The DentaQuest Exam*iner*

Spring | 2018

The Dental Company with Vision®
…driven by our mission **to improve the oral health of all**

QUALITY DENTAL CARE

Dentists typically equate quality with improved margins (financial and restorative) and improved shade matching. However, when it comes to caring for the health of a population, the term "QUALITY" means something completely different. Rather than wondering, "Are my patients healthier because of my efforts?" the science of quality improvement applies systems thinking, understanding variation, psychology of change and the theory of knowledge to develop, test, implement, and spread changes to improve the performance of processes and organizations (excerpted from the Institute for Healthcare Improvement) – that's much different than creating a composite margin that you can't feel with an explorer.

If you work in the field of public health dentistry you've probably reported data to a state entity or payor in the form of HEDIS measures. HEDIS, which stands for Healthcare Effectiveness Data and Information Set, is used by 90 percent of health plans in the U.S. to help measure important facets of care and service. Because these measures are so widely used, HEDIS data informs policy making and payment reform.

While most dentists are familiar with HEDIS reporting, not all are ready for the day when payment reform becomes the new norm and dentists are paid based on their quality performance or how effective they are at getting and keeping the population they serve healthy. At DentaQuest, we know that day is coming and want to make sure providers are prepared. That is why the DentaQuest's Institute is leading the way in helping dentists across the country use data from practice management software systems for more than just billing. If you've ever wondered, "Am I making a difference with my clinical skills" we have resources available to you that can help you answer those types of questions. Check out the DentaQuest Institute Online Learning Center and our Disease Management Virtual Practicum where you'll find a group of like-minded clinicians who are out *To Improve the Oral Health of All* and measure their progress.

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MORE Care

The DentaQuest Institute is excited to share a new white paper and accompanying practice guide on creating interprofessional oral health networks. The white paper, "MORE Care: Narrowing the Rural Interprofessional Oral Health Care Gap" aims to provide rural health clinics, States Offices of Rural Health and rural health systems the information and analysis on why interprofessional networks help close the care gap and how to create oral health networks that integrate and coordinate person-centered oral health care in their communities. If you are interested in learning more or have any questions, please reach out to us at morecare@dentaquestinstitute.org

HOW AFFIRMING IS YOUR PRACTICE TO LGBTQ PATIENTS?

Research indicates that patients who identify as lesbian, gay, bisexual, transgender, or queer (LGBTQ) have multiple barriers to healthcare. You may not realize that you can make small changes at your practice to create a more inclusive environment for your patients. If you're wondering how your office might be perceived, take this short quiz.

1. Do your forms reflect an affirmation of the LGBTQ community?

2. In discussions with patients, do you refrain from making assumptions about their personal relationships?

3. Do you have a visual indication in the office the environment is LGBTQ friendly?

4. Does your office marketing demonstrate an affirmation of the LGBTQ community?

5. Do you have openly LGBTQ team members?

If you answered yes to these questions you are off to a great start! If not, consider making small changes like updating your forms or adding a visual indication in support of an inclusive environment. Patients say that even if an office shows no signs of being LGBTQ friendly, they often consider the personal treatment they receive at the front desk as an indicator of whether the overall visit will be positive. Consider sharing the survey with your office and discussing what might make your patients more comfortable. The biggest opportunities are often interpersonal training to familiarize staff approaches and language that make for a more welcoming experience.

If you're looking for resources to help encourage a culture that affirms all patients, we encourage you to visit www.outforhealth.org.

HELPFUL TIPS & TOOLS

- Remember, you can save time, paper and money by setting up electronic funds transfers (EFTs) and electronic explanation of benefits (EOBs). Click here to sign up today.

- If interested in receiving 835 electronic remittance advice (ERA) and/or submitting 837D files, click here to enroll with our Trading Partners program.

- Click here to access a toolkit designed to educate dental professionals about the connection between HPV and oral, cervical, and other cancers (thanks to teammaureen.org).

PROVIDER SATISFACTION SURVEY WINNERS

DentaQuest conducts annual provider satisfaction surveys in our dental networks. Surveys are conducted online to a statistically valid sample size. These surveys help us better understand what is working and what is not when it comes to how we support our provider partners. We take insights from the survey findings and use them to make improvements to the way we do business with you.

