



COLORADO SUMMIT



Health First Colorado and CO CHP+ Dental Programs

Provider Updates

VOL 38 | January 2024

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HCBS IDD Adult Waiver Dental Benefit Limits – DD and SLS Wavier Program

The Home and Community Based Services (HCBS) waiver programs administered through the Developmental and Intellectual Disabilities Division (IDD) provide Health First CO members who meet special eligibility criteria access to additional services in their homes and communities as an alternative to institutional care. The HCBS IDD waiver programs for persons with developmental disabilities include:

- HCBS for Persons with Developmental Disabilities Waiver (HCBS-DD)
- HCBS- Supported Living Services Waiver (HCBS-SLS)

In addition to the standard Health First CO Adult Benefit Plan, IDD Waiver members have the following benefits:

- \$2,000 basic/preventative benefit per plan year (varies per individual service plan year)

FAQ

Q: Can more than one provider submit a pre-authorization (PAR) for the same member/service and be approved?

A: Yes. The subsequent approved PAR will note in the processing policy that another PAR for service was also approved.

Reminders:

- > Check member history prior to rendering service.
- > PARS are not a guarantee of payment.



- \$10,000 major benefit per 5 years (varies per individual service plan year)

When an IDD Waiver member claim is submitted to DentaQuest, the claim is processed through the State plan first creating a claim ending in 00, then automatically processed under the IDD Waiver Plan creating a claim ending in 01. DentaQuest processes claims line item by line item. To maximize your IDD member's benefits as well as reimbursements it is important to submit your claims with service codes in the following order:

1. Anesthesia codes
2. Diagnostic and Preventative codes
3. Basic and Major services codes

For more information regarding IDD Waiver Plan please review section **1.02 Home and Community Based Services (HCBS) Waiver Eligibility – IDD Programs** of the Health First Colorado ORM.

Multiple Claim Submissions

Avoiding over submission of claims is important for providers to get optimal billing outcomes. Continuing to submit a new claim for an already processed date of service causes provider frustration as each subsequent claim denies for duplication. Below are the processes to be taken with claims to ensure accurate processing.



Detailed information is found in **section 4.00 Claim Submission Procedures**, of the Health First Colorado Office Reference Manual.

- ❖ Be sure to first reference the processing policy on the EOB to understand the reason for a denial.

Clinical Denials

Clinical denials may be appealed once with DentaQuest up to 60 days from the initial determination. If the appeal is upheld the provider has the right to submit a secondary appeal to an Administrative Law Judge. Guidance on submission of appeals is found in the Health First Colorado ORM section **4.13 DENTAQUEST PROVIDER APPEALS**.

Denials due to administrative error

If the service denied due to missing x-rays, narrative, periodontal chart, etc. A new claim must be submitted with the required documentation.

Corrected Claim

If a claim is submitted with incorrect information, i.e. date of service, tooth number, surface, etc. A corrected claim is used to rectify the incorrect information. For a claim to be treated as a corrected claim, it must be submitted within 365 days from the date of service, or within 60 days from the last adverse action/denial. Corrected claim guidance is found in **section 4.12 Corrected Claims**.



If utilizing these proper channels does not result in reconciliation of claim, please reach out to your Network Manager for additional assistance.

Non-Emergent Medical Transportation (NEMT)

Non-Emergent Medical Transportation (NEMT) is a Health First Colorado program benefit for members who don't have transportation to medical/dental appointments.

The following modes of transportation are covered:



- Public/Mass Transportation
- Personal vehicle mileage reimbursement
- Wheelchair van
- Taxicab

NEMT scheduling tips:

- Members must schedule a ride at least 2 days (48 hours) prior to their appointment.

Members can reference the links below to find the correct phone number to contact to schedule a ride, based on their county, as well as instructions for scheduling a ride.

[Non-Emergent Medical Transportation - Health First Colorado](#)

[NEMT Service Areas | Colorado Department of Health Care Policy & Financing](#)

Orthodontia- TOC/COC Process

Health First Colorado members may run into circumstances in which they have to transfer care to another provider. It is important for Orthodontic providers to understand the guidelines, criteria, and reimbursement involved in termination and continuation of care. These are outlined in section **15.14 Criteria for Orthodontics** (Child Members age 20 and younger) of the office reference manual. If the member is in active Orthodontic treatment and transfers care to another Orthodontic provider:

- Provider A is **required** to submit a TOC (Termination of Care) and,
- Provider B is **required** to submit a COC (Continuation of Care).



Reasons for a Termination (TOC) and Continuation (COC) of care:

- If a Health First Colorado member changes to another practice for orthodontic care (TOC/COC)
- If a practice has changed ownership and is under a new tax ID number (TIN). (COC)
- If a member transfers care to any orthodontist who is not a Health First Colorado provider an Orthodontic Termination of Care (TOC) Submission Form is required.
- Member non-compliance (TOC).

TOC and COC forms can be found in the Office Reference Manual (ORM), on the DentaQuest Colorado provider page under Orthodontia Forms, on the provider web portal under Documents, or can be provided by your network manager.

