

TEXAS HEALTH PLAN PROVIDER TRAINING

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Provider Web Portal

WHAT DENTAQUEST OFFERS

What DentaQuest Offers

Web Portal Features

- Verify Member eligibility.
- Obtain member claim history.
- Quick and easy claim, authorization, and appeals entry (free of charge) .
- Upload attachments and x-rays free of charge.
- View status of claims and authorizations
- Review documents such as Office Reference Manual (ORM).
- View and print fee schedules.
- Notices are posted to the web portal for immediate distribution including regulatory updates, newsletters, meeting notices and contractual changes.

Claims Processing

- Claims decisions made nearly instantaneously so claims and authorizations can be viewed much quicker on the portal -usually within 24 hours.

Automated Phone System

- Ability to verify benefits and eligibility and obtain a procedure history.
- Once member information (such as membership number or Date of birth) is entered, you will be able to jump between menus without re-entering that information.

PROGRAM INFORMATION

Program Information

Office Reference Manual

- Available on the DentaQuest Texas Provider website
<https://dentaquest.com/texas/providers/provider-resources>

Includes information such as.....

- Plan and Benefit Details
- Electronic Filing & Attachments Requirements
- Complaints & Appeals
- Member Rights and Cultural Sensitivity
- Clinical Criteria
- Forms (Direct Deposit, Continuation of Care etc.)
- Complete listing of dental benefits and periodicity

TX Plans Administered by DentaQuest

- Aetna (*Medicaid Value Add*)
- Blue Cross Blue Shield (*Medicaid Value Add*)
- Care N Care Medicare
- Clover Health Medicare
- Dell Children's Health Plan (*Medicaid Value Add*)
- Driscoll (*Medicaid Value Add*)
- Molina
 - Molina MMP
 - Molina Medicaid
 - Molina Value Add (*Medicaid Value Add*)
 - Molina MMP Nursing Home
 - Molina Medicare
- Superior
 - Superior Star Health Plan (Foster Care)
 - Superior Star Pregnant Women (*Medicaid Value Add*)
 - Superior Star Plus Waiver
 - Superior IDD
 - Superior Star Plus Nursing (*Medicaid Value Add*)
 - Superior MMP (Duals)
- WellPoint
 - WellPoint Star Plus Waiver
 - WellPoint Star Plus Nursing Home
 - WellPoint Value Add (VAS)

Plan Types Defined



Medicaid/Star Plus Waiver: Joint federal and State program that gives health coverage to those with limited resources and income.



Value Add: Limited dental benefits package.



Medicare: Federal health insurance for anyone 65 years old or older and, those under the age of 65 with certain disabilities or conditions.



MMP (*Medicare-Medicaid Plan*): Dual eligible adults; entitled to or enrolled in Medicare and receiving full Medicaid benefits.

PROVIDER RESPONSIBILITIES

Billing Members

Participating Providers shall hold Members and DentaQuest, harmless for the payment of non-Covered Services except as provided in this paragraph. A provider may charge an eligible member for dental services which are non-covered services. These services must be identifiable by specific CDT code. A provider may bill a Member for non-Covered Services if the Provider obtains a written waiver from the Member prior to rendering such service that indicates:

- The services to be provided.
- DentaQuest will not pay for or be liable for said services.
- Member will be financially liable for such services.
- Charged amount for the quoted services

***In pursuant of your provider agreement, members cannot be charged for missed appointments. ***

Billing Members (cont'd)

Please note that prior authorization may be requested for non-covered services. Documentation of medical necessity must be submitted with this request. This documentation may include radiographs, treatment plan, and/or a narrative from the provider.

This provision does not prohibit the Provider from seeking to collect co-insurance, copayments or deductibles from Members, or fees for services received by ineligible persons in accordance with the terms of the applicable Plan Certificate.

Please access the plan's applicable Office Reference Manual (ORM) for specific plan benefits and a copy of the Non-Covered Service Disclosure form.

Fraud, Waste and Abuse

Do you want to report Waste, Abuse, or Fraud?

Let us know if you think a doctor, dentist, pharmacist at a drug store, other health care providers, or a person getting benefits is doing something wrong. Doing something wrong could be waste, abuse or fraud, which is against the law. For example, tell us if you think someone is:

- Getting paid for services that weren't given or necessary.
- Not telling the truth about a medical condition to get medical treatment.
- Letting someone else use a Dental ID.
- Using someone else's Medicaid or CHIP Dental ID.
- Not telling the truth about the amount of money or resources he or she must get benefits.

