



DentaQuest

TEXAS ROUNDUP
PROGRAM UPDATES FOR OUR TEXAS DENTISTS
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Testimonial

Hello, I thought I would drop an email to you today. The web site is very user-friendly and the payments are always prompt. I always receive great customer service when I call DentaQuest, and am very pleased with DentaQuest's overall program. Please feel free to call me with any questions you may have.

Brooke Rogers, Office Manager
Texas Dental Oasis
Port Aransas, Texas

PROVIDER MARKETING GUIDELINES

The purpose of the Texas Provider Marketing Guidelines is to provide guidance to the State of Texas Medicaid fee-for-service, Medicaid Managed Care, Children's Health Insurance Program (CHIP), Children's Medicaid Dental and CHIP Dental Providers, referred to as Medicaid, on permissible and prohibited provider marketing.

The information provided is not intended to be comprehensive, or identify all applicable state and federal laws and regulations. Providers remain responsible for and must comply with all applicable requirements of state and federal laws and regulations.

Providers are encouraged to review the Texas Provider Marketing Guidelines created by HHSC and available on the Texas Medicaid & Healthcare Partnership's (TMHP) website. The link for the Texas Provider Marketing Guidelines is: <http://www.hhsc.state.tx.us/medicaid/provider-information/communications-resources.shtml>.

Providers should assess their intended provider marketing to determine if it is permissible or prohibited.

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A provider participating in Medicaid may engage in provider marketing as long as the provider marketing does not involve unsolicited personal contact or promotion of the provider's practice that is not intended for health education purposes.

After reviewing these guidelines, if the provider is still unsure of compliance, the provider may submit the proposed marketing material to HHSC for review and approval. The provider must complete the Texas Provider Marketing Form for each marketing item or activity and submit to HHSC before engaging in the provider marketing. The Provider Marketing Form and any questions may be submitted to the mailbox at TexasProviderMarketing@hhsc.state.tx.us.

PROVIDER INCENTIVE PROGRAM

The previous incentive period ended August 31, 2014. The period covered claims received for treatment rendered from March 1, 2014 to August 31, 2014. We anticipate payment for the period will be made no later than mid-November. A new incentive period started September 1, 2014, and will cover claims for services rendered September 1, 2014 to November 30, 2014. Please note this is a quarterly payment and additional metrics were added as of March 1, 2014 to better capture services that improve the oral health of members. The metrics are as follows:

MEDICAID:

Sealants (D1351) – age 6–9: TID 3,14,19,30 and age 10–14: TID 2,15,18,31

THSteps Dental Checkup without D1351, D1110, D1120, D1206, D1208 (D0120, D0150) – Members that may not be eligible or need sealants, prophylaxes or fluorides, but are getting into the provider's office for a visit would fall into this metric. This will help to provide a more rounded analysis regarding members treated that are not eligible for the excluded services, or they have great oral hygiene and are just coming in for a checkup. If the member receives any of the excluded codes, they will count in those metrics.

Dental Preventive services – (D1110, D1120, D1206, D1208)

First Dental Home (D0145) – This would capture members age 6–35 months where other services are included in the checkup.

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CHIP:

Sealants (D1351) – age 6–9: TID 3,14,19,30 and age 10–14: TID 2,15,18,31

Dental Preventive services – (D1110, D1120, D1206, D1208)

Annual Dental Checkup without D1351, D1110, D1120, D1206, D1208 - (D0120, D0150) – Members that may not be eligible or need sealants, prophylaxes or fluorides, but are getting into the provider’s office for a visit would fall into this metric. This will help to provide a more rounded analysis regarding members treated that are not eligible for the excluded services, or they have great oral hygiene and are just coming in for a checkup. If the member receives any of the excluded codes, they will count in those metrics.

Payment will be made for each category that is met. Providers are not required to meet all metrics in order to receive payment. Please note that payment will be based on members that actually receive the services as outlined above.

APP CENTRAL

DentaQuest has officially launched App Central in Texas. App Central allows you to submit credentialing information for new providers or entities. By submitting electronically, providers are now able to track credentialing status through self-service. Please visit www.dentaquesttexas.com for all upcoming trainings on App Central and other subjects. Please contact your provider relations representative for additional information.

