CARESOURCE PROVIDER TRAINING

OHIO MEDICAID

Dental Plan Overview
April, 2020

DentaQuest

Agenda

- Team Players

- Brief Overview of DentaQuest

- CareSource Overview

- Member ID Cards

- Office Reference Manuel (ORM)

- Credentialing & Re-Credentialing

- Prior-Authorization

- Appeals and Peer to Peer Process

- Find a Dentist

- Dental Home

- Access and Availability

- Provider Portal

- Questions & Answers

A copy of this presentation will be available for future reference at
http://www.dentaquest.com/state-plans/regions/ohio/dentist-page/

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DentaQuest's Provider Engagement Team

- Maggie Lombardi: Director, Provider Engagement

- Tricia Bell: Supervisor, Provider Partner

- Micki Thompson: Provider Partner – Eastern Ohio

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- Email: OHProviderEngagement@DentaQuest.com

- Provider Services: 1-855-398-8411

DentaQuest Facts

- More than 50 years of experience partnering with health plans and state agencies to deliver state-of-the-art benefit solutions

- DentaQuest is one of the largest dental benefits administrators in the United States and the largest public dental benefits administrator in the nation (Medicare/Medicaid)

- DentaQuest serves more than 30 million members in 30 states through partnerships with 100 health plans and 9 state agencies

- Receive online CE Credit: The DentaQuest Institute is available for continuing education for your entire team https://www.dentaquestinstitute.org/

Who is CareSource?

Our Mission

To make a lasting difference in our members' lives by improving their health and well-being.

At CareSource, our mission is one we take to heart. In fact, we call our mission our "heartbeat." It is the essence of our company, and our unwavering dedication to it is a hallmark of our success.

Our Vision

Transforming lives through innovative health and life services.

Values Statement

The Foundation believes in people, organizations and initiatives that actively work to improve the physical health and well-being of individuals residing in the CareSource service areas. We believe that passion, knowledge and vision create positive, long-lasting change, and that meaningful collaboration creates strong partnerships with grantees.

Example of Ohio Medicaid Member Identification Cards

DentaQuest recommends that each dental office make a photocopy of the member's identification card at each visit. It is important to note that the Health Plan identification card is not dated and it does not need to be returned to the HealthPlan should a Member lose eligibility. Therefore, an identification card in itself does not guarantee that a person is currently enrolled in the Health Plan.
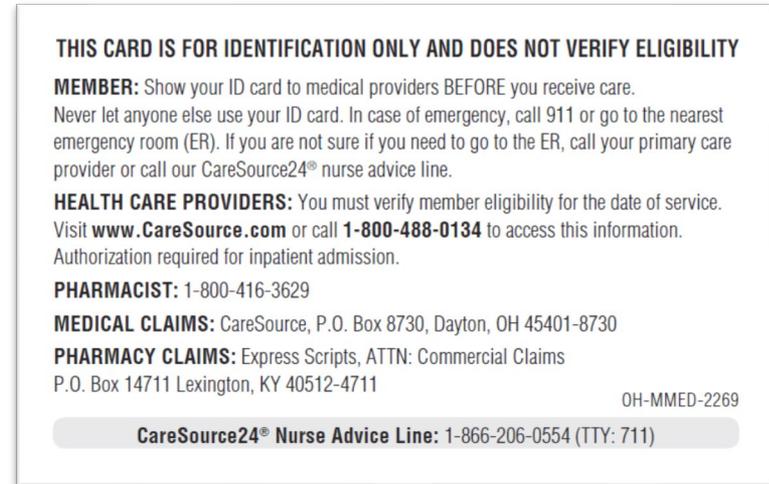
DentaQuest is the dental administrator for Ohio CareSource Medicaid as of 5/1/2020.

MyCare Ohio, Marketplace and Advantage plans will continue to be administered by CareSource.

Provider 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

DentaQuest's Office Reference Manual for CareSource Ohio Medicaid can be found at the below link or on the provider portal under related documents.