Fraud, Waste and Abuse (cont'd)

To report waste, abuse, or fraud, choose one of the following:

- Call the OIG Hotline at 1-800-436-6184 or
- Visit <https://oig.hhsc.state.tx.us/>
 - Under the box labeled “***I WANT TO***” click “Report Waste, Abuse, and Fraud” to complete the online form.
- You can also report fraud directly to DentaQuest:

DentaQuest-TX HHSC Dental Services
Attention: Utilization Review Department
P.O. Box 2906
Milwaukee, WI 53201-2906
Toll-free at 1-800-237-9139

Providers may also send a fax to 262-241-7366

Illegal Solicitation & Marketing

In accordance with the policies set-forth by the Texas Health and Human Services, Office of Inspector General (OIG), dental providers are prohibited from offering cash or gifts/items to Medicaid recipients, with the intent to influence their health care decisions and/or dental home assignment. Providers may not offer:

- Cash, cash equivalents or gift cards in any amount.
- Transportation unless it's properly arranged through the Medicaid Transportation Program.
- Free or discounted services for a family member.
- Providing goods or services of any value could be considered a violation, but that would typically not be the case for non-cash, low-cost items such as a toothbrush valued less than \$10.

The OIG may investigate improper solicitations/marketing.

Details regarding solicitations and marketing is located on the OIG's website.

www.oig.hhsc.texas.gov .

Quality Assurance and Performance Improvement

DentaQuest currently administers a Quality Improvement Program modeled after National Committee for Quality Assurance (NCQA) standards. The NCQA standards are adhered to as practice guidelines to dental managed care. The Quality Improvement Program includes but is not limited to:

- Provider credentialing and re-credentialing.
- Member and Provider satisfaction surveys.
- Random Chart Audits.
- Complaint Monitoring and Trending.
- Peer Review Process.
- Utilization Management and practice patterns.
- Initial Site Reviews and Dental Record Reviews.
- Quarterly Quality Indicator tracking (i.e., complaint rate, appointment waiting time, access to care, etc.).

A copy of DentaQuest's Quality Improvement Program is available upon request by contacting DentaQuest's Customer Service department at 1-800-896-2374 or via e-mail at: denelig.benefits@dentaquest.com

Retaliation

DentaQuest will not retaliate against a Provider because the Provider has reasonably filed a complaint, on a Member's behalf, against DentaQuest. Retaliation includes cancellation of or refusal to renew a contract.

DentaQuest will not engage in retaliatory action, including refusal to renew or cancellation of coverage, against a group contract holder or Member because the group or Member or a person acting on behalf of the group or Member has filed a complaint against DentaQuest or appealed a decision of DentaQuest.

In addition, retaliation against anyone who reports compliance concerns in good faith is strictly prohibited.

SAMPLE REMITTANCE ADVICE (EOB)

Sample Remittance Advice (EOB)

- Processing Policy (if applicable) are listed at the end at the end of each service line.
 - The full description of the Processing Policies are listed on the last page of ***Claim Detail*** section of the EOB.
- The submitted code and the paid code will be listed on the same service line.
- EOBs are available on the portal for viewing and/or printing.

DENTAQUEST SERVICES OF ARIZONA, LLC

EOB Date: 11/2/2009

Payee ID: 123_456

Group #: 099

Payee Name: AMERICA KIDS Dental Care LLC

Patient Name: SMITH, JOHN
Subscriber/Member: 00000123456789
DOB: 11/08/1998
Office Reference No:

Provider Name: ABC HEALTHCARE
Provider/Loc NPI: 1770597627
Business NPI: USA HEALTHCARE
Group: USA HEALTHCARE -Arizona Medicaid Children
Sub-Group: USA HEALTHCARE -Arizona Medicaid Children

Claim#: 200930335069800
Referral #:
Referral Date:

