



TEXAS

Health and Human
Services Commission

Quarterly Medicaid Dental Stakeholders Meeting

October 30, 2013

<https://www2.gotomeeting.com/register/613949010>

Webinar Broadcast

- This presentation is broadcast in Webinar format with the integrated speakers and microphone of your own computer automatically
- If you do not have speakers on your computer dial in to the conference call number provided
- Webinar attendance requires registration at:
<https://www2.gotomeeting.com/register/613949010>

Format for Stakeholders Meetings

- Stakeholder Meeting announcements are posted on the HHSC website at:

<http://www.hhsc.state.tx.us/meetings>

- Sign up for automatic distribution the moment announcements are posted at

www.govdelivery.com



- Announcements and agendas are posted on the HHSC website prior to Stakeholder Meetings

TDA Members can follow along with this presentation – it is posted on the TDA website now!

The screenshot displays the TDA (Texas Dental Association) website. At the top left is the TDA logo with the text 'TEXAS DENTAL ASSOCIATION'. To the right is a search bar and a 'MEMBER LOG IN' button. A navigation menu below the header includes 'About TDA', 'Member Resources' (which is highlighted), 'Association Resources', 'Publications', 'Events', 'Advocacy', 'Patient Resources', and 'Charitable Activities'. Below the navigation is a breadcrumb trail: 'You are here: Home / Member Resources / Medicaid & CHIP'. Social media sharing icons for Facebook, Send, Twitter, LinkedIn, and Google+ are visible. The main content area features a large image of a young child brushing their teeth. To the right of the image is a blue header for 'Texas Dental Program' and a paragraph of introductory text. Below the text is a blue button that says 'BECOME A PROVIDER!'. A horizontal row of seven orange buttons provides navigation: 'Information', 'Regulation', 'Administration', 'Additional Programs', 'Program Incentives', 'Other Resources', and 'Become A Provider'. At the bottom, there are three columns: 'top news...' with a link to 'CHIP Cases Now In TIERS Eligibility System', 'program updates...' with a link to 'Affordable Care Act Medicaid Provider Credentialing Requirements', and 'question & answer...' with a question mark icon and the text 'Got a question you'd like us to answer?'.

TDA
TEXAS DENTAL
ASSOCIATION

MEMBER LOG IN

About TDA | **Member Resources** | Association Resources | Publications | Events | Advocacy | Patient Resources | Charitable Activities

You are here: Home / Member Resources / Medicaid & CHIP

Like 0 | Send | Tweet 0 | Share | +1

Texas Dental Program

Welcome to the Texas Dental Association's Texas Dental Program webpage. Here you will find information about Texas' public health insurance programs: Medicaid (Texas Health Steps), Foster Care (STAR Health), and the Children's Health Insurance Program (CHIP). By working together, we can improve the oral health outcomes for children in Texas.

[BECOME A PROVIDER!](#)

[Information](#) | [Regulation](#) | [Administration](#) | [Additional Programs](#) | [Program Incentives](#) | [Other Resources](#) | [Become A Provider](#)

top news...

CHIP Cases Now In TIERS Eligibility System

This transition brings important changes for CHIP health care providers. By October 1

program updates...

Affordable Care Act Medicaid Provider Credentialing Requirements

As of January 1, 2013, all Texas Medicaid providers must re-enroll in Texas Medicaid

question & answer...

? Got a question you'd like us to answer?

Introduction of Panel

Dental Maintenance Organizations (DMOs)

- Dr. Carlos Garcia, MCNA
- Shannon Turner, MCNA
- Dr. Monica Anderson, DentaQuest
- Brenda Walker, DentaQuest

Health and Human Services Commission (HHSC)

- Colleen Grace, Manager, Health Plan Management
- Katy Walter, Dental Specialist
- John “JR” Roberts, Dental Director

Format for Stakeholders Meetings

- Questions posed today were submitted in advance at:

DentalStakeholdersMeeting@hhsc.state.tx.us

- Today's presentation will be posted on the HHSC website along with other archived presentations at:

<http://www.hhsc.state.tx.us/news/WebBasedpresent.asp>

Questions during the Meeting ? Chat with us!

- The chat function of the webinar will be used to request feedback from participants during this meeting. The chat box is located at the bottom of the webinar control panel.
- All chats are recorded and captured automatically. We will be using responses and questions entered today in the chatbox.

