

# DENTAQUEST

## 2025 PROVIDER EDUCATION SESSION



**WE VALUE OUR PROVIDERS**



Dear Provider,  
The information contained in this  
Provider Training is intended as a  
resource for you and your staff.

We respect the contributions of our  
providers. By providing you with  
advanced technological tools, we  
eliminate the administrative burden  
associated with participating in  
government-sponsored programs.

**THANK YOU FOR PARTNERING WITH  
DENTAQUEST TO KEEP KENTUCKY  
SMILING!**



# OUR MISSION: TO IMPROVE THE ORAL HEALTH OF ALL



DentaQuest is a purpose-driven oral health care company dedicated to improving the oral health of all. We do this through Preventistry® – our all-in approach to better care, expanded access, value-based financing, and innovative solutions.



We manage dental and vision benefits for 30+ million Americans. We provide outcomes-based, cost-effective dental solutions for Medicaid and CHIP, Medicare Advantage, small and large businesses, and individuals nationwide.



By advancing prevention-focused oral health, we will achieve better overall health for everyone.

# OUR PROVIDER PARTNERS

**Mariela Brozik**

**Provider Partner Consultant**

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Provider Engagement Team dedicated Email Address:

[KentuckyProviders@DentaQuest.com](mailto:KentuckyProviders@DentaQuest.com)

## Provider Partner County Assignments

[mariela.brozik@greatdentalplans.com](mailto:mariela.brozik@greatdentalplans.com)

A map of Kentucky showing all 120 counties. The following 15 counties are highlighted in black: Boone, Kenton, Trimble, Oldham, Jefferson, Bullitt, Nelson, Meade, Hancock, Breckinridge, Madison, Fayette, Warren, Pulaski, and Whitley. The remaining 105 counties are shown in light blue.



# **ADMINISTRATION**

# KEEP YOUR PRACTICE PROFILE CURRENT WITH DENTAQUEST



Keeping your contact information updated is essential for ensuring appropriate access to care for our members. DentaQuest is committed to monitor impact on our network dental practices and member's ability to access care. Please notify us immediately if you anticipate or experience any disruption to your practice. If your office closes temporarily or your business hours change, please let us know as soon as possible. Also, keep your email address current with DentaQuest to receive important notifications.

DentaQuest conducts surveys each quarter to ensure you are providing timely access to appointments and that your demographic information is up to date in our system. Remember, most up-to-date information is important to us, but more significantly it impacts our members. Providers are responsible for contacting DentaQuest to report any changes in their practice. It is essential that DentaQuest maintains an accurate provider database in order to ensure proper payment of claims, to comply with provider information reporting requirements mandated by governmental and regulatory authorities, and to provide the most up-to-date information on provider choices to our members.

Any changes should be reported to DentaQuest by completing our Provider Update Form and sending via e-mail to [Standardupdates@dentaquest.com](mailto:Standardupdates@dentaquest.com) or by fax to 262-241-4077



# PROVIDER UPDATES



Any of the updates listed below should be sent to the following email address using the Provider Update Form: <StandardUpdates@dentaquest.com>

- Adding new locations to an existing provider
- Linking existing provider(s) to existing location(s)
- Making changes to bank information (If EFT)
- Name changes (requires new contract, Disclosure of Ownership and W-9)
- TIN# changes (requires new contract, Disclosure of Ownership and W-9)

The DentaQuest Provider Update Form can be found on the Provider Web Portal under related documents.

# ELECTRONIC FUND TRANSFER (EFT)



Receiving payment from DentaQuest via electronic funds transfer (EFT) is an easier, faster, and safer way for providers to be reimbursed for services rendered. Our goal at

DentaQuest is to have 100% of our providers receiving EFT. Please contact your Provider Partner for assistance if you are receiving paper checks.