SUBMITTED						BILLED		ALLOWED		PAID		PAYABLE		PATIENT	OTHER	NET	PROCESSING
ITM	CODE/TH/SUR	DESCRIPTION	DOS	POS	QTY	AMOUNT	QTY	AMOUNT	CODE	AMT	PAY	INSUR	AMT				POLICIES
1	D0220	PERIAPICAL	05/06/09	11	1	\$21.00	1	\$0.00	D0220	\$0.00	\$0.00	\$0.00	\$0.00				2118
		XRAY															
2	D0120	PERIODIC ORAL	05/06/09	11	1	\$40.00	1	\$0.00	D0120	\$0.00	\$0.00	\$0.00	\$0.00				2004,2016,2046
		EXAM															
3	D1120	CLEANING, CHILD	05/06/09	11	1	\$50.00	1	\$0.00	D1120	\$0.00	\$0.00	\$0.00	\$0.00				2016
4	D1330	ORAL HYGEINE	05/06/09	11	1	\$50.00	1	\$0.00	D1330	\$0.00	\$0.00	\$0.00	\$0.00				2004,2016
		INSTRUC															
5	D1330	ORAL HYGEINE	10/14/09	11	1	\$50.00	1	\$0.00	D1330	\$0.00	\$0.00	\$0.00	\$0.00				2002
		INSTRUC															

2002 The claim and/or records indicate other coverage. Please provide the subscriber's name, date of birth, d effective ate, and name of the other carrier on this EOB and resubmit for processing.

2004 The Birthday Rule applies to dependent children. Resubmit this claim with the spouse's date of birth. If the spouse's birthday is earlier in the year than our subscriber's then also provide the payment denial of the primary plan.

2016 This procedure has been submitted after the timely filing limit.

2046 Service conflicts with previous service in patient's history.

2118 Service has been bundled to a more cost effective full mouth series

ADMINISTRATIVE REMINDERS

Administrative Reminders

- To ensure that your business, providers and networks are current, please immediately report changes/updates to your local Provider Partner.
- Submission of electronic claims is highly recommended via our Provider Web Portal or through a clearing house of your choosing.
 - Electronic Claims Payor Number – CX014
- Claims must be submitted on 2019 or later ADA approved claim forms.
- To ensure your claims are not returned to you, please be sure to:
 - Enter the appropriate NPI numbers in box #49 and #54.
 - Include the treating dentist signature in box #53. Acceptable signatures include: “Signature on file”, electronic name and typed names.
 - Indicate in box #4 if the member has other insurance. If box 4 is checked “No”, please skip boxes 5-11 leaving them blank.
 - Check the appropriate Place of Treatment in box #38.
 - If you are submitting an adjustment, void or resubmission of a claim, enter “adjustment”, “void” or “resubmission” in the remark field box #35.

Direct Deposit

As a benefit to participating Providers, DentaQuest offers Direct Deposit for claims payments. This process improves payment turnaround times as funds are directly deposited into your banking account.

EFT enrollment forms are available in the Office Reference Manual (ORM).

Administrative Reminders: Submission of X-Rays

- Radiographs must be mounted when there are 4 or more radiographs submitted at one time.
- If four (4) or more radiographs are submitted and not mounted, the submission will be denied.
- All radiographs, must be of good diagnostic quality, include member's full name, date films taken, and identify the patients left and right side.

Below are the options for submitting x-rays:

- Electronically using either NEA (National Electronic Attachment) or the DentaQuest Provider Web Portal.
- Mail duplicate x-rays with your ADA form.
- Send original x-rays, your ADA form, and a self addressed stamped envelope (SASE) so that we may return the x-rays to you.
 - Radiographs received without a SASE will not be returned to the sender.

Refer to your Office Reference Manual to determine if the submission of x-rays is required.

TEXAS PROVIDERS MICROSITE

<https://www.dentaquest.com/en/providers/texas>

Texas Provider Microsite

Office Reference Manual

The Office Reference Manuals (ORM) are located on the *Important Documents and Links* section on the Texas Provider microsite.

- Each plan has its own designated ORM.
- The ORMs are “live” documents; current info is not accessible when manuals are printed or downloaded.

The screenshot shows the DentaQuest website header with the logo and navigation links: Members, Providers, Solutions, Who We Serve, About, News & Resources, a search icon, and buttons for 'Find a dentist' and 'Login'. The main content area is titled 'IMPORTANT DOCUMENTS AND LINKS' in large blue letters. Below this title is a subtitle: 'Additional documents, including Office Reference Manuals, can be found on the [Provider Web Portal](#).' A list of document links is displayed, each with a downward arrow icon on the right. The links are: 'TX HHSC Medicaid and CHIP Documents and Notices', 'TX HHSC Member Rights and Responsibilities', 'Texas Health Plan Office Reference Manuals' (which is highlighted with a blue border), 'Silver Diamine Fluoride', and 'Marketplace Resources'.

