



MISSOURI OPTOMETRIC ASSOCIATION
Dental • Vision • Hearing



MISSOURI OPTOMETRIC ASSOCIATION
**DENTAL / VISION / HEARING
PLAN**

DENTAL PROVIDER MANUAL

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MOA DVH Membership Relations

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INSURANCE FOR YOUR PRACTICE, STAFF & FAMILY

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DENTAL / VISION / HEARING PLAN GENERAL INFORMATION

The MOA DVH plan is a simple indemnity plan that covers dental, vision, and hearing. The plan is available in a \$1,000 and \$1,500 policy year maximum per person. It can be sold as a group, single person plan or a family plan (up to 2 adults and 3 children). There is a \$100 deductible per plan year per person.

Preferred or Preferred Plus providers for the plan must be MDA members in good standing. The MDIS members are asked to sign a provider agreement to become a panel member. This provider list will be placed on the website and visible to potential and current policyholders. The MDIS is in control of the dental provider panel at all times. They have the right to pull the MDIS provider listing if the MDIS board feels like they do not like the direction or has any issues with the action of the plan.

The DVH plan provides dental coverage for preventative services (exam, cleanings, and x-rays) and basic services (fillings and simple extractions other than surgical extractions) immediately after the effective date of the policy. During the first year of the plan, 60% of the submitted charges up to the maximum allowed (caps are listed in the chart below) are paid. During the second year, the plan pays 70% of the charges, and after 24 months, the plan pays 80% of your charges. The big advantage is that **you are allowed to balance bill the remaining invoice to the patient**. This is not a discount plan but an insurance plan.

Preferred Plus Providers will be highlighted on the website to direct patients to the select offices for additional savings. This means on the exam, cleaning and x-ray you will not balance bill the patient. You have the option to sign up when becoming a provider.

Why would you want to become a preferred provider? Because this is an indemnity plan policyholders may see ANY provider they choose. Policyholders will be more likely to see providers that will file the plan and providers who help with additional savings. Even as a Preferred Plus provider you are allowed to balance bill the invoice on everything except for the exam, cleaning and x-ray. Since you are not dealing with “plan allowances” providers will obtain more total reimbursement for services than the typical discount plan. Examples are shown later in the provider manual.



ADVANTAGE OF THE MOA DVH

1. No “plan allowances” are in the MOA DVH plan

This is the maximum amount you are contractually allowed to collect from a plan participant for dental services rendered. MOA DVH has benefit amounts which then pay at 60%, 70% or 80%. However, you can bill the difference between the reimbursed amount and your usual and customary.

*Example**

Crown your charge	Sched. Max. Payment	Carrier Pays	Balance Bill Patient
\$1,000	\$500	(1st yr. 60%) $\$500 \times .60 = \300	\$700

Crown your charge	Sched. Max. Payment	Carrier Pays	Balance Bill Patient
\$1,000	\$500	(3rd yr. 80%) $\$500 \times .80 = \400	\$600

**This is taking into account the patient has met the \$100 deductible. If not the \$100 deductible is paid to the office first, then the percentage will be taken off the remaining items.*

2. You can balance bill the patient up to your U&C office charge

Unlike many plans, the MOA DVH allows you to balance bill the remaining cost of what the insurance does not cover. If the policy maximum payment schedule doesn't list the procedure, then the plan will pay according to the zip code U&C. You may then balance bill the patient for the “difference” which is not allowed with most plans.

3. MOA DVH does *not* adhere to alternate procedure determination

Many plans state: If a benefit determination is made that an alternate dental service meets the plan design contract provision then the participating dentist can only charge up to the contracted schedule amount for the originally submitted service. The plan benefit will be based upon the alternate procedure. This is not the case with the MOA DVH plan.

4. One benefit plan design

You do not have to worry about three or four different plan designs under the MOA DVH plan. It is a simple design that remains consistent and is easier on staff.

5. No coordination of benefits

If your patient has dental benefits through another plan you do not have to worry who is “primary” or “secondary” on charges and receiving payments. The benefits are not coordinated, so you are able to bill the charges and get reimbursed from MOA DVH if the yearly plan maximum (\$1,000 or \$1,500) has not been met.



DESCRIPTION OF COVERAGE

Benefit Amount per Insured (except for Fluoride Treatments). All benefits are determined based on UCR amounts and are limited to the Policy Year Maximum Benefit, Policy Year, per visit and limitations herein.

