



ILLINOIS CARDINAL

DentaQuest®

Program Updates for Illinois Providers in the DentaQuest Network

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IN THIS ISSUE

- Welcome to Illinois Cardinal
- IMPACT Revalidation
- Provider Training Requirements
- Updated Corrected Claims Process
- DSNP Plans Coming in 2026
- Avoiding Claim Recoupments
- Avoid Claim Delays
- Do You Know Your Network Status?
- FQHC Electronic Claim Process
- All Kids School Program
- Dental Home
- Directory Validation
- Provider Engagement is Attending Mid-Winter in 2026
- NEW! IL Micro Learning Sessions

Welcome to Illinois Cardinal

Illinois Provider Newsletter designed to keep you abreast!

DentaQuest will be providing updates to plan benefits and changes, as well as educational pieces in this newsletter for our provider network, bi-annually. Watch for the newsletter to arrive either by email or fax. Please reach out to your provider partner to make sure we have an updated email and/or fax number.

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IMPACT Revalidation

All providers are now required to revalidate with IMPACT

Illinois Medicaid providers are required to revalidate with IMPACT every 5 years. This requirement was waived during the COVID Public Health Emergency, but the waiver was removed in September 2024. Providers must complete their revalidation before their expiration date to be eligible to receive payment for services to Illinois Medicaid customers. **If the revalidation is not completed and submitted before the end of your revalidation cycle, you will be disenrolled, creating a break in your enrollment which will impact payments.** Log into IMPACT to check your revalidation date and make sure your email address is up to date to ensure you receive important notices regarding your revalidation. If you are enrolled with multiple status types, Individual Sole Proprietor, Rendering Service Provider, or Group, you must **complete a revalidation for each status types**. For FAQs and step-by-step instructions visit the [IMPACT Provider Revalidation page \[hfs.illinois.gov\]](https://hfs.illinois.gov) or contact the IMPACT Enrollment Center by Email: IMPACT.Help@Illinois.gov or Phone: 1-877-782-5565.

Provider Training Requirements

Have you completed your Annual Training as a Participating IL Provider?

All IL Providers are required to complete training annually. Once the annual training has been completed, you are required to complete the attestation by TIN via [Annual Provider Training Attestation 2025 Survey](#). The SurveyMonkey link can be accessed anytime on the Provider Web Portal under “Resources.” The mandatory annual training listed below must be completed by 12/31/25 to remain compliant.

- General Compliance
- Fraud, Waste & Abuse
- Cultural Competency & Non-Discrimination
- Annual DentaQuest Provider Training

The General Compliance, Fraud, Waste & Abuse, and Cultural Competency & Non-Discrimination training modules are located on the DentaQuest website at: <https://www.dentaquest.com/en/providers/illinois> and the Annual DentaQuest Provider training module can be found on the Provider Web Portal under “Resources”. The attestation link will also be found under “Resources” on the Provider Web Portal.

Updated Corrected Claims Process

DentaQuest can no longer accept corrected claims or voids by line item

There has been a change in the way claims process through the system and DentaQuest can no longer accept corrected claims or claims that are voided per line. The updated process is outlined below.

1. Request to void the entire claim that contains the error via the portal under Tools/Contact DentaQuest/Claims or Contact Customer Service at 800-508-6780.
2. Once you confirm the claim is voided, submit a new claim with the correct information.



DSNP plans coming in 2026

New! Plan Update: What You Need to Know for 2026

Starting January 1, 2026, the Illinois Humana MMAI and Illinois Aetna MMAI plans have been discontinued. These plans are no longer available to members.

In their place, new Humana and Aetna Dual Special Needs Plans (DSNP) are now active. These DSNP plans will follow the Medicare fee schedule, so please review your billing processes accordingly.

Confirm with your Provider Representative that you are fully credentialed to serve DSNP members. This ensures smooth onboarding and accurate claims.

CLAIM TIPS:

- Do not forget to submit the required documentation noted in the Office Reference Manuals
- Submit diagnostic quality pre-op radiographs
- Be sure to submit the claim within timely filing limits

Avoiding Claim Recoupments

Recoupments happen, how your office can avoid them.

It is important to ensure that all claim submissions accurately match the information in both IMPACT and DentaQuest systems. This includes correct entity billing details, treating dentist and location information, taxonomy codes, and member data. Maintaining consistency helps prevent processing delays and claim recoupments. If your office has experienced recoupments, please contact your Provider Partner Consultant for assistance.

Avoid Claim Delays

Submit Required Documentation Upfront

Claims for certain services, such as those requiring pre-op X-rays and periodontal charting or detailed descriptions, must include the documentation listed in the Office Reference Manual. These documents confirm medical necessity.

Missing documentation = claim denial.

If denied, you will need to resubmit with the correct information, which delays payment and processing.

Tip: Always review the Office Reference Manual before submitting claims to ensure all required documentation is included.

Do You Know Your Network Status?

Quick Reference Guide

It is important for all staff members to understand the DentaQuest administered plans and the provider's participation in them so they can assist our members effectively. In January, your practice will receive a "Quick



Reference Guide” that should be kept at the front desk for easy reference. Please contact your Provider Partner if you do not receive your Quick Reference Guide in January.