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Members Providers Solutions Who We Serve About News & Resources [Find a dentist](#) [Login](#)

IMPORTANT DOCUMENTS AND LINKS

Additional documents, including Office Reference Manuals, can be found on the [Provider Web Portal](#).

- [TX HHSC Medicaid and CHIP Documents and Notices](#)
- [TX HHSC Member Rights and Responsibilities](#)
- [Texas Health Plan Office Reference Manuals](#)
- [Silver Diamine Fluoride](#)
- [Marketplace Resources](#)

Texas Provider Microsite

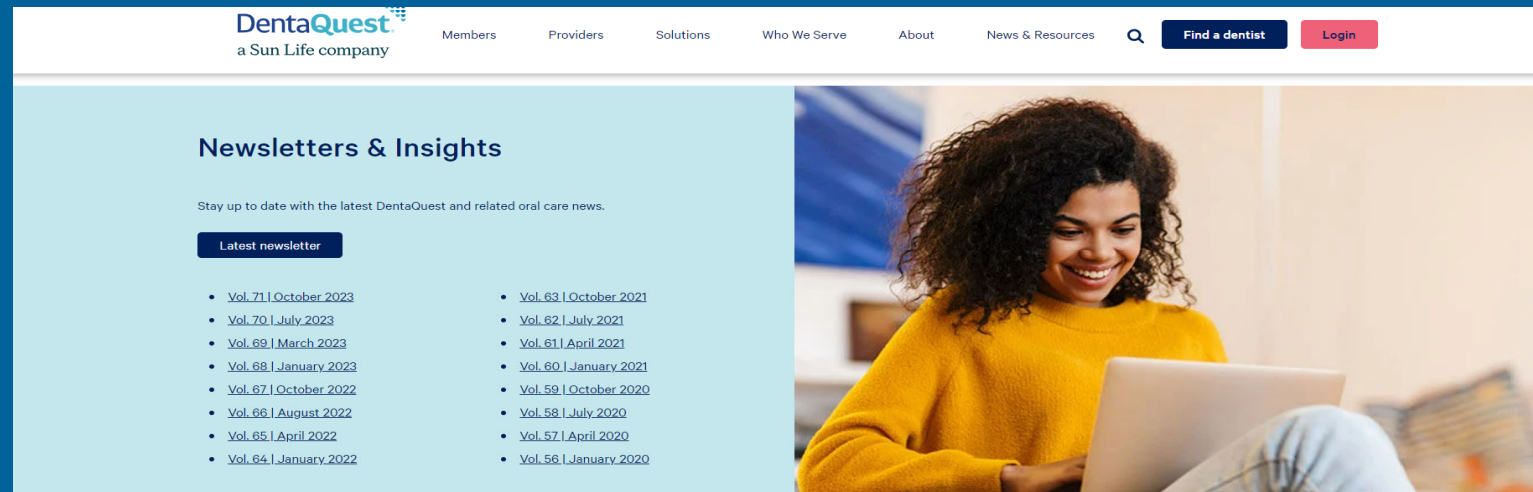
Office Reference Manual

- Important address and phone numbers for provider services, customer services, prior authorizations, etc.
- Providers rights and responsibilities.
- Member eligibility procedures and samples of identification cards.
- Authorization procedures.
- Appeal procedures.
- Claim submission procedures.
- Utilization Management Program/ Prior Authorizations.
- Fraud and Abuse Program.
- Quality Management Program.
- Health guidelines and criteria.
- Forms and Documents.
- Plan Benefits and Limitations.

Texas Provider Microsite

Provider Newsletters

Stay current with the program updates. Provider newsletters (***Texas Roundup***) are posted quarterly to the *Newsletters & Insights* section on the Texas Provider microsite.

