



COLORADO SUMMIT



Health First Colorado and CO CHP+ Dental Programs

Provider Updates

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IN THIS ISSUE

- Training Sessions
- Long Bill and Fiscal Year Changes
- CHP+ Continuation of Care Closure
- Broken Appointments Program Closure
- Teledentistry
- Provider Portal Switch
- DentaQuest Provider Representative Information

FAQ

Q: When do I bill for a multistage procedure, like a Crown or Denture?

A: On the cementation, insertion, or completion date. See ORM Section 15.00 for complete detail.

Training Sessions

Did you know DentaQuest holds monthly training sessions covering current events and common questions? Join our next session by following the below instructions! Follow the link for details on all of our upcoming training sessions.

For complete training details (including September and October meeting details) [Click Here](#).

Date: Wednesday, September 16, 2020

Time: 10:00 AM MST (1 hour)

Host: Donna Phelps

Call in: 1-408-792-6300

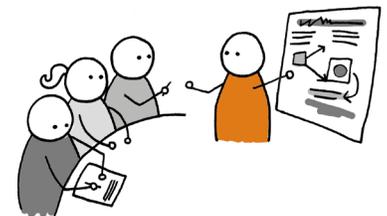
Meeting Number (access code): 790 713 101

Meeting Link: [Click Here](#)

Password: Training1

If requested, please enter your name and email address

Then Click: "Join"

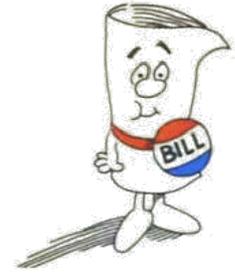


Even more, including **FREE CEUs**, at DentaQuestPartnership.org - Stay up to date by registering [HERE](#)



Long Bill and Fiscal Year Changes – By Donna Phelps

Each year the various state agencies submit a proposed budget to the Office of State Planning and Budget who then present their recommendations to the Joint Budget Committee (JBC). A state budget, called the "Long Bill" is prepared each year by the Joint Budget Committee of the General Assembly. The Long Bill is simply a lengthy bill that contains many appropriations.



The Long Bill tells the Colorado Department of Health Care Policy and Financing (HCPF) and other agencies what their budget is for the next year and what they can spend the money on. Once the Long Bill is passed, HCPF must receive CMS approval to implement budgetary changes that affect programs and providers. It is through this process that HCPF makes recommended changes to fees and the dental benefit maximum.

With the State facing budget shortfalls in the billions for the 2020/2021 fiscal year, the JBC recommended that dental provider fees be reduced by 1% and the Adult Medicaid benefit be reduced to be an annual maximum of \$1000. It was also recommended to implement a \$4 copay for all qualifying members. These changes require CMS approval, which is in progress.

DentaQuest received approval from HCPF to implement the 1% fee reduction effective July 1, 2020. As this was completed proactively, no claims reprocessing was required. It is anticipated that both the Adult benefit maximum reduction and copay adjustments will go into effect January 1, 2021. The intent is to move forward with changes once approval is received. Please look to a provider notice on the topic in the coming weeks and months.

CHP+ Continuation of Care (COC)– Closed June 30th, 2020 – By Myrna Fletchall

COC was a program where DentaQuest offered payment to out of network providers from July 1, 2019 to June 30, 2020 to allow for all providers to complete credentialing. Providers are required to credential through DentaQuest to continue servicing CHP+ members after the continuation of care period closes. DentaQuest offered this program to allow providers that were a CHP+ provider in the past to continue servicing members while credentialing was completed. This helped all providers in the state of Colorado that were waiting for their CHP+ applications to be finalized without delaying care for members.

DentaQuest gave providers a full year of continuation of care starting July 1, 2019 and ending June 30, 2020. With continuation of care ending on June 30, 2020 DentaQuest made efforts to reach out to providers that did not finalize the process of becoming a CHP+ provider. If you are uncertain if your providers are credentialed, please contact your designated Network Manager or our credentialing department at 1-800-233-1468.

Providers that are not credentialed for CHP+ starting July 1, 2020, will not receive payment. All credentialed providers will receive payment as normal.



Broken Appointment Program – Closed July 1, 2020 – By Myrna Fletchall

DentaQuest has been working with the Department of Health Care Policy and Financing to institute budget reductions. The Department has made the decision to close the broken appointment program. Starting July 1, 2020, the broken appointment option on the DentaQuest portal will be no longer available on the New Portal. The Old Portal will still show the option until its retirement on August 30, 2020; however, the background program will cease. This program was chosen as a cost saving measure due to the high cost of administration and in an effort to provide as much direct funding for care delivery as possible.

If you have any questions regarding the termination of the broken appointment program, please contact your designated Network Manager.

Teledentistry – By Jennifer Labishak

Teledentistry refers to the use of telehealth systems and methodologies in dentistry. There are two teledentistry codes that have been approved by The Department of Healthcare Policy and Financing in Colorado. Code D9996 (asynchronous) is a regular covered benefit that can be found in the ORM under section 20.00. D9995 (Synchronous) is an emergency benefit put in place temporarily to allow providers an alternate option to assist their patients with emergencies using safer measures during the COVID 19 pandemic.

The emergency teledentistry code D9995 (synchronous- real time encounter) went into effect March 23, 2020. Teledentistry is covered for both CHIP and Medicaid plans and is reimbursed at \$16.45. The frequency for D9995 is 2 per month/6 per year per member and can be submitted by itself or with D0140 (Limited Oral Evaluation or LOE), no other services are allowed to be billed with teledentistry. Claim submissions must include a narrative of medical necessity in relation to COVID 19 as well as confirmation of video conferencing.

The teledentistry code D9996 (asynchronous- stored and forwarded to dentist for subsequent review) is covered when submitted by a permitted RDH. RDHs are required to complete the RDH/ITR application process and must be approved by the State of Colorado. RDHs are present with the patient at the time the service is completed. This benefit is covered for both CHP+ and Medicaid plans and the frequency is 1 per day per patient.

Provider Portal Switch – Retirement of “Old” Portal – By Desiree Fragoso

DentaQuest has been committed to enhancing your primary provider portal since the launch in 2017. While the backup portal is still in existence today, effective 9/1/2020 the backup portal will no longer be available. DentaQuest has begun outreach to providers to assist with transitioning to the new provider portal.

Over the last few years, we have worked hard to understand, analyze, and adapt to the needs and wants of your provider portal. We heard you and we continue to hear you! Through the long days and nights of data testing and the various efforts of many, the New Provider Portal continues to improve!





At no additional cost to you, did you know you can verify member history, submit and track claims/pre-authorizations in REAL TIME? That's right, your new portal is REAL TIME! But wait, there's more... Prefer to live chat? Our Portal can do that! You can create and maintain user IDs for provider staff, sign up for direct deposit via electronic funds transfers, and so much more!

Need to register? [CLICK HERE!](#)

Please contact Customer service at 855.225.1731 or your network manager to obtain your business Key for registration.

DentaQuest Network Manager Information

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Health First Colorado and CHP+ Provider Services
1-855-225-1731
Health First Colorado Member Services
1-855-225-1729
CHP+ Member Services
1-888-307-6561
DentaQuest Web Portal Log-in
www.provideraccess.dentaquest.com
Health First Colorado and CHP+ Authorization and Claim Requests
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Mailing address:
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CHP+ Credentialing (DentaQuest)
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