Policy Schedule Summary Maximum Payments

Examination	Up to \$55 per visit, 2 visits per policy year
Prophylaxis	Up to \$100 per visit, 2 visits per policy year
Bite-wing X-Ray (Total)	Up to \$70 per visit, 2 visits per policy year
Fluoride Treatment	Up to \$15 per visit, 2 visits per policy year (on for insured ages 13 years and younger)
Other Intraoral X-Ray	Up to \$65 1 every 2 policy years
Panoramic X-Ray	Up to \$112 1 every 3 policy years
BASIC SERVICES	
Filling	Up to \$130 per visit
Simple Extractions	Up to \$115 per visit
MAJOR SERVICES	
Root Canal	Up to \$350 per visit
Periodontal Scaling	Up to \$110 per visit
Surgical Extractions	Up to \$300 per visit
Crowns	Up to \$500 per visit
Partial Dentures	Up to \$500 (\$1,000 policy)/\$600(\$1,500) per visit

Subject to the Exclusions and Limitations, any Medically Necessary Preventative, Basic or Major Dental Benefits not listed above will be subject to the Usual, Customary, Reasonable Change, and the Policy Year Maximum Benefit.



VERIFICATION OF COVERAGE

- When a policyholder presents to the office, the card will have the MOA DVH logo.
- The card will also have the amount of the maximum policy benefit with the "MOA" letters by it.
- The policy can also be verified by selecting Provider>>>Quick Benefits Verification on the ManhattanLife website.
 - Quick Verification can be accomplished without login information. However, providers can register for login information for both the verification and remittance.
- Verifying a remaining balance:
 - It is necessary to verify the remaining balance of the policy maximum benefit. Call ManhattanLife (1-800-999-2971) to verify benefit amount and to see if the deductible has been met.
 - ManhattanLife is working on a live update benefit amount that will be accessible in the future.

A patient will pay the \$100 deductible if this has not been met for the policy year. Be sure to verify their available benefits.

Utilize the MOA DVH calculator as a tool to show the expected amount for reimbursement and patient responsibility.



EXAMPLE OF CLAIMS

Preferred Plus Provider

PROCEDURE	COST	REIMB. 1st Year	REIMB. 2nd Year	REIMB. 3rd Year
Exam	\$50.00	\$30.00	\$35.00	\$40.00
Prophylaxis (cleaning)	\$80.00	\$48.00	\$56.00	\$64.00
4 Bitewings	\$62.00	\$37.20	\$43.40	\$49.60
TOTALS	\$192.00	\$115.20	\$134.40	\$153.60
Patient's Expense	*	\$0.00	\$0.00	\$0.00

**This is taking into account the patient has met the \$100 deductible. If not the \$100 deductible is paid to the office first, then the percentage will be taken off the remaining items.*

VERSUS

Current Common Dental Plan Reimbursements (Maximum Payment Allowed)

PROCEDURE	COST	REIMB. 1st Year	REIMB. 2nd Year	REIMB. 3rd Year
Exam	\$50.00	\$25.00	\$25.00	\$25.00
Prophylaxis (cleaning)	\$80.00	\$51.00	\$51.00	\$51.00
4 Bitewings	\$62.00	\$31.00	\$31.00	\$31.00
TOTALS	\$192.00	\$107.00	\$107.00	\$107.00

Preferred Provider and Careington Network

PROCEDURE	COST	REIMB. 1st Year	REIMB. 2nd Year	REIMB. 3rd Year
Exam	\$50.00	\$30.00	\$35.00	\$40.00
Prophylaxis (cleaning)	\$80.00	\$48.00	\$56.00	\$64.00
4 Bitewings	\$62.00	\$37.20	\$43.40	\$49.60
TOTALS	\$192.00	\$115.20	\$134.40	\$153.60
Patient's Expense	*	\$76.80	\$57.60	\$38.40

**This is taking into account the patient has met the \$100 deductible and the policyholder has not policy yearly maximum benefit. If not the \$100 deductible is paid to the office first, then the percentage will be taken off the remaining items.*

Patient out of pocket is more than going to a Preferred Plus provider. There is more incentive for policyholders to go to a Preferred Provider Plus.



Example of Basic or Major Services

Providers may bill the patient the overages after the maximum cap and discount to office U&C.