**To enroll, complete this Electronic Funds Transfer form**  
**[Electronic Funds Transfer Form](#)**

**also located on the Provider Web Portal and send to**  
**[StandardUpdates@dentaquest.com](mailto:StandardUpdates@dentaquest.com)**



# CLAIMS

Claims may be submitted in the following formats:

Electronically through a Clearing House

- Our Payor ID for electronic submission is <CX014>

DentaQuest Secure and Free Web Portal found at  
[providers.dentaquest.com/onboarding/start/](https://providers.dentaquest.com/onboarding/start/)

Paper claim

Mail to PO Box 2906, Milwaukee, WI 53201

Fax to 1-262-834-3589

**Timely filing of claims is 365 days from date of  
service**

# PROVIDER APPEALS

- Appeals must be filed within 60 days from the date on the provider denial letter.
- When filing an appeal, a Member Consent Form is required. The form must be completed and signed by the member. The Member Consent Form can be found in the ORM on the DentaQuest Provider Web Portal.
- Appeals should be sent to the attention of DentaQuest.
- Provider Appeals on behalf of member an AOR Form is required.
- All written appeals should be sent to the following address:

DentaQuest Provider Appeals  
P.O. Box 2906,  
Milwaukee, WI 53201-2906  
Fax (262) 834-3452



# NEW DENTAL PROVIDER PORTAL

Visit [Provider Portal Resource Hub | DentaQuest](#) to find helpful training videos, flyers, tip sheets and much more to help your whole office.

PROVIDERS

## PROVIDER PORTAL RESOURCE HUB

DentaQuest designed the portal with you in mind, using feedback directly from dental teams like yours! We're excited for you to experience our game-changing simplified workflow and innovative features.



## Introducing the New Dental Provider Portal

A tool designed for you, to bring smiles to patients—and your team, too!

Dealing with complex insurance platforms can take a big bite out of your schedule. So Sun Life has launched a new provider portal to help. We talked to hundreds of teams across our provider network to help us create this time-saving tool. Highlights include:

### Simplified user experience

- An intuitive dashboard with clear information and fewer clicks
- One login manages multiple TINs and gives your partners third-party access

### Detailed fee schedules

- Search procedures individually
- Advanced filtering

### Eligibility search

- Smart, type-ahead functionality and real-time results
- Fewer member details required to search

### Real-time coverage estimates

- Single-page summary shows breakdowns of provider fees and patient responsibility
- Instant print-and-share

### Instant-access info

- Real-time information shows current plan and benefit summaries, member and claims status, member eligibility, service history and more
- Treat patients sooner and spend less time without having to call customer service

### Enhanced payments and EOBs

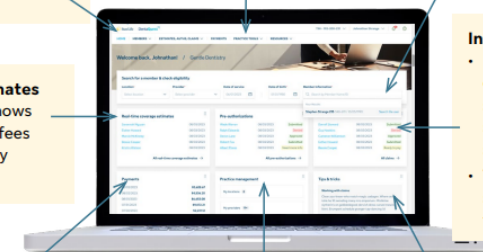
- View EOBs, including payment details
- Reconcile payments

### More user controls

- Third-party administrator direct access
- Create and manage your users, user profiles and access levels

### Online claims functionality

- Real-time, detailed updates and proactive notifications
- Streamline simple tasks



Visit [sunlife.com/providerportalresources](https://sunlife.com/providerportalresources) to find helpful training videos, flyers, tip sheets and much more to help your whole office.

You Spoke. We Listened.

Designed for you, from Sun Life

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (SLOC) (Wellesley Hills, MA) in all states, except New York. Prepaid dental products are provided and administered by SLOC, and are provided by prepaid dental companies, affiliated with SLOC, in certain states except New York. Prepaid dental companies are Denticare of Alabama, Inc., United Dental Care of Arizona, Inc., UDC Dental California, Inc., United Dental Care of Colorado, Inc., Union Security DentalCare of Georgia, Inc., United Dental Care of Missouri, Inc., Union Security DentalCare of New Jersey, Inc., United Dental Care of New Mexico, Inc., UDC Ohio, Inc., and United Dental Care of Texas, Inc. In New York, insurance products and prepaid dental products are underwritten or provided and administered by Sun Life and Health Insurance Company (U.S.) (SLHIC) (Lansing, MI).