Provider Relations Representatives

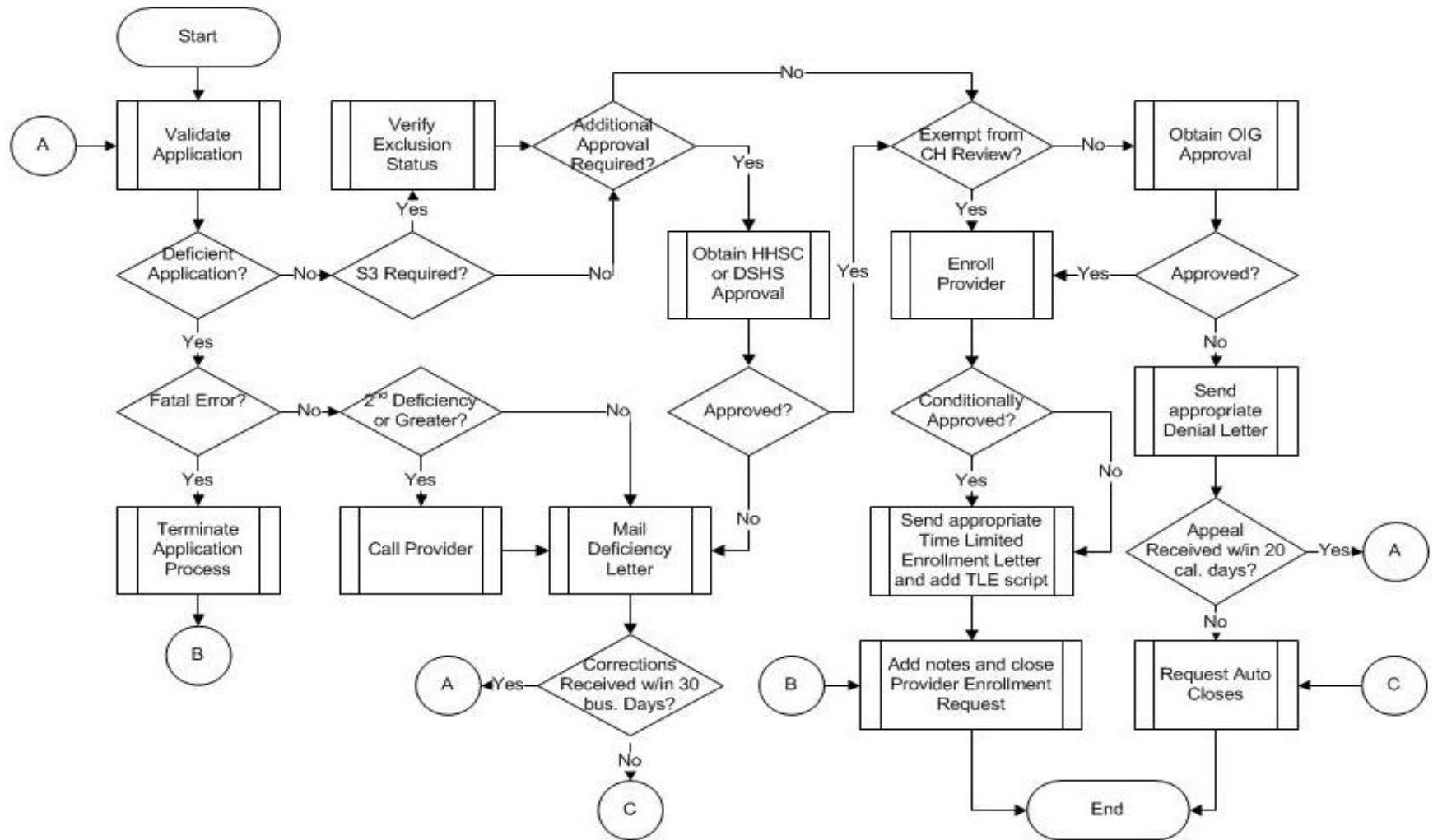
- Specific claim questions are best answered by Provider Relations Representatives
- DentaQuest www.dentaquesttexas.com
 - (800) 896-2374
- MCNA www.mcnatx.net
 - (855) PRO-MCNA (855-776-6262)
- Traditional Medicaid
www.tmhp.com

Q: Credentialing – need help!

I need your help with credentialing a new doctor. We submitted his TMHP application on 08/29/2013 and have been waiting for some time now. According to OIG, they are behind on background checks due to the Affordable Care Act. TMHP guidelines state the OIG has 30 days to complete backgrounds checks. They have not started on our new dentist. To make matters worse, according to (our provider relations representative) they will no longer back date a dentist's credentialing to the date they received a complete application. So, after we finally get a TPI number, we are looking at another 45-90 days for the MCOs to credential him. We been paying our new dentist since 09/01/2013 and has been unable to produce anything. We only see Medicaid and CHIP patients. How are we supposed onboard a new doctor without going bankrupt?

