



1ST QT 2020 ARIZONA PROVIDER TRAINING

AGENDA

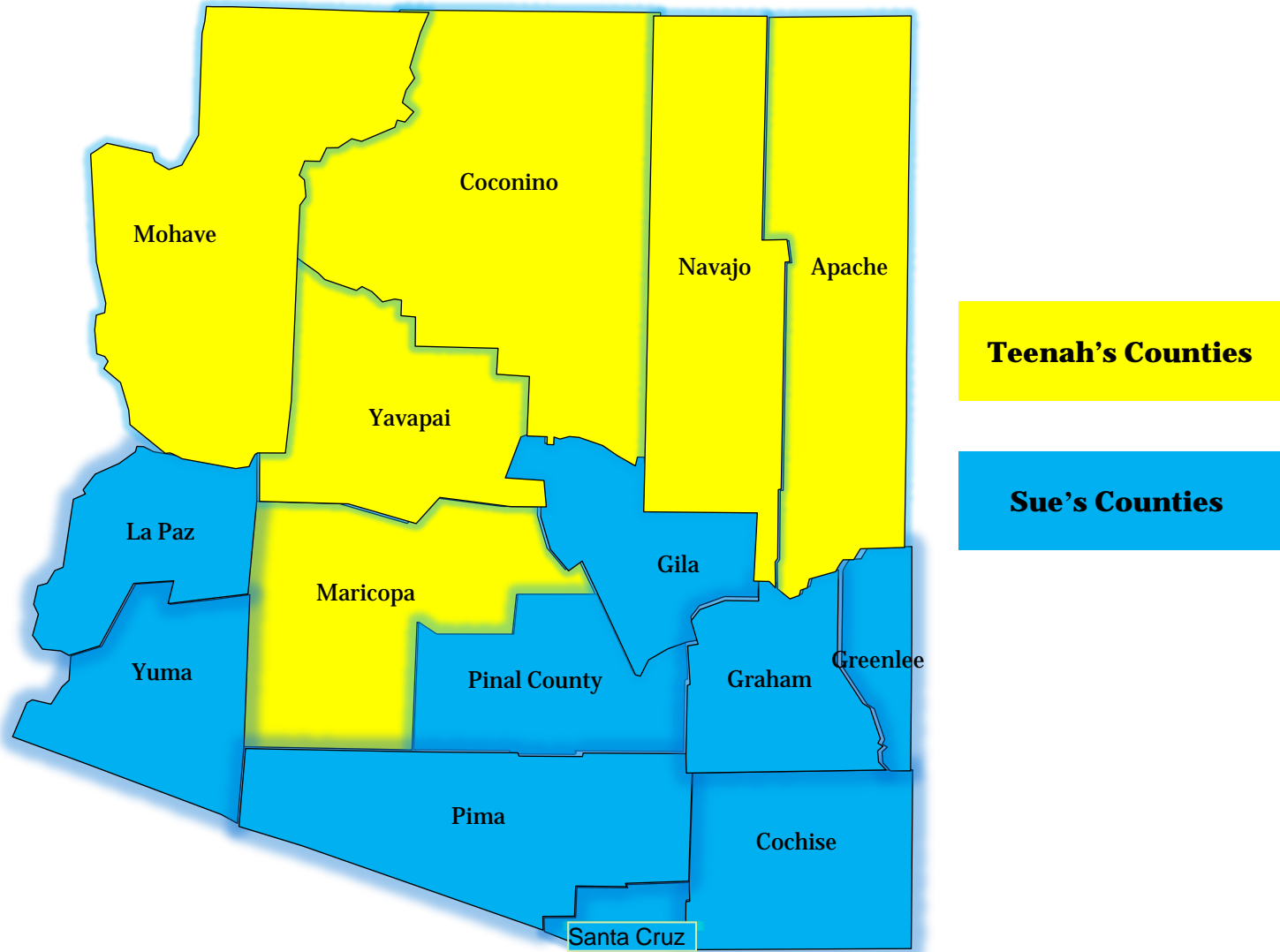
- Introductions
- **COVID-19 Preparedness** – Move to EDI Claims, EOB's and EFT
- 2020 CDT Code Changes
- DentaQuest's Plan Overview
- Claims and Prior Authorizations
- Credentialing/Recredentialing
- Important Reminders
- Provider Self-Service Options
- Q & A

INTRODUCTIONS

Your Arizona Team

- Noah Lehman – Managing Provider Partner
- Sue Harrison – Provider Partner– Southern AZ
- Teenah Curtin – Provider Partner – Northern AZ

Provider Partner by County



Covid-19 Preparedness Notice – Moving to EDI Claims, EOB's and EFT's

In order to serve you efficiently we are requesting that **ALL** providers work with us to move to electronic claim submissions, electronic EOBs, and EFT effective immediately.

