

DENTAQUEST MEDICARE ADVANTAGE PLANS

DenteMax Provider Education
Training 2024



DentaQuest[®]
a Sun Life company

TRAINING TOPICS

- **Medicare 101-Difference between Traditional and Advantage**
- **DenteMax and DentaQuest Partnership**
- **Sample Member Cards for the Virginia Medicare Advantage plans**
- **Dental Benefits Overview Per Office Reference Manual (ORM)**
 - VA MEDICARE ORM**
 - VA CLEAR SPRING HEALTH ORM**
- **Utilizing the Provider Web Portal-verify eligibility, annual max, and benefit history**
- **Non-Covered Services-Waiver**
- **Dual Eligible Members**
- **Member Verification and Eligibility**
- **Contact Information**

MEDICARE 101-TRADITIONAL VS ADVANTAGE

Medicare 101

Traditional Medicare

- Only covers Part A & B
 1. Part A = Hospital Coverage
 2. Part B = Medical Coverage

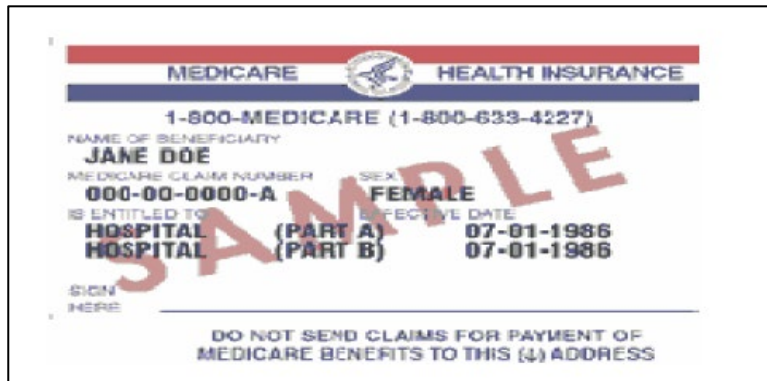
Medicare DSNP/Advantage Plans

- Covers all services required under Part A and Part B except Hospice
- Offered by private insurance companies (MCO's); DentaQuest contracts with these plans to administer the dental benefits
- Individual selects coverage through a private insurance company and pays monthly premiums to insurance company
- SNP* = Special Needs Plan
 - Members qualify for both Medicare & Medicaid benefits
 - Also referred to as “Dual Eligible” or DSNP

Despite these plans having “HMO” in the plan names, which is for the medical portion of the programs, the dental portion is administered with DentaQuest which utilizes the Medicare PPO network for these members’ dental network needs.

Medicare Traditional and Medicare DSNP and Advantage -Sample Cards

Traditional Card



DSNP and Advantage Card



PARTNERSHIP DENTAMAX AND DENTAQUEST

Network Partnership With DenteMax, DentaQuest & You!

DentaQuest utilizes the DenteMax Medicare PPO network

- As a DenteMax Medicare PPO contracted network dentist, you can treat the DentaQuest Medicare Advantage Plan members following the terms of your provider service agreement with DenteMax
- You submit your claims to DentaQuest (CX014)
- Claims are paid based on your DenteMax fee schedule if you are not directly contracted with DentaQuest

DentaQuest Medicare Advantage Plans

- Sentara Medicare Advantage (formerly Optima)
- Clear Spring Health Medicare Advantage

Despite these plans having “HMO” in the plan names, which is for the medical portion of the programs, the dental portion utilizes the DenteMax Medicare PPO network for these members’ dental network needs

VA MEDICARE ADVANTAGE PLANS - OVERVIEW

DentaQuest Medicare Advantage Plans

Sentara Medicare Community Complete HMO (formerly Optima)

- **Prime and Salute**
 - Sentara Medicare Salute (HMO), Sentara Medicare Prime Central Hal (HMO), Sentara Medicare Prime NoVA (HMO), Sentara Medicare Prime Peninsula (HMO), Sentara Medicare Prime Southside (HMO)
- **Sentara Community Complete Value**
 - Sentara Medicare Value Central Hal (HMO), Sentara Medicare Value Peninsula (HMO), Sentara Medicare Value NoVA (HMO), Sentara Medicare Value Roanoke/All (HMO), Sentara Medicare Value Southside (HMO), Sentara Medicare Value Southwest (HMO), Engage –Diabetes and Heart (C-SNP)
 - Sentara Medicare Savings (Part B Payback)
 - Sentara Community Complete Select (HMO D-SNP)
 - Sentara Community Complete (HMO D-SNP)

