

DQ DIGEST TENNCARE

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ENDODONTIC REFRESHER TIPS

By Katrina Eagilen, DDS, MPH

Excellent endodontic care begins with appropriate diagnostic radiographs. In addition to having a preoperative, periapical radiograph or Panorex of the tooth to be treated that clearly shows the periapical area and lesions of endodontic origin that may be present, diagnostic radiographs that clearly show the adjacent and opposing teeth are necessary and important. Radiographs should be clearly and properly dated, labeled (right/left) and labeled with the patient's name.

Diagnostic quality post-operative radiographs are required for endodontic procedures and permanent crown placement to ascertain and confirm the quality of care.

Case Selection

Case selection is an important and essential step that must be considered as we aim to provide root canal therapy for teeth that have a good prognosis. Because a crown is typically placed after root canal therapy is completed, consideration of the complete restoration of the tooth must occur during the treatment planning process.

Elements of appropriate case selection:

Assessing the overall restorability of the tooth entails ensuring that the tooth has over 50% bone support and a significant clinical crown to restore. Teeth with periapical bone destruction, sub-osseous caries, caries in the furcation or greater than 75% loss of the clinical crown are considered unrestorable. An alternative treatment plan is necessary in these cases.

Preliminary assessment of the difficulty of cleansing and shaping due to calcifications or curvatures to determine if the difficulty level exceeds the skill and ability of the provider. Also considering a specialist referral is a good option for especially challenging cases.

Cleansing & Shaping/ Obturation

Cleansing and shaping is a significant step that lays the foundation for the entire procedure. Once the canals have been properly cleansed and shaped, taking care to keep the apex small, the obturation of the canals must be done precisely.

The objective of appropriate obturation of the canal is to seal the canal at the apex and fill. The canal should be properly condensed and free of excessive sealer and gutta percha extending beyond the apex of the root. The final radiograph is a representation of the product of the care that you provided. Keeping these tips in mind you can provide a great service to your patients while improving root canal therapy pre-authorizations and claims payments.

In closing, performing root canal therapy is not for every provider. For providers that do not feel comfortable performing this procedure, the option to refer is always available. Your Provider Partners can assist you in finding a specialist in your area.

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Fluoride for Prevention:

The old, the new and something blue

By, Katrina Eaglen, DDS, MPH

Fluoride use for the prevention and control of caries is safe and effective. Supplemental fluoride (fluoride drops) is effective and should be considered for children at risk who consume fluoride -deficient water (less than 0.6 ppm of fluoride). Topically applied biannually in office, sodium fluoride varnish or 1.23 percent fluoride gel preparations are effective in reducing caries in at-risk children. Evidenced based reviews using prescription strength home use of 0.5% fluoride gels/ pastes and 0.09% fluoride mouth rinses are also effective in reducing dental caries. Fluoridated toothpaste is still effective in reducing dental caries in children. A smear of toothpaste is recommended for age 0-3, while a pea sized amount is indicated for children aged 3-6. Evidence based reviews recommend the in-office application of 38% silver diamine fluoride for the arrest of carious lesions (without pulpal involvement) as a part of a comprehensive caries management program. Regular utilization of these fluoride products for young patients is the standard of care.

ORAL HEALTH CARE CHALLENGES AND SOLUTIONS:

By, Walter Owens, DDS

Challenges to Oral Health Care

Over one in four people in the U. S. ages 20 - 64 years have untreated tooth decay (NIDCR).

When compared to their counterparts, African American and Mexican American adults, younger adults, those with lower incomes and less education, and those who currently smoke were more likely to have untreated decay.

When tooth decay in very young children requires extensive treatment under general anesthesia in a hospital operating room, cost can increase by thousands of dollars. Timely delivery of dental care and application of topical fluorides, silver diamine fluoride and dental sealants to at-risk people reduces tooth decay and treatment cost.

The racial and ethnic composition of the health professions workforce, including the dental workforce, fails to reflect the increasing diversity of the U.S. population.

Because of fewer underrepresented minorities in the workforce and inadequate training of health professionals on cross cultural issues, patients who receive the poorest care are the least likely to find a provider who is willing and able to effectively address their needs.

Solutions to Improve Oral Health Care

Expand Dental Sealant Programs

Expanding low-income children's access to dental sealants through school-based programs improves the health of children and provides savings to state Medicaid programs.

Integrate Dental Care into Primary Care Settings

Care delivery models that integrate preventive dental interventions (e.g., fluoride varnish) into primary care, such as well child visits, can reduce tooth decay among very young children. Providing adequate reimbursement for these services increases the likelihood that children receive fluoride varnish.

