DentaQuest

TEXAS ROUNDUP

PROGRAM UPDATES FOR OUR TEXAS DENTISTS

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THIRD-PARTY RESOURCES

Federal and state laws require the use of Medicaid funds for the payment of most medical and dental services only after all reasonable measures have been made to use a client's third party resources (TPR) or other insurance.

A TPR is a source of payment for medical services other than Medicaid or Medicaid managed care organization (MCO), the client, and non-TPR sources. TPR includes payments from any of the following sources:

- Private health insurance including assignable indemnity contracts

- Health maintenance organization (HMO)

(Cont.)

Testimonial

We have had a great experience while working with Tammy Tschirhart in getting our new Dental Clinic registered as a provider. She was very cooperative and helpful and answered every question very diligently and with complete details. Whether it was setting up of our new profile, a billing issue, how to submit claims, patient's eligibility check – everything required for us be a good and efficient provider – she has helped and guided us through the process.

It was due to her great support that we were able to get started in a very short period of time. We are greatly thankful, and if I had to do it all over again for a new office, I would definitely prefer Tammy to be my DentaQuest representative.

I look forward to a long relationship with DentaQuest.

Dr. Dimple Sharma, DDS
Grand Oaks Dentistry
Austin, Texas
Port Aransas, Texas

• Public health programs available to clients with Medicaid, such as Medicare and Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)

• Profit and nonprofit health plans

• Self-insured plans

• No-fault automobile insurance such as personal injury protection (PIP) and automobile medical insurance

• Liability insurance

• Workers' compensation

• Other liable third parties

A provider who furnishes services and participates in the Texas Medicaid Program may not refuse to furnish services to an eligible client because of a third party's potential liability for payment of the services.

Eligible members may not be held responsible for billed charges that are in excess of the TPR payment for services covered under the Texas Medicaid Program. If the TPR pays less than the Medicaid-allowable amount for covered services, the provider should submit a claim to DentaQuest for any additional allowable amount. Additionally, eligible members enrolled in private HMOs must not be charged the copayment amount because the provider has accepted Medicaid assignment.

Claims for members with other group or private health insurance coverage must be received by DentaQuest within 95 days of the date of disposition by the other third-party resource, and no later than 365 days from the date of service. A copy of the disposition must be submitted with the claim and mailed to DentaQuest.

CLAIMS PAYMENT

Cost Avoidance (See 42 CFR 433.139(b)(1))

1. **Which claim types are systematically being cost avoided?**

DentaQuest reviews claims submitted with documentation of other available insurance for claim cost avoidance.

(Cont.)

2. **What is the process for cost avoiding claims?**

If coordination of benefits is marked on the claim form or enrollment file, or an explanation of benefits is attached to the claim upon submission with documentation of other insurance, our system will pend the claim for manual review by a claim processor.

3. **How are electronic billers providing evidence of third party pursuit?**

The provider can submit an electronic claim with a NEA attachment file number in box 35 of the claim form.

4. **What processes are in place to control and verify the partial payment of claims (paper and electronic) after a third party has made payment?**

DentaQuest manually reviews the claim file, and gathers additional information if needed, to determine what has previously been paid and calculate the remaining balance payable by us.

Cost Recovery (Pay and Chase) (See 42 CFR 433.139(b)(2)and(3))

What types of claims are considered for cost recovery (pay and chase)?

DentaQuest considers the following types of claims for cost recovery when the provider has sought, and accepted in full, payment from Medicaid and there is an identified third party liability source for reimbursement:

a. Prenatal care for pregnant women;
b. Preventive pediatric services and;
c. Covered services furnished in cases where the third party liability is derived from an absent parent whose obligation to pay third party medical support is enforced by the State Title IV-D agency.

AFFORDABLE CARE ACT CHANGES FOR 2015

Here are some of the Affordable Care Act changes going into effect for 2015:

(Cont.)

- Open enrollment for members will end on February 15, 2015.

- Members that are enrolled in individual plans are moving from a plan year to a calendar year. Rates, deductibles, maximums and out-of-pocket have all reset OOP maxes have changed: $350 per child/$700 per family. Medical and Dental OOP must be combined.

- Out-of-pocket maximums have changed to $350 per child and $700 per family. Medical and Dental out-of-pocket must be combined.

- The coinsurance for some benefit categories have changed in 2015 for pediatric coverage. For example, the member is responsible for a greater percentage of Type III services; however, as mentioned previously, the out-of-pocket maximum is now $350, compared to $700 last year.

For additional information, please contact your Regional Provider Relations representative.

PROMOTING OFFICE EFFICIENCY
Take advantage of our convenient web portal

We know your goal is to maximize patient time and minimize administrative tasks. That's our goal, too. Promoting the efficiency of your practice is a top priority. And one of the best ways to maximize your time is to take advantage of our free web portal. Each week, we take a look at the type of calls we receive from providers. The five most common call types are listed below. Did you know the majority of these call types can be addressed using the portal? See below for instructions.

Call type	Do I need to call the contact center?	How can the web portal help me?
Authorization status check	No	Authorization status is available under the "Claim/Pre-Authorization State Search" feature.
Claim status check	No	Claim status is available under the "Claim/Pre-Authorization State Search" feature.
EOB questions	Maybe	First review the EOB on the portal. If you still have questions, then give us a call.
Verify member eligibility	No	Member eligibility is available under "Member Eligibility Search" feature. Print out the eligibility form and saved it – it serves the same purpose as receiving a reference number from the contact center.
Reporting broken appointments	No	You can *only* report broken appointments through the portal. Each week, we generate a report that lists those members who missed appointments. We contact them to provide education on the importance of keeping their appointment, and help them reschedule.

2015 PROVIDER TRAINING

We are in the process of finalizing the provider training schedule for 2015. If there are training topics that you feel would be beneficial in 2015, please contact your Regional Provider Relations Representative with details no later than January 31, 2015. We will make every effort to ensure your suggestions are incorporated in the 2015 provider training schedule.

HEALTH PLAN UPDATES

Effective February 1, 2015, Amerigroup will reinforce the STAR+PLUS Waiver maximum of $5,000 per waiver plan year. As a reminder, exceptions to the $5,000 maximum may be made up to an additional $5,000 per waiver plan year when the services of an oral surgeon are required.

HAPPY NEW YEAR!

DentaQuest would like to wish all of our providers a happy and healthy new year. Thank you for a great 2014, and best wishes for continued success in 2015!