Link access to the ORM: http://www.dentaquest.com/state-plans/regions/ohio/dentist-page/

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CareSource Ohio Medicaid Benefits

CareSource will follow ODM Medicaid requirements

Pre-authorization requirements will also follow ODM requirements

CareSource Ohio Medicaid Enhanced Benefits:

- D1110 Adult prophylaxis - adult (allowed two times per year)
- D1551 - re-cement or re-bond bilateral space maintainer- Maxillary
- D1552 - re-cement or re-bond bilateral space maintainer- Mandibular
- D1553 - re-cement or re-bond unilateral space maintainer- Per Quadrant
- D5999 - unspecified maxillofacial prosthesis, by report (**authorization and narrative of medical necessity required**)
- D9320 – nitrous sedation

Continuation of Care

The following information is required for possible payment of continuation of care cases:

- Completed 'Orthodontic Continuation of Care Form' - See Appendix A of the ORM.
- Completed ADA claim form listing services to be rendered.
- A copy of Member's prior approval including the total approved case fee, banding fee, and periodic orthodontic treatment fees.
- If the member is private pay or transferring from a commercial insurance program: Original diagnostic models (or OrthoCad equivalent), radiographs (optional).
- If the Member started treatment under commercial insurance or fee for service, we must receive the ORIGINAL diagnostic models (or OrthoCad), or radiographs (optional), banding date, and a detailed payment history.
- It is the Provider's and Member's responsibility to get the required information. Cases cannot be set-up for possible payment without complete information.

**Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

**DentaQuest will allow Out-of-Network claims for CareSource Ohio Medicaid members for 3 calendar months (until 7/30/2020)

Prior Authorizations

Prior-Authorizations are recommended for multiple procedures, the codes that require Prior-Authorization are outlined in the office reference manual in the plan benefit grids.

- Necessary documentation must be submitted with the prior-authorization on a standard ADA claim form.

- In addition to mailing, prior-authorizations can also be submitted on the provider portal with attachments.

- Approved prior-authorizations may be eligible for a one-time extension to the expire date for certain procedures.

- Prior-authorization reconsiderations are available by a peer to peer call request on clinically reviewed determined prior-authorizations.

- All prior-authorizations that were approved by CareSource will be reflected on our provider portal. If you have an approval that does not show, please submit a copy of the approval with your claims submission.

Prior-authorizations are active for 180 days.

NOTE: If a member requires approved services at another office the initial office must release the prior-authorization for member to go elsewhere.

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Accepted Methods of Claims Submission

Preferred:

- Electronic via DentaQuest's Provider Portal
- Electronic via Clearinghouse
    - Affiliated Network Services (ANS)

Other Methods:
- HIPAA compliant 837D file
- Paper Claims
    - 2006 or newer ADA claim forms may be used; most recent version preferred as it provides space for NPI (see mailing address on next page)

Important: Claims must be submitted within the contracted time limit. If your office needs to be trained on claims submission, please contact <u>OHProviderEngagement@DentaQuest.com</u>

Claims Submission & Contact Information

Claim Submission Address

DentaQuest Claims

PO Box 2906

Milwaukee, WI 53201-2906

Clearinghouse Claims Submission

for CareSource Ohio Medicaid

Payor ID: CX014

DentaQuest Provider Services

(Claims, Pre-Auths, and Appeals)

Phone: 1.855.398.8411

Fax Numbers:

Claims/Payment Issues: 1.262.241.7379

Claims to be processed: 1.262.834.3589

DentaQuest Provider Engagement email (Escalated Issues)

OHProviderEngagement@dentaquest.com

Find A Dentist

DentaQuest offers a link for members and providers to Find A Dentist. This site allows you to help find your patients participating specialists or special needs providers in your area.