- This will ensure we can continue to process, post and pay everything in a timely manner for you.
 - **We do anticipate potential delays for paper claims, EOB mailings and paper checks as the response to the Corona Virus develops and changes.**
- Electronic claims – you can send your claims using the information below and can also enter claims on the DentaQuest provider portal at no charge.
 - Portal - <https://govservices.dentaquest.com/>
 - Electronic via Clearinghouse (Payor ID CX014)
- Electronic EOBs and EFT – complete the Authorization for Direct Automated Clearing House Credits form (example is on the next slide) and email to standardupdates@dentaquest.com. We will make an update to your profile so you receive everything electronically. Make sure you include the following note so updates can complete your request:
 - Section 10, Notes – “Standard updates please transition my office to electronic claim submissions, electronic EOB, PHI compliant fax and EFT direct deposits. Also update my office email as indicated in section 6”
- We appreciate your continued partnership. If you have questions, please contact your regional Provider Partner.

Covid-19 Preparedness Notice – Moving to EDI Claims, EOB's and EFT's (continued)

This Direct Deposit form is located on the DentaQuest.com web page at <http://www.dentaquest.com/state-plans/regions/arizona/az-dentist-page/>

**AUTHORIZATION TO HONOR DIRECT AUTOMATED CLEARING HOUSE (ACH) CREDITS
DISBURSED BY DENTAQUEST, LLC**

Indicates Required Field. Please print legibly.

Provider Information			
*Provider Name – Complete legal name of corporate entity, practice or individual provider		Doing Business As (DBA)	
Provider Address			
*Street		*City	
*State/Province		*ZIP Code /Postal Code	
Provider Identifiers Information			
*Provider Federal Tax ID (TIN) or Employer Identification Number (EIN) Numeric 9 Digits		*National Provider Identifier (NPI) Numeric 10 Digits	
Provider Contact Information			
*Provider Contact Name- (Name of contact in provider office authorized to handle EFT issues)		Title	
*Telephone Number		*Email Address	
Financial Institution Information			
*Financial Institution Name			
Financial Institution Address			
*Street		*City	

CDT-2020 Code Updates

The following codes will be added eff 1/1/20 and are subject to each plans limitations, will require prior auth and will be updated in the respective ORM's. Additional details will be sent within the coming weeks.

Preventive:

- 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
- **These codes will replace code D1550 re-cement or re-bond space maintainer**

- D1556 removal of fixed unilateral space maintainer-per quadrant
- D1557 removal of fixed bilateral space maintainer-maxillary (done by dentist or practice that did not place appliance)
- D1558 removal of fixed bilateral space maintainer-mandibular (done by dentist or practice that did not place appliance)
- **These codes will replace code D1555 removal of fixed space maintainer**

Restorative:

- D2753 crown-porcelain fused to titanium and titanium alloys

CDT-2020 Code Updates

Prosthodontics:

- D5284 Removable unilateral partial denture-one piece flexible base (including clasps and teeth) -per quadrant
- D5286 Removable unilateral partial denture-one piece resin (including clasps and teeth)-per quadrant

Orthodontics:

These replace code D8691 repair of orthodontic appliance

- D8696 repair of orthodontic appliance-maxillary
- D8697 repair of orthodontic appliance-mandibular

These replace code D8693 re-cement or re-bond fixed retainer

- D8698 re-cement or re-bond fixed retainer-maxillary
- D8699 re-cement or re-bond fixed retainer-mandibular

These replace code D8694 repair of fixed retainers, include reattachment

- D8701 repair of fixed retainer, includes reattachment-maxillary
- D8702 repair of fixed retainer, includes reattachment-mandibular

These replace code D8692 replacement of lost or broken retainer

- D8703 replacement of lost or broken retainer-maxillary
- D8704 replacement of lost or broken retainer-mandibular

DENTAQUEST'S PLAN OVERVIEW

DentaQuest Plans



THE UNIVERSITY OF ARIZONA
HEALTH PLANS
University Family Care

- Banner/University Family Care Medicaid (AHCCCS) - Adult and Child
- Banner/University Care Advantage (Medicare)



- Mercy Care Medicaid (AHCCCS) – Adult and Child
- Mercy Care Advantage (Medicare)



- Medicaid (AHCCCS) ONLY – Adult and Child



- Care1st Medicaid (AHCCCS) – Adult and Child
- WellCare (Medicare)