Once the surveys are completed, three respondents are chosen at random to win an Apple iPad as a thank you for participating. Congratulations to the following 2017 winners and we look forward to your participation later this year:

- Alexandria Robertson – Dental Health Corp of Memphis in Memphis, Tennessee
- Micaela Johnson – Southside Oral & Facial Surgery in Hopewell, Virginia
- Varda Sharvit – Michael Korngold, DDS in Brooklyn, New York

DENTAL CLAIMS REVIEW

These newsletters are intended to inform you of clinical criteria changes and issues, discussion of frequency edits and cross check edits, administrative functions, as well as programmatic goals to assure quality and appropriate care. As such, our discussion today will go right to the heart of payment for your services based on the ADA claim form submission and required documentation on the form. While much of this will be review for you and your staff, it is our goal to help your office streamline and comply with this process.

DentaQuest provides multiple avenues for claim/authorization submission:

- DentaQuest provider portal,
- Electronic submission
- Fax submission
- Submission thru a clearinghouse
- Paper Claim

Each of these methods affords you the opportunity to include required attachments these attachments include but are not limited to:

- Radiographs
- Narratives supporting medical necessity
- Pathology Reports

Required documentation to be included can be found in the benefit table section of the plan specific applicable Office Reference Manual (ORM). Failure to submit proper documentation, correct coding, correct tooth number and surfaces, quadrant, or arch can result in claim rejection and delay in remuneration for your services.

The ADA claim form has major fields that need to be complete for proper claim adjudication. Each section of the claim form requires specific information in regard to doctor, patient, services, other insurance, etc. The ADA Claim form has ten (10) major sections:

1. Header information,
2. Insurance company/dental benefit plan information,
3. Other coverage,
4. Policy/subscriber information,
5. Patient information,
6. Record of services provided
7. Authorizations,
8. Ancillary claim/treatment information,
9. Billing dentist or dental entity,
10. Treating dentist and treatment location information.

Failure to accurately complete each of these elements will most likely result in denial of services or incorrect adjudication. Both of these situations cause additional work by both your staff and the DentaQuest staff to correct.

Header information: Box should be checked for, statement of actual services, request for pre-authorization, or EPSDT request. Insurance company/dental benefit plan information: Information should include company/plan name and address.

Other coverage: This area is designated to supply information about other dental or medical coverage. Information requested includes name of policy holder, date of birth, gender, policyholder/subscriber number, plan/group number, patient relationship to insured, as well as company name and address.

Policyholder/subscriber information: This section describes the policy holder indicated in the insurance company/dental benefit

plan information section. This may or may not be the patient. Information must include name and address of policyholder, date of birth, gender, policyholder/subscriber ID, plan/group number and employer name.

Patient information: Documentation should include relationship of patient to insured, patient name and address, date of birth, gender, and patient ID/account number.

Record of services provided: Documentation should indicate date of service, tooth/quad/arch designation where appropriate, surfaces indicated, procedure code, description, and fee. Additional information, such as a narrative, can be supplied in box 35.

Authorizations: Two signatures are required here, one for patient consent the other for payment authorization. Both lines can be completed with "signature on file" when applicable.

Ancillary claim/treatment information: This area provides for reporting additional information including place of treatment, orthodontics, prosthetic history and/or reason for replacement, and accident/illness information.

Billing dentist or dental entity: This section provides information on the individual dentist's name, the name of the dentist providing care, the name of the group/corporation that is responsible for billing. Depending on the business relationship with the treating dentist, the information provided may not be the treating dentist. Required information includes name and address of the dental entity, appropriate NPI of the billing entity, license number (if billing dentist is an individual), SSN/TIN, and business phone number.

Treating dentist and treatment location information: Required documentation includes the treating provider's signature, address, phone number, license number, provider specialty code (if applicable), and individual provider NPI.

While many of the aforementioned documentation requirements may appear mundane, complete information leads to a greater likelihood of successful claim adjudication.

Please be advised and remember, the claim form must be signed and treatment performed by a DentaQuest credentialed provider. The DentaQuest dental provider must be credentialed in the office where they are performing treatment.

As always, we at DentaQuest thank you for your continued efforts in support of your local dental community, and wish to provide your office the best in customer service.

> "Having been a provider myself, I have the utmost respect for our providers that serve our member populations. Using their time and skills to give back to the communities in which they serve does in fact improve the oral health of those individuals. I would personally like to thank them for their service and what it means for those in need."
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> Ada Carlile, Recruiter at DentaQuest

CONTACT INFORMATION

Via Phone
- Provider Services: 800.341.8478
- Credentialing Hotline: 800.233.1468
- Main Corporate: 800.417.7140

Via Email
- E-Claims Setup and Questions
- Claims Questions
- Eligibility or Benefit Questions

Via Media

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