Follow the link and select "Find a Dentist."

http://dentaquest.com/state-plans/regions/ohio/

This site is updated daily

If you do not find your group/provider name on the FAD please email: OHProviderEngagement@dentaquest.com

Dental Home

"The dental home is the ongoing relationship between the dentist and the patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way."

-American Academy of Pediatric Dentistry (AAPD)

CareSource will be implementing dental home as of May 1, 2020. Please watch for additional communications via fax/mail.

Benefits of Dental Home

- Consistent place to receive care

- Comprehensive oral health care, including:

  - Individualized preventive dental health plan
  - Assessment for oral diseases
  - Plan for acute dental trauma
  - Dietary counseling
  - Referrals to dental specialists
  - Supports continuity of care

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Member Assignments

Over 7.5 million DentaQuest members are assigned to dental homes.

DentaQuest's auto-assignment functionality assigns 98% of members to their dental home location upon receipt of the eligibility file from the client.
- If a member is not automatically assigned, an analyst will manually assign the member to a dental home.

When determining where to assign a member, the following factors are considered:
- Member has history at an identified dental home
- Member has a sibling currently assigned to a dental home
- Distance from the member's home to the dental home
- Member's age in relation to the ages the dental office treats
- Available capacity of the dental home location

Members may go to any in-network dentist even if it is not their assigned dental home. The member will automatically be assigned to a General Dentist or pediatric dentist that they visit.

If your office is only accepting Existing Patients Only (EPO) or only accepting children, please send an email to OHproviderengagement@dentaquest.com so we do not assign new members to your office

Member Communication

- Members will be notified of their assigned Dental Home via postcard

- Postcards include the name, address, and phone number of the member's assigned dental home as well as the customer service number

- Members will not receive a new postcard if they elect to change their dental home

Access and Availability State Regulations

All participating providers must comply with Ohio Access and Availability Standards

<u>**Emergency Care:**</u> **Is within 24 Hours -** means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in any of the following: placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; serious impairment to bodily functions; or serious dysfunction of any bodily organ or part.

<u>**Urgent:**</u> **Is within 48 Hours** If a member calls in with an Urgent issues, such as having a need to control bleeding, infections, treatment to prevent imminent loss of teeth, or treatment of injuries to teeth, how soon can you fit them in.

<u>**Routine Care**</u>: **Is within 30 days** If a new or existing patients calls in for a routine cleaning and check-up.

Your office will be surveyed once a year to determine the appropriate regulations are being followed in your office.

DentaQuest Provider Web Portal

Portal Registration Link: http://www.dentaquest.com/dentists/self-registration-page/

View member eligibility and eligibility details, such as coverage level and view benefit information, such as deductibles and maximums

- Submit Claims and Pre-Estimates

- Check the status of a Claim and/or Pre-Estimate

- Edit online user information, including personal and/or provider information, password, email and security questions

- 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

Contact DentaQuest in the tools menu:

- Contact Customer Service, file an appeal, file for a peer to peer request, request to release or extend authorization

If you have difficulty registering please email: OHProviderEngagement@dentaquest.com

**Out-of-Network providers will <u>not</u> be able to register for the provider portal.
They will have to submit paper claims or utilize a clearinghouse.**

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Credentialing & Recredentialing

- Applications must be completed on CAQH. Please email if you need additional information to OHProviderEngagement@dentaquest.com

- All information must be current

- Estimated turnaround time for newly credentialed providers is 30 days from the time all correctly completed documents are received

- Until you are notified that credentialing has been completed, you will not be eligible to receive payment for DentaQuest members. Note, however, there are OON benefits for CareSource members only for the first 90 days (ends 7/30/2020). This OON benefit does not apply to other Ohio Medicaid plans.

- A welcome letter will be mailed and will include your network effective date and information required to register for the provider portal

- Recredentialing is required every 3 years. Updated information must be submitted within the timeframe providers with our request. Failure to do so could result in termination.

- If you are currently credentialed with DentaQuest, their is no additional credentialing necessary

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Questions