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DFL-10083-c (04/24)



# PROVIDER PORTAL PANEL ROSTER

## PARTNERING WITH YOU

to Make a Difference  
in Kentucky



DentaQuest is here to support your busy practice in delivering the best prevention-focused care to your Medicaid patients. We know that providing essential preventive treatments contribute to long-term oral health and improve overall health outcomes.

### We Make it Easy

Our provider portal offers resources to help with the administrative burdens associated with practice management. The portal allows you to submit claims and authorizations, check member eligibility status, view up-to-date payment information and more.

Use the provider portal to view the panel roster and perform outreach via telephone or mail to encourage patients to make dental appointments for oral evaluations, fluoride treatments and sealants.

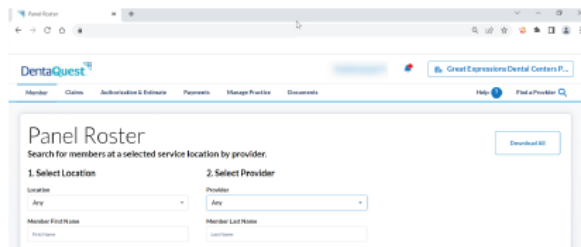
### Provider Portal Panel Roster Instructions

Use your smartphone camera to scan this code. Hover over the code and tap on your screen.

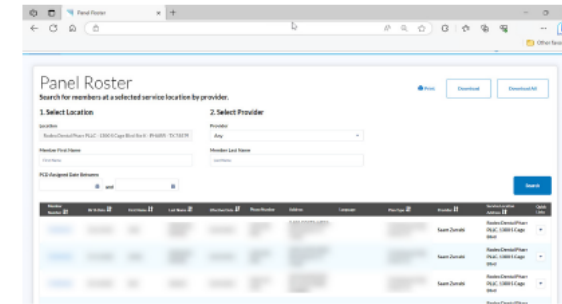


To access the panel roster on the provider portal, visit [dentaquest.com/en/providers](https://dentaquest.com/en/providers).  
Scan the QR code for instructions.

Upon logging in, access the Panel Roster by navigating to **Member > Panel Roster** from the home page.



Once on the Panel Roster page, enter in **Location** or **Provider** then click on **Search**. The results will display the members assigned to the provider or location.



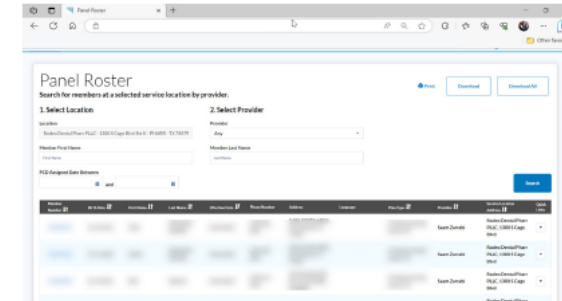
Results can be filtered by **Member First Name**, **Member Last Name**, **Age** or **PCD Assigned Date**. The member numbers that are displayed link to the individual member's details, which open in a new tab. The Member Details page can also be accessed using the Eligibility search.

There are **Quick Links** to the right of each listing. Quick Links can be customized in the Features section of the portal, and can include:

- Check Eligibility
- Start a Claim
- Authorization & Estimate
- Start an ICT/Referral
- Start a Broken Appt
- Service History can be accessed after reviewing Eligibility, by clicking on the Member's ID Number.

Perform member outreach by reviewing the Portal Roster onscreen, or:

- **Print** a PDF of all search results
- **Download** a CSV of the first 2000 results
- **Download All** contains a CSV of all results
- The downloaded CSV roster can be filtered by Age and Plan Type.



For questions about the provider portal, reach out to your Provider Engagement Representative. We're here to support you every step of the way.

Together we can help make  
a difference in Kentucky!

