

NY EMBLEM HEALTH FREQUENTLY ASKED QUESTIONS

PROVIDERS MUST USE PAYER IDs and MAILING ADDRESSES BELOW FOR EMBLEM CLAIMS

Payer ID (for electronic claims)

*******Payer ID #: EMBDQ*******

Payer Name: DQ/EmblemHealth

*******Claims mailing address*******

Emblem Dental (DentaQuest)

P.O. Box 463

Milwaukee, WI 53201

If you have questions:

TEL: **844.822.8108**

FAX: 844.876.3977

EMAIL: NYProviderEngagement@dentaquest.com

Q: What Is EmblemHealth?

A: EmblemHealth is one of the largest insurers in New York. In 2005, two independent health insurance companies, GHI and HIP merged to create EmblemHealth. EmblemHealth has now partnered with DentaQuest to provide administration of Emblem's HIP dental programs starting 1/1/17.

Q: What EmblemHealth dental plans are now being administered by DentaQuest?

A: DentaQuest is assuming administration of EmblemHealth's **HIP dental HMO plans** from the previous administrator (Healthplex). Additionally, DentaQuest is assuming administration of some Off Exchange **GHI dental plans**. For a complete list of the EmblemHealth Plans being administered by DentaQuest, Service Areas, and membership, please refer to the Office Reference Manual at <http://dentaquest.com/ny/Emblem/>.

Q: Where can I find information and updates about EmblemHealth's plans, membership, etc.?

A: DentaQuest will be launching a state-of-the-art provider portal to support the EmblemHealth program. Once launched, providers can find all EmblemHealth information via that portal. Until then, you can find information, including the Office Reference Manual, information on how to check member eligibility and submit claims, provider training materials, and announcements regarding the Emblem provider portal launch at <http://dentaquest.com/ny/Emblem/>.

Q: When do we start billing DentaQuest?

A: Claims up to December 31, 2016 should be submitted to Healthplex. Claims for dates of service beginning January 1, 2017, need to be submitted to DentaQuest.

Q: What are the fee schedules for the plans?

A: Reimbursement for all plans is fee-for-service. There is no capitation. Please refer to your contract or amendment for a list of fees or contact your local Provider Engagement representative for more information.

Q: Will PCD assignments be required?

A: No. There will be no dental home. Members may go to any participating provider in our network.

Q: Does a provider have to participate in all plans?

A: No but we would prefer they accept all plans in order to provide access to this underserved community.

Q: How do I opt out of participation in the Emblem network?

A: A provider can opt out by email NYProviderEngagement@dentaquest.com or fax 844.876.3977. Please note there is a 60 day notice requirement.

Q: Do any of the plans have copayments or deductibles?

A: Please refer to our online Office Reference Manual at <http://dentaquest.com/ny/Emblem/> for covered benefits, deductibles, and co-pays for each plan.

Q: Which plans will need preauthorization?

A: Please refer to the Emblem Office Reference Manual at <http://dentaquest.com/ny/emblem/> for plan descriptions, benefits, and prior authorization details.

Q: Where can I find the Office Reference Manual?

A: <http://dentaquest.com/ny/emblem/>

Q: How do I verify member eligibility for EmblemHealth members?

A: DentaQuest has launched a state-of-the-art provider portal. Please register now at, <https://provider.dentaquest.com>, once registered you can verify eligibility right online, **you can also verify member eligibility by calling 844.822.8108.**

Q: How do I submit claims to DentaQuest for Emblem members?

A: DentaQuest has launched a state-of-the-art provider portal. Please register now at, <https://provider.dentaquest.com>, once registered you can submit claims and pre-authorizations all online.

To submit paper claims for Emblem members, you must use the below claims mailing address:

Emblem Dental (DentaQuest)

P.O. Box 463

Milwaukee, WI 53201

Or via Fax to: 262.834.3589

To submit electronic claims for Emblem members (via a clearinghouse or directly to DentaQuest via our Trading Partner Portal, **you must use Payer ID: EMBDQ and Payer Name: DQ/EmblemHealth. This is different from all other DQ-administered plans.**

If you do not use the correct Payer ID/ Name, your claims may be routed incorrectly and denied. Your office will receive a letter indicating "Member Not Found."

Q: What is the timely filing limit for Emblem claims?

A: **Dates of service 01/01/17-03/31/17 must be submitted on or before 06/30/17 for consideration. The ninety (90) file limit will be imposed on all dates of service 04/01/17 and after.**

Q: What do EmblemHealth Member ID cards look like?

A: Please refer to the online Office Reference Manual to see sample Member ID cards at <http://dentaquest.com/ny/Emblem/>.

Q: Where can we find the Emblem patient ID?



A: The patient ID will be found on the members EMBLEM health insurance card. This will be the same ID for DentaQuest. You can see an example of these cards in the EMBLEM office reference manual.

Q: Where should we send Emblem appeals?

A: Appeals submission via the provider portal will not be available at this time. Appeals can be mailed to:
Emblem Dental (DentaQuest)
PO Box 463
Milwaukee, WI 53201

Q: How do you Find a Dentist (FAD)?