DentaQuest Commercial Plans

- **Dental Care Plus**
- **Commercial/Marketplace PPO**
- **Clover Health Choice (AZ Medicare PPO)**
- **DentaQuest Personal PPO**

AHCCCS MEDICAID PLANS

AHCCCS Medicaid Plan Coverage Areas

- **Banner/University Family Care**

- Counties present: Pima, Pinal, Gila, Cochise, Graham, Greenlee, La Paz, Maricopa, Yuma, Santa Cruz

- **Mercy Care Plan**

- Counties present: Maricopa, Gila and Pinal

- **Magellan Complete Care**

- Counties Present: Maricopa, Gila and Pinal

- **Care1st**

- Counties Present: Maricopa, Gila, Pinal, Mohave, Coconino, Navajo, Apache, Yavapai

Medicaid Child, CRS & Transplant

- Children have full comprehensive coverage
- Coverage from age 0-20
- Coverage will begin and align with the new contract year October 1st – September 30th
- Plan details can be found in the respective Office Reference Manuals (ORM)



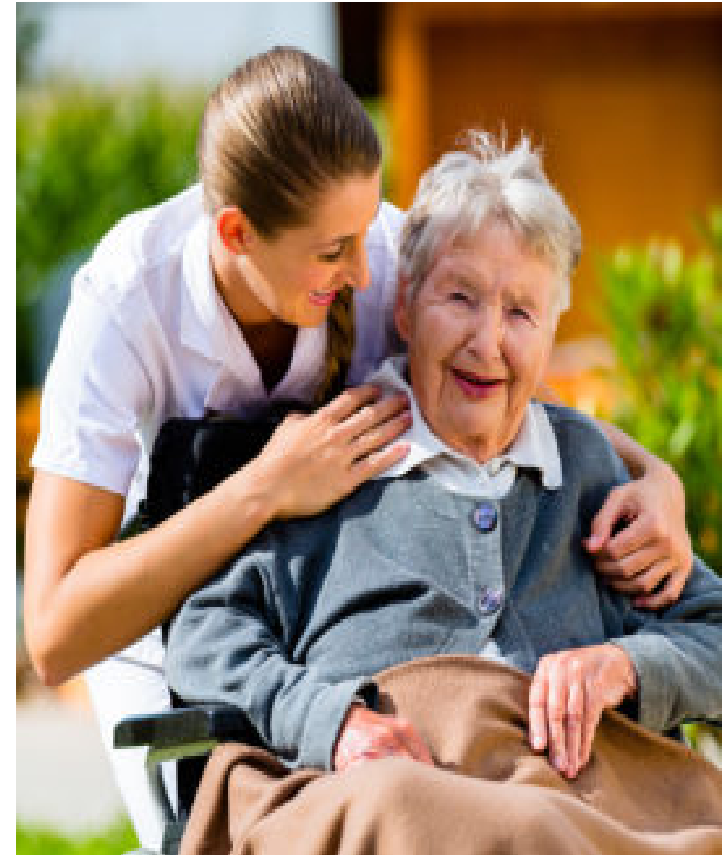
Medicaid Adult Emergency Benefit

- Services are based on emergency **ONLY**
- Adult members age 21 and older will have a benefit up to \$1000/year
- Coverage will begin and align with the new contract year Oct 1st – Sept 30th. Any unused benefits will **not** roll over to the next year
- Members can be billed for any covered services that exceed the \$1000/yr limit (at the contracted rate) as long as they are notified by the provider ahead of time and agree to pay for such services in writing
- Services do NOT require Prior Auth
- **Required documentation:**
 - The word “EMERGENCY” written in Box 35
 - Pre-op X-rays
 - Narrative describing why the member is in pain and why service is required
- Covered codes are listed in the respective ORM’s



Medicaid Adult ALTCS/DDD

- ALTCS members age 21 and older will have a benefit up to \$1000/year
- Coverage will begin and align with the new contract year Oct 1st – Sept 30th. Any unused benefits will **not** roll over to the next year
- Members can be billed for any covered services that exceed the \$1000/yr limit (at the contracted rate) as long as they are notified by the provider ahead of time and agree to pay for such services in writing
- Frequency limitations and services that require prior authorization still apply
- Dentures will be covered
- General Anesthesia (GA) will be covered and will count towards the \$1000 limit
- Plan details can be found in the respective Office Reference Manuals (ORM)



ALTCS/DDD Definitions



ALTCS (Arizona Long Term Care System)