PROCEDURE	COST	REIMB. 1st Year	REIMB. 2nd Year	REIMB. 3rd Year
Filling	\$135.00	\$81.00	\$94.50	\$108.00
Simple Extraction	\$130.00	\$78.00	\$91.00	\$104.00
Crown	\$1,000.00	Year Wait	\$500.00	\$500.00
TOTALS	\$1,265.00	\$159.00	\$685.50	\$712.00
Patient's Expense		\$1,106.00	\$579.50	\$553.00
Doctor's Total Collection		\$1,265.00	\$1,265.00	\$1,265.00

ie: $\$135 \times 60\% = \81 dollars reimbursement from carrier

$\$135 - \$81 = \$54$ dollars is what you would charge the patient

**This is taking into account the patient has met the \$100 deductible and the policyholder has not policy yearly maximum benefit. If not the \$100 deductible is paid to the office first, then the percentage will be taken off the remaining items.*



FILING A CLAIM

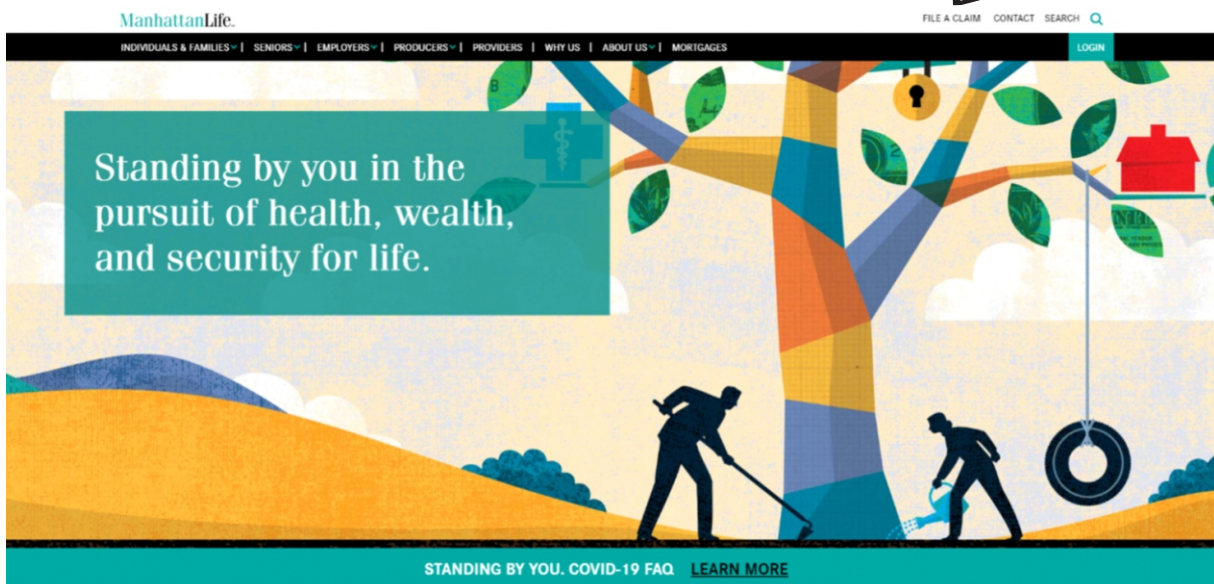
Filing a claim is done by (in order of preference) Easy Upload online, fax, or mail. Fill out the basic HCFA 1500 form or dental form use the upload features available, fax to ManhattanLife at (713)-583-0677, or mail to: Claims Department, PO Box 925309, Houston, TX 77292-2728.

If you use a Clearing House for processing claims, please have them fax the claim form to (713) 583-0677.

