about the importance of hand hygiene. Visit the CDC's website at http://www.cdc.gov/handwashing/ for more information.

In addition, dental providers are advised to keep their immunizations up-to-date to protect themselves from infectious diseases. Proper immunizations are one of the most efficient means of preventing disease transmission. The CDC has restructured vaccination guidelines for dental providers, increasing the recommendations beyond OSHA requirements.

Dental providers should be vaccinated against or have documented immunity to the following diseases:

- Hepatitis B
- Influenza (Flu)
- MMR (Measles, Mumps & Rubella)
- Varicella (Chickenpox)
- Tdap (Tetanus Diphtheria, Pertussis)
- Meningococcal (Meningitides)

For specific recommendations regarding the use of vaccinations among health care workers, visit http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html

Tips for Accurate Dental Record Keeping

Dental record keeping is an essential part of a dental practice and while a practice may never be reviewed or audited, it's imperative to make sure dental records can always support treatment rendered.

Dentists have been finding recently that their dental practices are being subject to a utilization review process through various agencies such as dental insurance plan administrators, State Medicaid programs and State Dental Boards.

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Cultural Competency Corner

Cultural Competency Provider Training

LIBERTY Dental Plan is dedicated to providing clients with superior service. We fully recognize the importance of serving Members in a culturally and linguistically appropriate manner.

Increasing cultural competence empowers health care providers to be respectful and responsive to the health beliefs, practices and cultural linguistic needs of diverse patients, and can help bring about positive health outcomes. In order to help increase your office's culturally competency and ensure that the needs of culturally diverse populations are being met, LIBERTY has created a Cultural Competency Training Resource.

The goal of this training is to:

- Improve communication across social boundaries
- Build understanding and trust between providers and patients
- Help dentists develop and communicate treatment plans that are effective and culturally relevant

Even if a provider does not speak a patient's preferred language, he or she can take steps to ensure successful patient-provider communication and reduce the risk of unintended misunderstandings.

You may find the training in the Provider Portal or by following: https://www.libertydentalplan.com/ Providers/Cultural-Competency-Provider-Training-1.aspx.

Tips for Accurate Dental Record Keeping

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Below are some tips to ensure your charts are in shape prior to a review:

Record keeping:

- · Document the tooth, teeth, quadrant, etc. of each service
- Documentation for each service performed should include the reason, any relevant history, physical examination findings, assessment, clinical impressions, diagnosis, treatment plan, date of service and the name and identification number of the treating dentist.
- Documentation should support appropriateness of billing.
- A dental record should be complete and legible.

Provided by Dr. Richard Hague, LIBERTY CA Dental Director





The utilization review process is designed to ensure that dental procedures reported on behalf of plan enrollees, by their dental office, are rendered consistent within the provisions of the benefit plan and the participating provider agreement.

As part of a contractual commitment dental benefit plans have with their employer groups, government programs and members, they are required to have a utilization review process. State regulators, CMS and Medicaid programs also have requirements for the dental benefit plans to have antifraud policies and procedures in place for all programs.

The utilization review process may begin with preauthorization requirements, review of services after treatment is rendered and/ or post-payment review. Concerns are generally related to patterns of over- or under-utilization of services identified through statistical analysis of peer groups, utilization data and/or dentist practice patterns. Identification of a concern can come from complaints and claims processing.

The utilization review is also designed to identify potential fraudulent billing patterns. Here is a list of the type of issues

that may be identified:

- billing for services not rendered
- intentional misreporting of procedures, dates of service, name of the treating dentist
- deliberate performance of unnecessary and/or costly services
- alteration of patient record
- reporting a more expensive procedure than was actually rendered (upcoding)

Based upon the result of the analysis, the dental plan may decide it is necessary to review a sample of patient records to evaluate and validate patterns. The plan may request that patient records be submitted for review or that the dental office participate in an on-site review. If you are a contracted provider, it is likely the provider agreement with the plan requires you to comply with these types of requests.

Because many dental offices have contacted their state dental associations for assistance, it is important that dentists understand the purpose of the utilization process.