Clear Spring Health Medicare Advantage

- Clear Spring Health Essential (HMO)
- Clear Spring Health Essential (PPO)

VA Sentara Medicare Community Complete HMO-Salute and Prime-Dental Benefits Overview

Covered Benefits (Exhibit C)-VA MEDICARE ORM

- Annual max \$2000 Calendar year –Salute
- Annual max \$3500 Calendar year- Southside and Peninsula
- \$50 Office Co-pay per Visit (excludes preventive services)-Salute
- Prime Southside and Peninsula-\$75 copay
- Covered services include
 - Cleanings & Fluoride (2 per 12-month period)
 - Exam (2 per 12-month period)
 - Routine X-rays (1 set per 12-month period)
- Fillings, Dentures, Bridges, Implants, Endo, Perio
- Extractions (other Oral Surgery procedures)

***Annual maximum applies to all services except preventive**

VA Sentara Medicare Community Complete Value-Dental Benefits Overview

Covered Benefits (Exhibit D)-VA MEDICARE ORM

"H" number is listed on the Member ID in the bottom right corner.

(Copays do not apply to diagnostic/preventive services.)

H2563-005-001 VA Sentara Medicare Prime Southside \$75 \$3,500

H2563-005-002 VA Medicare Prime Peninsula \$75 \$3,500

H2563-014 VA Medicare Salute \$50 \$2,000



VA Sentara Medicare Community Complete Value-Dental Benefits Overview

Covered Benefits (Exhibit D)-VA MEDICARE ORM

- Annual max \$3000 Calendar year- Value Southside, Value Peninsula, Engage-Diabetes and Heart (C-SNP)
- \$25 Office Co-pay per Visit (excludes preventive services)
- \$2,500 Annual Max-Value NOVA, Value Halifax, Value Southwest, Value Roanoke
- Covered services include for Value plans:
 - Cleanings & Fluoride (2 x 12-month period)
 - Exam (2x 12-month period)
 - Routine X-rays (one set per 12-month period)
- Fillings, Dentures, Extractions, Endo and Perio (other Oral Surgery procedures)

***Annual maximum applies to all services except preventive**

VA Sentara Medicare Savings-Dental Benefits Overview

Covered Benefits (Exhibit D)-VA MEDICARE ORM

- Annual max \$2000 Calendar year-Optima Medicare Savings
- \$30 Co-pay per visit including preventive
- Covered services include
 - Cleanings (2 x year)
 - Exam (2 x year)
 - Routine X-rays (one set per 12-month period)
 - Fluoride (2 x 12-month period)
- Fillings, Dentures, Perio and Endo
- Extractions (other Oral Surgery procedures)

***Annual maximum applies to all services except preventive**

VA Sentara Medicare Community Complete Value and Savings-Dental Benefits Overview

Covered Benefits (Exhibit D)-VA MEDICARE ORM

- Review Exhibit D for covered codes and documentation requirements

"H" number is listed on the Member ID in the bottom right corner.
(Copays do not apply to diagnostic/preventive services.)

H2563-018 Sentara Medicare C-SNP (Engage and Diabetes) \$25 \$3,000

H2563-019 Sentara Medicare Savings \$30 \$2,000

H2563-017-001 VA Sentara Medicare Value Southside \$25 \$3,000

H2563-017-002 VA Sentara Medicare Value Peninsula \$25 \$3,000

H2563-008 VA Sentara Medicare Value NoVa \$25 \$2,500

H2563-009 VA Sentara Medicare Value Cental Hal \$25 \$2,500

H2563-015 VA Sentara Medicare Value Southwest \$25 \$2,500

H2563-016 VA Sentara Medicare Value Roanoke \$25 \$2,500



 **Sentara**
Health Plans

Sentara Community Complete (HMO D-SNP)

Member Name: <Member Name>
Member Number: <XXXXXXXXXXXX>
Effective Date: <MM/DD/YYYY> PCP Copay: <\$X>
Issuer: 80840 SOV Copay: <\$X>
RxBIN: 610014
RxPCN: MEDDPRIME
RxGRP: SHPMEDD
sentarahealthplans.com