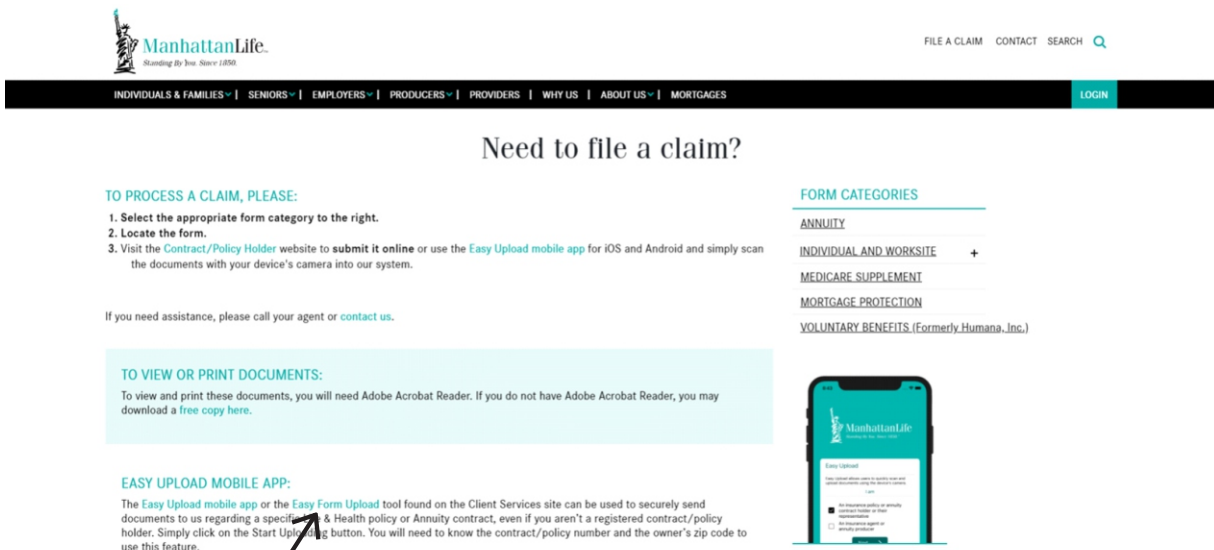
ONLINE CLAIM SUBMISSION

To file a claim online:

- Scan the completed HCFA claim form and save it to your computer
- Go to www.ManhattanLife.com
- Click on File a Claim (top right)



