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Reimbursement Rate Changes

As previously communicated, four new CDT codes were added to the Children’s Medicaid Under 21 fee schedule, effective January 1, 2016. When introduced in January, there were no rates provided by HHSC as the rate hearing process had not taken place at that time, and providers were asked to bill their usual and customary fees until such time as rates had been solidified.

HHSC held a rate hearing on February 18, 2016, and subsequently has announced that the proposed rates have been finalized, with an effective date of January 1, 2016.

Code	Rate	Description
D4283	\$67.38	autogenous connective tissue graft procedure
D4285	\$67.38	non-autogenous connective tissue graft procedure
D9223	\$48.75	deep sedation/general anesthesia – each 15 minute increment
D9243	\$48.75	iv moderate (conscious) sedation/analgesia – each 15 minute increment

Testimonial

I have nothing but great things to say about the customer service that DentaQuest and Trisha Hardesty have provided. Every time I have had questions or needed information, Trisha promptly responds and is very professional. She was able to help me with some claims that I could not get taken care of myself. She followed up with me to make sure that everything was taken care of, which not everyone does. I greatly appreciate her hard work. I wish all representatives were like her.

Benay DuBose
Insurance Coordinator
Noble Smile Family and Cosmetic Dentistry





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[Access Medicaid Patient Health Information through YourTexasBenefitsCard.com](http://YourTexasBenefitsCard.com)

YourTexasBenefitsCard.com (YTBC) is a portal that uses digital technology to streamline the process of verifying a person's Medicaid eligibility and accessing their available health information. YTBC includes two portals; one portal where Medicaid providers currently view timely information on a patient's Medicaid eligibility, services and treatments and a second portal where patients are able to view their benefit and case information, print or order a Medicaid ID card, set up and view their Texas Health Steps alerts and more. The specific functions provided by the portal are:

- Ability to view Medicaid patient available health information such as:
 - Vaccination Information
 - Prescription Drugs
 - Past Medicaid Visits
 - Health Events; including diagnosis and treatment
 - Lab Data
- Verification of Medicaid patient eligibility and the ability to view patient program information
- Ability to view THSteps Alerts
- Access to use the Blue Button functionality to request a Medicaid patient's available health information in a single tool

For a dental provider, the benefits of utilizing the available health information on the portal are reduction in the duplication of services, knowledge of patient's current prescription drugs or serious health conditions prior to performing a dental procedure, and assists with better coordination of patient care.

In addition to being able to view a Medicaid client's available health information, Dental providers will now be able to access Main Dental Home PCP information from the 'Health Summary' page while logged on to the YTBC portal with just one click and be directed to the DMO website (DentaQuest). As usability from the Dental community is achieved, future assessments will include potential enhancements to the YTBC portal.

Follow the instructions contained in the 'Initial Registration Guide for Medicaid Providers' located on the YTBC portal to get started. During initial set-up of your account, you will be asked for your Billing NPI, Billing





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Taxonomy Number, Billing Tax ID and an Internal Claim Number (ICN) or Encounter Number. Once you have an account you will be able to perform Eligibility Verifications, view THSteps alerts and Medicaid patient available health information.

For more information you can download the “Welcome Packet” from the initial Logon page of YourTexasBenefitsCard.com.

The “Welcome Packet” contains:

- Provider Overview
- Consent Attestation
- Terms of Use
- Health Information Limitations Disclaimer
- Quick Reference Guide
- Provider Portal Demonstration Slides

Need help or have questions?

Help Desk: 855-827-3747

Email: ytb-card-support@hpe.com

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 provider, 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 Medicaid and CHIP services that weren't given or necessary
- Not telling the truth about a medical condition to get medical treatment
- Using someone else's Medicaid or CHIP Dental ID
- Letting someone else use a Medicaid or CHIP Dental ID
- Not telling the truth about the amount of money or resources he or she has to get
- Benefits





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

- Call the OIG Hotline at 800-436-6184
- Visit <https://oig.hhsc.state.tx.us/> and click “Report fraud, waste or abuse” to complete the online form

Report fraud, waste or abuse directly to DentaQuest:

DentaQuest-TX HHSC Dental Services
Attention: Utilization Review Department
12121 North Corporate Parkway
Mequon, WI 53092
Phone: 800-237-9139
Fax: 262-241-7366

Main Dental Home

When should a member change their assignment?

A member should only switch their Main Dental Home if they want to permanently see a new dentist. Below are a few examples to better understand when a member should or should not change their Main Dental Home assignment.

When to make a change:

A new DentaQuest member comes to my office and wants to be seen here on a regular basis: You should first verify the member’s eligibility on the provider portal. If you are not the assigned main dentist, the member’s head of household should initiate a change. There are several options available to the member. The member’s head of household can:

Complete the fax form: While the head of household must complete the fax request, you can fax it on their behalf on or before the date of service. Please save a copy of the fax confirmation showing the date and time the fax was sent. It serves the same purpose as receiving a reference number from the contact center.

Call the contact center: The head of household can call the Medicaid member hotline at 1-800-516-0165 or the CHIP member hotline at 1-800-508-6775 to make the change.





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My member went to a different location other than the one he is assigned to: Members may only be seen by their assigned Main Dentist at a different location. If the member insists to be seen at a location where you are not practicing that day, a change must be initiated by the member's head of household.

Reminder: The Main Dental home change must be made prior to services being rendered if the member isn't assigned to you.

When *not* to make a change:

I am out of the office and my member comes in for treatment: A member may see any credentialed provider at the same brick and mortar office as their assigned provider. Every attempt should be made to ensure the assigned provider is on staff on the day of the appointment; however, if something comes up and another provider needs to render care, no change should be made.

My member needs treatment, but I am not practicing at their assigned location on the day they need to be seen: You may render care to your assigned members at any credentialed location where you practice. A Main Dental home change should not be made.