MedicareRx
Prescription Drug Coverage

H2563-004

VA Sentara Medicare Community Complete HMO-(D-SNP)-Dental Benefits Overview

Covered Benefits (Exhibit E)-VA MEDICARE ORM

- Review Exhibit E for covered codes and documentation requirements
- Annual max \$4000 Calendar year-VA Sentara Medicare Community Complete HMO-(D-SNP)
- Covered services include
 - Cleanings (2 x 12-month period)
 - Exam (2 x 12-month period)
 - Routine X-rays (one set per 12-month period)
 - Fluoride (2 x 12-month period)
- Fillings, Dentures
- Extractions (other Oral Surgery procedures)

***Annual maximum applies to all services except preventive**

VA Clear Spring Health Essential HMO & PPO Medicare Advantage-Dental Benefits Overview

Covered Benefits Refer to VA Clear Spring Health ORM

- Annual max \$2000 (Calendar year) PPO
- Annual max \$1000 (Calendar year) HMO
- Covered services include
 - Cleanings and exams (1x 6 months)
 - Routine X-rays (one set per 12-month period)
 - Restorative
 - Extractions (other Oral Surgery procedures)
 - Periodontics
 - Adjunctive Services

*Annual maximum applies to all covered benefits

Office Reference Manuals (ORMs)

DentaQuest Medicare Advantage dental plan Office Reference Manuals (ORM), which provides information on the plans, covered benefits, criteria and limitations, etc., are available in the related documents section of the Provider Web Portal and on the DentaQuest website.

The ORM should be reviewed to determine if planned service code is covered and/or requires pre-authorization prior to treatment

The related ORMs are:

- VA Medicare ORM**
- VA Clear Spring Health ORM**

VA Clear Spring Health Essential HMO & PPO Medicare Advantage-Dental Benefits Overview

Covered Benefits Refer to VA Clear Spring Health ORM

- Annual max \$2000 (Calendar year) PPO
- Annual max \$1000 (Calendar year) HMO
- Covered services include
 - Cleanings and exams (1x 6 months)
 - Routine X-rays (one set per 12-month period)
 - Restorative
 - Extractions (other Oral Surgery procedures)
 - Periodontics
 - Adjunctive Services

*Annual maximum applies to all covered benefits

APPOINTMENT AVAILABILITY

Appointment Availability per Contract and ORM

Appointment Availability requirements are as follows per the provider contract and Office Reference Manual (ORM) that under reasonable, routine circumstances, appointment times shall be the usual and customary and not to exceed:

- 24 hours for Emergency Appointments
- 48 hours for Urgent Appointments
- 6 weeks for Routine Appointments
- Follow up Appointments made within 30 days of treatment plan, as appropriate

WEB PORTAL GUIDE AND MEMBER VERIFICATION

Member Verification and Provider Web Portal

- To check and confirm eligibility of members with the plans, use the DentaQuest provider web portal:
<https://govservices.dentaquest.com>. If you currently use this portal, you do not need to do anything other than log in and search the member, as usual.
- To register for the DentaQuest provider web portal, register at:
dentaquest.com/dentists/self-registration-page
- **Provider Services for Medicare plans– 844.822.8109**

Providers are responsible for verifying that Members are eligible at the time services are rendered and to determine if recipients have other health insurance.

Verify Eligibility via the Provider Web Portal

- Verify the same way as you currently verify eligibility via the provider web portal. You will see the member active with the Medicare plan and VA state Medicaid (if you are participating)
- Verify with the Member ID number and DOB
- Verify with DOB and First and Last Name

Member Eligibility List

This page displays the Members meeting the search criteria. You can conduct another search by clicking search again, view Member detail by clicking a Member name link, and print the results by using the Printer Friendly Format button.
Please note this information does not guarantee or imply payment and is contingent upon other factors, including but not limited to eligibility changes, covered services and benefit limitations.

Results are for members who are/were eligible as of 03/23/2018

Member Number	Date of Birth	Member Name	Plan	Benefit	Client Number	Network Name	Paid Through Date	Dentist/Office Name	Dentist Effective Date
XXXXXXXXXXXX	02/07/1955	XXXXXXXXXXXX	VA Smiles for Children - Over 21	Usecc	7001451001	VA Smiles for Children - Over 21			
XXXXXXXXXXXX	09/07/1955	XXXXXXXXXXXX	VA Active Commonwealth Coordinated Care Plus Medicaid	Usecc	6002501017	VA Active CCC Plus			

Ineligible

Member Number	Date of Birth	Member Name
No Results Found		

Note: If you wish to search again, the information you originally entered for these members will be retained allowing you to correct any information you previously entered.