**Mariela Brozik**  
[mariela.brozik@greatdentalplans.com](mailto:mariela.brozik@greatdentalplans.com)

**Open position**

**Kentucky general inbox**  
[kentuckyproviders@dentaquest.com](mailto:kentuckyproviders@dentaquest.com)

# MEMBER ELIGIBILITY SEARCH TUTORIAL

Member and Eligibility Search Tutorial –  
YouTube

Sun Life DentaQuest<sup>SM</sup> TIN - 123456789 Livia Frye

HOME MEMBERS ESTIMATES, AUTHS, CLAIMS PAYMENTS PRACTICE TOOLS RESOURCES

**Members**

Search for a member  
New search >  
Saved searches >

Panel roster  
Go to panel roster >

Broken appointments  
List of broken appointments >

Referral/ICT  
List of referrals/ICTs >

**Search for a member & check eligibility**

Location\* Provider\* Date of service Date of birth\* Member information\*

Select location Select provider 06/01/2023 01/01/1980 Search by Member Name/ID

**Real-time coverage estimates**

Savannah Nguyen	08/03/2023
Esther Howard	08/03/2023
Marvin McKinney	08/03/2023
Bessie Cooper	08/03/2023
Kristin Watson	08/03/2023

All real-time coverage estimates →

**Pre-authorizations**

Wade Warren	08/03/2023	Submitted
Ralph Edwards	08/03/2023	Denied
Devon Lane	08/03/2023	Approved
Robert Fox	08/03/2023	Submitted
Albert Flores	08/03/2023	Need more info

All pre-authorizations →

**Claims**

Darrell Steward	08/03/2023	Submitted
Guy Hawkins	08/03/2023	Denied
Cameron Williamson	08/03/2023	Approved
Esther Howard	08/03/2023	Submitted
Bessie Cooper	08/03/2023	Ready to pay

All claims →

# MEMBER ELIGIBILITY

Always confirm member eligibility prior to rendering services.

This can be done:

- Online via DentaQuest's Provider Web Portal
- DentaQuest Provider Services line
- Confirming member eligibility on the DentaQuest's Provider Web Portal or using the Provider Services line is not always guaranteed to be accurate.
- Always ask the member the last provider he/she visited and the date of service to avoid denial of your claim due to benefit limitations.
- Eligibility must be verified within 24 hours of the date of service.
- Keep a copy of member's new card and make sure you utilize the Humana Healthy Horizons® in Kentucky member ID on claims.





## **WHAT BENEFITS ARE OFFERED TO MEMBERS?**

All benefits are reflected in the Office Reference Manuals. The Office Reference Manuals (ORM) can be found on the secure provider portal under resources.

# OFFICE REFERENCE MANUAL (ORM)

- The Office Reference Manual (ORM) is found on the DentaQuest Portal under Resources.
- The ORM contains information on all of the services administered by DentaQuest. This includes criteria for services, benefits and frequency limitations.
- It also contains forms such as Provider Appeals, Non-Covered Services, Continuation of Care (COC), and ADA Claim form.



A decorative graphic consisting of several concentric, slightly irregular rings. The rings on the left are in shades of blue, while the rings on the right transition into shades of green. The center of the graphic is a plain white circle.

# **OUR PROGRAMS**

# TELEDENTISTRY

Under Humana Healthy Horizons® in Kentucky, enrollees have access to providers through expanded telemedicine and teledentistry.

Telemedicine and Teledentistry are the practice of health or dental care delivery by a practitioner located at a site other than the site where the patient is located for the purpose of evaluation, diagnosis, or treatment.

Telemedicine and teledentistry services include two-way audio and video for real time interactive communication between the enrollee and the provider.

Telemedicine and teledentistry services provided under Medicaid must be performed by licensed practitioners within their scope of practice.



# TELEDENTISTRY

The member record must include documentation when telemedicine or teledentistry services are provided. Telemedicine and teledentistry are beneficial to enrollees by providing:

- Expanded access and after-hours care
- Remote monitoring and management for chronic conditions
- Reduced hospital readmissions
- Reduced waiting time to see a physician or dentist
- Reduced travel time and cost
- Better access to specialists

Telemedicine and teledentistry are beneficial to providers by offering:

- Cost savings
- Improved convenience
- Better patient outcomes
- Better care coordination



# BROKEN APPOINTMENT PROGRAM

Broken appointments prove to be a chronic issue for dental providers, resulting in loss of revenue, frustration, and decreased ability to work with efficiency and provide quality care. For patients, broken appointments result in long wait times and poor oral health outcomes.