When submitting a COC the new provider will submit D8999 for the remaining orthodontic services to be rendered and include the Continuation of Care Submission Form (Appendix A). Health First Colorado Orthodontic Payment for TOC/COC is based off of the total case rate divided by 24 months for cases completed within 24 months. Please refer to the comprehensive Ortho TOC and COC calculation table found in section 15.14 of the ORM.

For additional assistance or questions please reach out to your network manager

Appointment Availability Standards

Annual reminder that participating Health First Colorado and Child Health Plan Plus/DentaQuest providers are expected to meet minimum standards (below) with regards to appointment availability.

- ✓ Urgent care must be available within 48 hours
- ✓ Emergency care must be available within 24 hours
- ✓ Follow-up appointments must be scheduled within 30 days of the present treatment date, as appropriate

This information can also be found under the **Patient Recall System Requirements** sections in each Office Reference Manual.

Providers may be surveyed by a third-party vendor on behalf of DentaQuest and are required to participate.

Member Spotlight- Victoria's Story

1 in 4 Coloradans are covered by Health First Colorado (Colorado's Medicaid program). Coloradans from across the state and all walks of life get their health care from Health First Colorado, including people who never thought they'd need public health insurance.



"Health First Colorado has meant the world to my family and myself," Victoria says.



She loves that she can call her kids' doctor, get them seen, or get them a prescription if they need it. Health First Colorado covered her care and her baby's care when she had an unplanned C-section.

Health First Colorado members like Victoria want Coloradans to know that they may qualify for quality health care coverage. Learn more at [HealthFirstColorado.com](https://www.healthfirstcolorado.com). Watch Victoria's story on YouTube: [Victoria's story](#).

Training Sessions

Did you know DentaQuest holds monthly training sessions covering current events and common questions? Join our next session by following the below instructions! Follow the link for details on all our upcoming training sessions.

For complete training details [Click Here](#).

Date: Wednesday January 24th

Time: 12:00 PM MST (1 hour)

Host: Madison Lehman

Call in: 1-339-666-3919

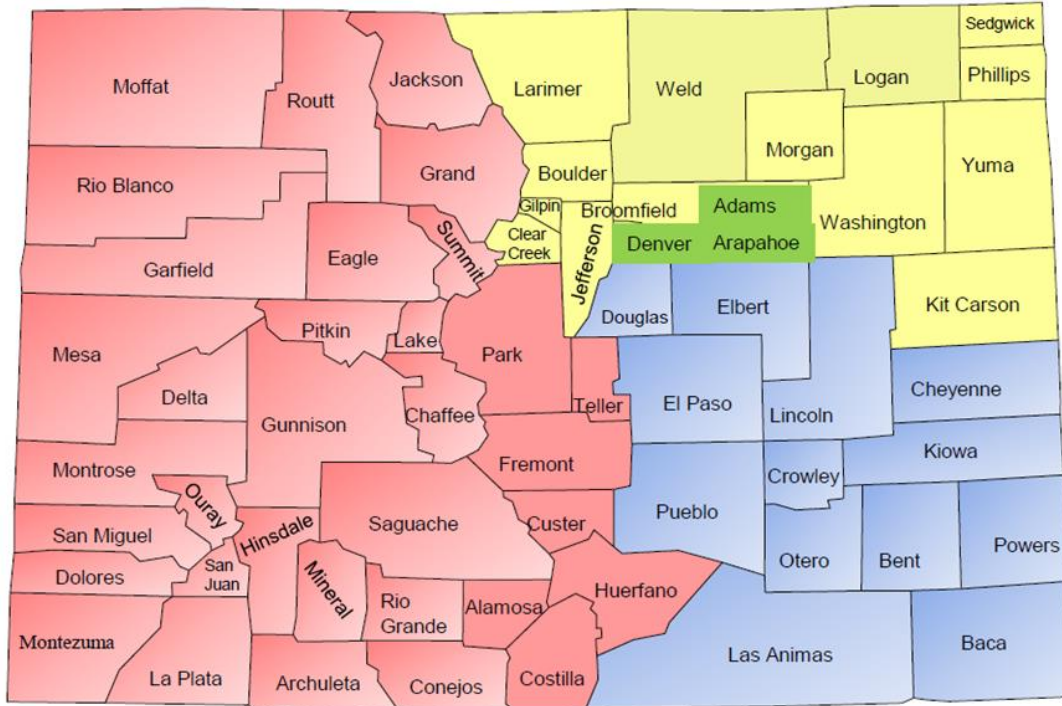
Meeting Number (access code): 659 319 546#

Meeting Link: [January 2024](#)





Provider Contact Information



Health First Colorado and CHP+ Provider Services
855-225-1731

Health First Colorado Member Services
855-225-1729

CHP+ Member services
888-307-6561

DentaQuest Web Portal Log-in
provideraccess.dentaquest.com

Health First Colorado and CHP+ Authorization & Claim Requests
Fax: 262-834-3589

Mailing Address:
DentaQuest - CO
PO Box 2906
Milwaukee, WI 53201-2906

Health First Colorado Credentialing (DXC)
844-235-2387

CHP+ Credentialing
800-233-1468

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