[Search Again](#)

Member is active

Member has CCC+ Aetna Coverage

check member history and benefits used for the plan period

Providers are responsible for verifying that Members are eligible at the time services are rendered and to determine if recipients have other health insurance.

Annual Max and Benefit Usage via the Provider Web Portal

DentaQuest User

Welcome Bridget [Home](#) | [FAQ](#) | [Sign Out](#)

Home > Member Eligibility Search > Member Eligibility List

Benefit Maximums

This page displays benefits that indicate both an accrued amount to date and a maximum amount allowed at both the individual and family level, as well as for in-network and out-of-network activities.

Search

Service Date: (mm/dd/yyyy)

Client Name:

Benefit:

Member Information

Member Name:

Accumulator

Client Name: Virginia Aetna Commonwealth Coordinated Care Plus
Benefit: VA Aetna Commonwealth Coordinated Care Plus Medicaid

Member Number:

Type	Level	Network	Benefit Period	Period	Unit	Limit	Applied	Remaining
Maximum - All Classes	Individual Subscriber Only	All Networks	Years	-	Dollars	\$525.00	\$ 00	\$525.00

The Dollar amount remaining until max is used for the plan period. If the member will go over the max allowed for the treatment then YOU will want to have the member sign a waiver prior to rendering the services

The annual max limit for the member under the CCC+ plan

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- If a recommended treatment plan of codes and/or services are not covered and/or the allowable amount will go over the member's annual max allowed for the plans the provider shall have the member sign a waiver listing the codes, fees and all charges prior to the date of service of members' financial responsibility.

NON-COVERED SERVICES WAIVER AND REQUIREMENTS

Sample Non-Covered Member Waiver

**Acknowledgment of Disclosure and Acceptance
Member Financial Responsibility for Non-Covered Services
CONSENT FORM**

Member Name: _____
 Member ID: _____
 Treating Provider Name: _____
 Service Location Name and Address: _____

Not all dental services are covered by your health plan. Some services are covered, but only within specific time frames (twice per year, once per year, once every 5 years, etc.) Services requested or received more frequently than your benefit allows are considered to be non-covered. Some services also have criteria that must be met to be covered. This is called "medical necessity". If the service is not medically necessary, the service is not covered. The following service(s) are recommended for the above named patient, but are not covered services:

Non-Covered Services			
Code	Cost	Description	Reason service is not covered

I understand that the above services are not covered by my health plan, and that I am personally responsible for paying the dentist if I choose to receive these services. My signature shows that I understand this responsibility and will pay the dentist when I receive his/her billing statement.

Member Signature _____ Date _____
 Witness Signature _____ Date _____

DentaQuest LLC January 1, 2018
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- Waivers should include the following:
- Member full name
 - Member ID number
 - Treating provider name
 - Treating service office location/address
 - Each ADA code listed
 - Fee for each code
 - Description of each code
 - The reason the code is not covered (i.e. over the annual max)
 - Member/guardian signed document prior to services being preformed
 - Signed document dated
 - Office staff signature (as a witness the waiver was read and understood fully)
- *Prior authorize non-covered service or any service that they suspect will not be covered for system review**