# HOW CAN YOU HELP? REPORT BROKEN APPOINTMENTS - AN EASY PROCESS!

1. Submit claim for broken appointment using the following codes:
  - D9986 Missed Appointment
  - D9987 Cancelled Appointment
  - Use box 35 on claim form to identify a 1<sup>st</sup>, 2<sup>nd</sup>, or 3+ broken appointment.
2. The success of the program is dependent upon timely filing of claims. It is recommended that claims be submitted as soon as possible.



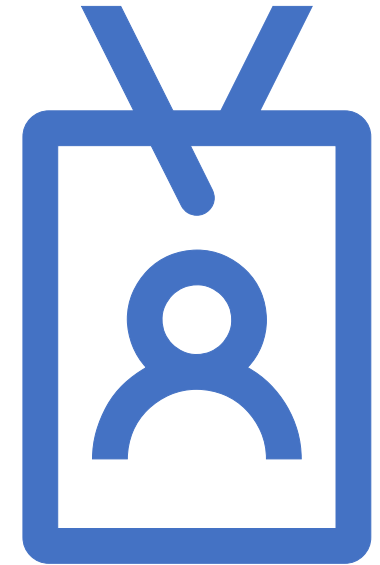


# **IMPORTANT REMINDERS**



# IMPORTANT REMINDERS

- It is very important to verify the member's eligibility status every time they come into your office.
- Confirm the identity of all patients by asking for picture identification for the patient or the patient's parent or guardian.
- Make a copy of the identification card and the picture ID for your records.
- If a recommended course of treatment is not covered, e.g., not approved by Plan/DentaQuest, the participating Provider must notify the Member in writing and obtain a signature of waiver if the Provider intends to charge the Member for such a non-compensable service prior to treatment.
- A recommended Member Consent Form can be found on the DentaQuest Provider Web Portal.
- Check the member's history using the DentaQuest web portal to confirm whether the benefit has been consumed to prevent claim denials.



## Network Notification – KY Provider Reminder

To: Kentucky Medicaid Dental Providers  
From: DentaQuest  
Subject: Reminder: Claim Submission Requirements  
Date: August 1, 2025

DentaQuest would like to take this opportunity to remind you we require that all Medicaid providers and entities rendering services in the State of Kentucky are properly enrolled with the Kentucky Department for Medicaid Services (DMS).

All claims submitted require that all information related to billing, rendering, ordering, referring, prescribing, and attending providers be enrolled with Kentucky DMS. Providers should submit claims in a manner that matches the data on the Kentucky DMS Master Provider List.

For additional information on how to enroll with Kentucky DMS, please visit the Kentucky Cabinet for Health and Family Services' [New Enrollment, Revalidation or Maintenance page](#).

Thank you for choosing to participate in the Kentucky Medicaid Program. DentaQuest along with our health plans appreciate your interest and welcomes the opportunity to work with you to provide dental services to Kentucky Medicaid members.



## Policies Reminder

Participating practice shall comply with all policies and procedures of DentaQuest and Plan including proper billing requirements and payment policies.

If you are presently submitting claims to DentaQuest through a clearinghouse or through a direct integration, please review your integration often to confirm compliance with Medicaid enrollment requirements.

Reporting accurate, timely and complete encounters begins with capturing the full set of required provider claims data to align with state's encounters requirements.

## Important Claim Information and Validation Process:

Claim rejection/denial will occur if the Rendering or Billing Provider cannot be uniquely identified by matching the NPI and taxonomy code in the claim transaction to a specific Medicaid Provider ID and provider type in the enrollment records.

All provider information included on claim submissions must match the provider information associated with your Kentucky Medicaid identification number.

Check to make your claim submissions match what the Kentucky Department for Medicaid Services (DMS) has on the Provider Master List for both the billing and rendering provider.