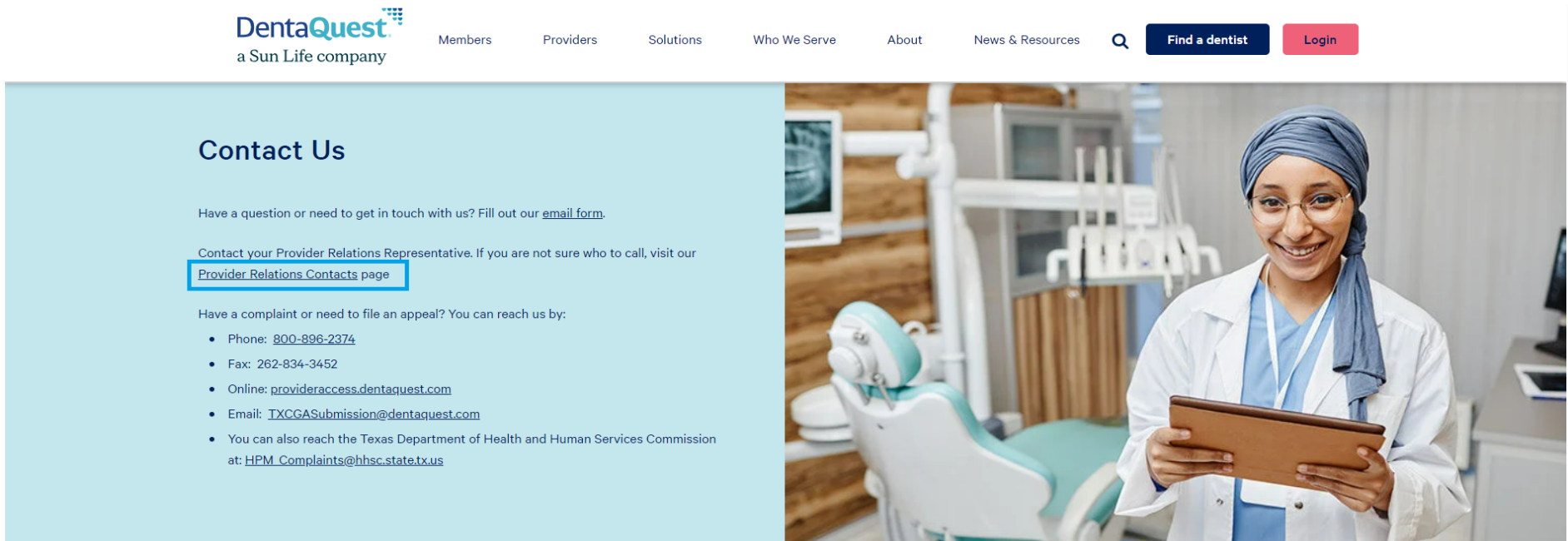


Texas Provider Microsite

Provider Relations Contacts

Each of the Provider Relations direct contact information is listed in the *Contacts Us* section on the microsite.

- The counties are listed for each region in alphabetical order.



The screenshot displays the 'Contact Us' section of the DentaQuest Texas Provider Microsite. The header features the DentaQuest logo (a Sun Life company) and navigation links: Members, Providers, Solutions, Who We Serve, About, News & Resources, a search icon, a 'Find a dentist' button, and a 'Login' button. The main content area on the left has a light blue background and includes the following text:

Contact Us

Have a question or need to get in touch with us? Fill out our [email form](#).

Contact your Provider Relations Representative. If you are not sure who to call, visit our [Provider Relations Contacts page](#)

Have a complaint or need to file an appeal? You can reach us by:

- Phone: [800-896-2374](tel:800-896-2374)
- Fax: [262-834-3452](tel:262-834-3452)
- Online: provideraccess.dentaquest.com
- Email: TXCGASubmission@dentaquest.com
- You can also reach the Texas Department of Health and Human Services Commission at: HPM.Complaints@hpsc.state.tx.us

The right side of the screenshot shows a photograph of a smiling female dentist wearing a white lab coat, blue scrubs, and a blue headscarf, holding a tablet in a dental office setting.

PROVIDER WEB PORTAL

Provider Portal

- Portal Link: <http://provideraccess.dentaquest.com>
- View member eligibility, main dental home provider, member service history, benefit details (deductibles and maximums).
- Submit claims, prior authorizations and interim care transfers.
- View and print fee schedules.
- View the status of submitted claims, prior authorizations and interim care transfers.
- View and print Explanations of Benefits (EOB).
- Generate a provider roster of all assigned members to your office.
- Find participating dentists (FAD-Find a Dentist) .
- Secure site with claim and auth attachments capabilities.

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