- Must be an adult over age 65 with a developmental disability with certain qualifying medical and financial criteria
- Adult members under ALTCS live in long term care facilities (skilled nursing facilities and group homes)
- **ALTCS Plans and service areas:**
 - Mercy Care (Gila, Maricopa, Pima and Pinal)
 - Banner University Family Care (Cochise, Gila, Graham, Greenlee, La Paz, Maricopa, Pima, Pinal, Santa Cruz and Yuma)

DDD (Department of Developmental Disabilities)

- Children and adults with developmental disabilities
- **DDD Plans and service areas:**
 - Mercy Care (All counties)

MEDICARE PLANS



2020 Banner University Care Advantage Medicare

- Present in the following Counties: Cochise, Gila, Graham, Greenlee, LaPaz, Pima, Pinal, Maricopa, Santa Cruz, Yuma
- Comprehensive Benefit – See ORM
- Member's Annual Calendar Max is determined by the Plan PBP# located at the bottom right of their membership card. Services beyond Max will be paid at zero and are the responsibility of the member.

Counties	Contract ID (Appears on Mbr ID Card)	UCA 2020 PBP ID (Appears on Mbr ID Card)	2020 Benefit Maximum
AZ UCA Cochise	H4931	1	\$1,500
AZ UCA Gila	H4931	1	\$1,500
AZ UCA Graham	H4931	1	\$1,500
AZ UCA Greenlee	H4931	1	\$1,500
AZ UCA LaPaz	H4931	1	\$1,500
AZ UCA Pima	H4931	6	\$3,000
AZ UCA Pinal	H4931	7	\$3,000
AZ UCA Maricopa	H4931	7	\$3,000
AZ UCA Santa Cruz	H4931	8	\$3,000
AZ UCA Yuma	H4931	8	\$3,000



2020 Banner University Care Advantage Medicare/ALTCS (Dual Eligible)

- Present in the following Counties: Cochise, Gila, Graham, Greenlee, LaPaz, Maricopa, Pima, Pinal, Santa Cruz, Yuma
- Members who have both University Care Advantage AND ALTCS (Dual Eligible) will have a different Medicare Annual Maximum Benefit under their University Care Advantage Comprehensive Benefit – See ORM
- These members will also have their ALTCS Medicaid \$1000 Annual Benefits in addition to their UCA Benefits
- Member's Annual Calendar Max is determined by the Plan PBP# located at the bottom right of their membership card.

Counties	Contract ID (Appears on Mbr ID Card)	UCA 2020 PBP ID (Appears on MBR ID Card)	2020 Benefit Maximum
AZ UCA Cochise ALTCS	H4931	13	\$1,500
AZ UCA Gila ALTCS	H4931	13	\$1,500
AZ UCA Graham ALTCS	H4931	13	\$1,500
AZ UCA Greenlee ALTCS	H4931	13	\$1,500
AZ UCA LaPaz ALTCS	H4931	13	\$1,500
AZ UCA Pima ALTCS	H4931	14	\$2,000
AZ UCA Maricopa ALTCS	H4931	15	\$2,000
AZ UCA Pinal ALTCS	H4931	15	\$2,000
AZ UCA Santa Cruz ALTCS	H4931	16	\$2,000
AZ UCA Yuma ALTCS	H4931	16	\$2,000



MERCY CARE ADVANTAGE MEDICARE

- Counties: Maricopa, Pinal, Gila, Pima & Santa Cruz
- \$4,000 Annual Max eff 1/1/2020
- Please refer to the AZ Mercy Care Office Reference Manual for plan details

AZ Clover Health Choice PPO (Medicare)

- County present: Pima
- \$1,000 annual Max (comprehensive benefits only)
- Preventative and Diagnostic Services have \$0 co-pay (in and out of network)
- Comprehensive benefits have a \$20 co-pay per visit (in and out of network)
- Clover Health member eligibility: 800-440-3408 or 888-781-3235
- Claims should be sent to:
 - DentaQuest Claims
 - PO Box 2906
 - Milwaukee, WI 53201-2906
- Electronic:
 - Provider Web Portal – www.dentaquest.com
- Via Clearinghouse:
 - Payer ID#: CX014

Sample Clover Health I.D. Card:

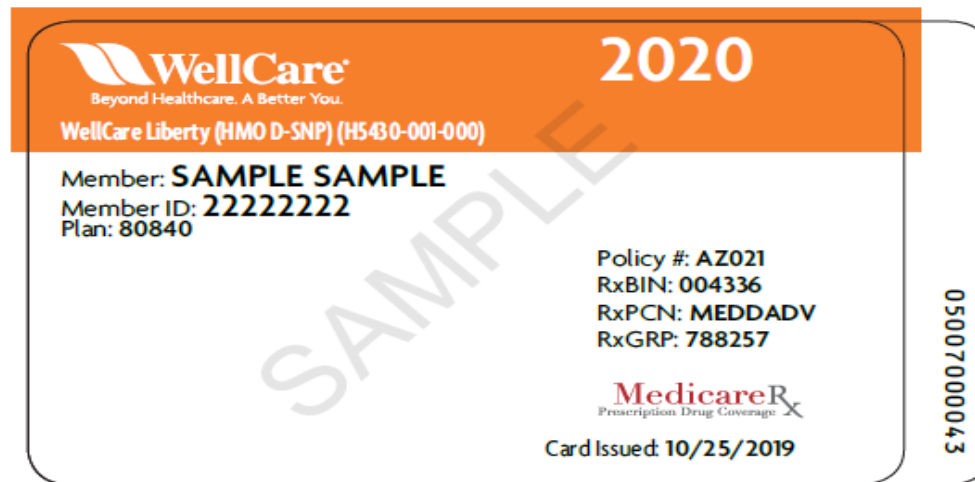
Front:



AZ WellCare Medicare Advantage – effective 1/1/2020

Wellcare Liberty (HMO Dual/SNP) –

- **Counties present:** Apache, Coconino, Gila, Maricopa, Mohave, Navajo, Pinal and Yavapai



Wellcare Value, Compass, Dividend –

- **Counties present:** Maricopa, Pinal, Pima and Yavapai

Arizona WellCare Medicare Advantage

There are variations in annual maximums and coverage. No Copays and No Out of Network benefit. Please consult the WellCare Medicare Advantage ORM for specific codes and services covered.

Coverage Details	AZ WellCare Liberty (HMO DUAL-SNP)	AZ WellCare Value	AZ WellCare Compass	WellCare Dividend
Annual Maximums	\$2,000	\$500	\$1,000	\$0
Standard ADA Categories				
Diagnostic	100%	100%	100%	100%
Preventive	100%	100%	100%	100%
Restorative	100%	100%	100%	0%
Endodontics	100%	0%	100%	0%
Periodontics	100%	100%	100%	100%
Removable Prosthodontics	100%	0%	100%	0%
Max. Prosthetics	100%	0%	100%	0%
Implants	0%	0%	0%	0%
Fixed Prosthodontics	100%	0%	100%	0%
Oral & Max. Surgery	100%	100%	100%	0%
Orthodontics	0%	0%	0%	0%
Adjunctive General	100%	100%	100%	100%
CPT Medical	0%	0%	0%	0%

Member Customer Service – 844-231-8319 (WellCare Active 12/15/19)

COMMERCIAL & PERSONAL PPO PLANS

AZ DQ Commercial Marketplace

- Individual Pediatric High and Low Options
- Individual Family High and Low Options, that include pediatric EHB (Essential Health Benefits)

Please refer to the AZ HIX ORM for benefits/coverage details

AZ Dental Care Plus

- PPO Pediatric Low and High Options
- PPO Family Low, High and Basic Options

The coverage and deductibles for in and out-of-network providers varies based on Plan and Coverage Type.

Please refer to the AZ Dental Care Plus ORM for benefits/coverage details

The fees will be the same as your current commercial fees listed in your DentaQuest of Arizona, Dental Provider Service Agreement.

AZ DQ Individual Personal PPO Plan

- Individual Personal Dental Plan
- Individual Personal Dental Plan Basic
- Individual Personal Dental Plan Plus
- No orthodontic coverage

Please refer to the Personal Dental Plans ORM for benefits/coverage details

CLAIMS AND PRIOR AUTHORIZATIONS

Claim & Authorization Submission

Electronic Claim Submission –

- Free through DentaQuest's Provider Web Portal
<https://govservices.dentaquest.com/>
- Clearinghouse or Trading Partner (Payer ID CX014)

Paper Claims/Authorizations

DentaQuest

PO Box 2906

Milwaukee, WI 53201-2906

Outpatient/Facility Prior Authorization Process

Requests for prior authorization must be submitted to DentaQuest and include, but are not limited to, the following documents and information:

- **A completed Prior Authorization Claim Form**
- **Location where the procedure(s) will be performed should be written out (not abbreviated) by name and address in Box 35 (Remarks) (Example: Phoenix Children’s Hospital 1919 E Thomas Rd, Phoenix AZ)**
- **Place of treatment in Box 38 should be marked as “Hospital”**
- **Narrative unique to the member, detailing reasons for the hospital case D9420.**
- **Diagnostic quality radiographs or photographs**
 - **When appropriate radiographs or photographs cannot be taken prior to general anesthesia, the narrative must support the reasons for an inability to perform diagnostic services. For these special cases that receive authorization, diagnostic quality radiographs or photographs will be required for payment and will be reviewed by the DentaQuest Dental Director.**

Outpatient/Hospital Facility Authorization Process Cont.