- Ensure Individual and/or Group National Provider Identifier (NPI) are active.
- Ensure Taxpayer Identification Number (TIN), Social Security Number (SSN), Employer Identification Number (EIN), or Individual Taxpayer Identification Number (ITIN) are listed.
- Ensure Rendering and Billing Taxonomy Codes are listed and accurate.
- Ensure that the 9-digit zip code on the claim matches the Provider Master List and USPS standardization.
- Make sure format and spelling of the service location on the claim form is an exact match to the PML.

If the provider information included on claims is not listed or does not match with the Kentucky Department for Medicaid Services, DentaQuest reserves the right to withhold or recover payments.



### Validation

To validate and update your provider information with the Kentucky Department of Medicaid Services, please contact Provider Enrollment (DMS) at 877-838-5085.

All provider applications (new enrollment, revalidations, and maintenance items) are now completed using the [KY Medicaid Partner Portal Application](#) (ky.gov).

To validate your provider information with DentaQuest please contact us at 800-508-6787> or your local DentaQuest Provider Engagement Team at [KentuckyProviders@DentaQuest.com](mailto:KentuckyProviders@DentaQuest.com)

# PROVIDER CREDENTIALING

## New Providers

Applications can be submitted online at- [Dentist Enrollment Form | DentaQuest](#)

## Reapplying Providers

Re-credentialing is done every 3 years

Online applications can be submitted at- [Kentucky Dental Providers | DentaQuest](#)

Or Email: [credstatusrequest@greatdentalplans.com](mailto:credstatusrequest@greatdentalplans.com)

This email box is designated for communications from providers seeking status updates for;

- Welcome Letters/Business Key
- Credentialing/Recredentialing status
- Effective date inquiries
- Recredentialing due dates
- Blank applications/links to CAQH or App Manager

## Contacts:

Credentialing Hotline: 800-233-1468

Credentialing Fax Line: 262-241-4077





# ACCESS AND AVAILABILITY

DentaQuest Dentists are expected to meet minimum standards with regards to appointment availability.

- 📋 Emergency care must be provided within 24 hours.
- 📋 Urgent care must be available within 48 hours.
- 📋 Routine exams must be provided within 30 days of an enrollee's request.



# ONLINE RESOURCES

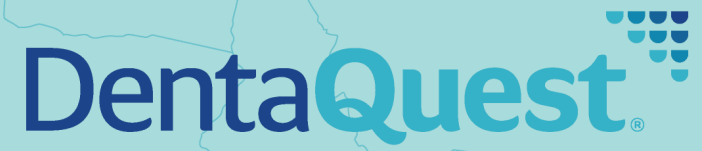
- Provider Web Portal: [providers.dentaquest.com/onboarding/start/](https://providers.dentaquest.com/onboarding/start/)
- Eligibility or Benefit Questions: [denelig.benefits@DentaQuest.com](mailto:denelig.benefits@DentaQuest.com)
- Online Credentialing: Enroll in our App Central program to submit your DentaQuest application directly to us:  
<https://dentaquest.com/state-plans/regions/kentucky/dentist-page/>
- Office Reference Manuals:  
Our Online Reference Manuals can be located at:  
[providers.dentaquest.com/onboarding/start/](https://providers.dentaquest.com/onboarding/start/)



# CONTACT US

- Kentucky Provider Services: DentaQuest General Provider Services Queue: (800) 508-6787
- Fax numbers: Claims to be processed: (262) 834-3589
- Electronic Claims should be sent:
  - Direct entry on the web – [www.DentaQuest.com](http://www.DentaQuest.com)
  - Via Clearinghouse – Payer ID CX014
- Fraud Hotline: (800) 237-9139
- Review Requests should be sent to: DentaQuest – UM Department: P.O. Box 2906, Milwaukee, WI 53201-2906
- Credentialing Fax: (262) 241-4077
- Credentialing Hotline: (800) 233-1468
- Kentucky Member Services: DentaQuest General Member Services Queue: (844) 583-6155





**IMPROVING THE ORAL  
HEALTH OF ALL**



**Humana**  
Healthy Horizons.  
in Kentucky