FQHC Electronic Claim Process

New! DentaQuest is only accepting clean IL FQHC claim submissions when submitted via your clearinghouse.

To minimize claim processing delays, there has been a change in the way claims process through the system and DentaQuest will no longer accept claims from IL FQHCs that do not meet the allowable billing criteria outlined below.

- Bill the encounter code (D0999) must be the first line of service with the appropriate encounter rate. This means that the D0999 must always be billed on the first line of service (LOS #1) of all claims or else the claim will be rejected. There must be a billable dental encounter code which is defined as a face-to-face visit.
- Ensure each code has its corresponding tooth numbers, quads, and arches indicated.
- Ensure that Box 38 Place of Treatment is marked as “Other”.
- Ensure that Box 49 has the FQHC business NPI and not the Individual NPI.
- Ensure that Box 54 has the Servicing Provider NPI and not the Business NPI.

The following standardized error codes based on the scenario of rejection will be sent to you via your clearinghouse if a claim submitted does not meet IL FQHC billing criteria.

- A6:454 – Missing procedure code for services rendered. This occurs when a claim is submitted with only D0999 and no other procedures.
- A7:402 and A7:583 – Invalid line item charge amount. This occurs when the service lines for the corresponding procedures do not include a billed amount greater than \$0.
- A7:481 – Invalid claim submission format. This is when the encounter code (D0999) is not billed on the first service line.

It is important to follow the allowable billing criteria to avoid these rejections.

PROVIDER WEB PORTAL:

- Providers.DentaQuest.com
- Check member eligibility & history
- View and download member rosters for Dental Home programs
- Submit and view status of claims and prior authorizations
- View payment and print EOBs
- Access office reference manuals and other provider resources
- Contact DentaQuest
- Find A Dentist
- News & Announcements



All Kids School Program

The 2025-2026 School Year Program is underway

The All Kids School-Based Dental Program allows dental providers to provide out-of-office delivery of preventive dental services in a school setting to children ages 0-18 from August 31st – July 31st. These services do not apply to the frequency limits set by the IL Medicaid plans and Silver Diamine Fluoride coverage has been added to the School Program benefits and can now be performed in a school setting.

Dental Home

Understanding Dental Home

Dental Home provides Illinois Medicaid members with a consistent location for dental care, fostering continuity and trust between patients and providers. Typically, a Dental Home is established based on the member's primary location and family visit patterns.

For dental offices, this supports member retention, enhances treatment planning, and strengthens patient relationships. For members, it encourages regular visits, improves oral health outcomes, and builds comfort with the office and staff.

Providers can access their panel roster through the provider portal, which lists all Dental Home members and their information for outreach. If you need assistance locating this roster, please contact your Provider Partner Consultant for support or you can contact portal help at 888-308-2026.

Directory Validation

Is your office information up to date?

Your Provider Partner will be focused on managing our directory and verifying accuracy to better serve our members in 2025. Please do not disregard outreach attempts to verify your practice's demographic information, plans accepted, and practicing provider information.

It is important to keep all provider information current and correct to not only serve our members, but to best serve you. Incorrect information can lead to missed notifications, claim denials, credentialing delays, and more.

If your practice has underwent any changes recently, please utilize the Standard Update form found online at [Update your information | DentaQuest](#) and submit your changes to StandardUpdates@greatdentalplans.com.

OFFICE REFERENCE MANUALS:

- View all plan benefits at the procedure code level
- View all document requirements at the procedure code level
- Outlines clinical criteria
- Understand the appeal process
- Guidelines for billing noncovered services to members
- Administrative forms to incorporate in your practice
- Important contact information

All Office Reference Manuals (ORMs) can be found on the Provider Web Portal



Chicago Dental Society Midwinter Meeting

Join Us at the Chicago Dental Society Midwinter Meeting!

Mark your calendars for February 19–21, 2026 at McCormick Place for the Chicago Dental Society Midwinter Meeting for one of the premier dental events of the year! With over 300 exhibits and 250+ lectures and workshops, this is an excellent opportunity to expand your knowledge, enhance patient care, and connect with industry leaders.

DentaQuest will be there! Stop by our booth to learn more about how we support your practice and patients.

Do not miss this chance to invest in yourself and your team. See you at Midwinter!

IL Micro Learning Sessions

Stay Informed with Monthly Micro Learning Sessions

DentaQuest is excited to announce Micro Learning Sessions will be continuing in 2026. These 15-minute sessions consist of focused trainings hosted monthly by your Provider Representatives. These sessions highlight important topics and updates happening within DentaQuest, helping your office stay informed and efficient.

Why Attend?

Micro Learning is a quick and valuable way to keep your team up to date, improve workflows, and enhance patient care, all without taking too much time out of your day.

How to Join:

The calendar and invite link will be available on the DentaQuest website, and reminder invitations will be sent prior to each session.

Do not miss this opportunity to stay connected and informed. A few minutes can make a significant difference for your practice!