CONTACT INFORMATION

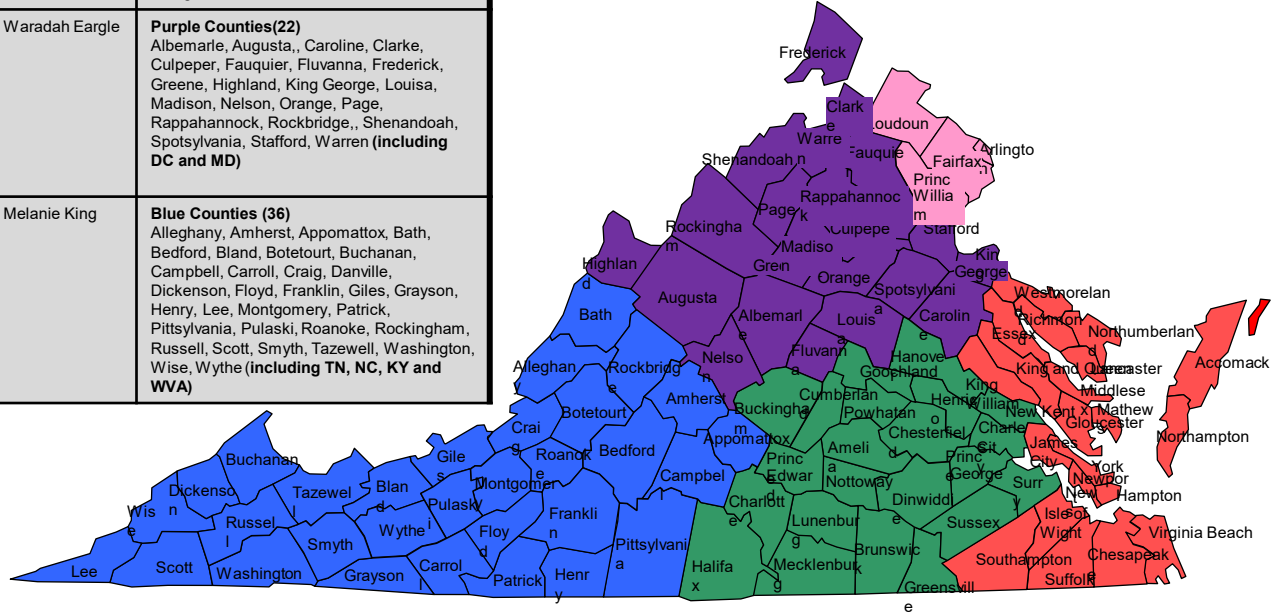
Contact Information

- **Provider Services for Medicare plans– 844.822.8109**
- **Page 2 of each ORM includes many other contacts/addresses**
- **Provider Web Portal:**
<https://govservices.dentaquest.com/>
- **DentaQuest Website: www.dentaquest.com**

* DentaQuest Medicare dental plan Office Reference Manuals (ORM), which provides information on the plans, covered benefits, criteria and limitations, etc., are available under related documents on the provider web portal and DentaQuest website; each named VA Medicare ORM, John Hopkins MD Select ORM, VA Clear Spring Health ORM,

VA Provider Partners County Assignments

Region	Rep Name	Assigned Counties
Central	Bridget Hengle	Green Counties (23) Amelia, Brunswick, Buckingham, Charles City, Charlotte, Chesterfield, Cumberland, Dinwiddie, Goochland, Greensville, Halifax, Hanover, Henrico, Lunenburg, Mecklenburg, New Kent, Nottoway, Powhatan, Prince Edward, Prince George, Richmond, Surry, Sussex
Eastern	Bridget Hengle	Red Counties (20) Accomack, Chesapeake, Essex, Gloucester, Hampton, Isle of Wight, James City, King and Queen, King William, Lancaster, Mathews, Middlesex, Newport News, Northampton, Northumberland, Southampton, Suffolk, Virginia Beach, Westmoreland, York
Northern	Waradah Eargle	Pink Counties (4) Arlington, Fairfax, Loudoun, Prince William
Northwest	Waradah Eargle	Purple Counties(22) Albemarle, Augusta, Caroline, Clarke, Culpeper, Fauquier, Fluvanna, Frederick, Greene, Highland, King George, Louisa, Madison, Nelson, Orange, Page, Rappahannock, Rockbridge, Shenandoah, Spotsylvania, Stafford, Warren (including DC and MD)
Southwest	Melanie King	Blue Counties (36) Alleghany, Amherst, Appomattox, Bath, Bedford, Bland, Botetourt, Buchanan, Campbell, Carroll, Craig, Danville, Dickenson, Floyd, Franklin, Giles, Grayson, Henry, Lee, Montgomery, Patrick, Pittsylvania, Pulaski, Roanoke, Rockingham, Russell, Scott, Smyth, Tazewell, Washington, Wise, Wythe (including TN, NC, KY and WVA)



Virginia Provider Partners Contact Information

Waradah K. Eargle
Northern and Northwest VA
Waradah.eargale@dentaquest.com



Bridget Hengle
Central and Eastern VA
Bridget.hengle@dentaquest.com



Melanie King
Southwest VA (KY, NC, TN, WVA)
Melanie.king@greatdentalplans.com



Toll-Free: 866-853-0657
Fax: 262-834-3482