



TEXAS ROUNDUP

Program Updates for Texas Dentists

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DentaQuest[®]

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New Dental Contract Period Begins

Operations under the new Medicaid and CHIP Dental Services Contract began September 1, 2020. DentaQuest would like to thank the network providers for working with us over the past 8 years and look forward to continuing our partnership with them to serve Medicaid and CHIP members in Texas.

Continuity of Care

Effective 9/1/2020

Since September 1, 2020 marked the beginning of the new HHSC Dental Services Contract for the Medicaid and CHIP programs, DentaQuest would like to remind all providers of the “Continuity of Care” process. Any new DentaQuest member receiving services through an approved authorization from either another Dental Contractor or Fee-for-Service (FFS) provider will continue to receive services for the same amount, duration, and scope for the shortest period of one of the following:

- 90 calendar days after transition to DentaQuest;
- Until the end of the current authorization period, or
- If services to be rendered have changed, until DentaQuest has evaluated and assessed the previous authorization and issued or denied a new authorization.



Continuity of Care (continued)

Effective 9/1/2020

If the treating provider is Out-of-Network (OON), DentaQuest will reimburse the provider for Medically Necessary Covered Dental Services until the member's records, clinical information, and plan of care can be transferred to a network provider, or until such time the member is no longer enrolled with DentaQuest, whichever occurs first. DentaQuest processed a one-time file transfer for open prior authorizations; however, the provider may submit a copy of their previously approved prior authorization with the claim for services to expedite and/or assist in adjudication.

Value-Based Care

DentaQuest is currently collaborating with network dentists to move dental care in a more sustainable, collaborative direction through Value-Based Care.

In a value-based system, quality and outcomes should improve while costs remain the same or fall because the healthier a person is, the less they require expensive services. We know people are both in need of dental care and concerned about the cost of care — just as before the pandemic. We process claims for services delivered in response to an already present dental disease. Fillings and extractions address the impact of disease but do not address or eliminate its cause — said another way, restorative care is more costly to the system and the person, while preventive care is more valuable for people and communities.

If you would like more information regarding DentaQuest's Value-Based Care model, please contact Brenda Walker (brenda.walker@dentaquest.com) or Penny Louviere (Penny.Louviere@greatdentalplans.com).

Update: Texas Credentialing Alliance for Dental Providers (CVO)

Effective 10/1/2020

Beginning October 1, 2020, all contracted Medicaid dental providers will be required to credential using the CVO "Credentialing Verification Organization." The CVO is a legislatively mandated initiative and contractually required of MCOs & DMOs by HHSC. The goal of the CVO is to reduce administrative burden for providers by consolidating recredentialing due dates and moving the entire process to an electronic format through CAQH that retains application data and eliminates the need to fill out multiple DMO-specific paper applications. Using the CVO, providers will only need to fill out the newly created "Texas Dental Credentialing Application" rather than an individual application for each plan. Please contact your Regional Provider Relations Representative if you have additional questions.

Reminder: Silver Diamine Fluoride – Added Benefit

Effective 9/1/2020

As part of our value-added service offerings, effective September 1, 2020 Silver Diamine Fluoride (SDF) is an extra benefit to Medicaid and CHIP members. Silver Diamine Fluoride (SDF) limits the progression of some cavities, providing a painless, non-invasive, efficient treatment for caries arrest. Please refer to the Office Reference Manual (ORM) for complete benefit limitation(s).