Is there anything you can do to help?

A: Credentialing – Process Map



A: Credentialing – TMHP Contact

- Questions regarding your credentialing application should be submitted to TMHP.
- TMHP Contact Center 1-800-925-9126 or (512) 335-5986

Q: School-based Dental visits

My child was sent home from school with a notification that a dental clinic will be held at the school during school hours. The notification states that services are covered 100% for Medicaid and CHIP patients.

Is this OK?

A: School-based Dental visits

- A member should receive all necessary dental services (including preventive) from his/her main dentist unless they are referred to a specialist.
- Providers must be credentialed with the DMO as a main dental home provider and must be the member's selected main dental home in order to submit claims for payment.

Consumers Urged to Report Improper Solicitation or Treatment by Dentists

- Offering inducements to Medicaid clients is a violation of state and federal law and is subject to a penalty of up to \$10,000 per violation. To report this or any other suspected act of fraud, waste, or abuse in the Texas Medicaid program, please visit:
<http://oig.hhsc.state.tx.us/OIGPortal/Default.aspx>
to Report Fraud click on link or call **1-800-436-6184**.

More on solicitation...

- Medicaid/ CHIP dentist providers are prohibited from engaging in any marketing activity or dissemination of information:
 - (1) intended to influence a Medicaid/CHIP client's choice of dentist provider,
 - (2) directed at the Medicaid/CHIP client solely due to their enrollment in Medicaid or CHIP, and
 - (3) involves unsolicited personal contact. Unsolicited personal contact includes door-to-door solicitation, solicitation at a child-care facility or other type of facility, direct mail, or telephone with a Medicaid client or the parent of a Medicaid client.

More on solicitation...(contd.)

- Dentists need to evaluate their marketing activities under each of the 3 elements to determine whether a marketing activity is permissible. For example, if a Medicaid/CHIP dentist is direct mailing office information only to the homes of Medicaid/CHIP clients that would be considered a marketing violation. However, if a Medicaid/CHIP dentist sends the same mailing to EVERY person in a specific zip code, that is not targeting Medicaid/CHIP clients and it would be permissible.
- HHSC is currently in the process of developing the rules necessary so that Medicaid/CHIP providers may submit proposed marketing activities for review and approval or denial by HHSC before engaging in the marketing activity. The review process will most likely not be in place until 2014.

Q: Main Dentist

Can you give us an update on the Main Dental Home assignment analysis? I'm still seeing examples in my practice of Main Dental Home assignments that my patients are reporting as incorrect.

A: Main Dentist

- HHSC is currently conducting an in-depth analysis of Main Dental Home assignments. This analysis is not yet complete.
- Thank you to all providers who submitted examples and information on this topic.

We appreciate your input!!

CDT 2014 codes January 1, 2014

D0601 Low Risk

D0602 Medium Risk

D0603 High Risk

AAPD Caries-Risk Assessment Tool (CAT)*

Caries-risk Indicators	Low Risk	Moderate Risk	High Risk	
Clinical conditions	<ul style="list-style-type: none"> No carious teeth in past 24 mos. No enamel demineralization No visible plaque; no gingivitis 	<ul style="list-style-type: none"> Carious teeth in past 24 mos. 1 area of enamel demineralization Gingivitis 	<ul style="list-style-type: none"> Carious teeth in past 12 mos. More than 1 area enamel demineralization (enamel caries "white-spot lesion") Visible plaque on anterior (front) teeth Radiographic enamel caries High titers of mutans Streptococci Wearing dental or orthodontic appliances Enamel hypoplasia 	
	Environmental characteristics	<ul style="list-style-type: none"> Optimal systemic and topical fluoride exposure 	<ul style="list-style-type: none"> Suboptimal systemic fluoride exposure with optimal topical exposure 	<ul style="list-style-type: none"> Suboptimal topical fluoride exposure
		<ul style="list-style-type: none"> Consumption of simple sugars or foods strongly associated with caries initiation primarily at meal times. 	<ul style="list-style-type: none"> Occasional (i.e., 1-2) between-meal exposures to simple sugars or foods strongly associated with caries 	<ul style="list-style-type: none"> Frequent (i.e., 3 or more) between meal exposures to simple sugars or foods strongly associated with caries.
		<ul style="list-style-type: none"> High caregiver socioeconomic status 	<ul style="list-style-type: none"> Midlevel caregiver socioeconomic status (i.e. eligible for school lunch program or SCHIP) 	<ul style="list-style-type: none"> Low-level caregiver socioeconomic status (i.e., eligible for Medicaid)
General health conditions	<ul style="list-style-type: none"> Regular use of dental care in an established dental home 	<ul style="list-style-type: none"> Irregular use of dental services 	<ul style="list-style-type: none"> No usual source of dental care Active caries present in the mother Children with special health care needs Conditions impairing saliva composition / flow 	

Risk Category

■ **High Risk:** The presence of a single risk indicator in any area of the "high-risk" category is sufficient to classify a child as being at "high risk".