A: Find a Dentist feature is now live on the new provider portal. If you have not registered yet, please go here <https://provider.dentaquest.com> to register now.

If a member requests your assistance, use the below FAD links to assist in finding Emblem participating dentists:

(NOTE 1: you must copy and paste hyperlink into your browser)

(NOTE 2: all plans under the same LOB have the same network)

Plans	Find A Dentist Link
NY EmblemHealth Medicare	https://provider.dentaquest.com/Find_a_Provider#/home?groupId=0400001002
NY EmblemHealth Medicaid, CHP, HARP	https://provider.dentaquest.com/Find_a_Provider#/home?groupId=0400001004
NY EmblemHealth Essential Plans	https://provider.dentaquest.com/Find_a_Provider#/home?groupId=0400021001
EmblemHealth On Exchange Individual	https://provider.dentaquest.com/Find_a_Provider#/home?groupId=0400021002
EmblemHealth Off Exchange Individual	https://provider.dentaquest.com/Find_a_Provider#/home?groupId=0400021003
EmblemHealth Exchange Small Group	https://provider.dentaquest.com/Find_a_Provider#/home?groupId=0400021004

TRANSITION OF CARE (TOC)

DentaQuest will honor approved prior authorizations (PA) from Healthplex for ninety (90) days or through March 31, 2017. TOC will apply where a decisive appointment has not yet occurred. Once the office has confirmed the service’s PA has properly transferred, no further action is required. If the transfer is not seen, providers should send in the documentation of the Healthplex PA approval with their claims to ensure quick payment. If treatment with an Emblem Health member was started prior to January 1, 2017 and a decisive appointment has occurred, please submit your claim to Healthplex directly using the appropriate billing codes for such decisive appointments.

CONTINUATION OF CARE (COC) FOR ORTHODONTAL CASES

All Healthplex approvals prior to 1.1.2017 will be loaded in our system, please verify on the provider portal or call 844.822.8108 to verify. If the Healthplex approval is not on file with DentaQuest, the provider must submit a pre-authorization request with a copy of the Healthplex approval and a continuation of care form. DentaQuest must have an approval on file or claims will deny.

EMBLEM PRODUCTS

A full list of the programs that DentaQuest is administering on behalf of Emblem Health is available in the Office Reference Manual at <http://dentaquest.com/ny/Emblem/>. Products include: Government Sponsored CHIP, HARP, Medicaid and Medicare, Qualified Health Plans Group & Individual, and Commercial.

EMBLEM NEW PROVIDER PORTAL

Q: Is the new provider portal for Emblem ready?

A: The new provider portal is live. Please register here: <https://provider.dentaquest.com>

Q: How do I get support and training on the new provider portal?

A: The DentaQuest team is ready to assist you; we understand that it is vital to you, as a provider, to be able to quickly obtain information about your patients. To assist during the transition period, below is a list of resources:

- ***Preferred Communication*** Email: NYProviderEngagement@dentaquest.com. Please be sure to include your phone number, your name, and your Tax ID and nature of inquiry (question, technical problem, etc.).
- Check the EmblemHealth Provider website for the Portal User Guide and Frequently Asked Questions (FAQs): <http://dentaquest.com/ny/Emblem>
- Portal Support Line: **844.822.8116** (*Please note that this number is for portal support only*)

Web Portal Training:

Join one of the training webinars below to learn more about full functionality of the new portal. Please make arrangements for your billing and office staff to attend one of the webinar dates noted below if you have not already attended one of our previously scheduled sessions.

Please check back here for updates on courses that will become available.

Q: We already have EFT for DentaQuest do we have to setup for EMBLEM as well?

A: No, you do not have to set up a separate EFT. The information on file will transfer to Emblem.

Q: Can we use third party (clearinghouse) for billing?

A: Yes, the information is provided in the online Office Reference Manual and in FAQs document at <http://dentaquest.com/ny/Emblem/>.

Q: If we do not normally submit claims through the portal can we continue to submit through our vendor/clearinghouse?

A: You do not need to use the new portal. If you currently use a Clearinghouse, you may continue to do so, but you need to update the Payer ID for Emblem claims to EMBDQ.



Q: Can our Billed Amount List be copied from the current provider portal?

A: No, if you choose to use the Billed Amount List feature, you will need to create a new one on the new portal. This is not mandatory, but is helpful for claim and pre-authorization submission for both time and efficiency.

Q: Do we have to create users on the new provider portal or can we copy from the current portal?

A: You have to create new users on the new portal. Existing users in the legacy portal will not be transferred over to the new portal.

Q: Where do we get our weekly EOB for payments?

A: Emblem EOBs are now available on the new provider portal. If you currently receive your EOBs in the mail, you will continue to receive them.

Q: Will the old web site direct you to the new web site?

A: No. You need to log in to the new portal for Emblem claims. The new portal is for Emblem only. The current provider portal is for all other New York plans.