Provided by Dr. Richard Hague, LIBERTY CA Dental Director



Autism is a general term used to describe a group of complex developmental brain disorders known as Pervasive Developmental Disorders ("PDD"). Other pervasive developmental disorders include PDD-NOS (Pervasive Developmental Disorder Not Otherwise Specified), Asperger's Syndrome, Rett Syndrome and Childhood Disintegrative Disorder. Many parents and professionals refer to these as autism spectrum disorders ("ASD"). ASD affects 1 in 110 children, and 1 in 70 boys.

Individuals with ASD have difficulties with:

- Social Interactions
- Communication
- Difficulty relating or participating in a back-and-forth conversation or interaction
- Repetitive or stereotypical behavior
- Individuals with ASD may also be hypersensitive to light, sound, touch, smell and/or taste

Advice for Dental Professionals:

- Develop a relationship with any autistic patients
 - Speak in a calm and soothing voice
- When talking to a patient with autism, be confident and reassuring and gently tell the child what you are doing next
- Be consistent



Autism Speaks

What is Autism? Autism is a general term used to describe a group of complex developmental brain disorders known as Pervasive Developmental Disorders ("PDD") download a free guide on understanding children with autism at: http://www.healthysmilesforautism.org/



Getting Your Office Ready:

Each child with autism is different; therefore, some suggestions may work for one patient with autism, but not for another. Consider the following:

- Ask a parent for suggestions specific to each child
- Dim the lights if necessary
- Turn down loud noises
- Turn on instruments so the child can see them before the instruments go in their mouth
- Remove any office clutter that may distract or make the child anxious
- Let the child know what you will be doing. You may want to show the child on their hand how you will be counting their teeth so that they know what is going to happen
- Provide clear and accurate information when speaking to the child
- End each visit on a positive note; giveaways create a positive memory (e.g., prizes, stickers, a tooth brush or tooth paste etc.)

Sometimes, it may take several visits to complete a dental exam. If you work with the family on this process, you will build a relationship together that will result in a lifetime of good health for children with autism.

Billing Bulletin:

CDT 2016 Code Changes

The American Dental Association ("ADA") has released the 2016 version of the Current Dental Terminology ("CDT") Procedure Codes. Effective January 1, 2016, current codes should be used when submitting non-Medicaid program claims. The codes that LIBERTY Dental Plan may provide benefits for are listed below; however, the following Member Responsibility and Provider Compensation amounts only apply if the Equivalent Code is covered on the Member's Schedule of Benefits and listed on the Provider's current fee schedule. If multiple Equivalent Codes are listed for a New CDT Code and are listed on the Provider's current fee schedule, please contact LIBERTY for clarification of the Member Responsibility and Provider Compensation that applies.

New CDT Code	Description	Equivalent Code	Member Responsibility (\$)	Provider Compensation (\$)
D0251	Extra-oral posterior dental radiographic image	D0250	65% of D0250	65% of D0250
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	1. D4270 (if D4270 is listed); otherwise, 2. D4277 (if D4277 is listed); otherwise, 3. D4273	1. 65% of D4270 (if D4270 is listed); otherwise, 2. 65% of D4277 (if D4277 is listed); otherwise, 3. 65% of D4273	1. 65% of D4270 (if D4270 is listed); otherwise, 2. 65% of D4277 (if D4277 is listed); otherwise, 3. 65% of D4273
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth implant or edentulous tooth position in same graft site	1. D4270 (if D4270 is listed); otherwise, 2. D4277 (if D4277 is listed); otherwise, 3. D4275	1. 65% of D4270 (if D4270 is listed); otherwise, 2. 65% of D4277 (if D4277 is listed); otherwise, 3. 65% of D4275	1. 65% of D4270 (if D4270 is listed); otherwise, 2. 65% of D4277 (if D4277 is listed); otherwise, 3. 65% of D4275
D5221	Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	D5211	Same as D5211	Same as D5211
D5222	Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	D5212	Same as D5212	Same as D5212
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	D5213	Same as D5213	Same as D5213
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	D5214	Same as D5214	Same as D5214
D9223	Deep sedation/general anesthesia - each 15 minute increment	D9221	Same as D9221	113% of D9221
D9243	Intravenous moderate (conscious) sedation/ analgesia - each 15 minute increment	D9242	Same as D9242	110% of D9242

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**Please note: If you have previously completed the CMS' FWA Training, please fax, email or mail your Certificate of Completion to LIBERTY Dental Plan.