■ **Moderate Risk:** The presence of at least 1 "moderate risk" indicator and no "high risk" indicators present results in a "moderate risk" classification.

■ **Low Risk:** The child does not have "moderate risk" or "high risk" indicators.

*AAPD, Council on Clinical Affairs, www.aapd.org

2-OH-013 (5/06)

FDH code reporting change April 1, 2014

New unbundled reporting proposed:

0145 oral evaluation for a patient under three years of age and counseling with primary caregiver

1120 prophylaxis - child

1206 topical application of fluoride varnish

1330 oral health instructions

- and one of the following new CDT 2014 codes:

0601 low risk

0602 medium risk

0603 high risk

**Same as current fee for 0145 (bundled services)*



Updates and Tips from the Plans

mcnadental



**HHSC Dental Stakeholders Meeting
October 30, 2013**

MCNA Best Practices



Decision-making criteria

MCNA's Utilization Management Criteria uses components of dental standards from the American Academy of Pediatric Dentistry (www.aapd.org) and the American Dental Association (www.ada.org).

The procedure codes used by MCNA are described in the American Dental Association's Code Manual. Requests for documentation of these codes are determined by community accepted dental standards for authorization such as treatment plans, narratives, radiographs and periodontal charting.

Most common Claim Adjustment Reason Codes (CARCs)

1. CARC 402 - All services must be provided by their Main Dental Home Provider unless a referral has been issued.
2. CARC 48 - Please submit x-rays and narratives with this request.
3. CARC 45 - Payment denied because preauthorization or referral not obtained prior to treatment.
4. CARC 2 - (duplicate) This request has been previously reported.
5. CARC 500 - Request for information was not received within the required timeframe in order for the plan to process accordingly.



Narratives

What MCNA considers as a good narrative would include specifics of tooth #, surface, and/or location involved. Also an explanation to specific circumstances of when and how long the procedure was performed. It should describe any medications dispensed, how they were given and how much was given. It should state any symptoms the patient was having such as pain, swelling, and/or infection. Also it should include any compromising medical or physical condition of the patient. When applicable include duration of procedure performed.

** Cut and Paste Narratives used on every Member are not recommended*



All About X-Rays

- MCNA's Clinical Reviewers need to examine x-rays of diagnostic quality when considering certain claims submissions and pre-authorization requests from your office
- With a high-quality x-ray, we can process your claim or pre-authorization as quickly as possible and meet our goal of being an effective partner to you in delivering quality dental services to MCNA members under your care



Diagnostic Quality X-Rays

What makes an x-ray of diagnostic quality?

- Simply put, a diagnostic x-ray is a film that is of a quality good enough to be used to aid in making a determination about the claim or pre-authorization request it supports.
- The film must be readable, meaning it can neither be too light or too dark.
- If a specific tooth is in question on the claim or pre-authorization, that tooth must be present in the image on the x-ray, including the whole tooth structure or the area surrounding the tooth (if it is also in question).
- Labeling of right and left side images. It is easy to forget this aspect of the x-rays, but without the correct labels designating right from left, it is possible they will be useless as diagnostic tools. Before submitting x-rays to MCNA, please take a second to make sure images of both sides are labeled correctly.

Remember, diagnostic quality is in the details!



Appeals

- Claims appeals must be received within 120 calendar days from the date of the MCNA's EOB date.
- The appeal may be filed in writing or in the MCNA Provider Portal.
- A dental professional with the appropriate clinical expertise who was not involved in the initial denial reviews all post-service provider appeals.
- Please identify why are you requesting an appeal and provide any additional documentation such as a narrative, photo, and x-rays to support your request.
- If not submitting your appeal through the Provider Portal, please mail your appeal to:

MCNA Dental

Attention: Complaint and Appeals Department-Provider Appeals
200 West Cypress Creek Rd., Suite 500
Fort Lauderdale, Florida 33309

Peer-to-Peer

- At MCNA all clinical determinations are made by Texas licensed dentists
- The Peer-to-Peer process gives providers the opportunity to discuss clinical situations with an MCNA clinical reviewer of the same specialty
- If you would like a Peer-to-Peer discussion please contact the Provider Hotline at 855-776-6262



www.mcnatx.net....