DentaQuest will forward the approved Auth for dental services to the Health plan for the facility authorization

- Mercy Care - the provider must coordinate the facility services with the Mercy Care Oral Health Care Liaison
- Magellan – the provider must coordinate the facility services with the Health plan
- Banner/University – the facility auth number is sent back to DQ to enter onto our Prior Auth determination letter, then mailed to provider
- Care1st – the provider must coordinate the facility services with AZ Care1st's Prior Authorization Team; call 602-778-1800 Option-5, then Option-6, then Option-3 for medical auth number

Transplant, Cancer and Medical Exceptions

Adults on AHCCCS programs who are transplant patients, undergoing certain cancer treatments, or medical exceptions are eligible for additional dental services.

Please review the Transplant, Cancer and Medical Exceptions section of the office reference manuals on how to submit with the appropriate keyword, and where to submit your authorization requests and subsequent claims.

DentaQuest will review requests based on the documentation on file in conjunction with what is submitted with the request. Please follow the below process:

- **Transplant Patients** - clearly write the keyword “**TRANSPLANT**” in box 35 of the ADA claim form.
- **Cancer Patients** - clearly write the keyword “**CANCER**” in box 35 of the ADA claim form.
- **Medically compromised patients** – clearly write the keywords “**MEDICAL EXCEPTION**” in box 35 of the ADA claim form.

In order to ensure that the keyword is captured by the scanner, please type the keyword or use clear, block style writing.

CREDENTIALING

Important Credential Changes

DentaQuest will require all newly credentialed and recredentialed providers to DentaQuest to register with CAQH, complete the following documents and email completed documents to: initialproviderenrollment@dentaquest.com

- AzAHP Practitioner Data Form
- DentaQuest Certification Statement and Signature page
- CAQH: Ensure that the providers CAQH is updated and DentaQuest has been approved to access it.

Required documents can be accessed on the AZ Dentist Web Page:

<http://www.dentaquest.com/state-plans/regions/arizona/az-dentist-page/>

If the Provider is new to DentaQuest, please withhold submission of Applications to DentaQuest until you receive the required Medicaid/AHCCCS ID

AHCCCS Provider Support 602-417-7670

Please allow 30-60 days for processing new applications. For status, contact DentaQuest's Credentialing Hotline at 800-233-1468

Existing Provider Updates, please complete the Provider Update Form and email directly to standardupdates@dentaquest.com

IMPORTANT REMINDERS

EFT & ERA PAYMENT

DentaQuest is in the process of identifying providers who are receiving payments and/or remits via “paper”

If your office is identified, you will be provided forms to implement EFT (Electronic Fund Transfer) and ERA (Electronic Remittance Advice).

Providers who are receiving paper EOB's (explanation of benefits) may convert them to ERA via 1 of the 3 options:

- PDF – via Web Portal
- 835 – via Clearinghouse
- 835 – via DentaQuest

Contacts:

ERA Enrollment: <https://www.dentaquest.com/era-enrollment/>

ERA 835 transaction – DentaQuest EDI Team: editeam@greatdentalplans.com

DENTAQUEST PREVENTION FOCUSED PROGRAM

- **Be on the lookout for your Preventistry reports**
 - The Preventistry report mailings are mailed out every 6 months and are designed to assist our provider in identifying those who may benefit from receiving preventative treatment
 - We encourage you to contact the patients on your list who have not received any services within the last 6 months
- **How to access member details**
 - Log into the DentaQuest Web Portal
 - Go to Patient/Panel Roster and download full report to Excel Spreadsheet
- **Dental Home Assignments**
 - Patients under 21 who have selected or have been assigned to your office as their dental home
 - Please encourage members to keep DH assignments up to date by contacting their Plan's Customer Service

Limitations to Patient Liability

- **CMS considers contracted providers an extension of the health plan and expects providers to ensure services are performed by a DentaQuest contracted provider, or secure an appropriate referral or authorization for services performed by non-contracted providers.**
- **When the provider can show that a patient was notified prior to receipt of a service that was provided by a non-contracted provider, the patient can be held liable for the full cost of the service charged by the provider.**
- **Members cannot be held liable when a contracted provider refers to a non-contracted provider. A member can be held liable if they self-refer to a non-contracted provider without obtaining proper referral or authorization.**
- **DentaQuest Providers are required to refer to the Find-A-Dentist page via the www.DentaQuest.com web site prior to referring patients to a dentist to ensure they are participating with DentaQuest.**