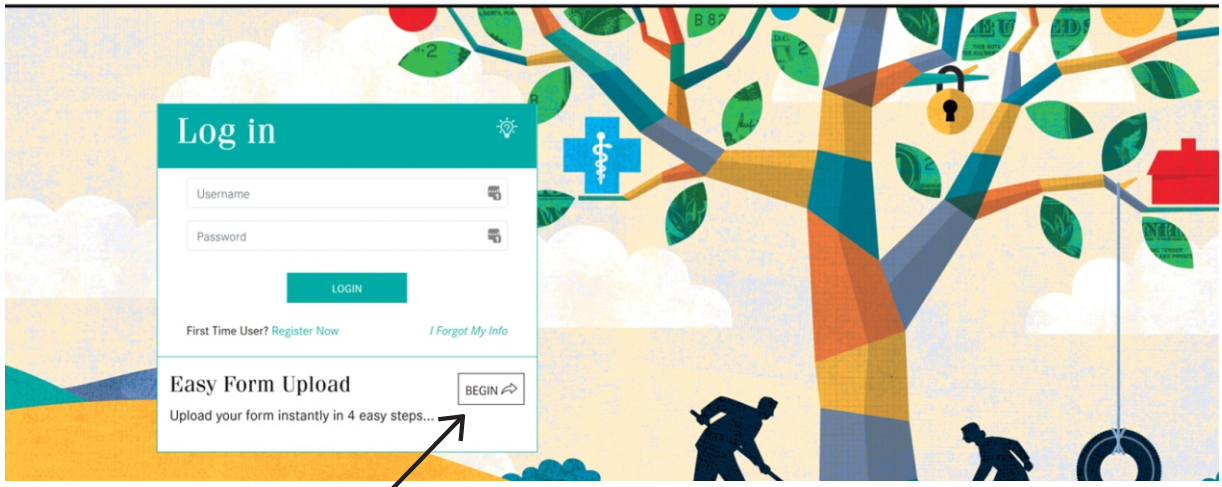
- Click on Easy Form Upload



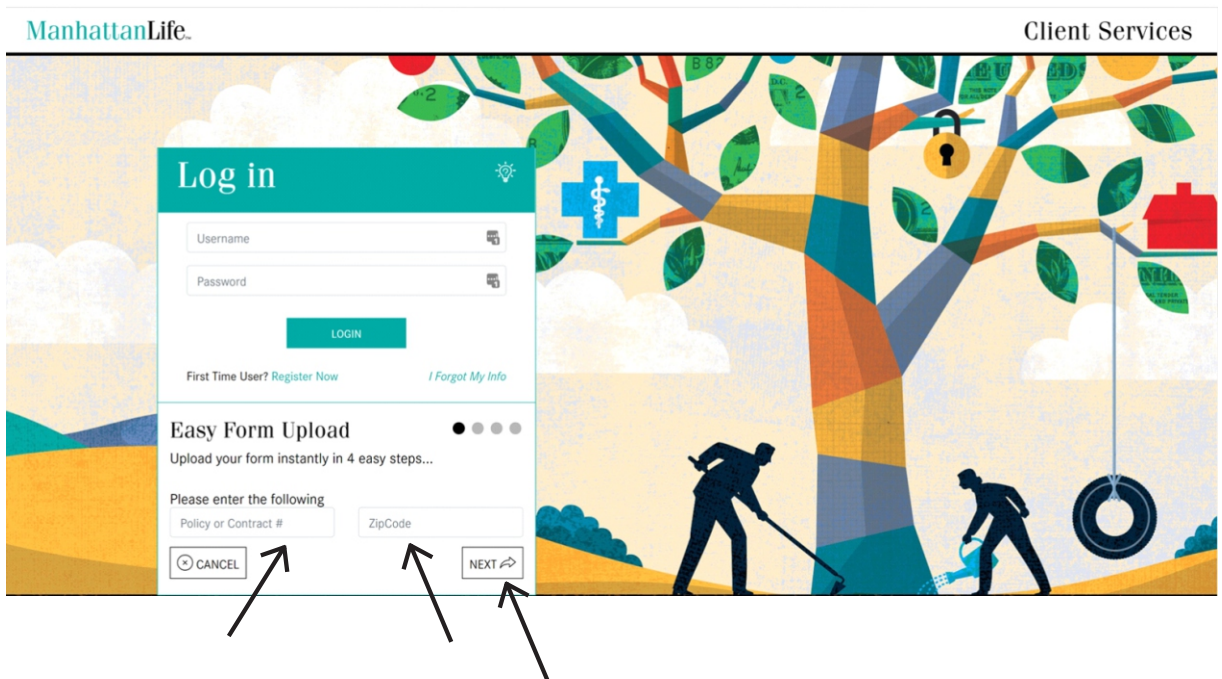
- Click on Easy Form Upload “Begin” button



Client Services



- You will need the policyholder number, the number has eight digits (ie: 72-XXXXXX) but **ONLY** enter the last six digits into the box
- The zip code of the policyholder is entered into the appropriate box
- Click on “Next”



- Click circle by "Claims"
- Click on "Next"

- Click the button that says "Choose a PDF File", this should be the HCFA file on the policyholder.
- Click on "Next" button and this will upload the file
- You will receive a message "Upload Successful" when process is complete



| MOBILE CLAIM SUBMISSION

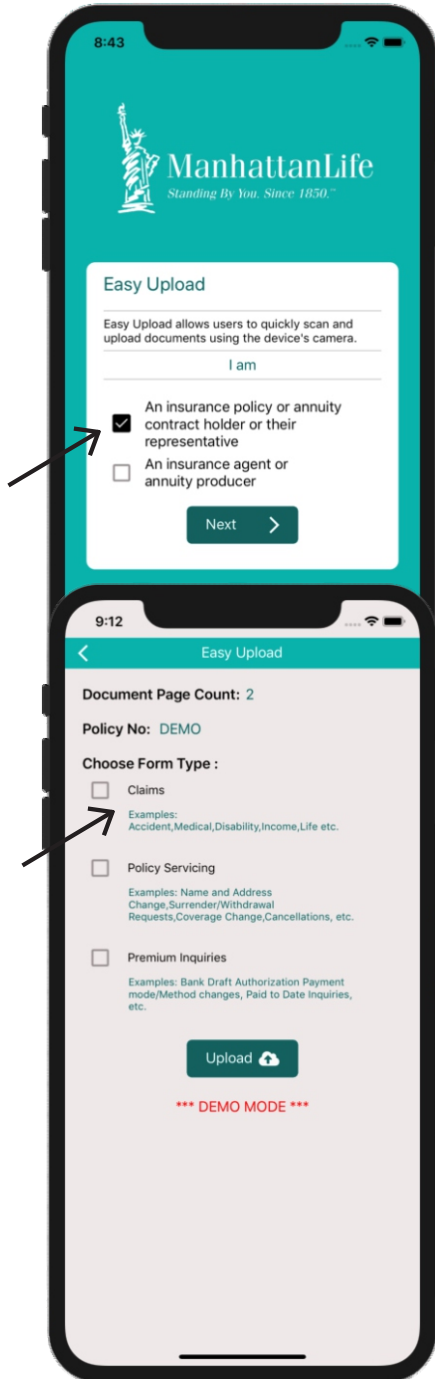
To file a claim with Easy Upload Mobile App:

1. Download Easy Upload App

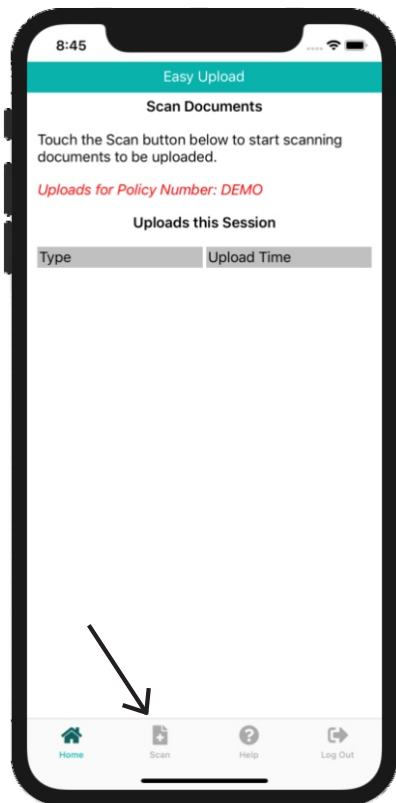
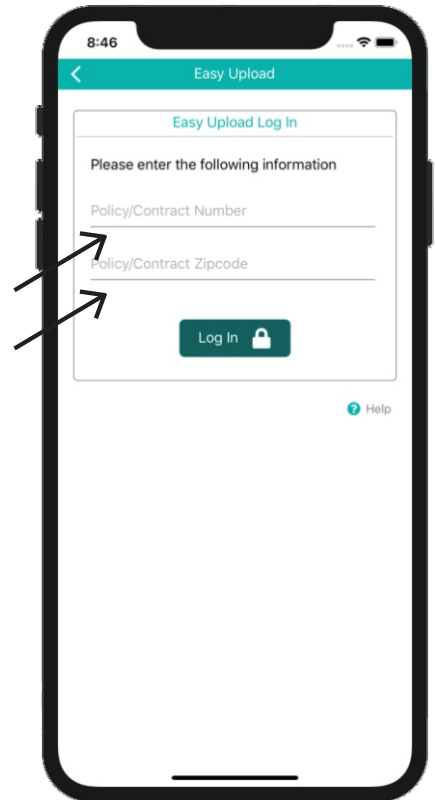


Easy Upload
from ManhattanLife
★★★★☆ 8

2. Mark box "An insurance policy or annuity contract holder or their representative"

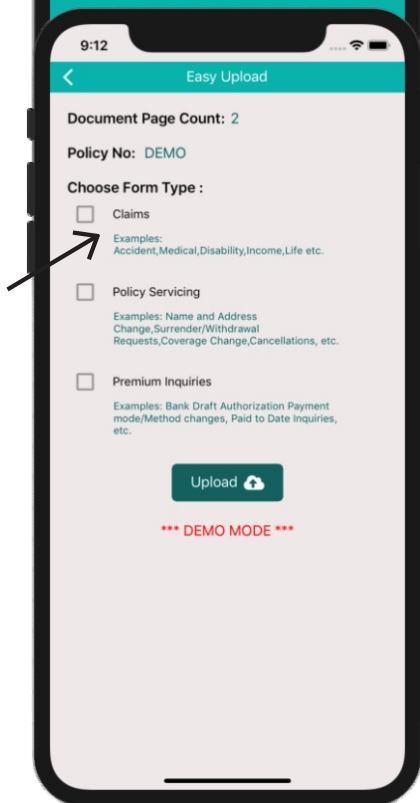


3. Enter "Policy/Contract Number and "Zip Code"



4. Click the "Scan button & push "blue button" to take picture then hit "Continue"

5. Push "Claims" box then hit "upload"



6. The screen will say "Success"



VISION PROVIDERS

In case you have staff members or patients who have the plan and have questions, the following is a brief overview of how to find a vision provider and submit a claim.

1. Choose your own optometrist (additional savings are available if the optometrist is an approved MOA DVH provider).
2. Go to www.moadvh.com and select Find a Provider (if you do not find an approved MOA DVH provider in your area or your current provider, please contact us at info@moaia.net).
3. **TAKE YOUR INSURANCE CARD TO YOUR OFFICE VISIT.**
 - Your insurance identification card should have MOA DVH and your maximum benefit (\$1000 or \$1500) listed on the card.
4. Voluntary use of the MOA DVH network may help you save money on your vision care.
If you go outside the network, you will need to ask the office to file on your behalf or file directly with ManhattanLife and be reimbursed from them.

If you need to file your claim, the following options are available:

- Easy Upload App (Mobile) – Use Invoice
- Easy Form Upload (Online) – Use Invoice
- HCFA Form to be completed by Optometrist – Fax or Mail to ManhattanLife

