



TEXAS ROUNDUP

Program Updates for Texas Dentists

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DentaQuest[®]

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Public Health Emergency (PHE)

In response to the COVID-19 pandemic, the federal government declared a public health emergency (PHE); which allowed Medicaid recipients to have continuous coverage. The continuous coverage ended on May 11, 2023. Coverage will end for Medicaid recipients that fails to respond to the renewal notices or submits requested information to HHSC.

Mobile App for Members

DentaQuest recently launched **myDentaQuest**, a mobile app for Texas Medicaid and CHIP members.

With the app head of households can:

- View the plan's benefits.
- Change their Main Dentist
- Find a dentist.
- Download or view their ID card.



The release of this app is part of DentaQuest's ongoing "Dental Done Better" effort to improve the member experience with digital improvements and communications. The effort is rooted in DentaQuest's experience and knowledge of member expectations regarding digital communications and tools.

The app is available for members to download on IOS or Android devices. To learn more about the app visit <https://www.dentaquest.com/texas/members/mobile-app>

Provider Network & Directory Audit

DentaQuest would like to remind all providers that provider directory information must be updated when a change in your office is made. This includes, but is not limited to the following information:

- Provider joins/leaves practice
- Telephone and/or fax number
- Office hours
- Ages treated
- Languages spoken
- Handicap accessible (yes/no)
- Plan participation
- Accepting new patients' status

Failure to provide current information can result in termination from the DentaQuest network. If you have any questions regarding directory updates, please call your local Provider Relations Representative.

Appeals vs Claim Resubmission

Appeal:

An appeal is a request to review an adverse benefit determination. Appeals should be submitted for the following:

- No additional information is being submitted for review on pre- authorization. Provider is asking for an additional review of initial submission. ***This must be appealed.***
- Claim denies and provider makes no changes to the initial claim, or the claim is **no longer considered timely**. Timely is **95 days** from the original date of service. Appeals can be submitted up to **120 days** from last denial date. ***This must be appealed.***

Example:

- Claim denies for medical necessity and provider does not have any additional information to add. The provider wishes to appeal the decision based on original submission.

An appeal will be processed within **30 calendar days** from the receipt date. A physical resolution letter will be mailed with the determination of the appeal. An appeal **should not be utilized** if a claim that is still timely or authorization is denied for missing information.



Resubmission:

A resubmission is a second claim or pre-authorization submitted with additional or corrected information. Claims should be resubmitted if within 95 days from the original date of service. A claim within **95 days** from the date of service should be resubmitted for the following:

- Claim changes such as revision of a code, adding missing information such as TID, x-rays, narrative, primary insurance...etc.
- Pre-authorization with additional information submitted or codes being added, changed, or deleted
- Please place keyword in Box 35 (remarks / comments) to identify the claim as a resubmission of the original.
- Suggested keywords: resubmission, re-submit, correction or corrected.

Example:

- Claim denies for missing caries risk assessment code and is still considered timely. Provider resubmits the claim and adds the appropriate caries risk assessment code. ***This should not be appealed.***

The resubmission process follows the normal process for claims adjudication and pre-authorization determination which is timelier and more efficient than the appeal process. This is an advantage to the provider as the 30-day appeal timeline is reduced considerably through the resubmission process. If you are unsure of when to appeal or resubmit, please contact your Regional Provider Partner with any questions.

Performance Management

DentaQuest routinely monitors dental service utilization and analyzes costs among providers to ensure that all dental services are appropriately provided and billed in accordance with the guidelines of the State Medicaid Program. In addition, we want to help network providers take the appropriate steps to assure that all rendered treatment is appropriate, deemed medically necessary, and has a good long-term prognosis. The overall objective with Performance Management is to build and strengthen our relationship with the provider community, with emphasis to gain an understanding about their membership base and approach with treatment. Based on the review of the dental offices utilization and cost analysis, your local Provider Relations Representative will meet with the office to discuss results of the review of the cost analysis, performance quality, provide education on program policies and procedures and implement a plan to address deficiencies and compliance concerns.

Reminder: Online Main Dental Home Change Form

TX Medicaid and TX CHIP members can now change their Main Dental Home provider online at www.dentaquest.com/texas. As a reminder, the Member's Head of Household can only make Main Dentist changes.

- Make changes online, faster than a call, 24/7
- No need to log in to the Member portal
- Use the same system our Member Services team uses
- Members show up on your patient roster within minutes
- 16-digit reference number provided on the confirmation page



Member's Head of Household Can Use This Code to Change Main Dentist Now!



 www.dentaquest.com/texas

Important Reminders

<p>Provider Resource Documents</p>	<p>The following documents are listed on the Provider Resources tab on the Texas Provider microsite.</p> <ul style="list-style-type: none"> • Office Reference Manuals (ORM) • Provider Training Schedule • Quarterly Newsletters <p>https://dentaquest.com/texas/providers/provider-resources</p>
<p>Contact Your Regional Provider Partner</p>	<p>To locate the Provider Partner for your region, visit</p> <p>https://dentaquest.com/texas/providers/provider-resources/provider-relations-contacts</p>
<p>DentaQuest Holiday Closures</p>	<p>In observance of Labor Day, DentaQuest will be closed</p> <ul style="list-style-type: none"> • Monday, September 4