Appointment Availability Standards for General and Specialty



- Emergency appointments
 - Within 24 hours of request
- Urgent appointments
 - General - Within 3 business days of request
 - Specialty – Within 2 business days of request
- Routine appointments
 - Within 45 days of request/referral
- After Hours Coverage
 - Each provider must have 24 hours per day, 7 days per week coverage.
- Please ensure that your staff is aware of the Plans your office accepts
- Ensure staff cooperates with AHCCCS, Health Plans, and DentaQuest when they are conducting these Appointment Availability surveys
- Make sure your Appointment times are within the timelines stated
- If you are not able to meet these standards, please contact your Provider Representative

PROVIDER SELF-SERVICE OPTIONS

Updating Provider & Office Demographics

DentaQuest communicates using phone numbers, fax numbers, and email.

Please make sure your active provider and office information is accurate on our website and provider directory.

Submit Provider and Office Updates, using the Provider Update Form, directly to standardupdates@dentaquest.com





DentaQuest provides you helpful resources at:

<http://www.dentaquest.com/state-plans/regions/arizona/az-dentist-page/>

Welcome, DentaQuest Dentist

We believe in and support our dentists. You are the cornerstone of our success and a partner in helping our members get and stay healthy. To help make you successful, we provide advanced technological tools and we eliminate the administrative burden associated with participating in government-sponsored programs. Beyond representing an act of public service in your community, we want your participation in our network to represent a sound business decision for your practice.

Provider Resources

- » **Banner University Health Plans:** 800-440-3408 
 - » **Mercy Care Plans:** 844-234-9831 
 - » **Magellan Complete Care:** 800-440-3408 
 - » **Clover Health:** 888-554-5542 
 - » [Office Reference Manuals](#)
 - » [DentaQuest Notices](#)
 - » [Quarterly Provider Trainings](#)
 - » [Provider Portal Registration](#)
- » Forgot your password? [View our Forgot Password tip sheet.](#)

New to DentaQuest? Join Our Network:

DentaQuest is partnered with the Arizona Association of Health Plans (AzAHP) Credentialing Alliance to streamline our credentialing and recredentialing processes. Part of this streamlined process includes utilizing the Council for Affordable Quality Care (CAQH). AzAHP has contracted with Aperture Credentialing for primary source verification (PSV) services for the Alliance. You may receive correspondence from Aperture on behalf of DentaQuest, any requests from Aperture are legitimate and vital to the timely completion of your initial credentialing event.

Please complete the following documents and email completed documents to:
initialproviderenrollment@dentaquest.com

- » [AzAHP Practitioner Data Form](#)
- » [DentaQuest Certification Statement and Signature page](#)

CAQH Registration: <https://www.caqh.org/>

DentaQuest Recredentialing:

Your recredentialing date will be set three (3) years from the initial AzAHP credentialing date. You will receive correspondence from Aperture on behalf of DentaQuest requesting that you complete or update a credentialing application and/or provide additional documentation in order to complete your application process. Any requests from Aperture are legitimate and vital to the timely completion of your recredentialing event.

Existing Provider Information

If you are an existing provider and need to update information at your location, please complete the [Provider Update Request Form](#)

Office Reference Manuals via the Web Portal

- Searches
- Messages
- Tools
- Privacy Policy
- Terms of Use

Welcome

Welcome, you may notice that the DentaQuest portal has a new look and feel. It's all part of our new brand and purpose to revolutionize oral health by redefining prevention and care. There have been no changes to the portal content or functionality. Please continue to use the site as you normally would.

Contact

Provider Relations Telephone Numbers

- South Carolina Providers: 1.888.307.6553
- Florida Providers: 1.877.468.5581
- Georgia Providers: 1.800.516.0124

Idaho Smiles Providers: 1.800.936.0978

Illinois Providers: 1.888.875.7482

Maryland Healthy Smiles Providers: 1.888.307.6547

Missouri Providers: 1.888.307.6547

TennCare Providers: 1.888.554.5542

Virginia "Smiles For Children" Providers: 1.888.912.3456 option 1

WellCare National Medicare Providers: 1.800.936.0913

All DentaQuest Providers: 1.800.341.8478

General Telephone Numbers

Toll Free
1.800.417.7140

Local
1.262.241.7140



- [Event Calendar](#)
- [Related Documents](#)

- From the Portal Home Page click [Related Documents](#) under the picture to the right

Office Reference Manuals via the Web Portal

[Home](#)

Searches

Messages

Tools

Privacy Policy

Terms of Use

Document List

This page allows you to upload and manage documents for the Abovehealth system, making them available to all user types to view via a link from the respective user type home page. You can sort the document list by user type, document name, and description.