Improve and Respond to Data Analytics

States should utilize strategies that improve their ability to collect and analyze Medicaid and Children's Health Insurance Programs data to evaluate program performance and inform policy decisions. To ensure that the data can be used to generate useful, comparable information. States could consider using age and risk categories consistent with recommended measures for performance-based care such as those put forth by the Dental Quality Alliance and endorsed by the National Quality Alliance and endorsed by the National Quality Forum

Conclusion.

- Improved access to care by developing a more diverse oral health care workforce, addressing the rising cost of dental education, expanding insurance coverage, and improving the overall affordability of care.
- Health care professionals working together to provide integrated oral, medical, and behavioral health care in schools, community health centers, nursing homes, and medical care settings, as well as private dental offices.

Communities, cities, and states will have to provide a coordinated effort in researching as well as developing and carrying out programs to improve the oral health of individuals, communities, and the Nation.

References

- 1.NCHS Data Brief
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3

3. PEW Charitable Trust, A Costly Dental Destination. (February 2012)
4. Griffin SO. Gooch B Beltran ED. Dental Services, cost and factors associated with hospitalization for Medicaid eligible children.
5. CDC, Content source: Division of Oral Health, National Center for Chronic Disease Prevention and Health Promotion
6. Mitchell, Dennis A., A need for Diversity in the Oral Health Workforce.

QUALITY IMPROVEMENT PROGRAM

Because DentaQuest wants to always provide the very best services, we have a Quality Improvement Program that measures how well we are doing. We use it to look closely at all providers ensuring that the best dental care is provided for enrollees. DentaQuest looks at the Quality Improvement Program every year and makes changes in how we provide services to keep making them better. For a copy of our Annual Quality Improvement Program, call DentaQuest at 1-855-418-1623.

2021 MEMBER SATISFACTION SURVEY RESULTS

Each year DentaQuest calls TennCareSM members to ask how happy they are with their dental care and dental plan. We will continue working with members and dentists to improve satisfaction.

The results from the 2021 survey among those having a dental visit in the last 12 months are:

Overall, how happy are you with your dentist? 99% — Very Satisfied

Overall, how satisfied are you with the dental care that you received in the past 12 months? 79% — Very Satisfied

In general, how would you rate the overall condition of your teeth and gums today? 89% — Very Good or Good

Have you had an improvement in your teeth and gums over the last 12 months? 79% — Yes

2021 PROVIDER SATISFACTION SURVEY RESULTS

The annual provider satisfaction survey was completed during 2021. DentaQuest received high ratings from most providers.

- 83% of providers are very or somewhat satisfied with DentaQuest.
- 95% indicated that they or probably will continue to be a provider for DentaQuest.
- 99% indicated that DentaQuest is better than most Medicaid dental benefit programs.
- 50% indicated that they have experienced a problem with DentaQuest and, of those,
- 48% indicated that DentaQuest was able to resolve all or some of the problems in a satisfactory manner.

THE FALSE CLAIMS ACT

(31 U.S.C. §§ 3729–3733, also called the “Lincoln Law”) is an American federal law that imposes liability on persons and companies (typically federal contractors) who defraud governmental programs. It is the federal Government’s primary litigation tool in combating fraud against the Government. For more information visit:

www.justice.gov/sites/default/files/civil/legacy/2011/04/22/C-FRAUDS_FCA_Primer.pdf

TENNESSEE MEDICAID FALSE CLAIMS ACT

Any person who knowingly presents, or causes to be presented:

- A false or fraudulent claim for payment or approval under the Medicaid program
- A false record or statement material to false or fraudulent claim under the Medicaid program
- A false record or statement material to an obligation to pay or transmit money, or property to the state, or knowingly conceals, or knowingly and improperly, avoids, or decreases an obligation to pay or transmit money or property to the state, relative to the Medicaid program or conspires to commit a violation listed above

Is liable to the state for a civil penalty of not less than five thousand dollars (\$5,000) and not more than twenty-five thousand dollars (\$25,000) ...plus three (3) times the amount of damages which the state sustains because of the act of that person. See: **T.C.A. 71-5-182, 183.**

Contact Information

Provider Service

- TennCare: 855.418.1623
 - Press 1 Automated Eligibility (via IVR system)
 - Press 2 Benefits, Eligibility and History
 - Press 3 Claims and Payment Options
- Credentialing Hotline: 800.233.1468

Department Emails

- Electronic Claims Setup and Questions – ddusa_providerrelations@dentaquest.com
- Claims Payment Questions – denclaims@dentaquest.com
- Eligibility or Benefit Questions – Dentelig.benefits@dentaquest.com

Utilization Review

- 888.294.9650

Provider Web Questions

- 888.560.8135
- www.dentaquest.com

Corporate

- Main Corporate: 800.417.7140