Search

Title ?

Description ?

File Detail Category **Office Reference Manual** ▼

Filename ?

File Repository ▼

User Type ▼ ?

Client

Dentist

Member

Broker

Network

Location Name ?

State ▼ ?

Search Date (mm/dd/yyyy)

-OR-

Date Range From to

- Under File Detail Category click on the drop down and choose Office Reference Manual and click Search
- Do NOT add the State

Office Reference Manuals via the Web Portal

File Detail Category: Office Reference Manual

Filename:

File Repository:

User Type:

Client: Select Clear

Dentist: Select Clear

Member: Select Clear

Broker: Clear

Network: Select Clear

Location Name:

State:

Search Date: (mm/dd/yyyy)

-OR-

Date Range From: to

Results [Download File](#)

File Title	Filename/URL	Date	File Detail Category	Description	Location Name	State	File Repository
08.06.2019 AL Cigna HealthSpring ORM	08.06.2019 AL Cigna HealthSpring ORM.pdf	08/06/2019	Office Reference Manual	office reference manual			Document Management
AL Cigna HealthSpring 2018 ORM	AL_Cigna_HealthSpring ORM 4.13.2018.pdf	12/26/2017	Office Reference Manual	AL Cigna HealthSpring ORM 4.12.2018			Document Management
AL Cigna HealthSpring ORM	05.24.2019 - AL Cigna HealthSpring ORM.pdf	05/29/2019	Office Reference Manual	Office Reference Manual			Document Management
AL Dental Care Plus ORM	AL_Dental_Care_Plus ORM.pdf	12/20/2018	Office Reference Manual	AL Dental Care Plus ORM - Jan 2019			Document Management
ambetter programs Office Reference Manual	ambetter-850_December 21 2015.pdf	12/24/2015	Office Reference Manual	ambetter programs Office Reference Manual			Document Management
AMERIGROUP Community Care (Medicare)	NM - Medicare-510a_Feb 10 2016.pdf	11/19/2009	Office Reference Manual	Office Reference Manual			Document Management
AR Cigna HealthSpring 2018 ORM	AR_Cigna_HealthSpring_2018.pdf	12/26/2017	Office Reference Manual				Document Management
AR-Cigna HealthSpring ORM	05.24.2019-AR Cigna-HealthSpring ORM.pdf	05/29/2019	Office Reference Manual	Office Reference Manual			Document Management
Arizona Marketplace Office Reference Manual	AZ_HIX_Jan 28 2015.pdf	12/31/2014	Office Reference Manual	Arizona Marketplace Office Reference Manual			Document Management
AZ - Arizona Mercy Care Office Reference Manual	AZ Mercy 985 October 26 2017.pdf	02/24/2016	Office Reference Manual	AZ - Arizona Mercy Care ORM October 2017			Document Management

1 2 3 4 5 6 7 8 9 10 >

- Go to where it shows the Results and click on Title. This will sort A-Z.
- Look for the Office Reference Manuals that start with AZ

DQ Self Service Links

<http://www.dentaquest.com/state-plans/regions/arizona/az-dentist-page/>

Credentialing Documents

Office Refence Manuals

Provider Trainings

Fax Blast Notifications

Provider Update Form

Find-A-Dentist

<https://govservices.dentaquest.com/Router.jsp?component=Main&source=Logon&action=ProviderDirectory2&state=AZ&locale=en>

Web Portal Self Registration

Broken Appointment

We encourage you to track all broken appointments on this page of the DentaQuest Web Portal. Reports are provided regularly to the Health Plans

DentaQuest Dentist

Welcome uptown | [FAQ](#) | [Ghost Sign Out](#)

Broken Appointment i can add AZ

Broken appointments are only available for Maryland, South Carolina, Texas and WI Molina providers at this time

Add Broken Appointment

Basic Information

Date of Service* ▲

Service Office*

Treating Dentist*

Appointment Details

Type of Patient*

Service Category*

Reason Code*

Notes

Member Eligibility

DOB* ? Member Number ?

Member Last Name Member First Name

Broken Appointment History

Type of Patient	Service Category	Date Reported	Broken Appointment Date
<input type="button" value="Done"/>			

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Questions & Answers



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