Information, Tips, and Support

Below is some information that may be helpful to your office. If you have any questions, please

[Contact Us](#).

How to Manage Your Facility and Members

MCNA Dental offers an online **Provider Portal** that allows you to:

- Verify member eligibility
- Manage your facility
- Edit your office fee schedules
- View a history of your activity with MCNA
- Submit claims
- Submit pre-authorizations
- Submit referrals
- Download forms and documents
- Download your Provider Manual
- And more!

The Provider Portal is a great all-in-one tool, and we recommend all of our Providers take advantage of its features. Once you have received your credentialing letter from MCNA, you will be able to quickly and easily create an account to access the portal at <http://portal.mcna.net>

We offer online video tutorials that guide you through some of the most common functions of the Provider Portal. You can view these videos by [clicking here](#).

How Submit Claims, Pre-Authorizations, and Referrals

Claims can be submitted in any of the following three ways:

1. **Online** through the Provider Portal.
2. **Electronically** through a clearinghouse. (MCNA Payer ID#: 65030)
3. **On Paper** by standard mail to MCNA. (Use 2006 or newer ADA Claim Form)

Mail to:
MCNA Dental
200 West Cypress Creek Road, Suite #500
Fort Lauderdale, Florida 33309

Note that we do not accept faxed claims.

Pre-Authorizations can be submitted in any of the following three ways:

1. **Online** through the Provider Portal.
2. **Electronically** through a clearinghouse. (MCNA Payer ID#: 65030)
3. **On Paper** by standard mail to MCNA. (Use 2006 or newer ADA Claim Form and ensure the "Request for Pre-Determination" box is checked)

Mail to:
MCNA Dental
200 West Cypress Creek Road, Suite #500
Fort Lauderdale, Florida 33309

Referrals can be submitted in either of the following two ways:

1. **Online** through the Provider Portal.
2. **On Paper** by standard mail to MCNA.

Mail to:
MCNA Dental
200 West Cypress Creek Road, Suite #500
Fort Lauderdale, Florida 33309

www.mcnatx.net.....

How to Stay Current with MCNA News and Announcements

To stay up-to-date with all MCNA news and announcements, you can periodically check our main [News](#) page on MCNA.net.

Important news and announcements exclusive to our Providers (including MCNA procedure changes, changes in Medicaid/CHIP dental rules, etc) will be posted on the main page of the [Provider Portal](#) once you login.

Documents and Resources

Provider Manual

To download the Provider Manual for the Texas Medicaid and CHIP programs, log in to the [Online Provider Portal](#) or click [here](#) to download it directly.

Covered Services, Fee Schedules, and Guidelines

The Covered Services, Fee Schedules, and Guidelines document is a supplement to the Provider Manual. To download it, log in to the [Online Provider Portal](#) or click [here](#) to download it directly.

Additional Resources

There are additional documents and resources available for your office to download, including forms, stickers, and more. Log in to the [Online Provider Portal](#) to learn more.

MCNA Dental Provider Portal



Welcome to the MCNA Online Portal

Enter your username and password below to access your account.

Sign In

[Register a New Account](#)



Online Provider Portal User Guide

[Click here to view and download](#)

[Home](#) - [Forgot Your password?](#)

Contact MCNA Computer Helpdesk at portal_helpdesk@mcna.net

Main Menu



MCNA Online Provider Portal

Welcome back, LINDA GARZA of SMILE STATION PEDIATRIC DENTISTRY (23296)
Your last visit was on October 02, 2013 at 4:19 PM



Manage Your Subscribers

Use these tools to search for and manage a single subscriber.

- [Verify Eligibility](#)
- [Enter a Claim](#)
- [Enter a Pre-Authorization](#)
- [Enter a Referral](#)



Manage Your Facility

Use these tools to view your office history and performance, and to work with local specific to your office.

- [Search for Claims, Pre-Authorizations, or Referrals](#)
- [Search for Explanations of Benefits \(EOBs\)](#)
- [Manage Your Appointment Book \(Multiple Verifications\)](#)
- [Manage Your Office Fee Schedule](#)
- [Manage Your Users](#)
- [Members Roster](#)



Support and Downloads

Here are some reference materials for you to access as needed.

Provider Manuals

[Covered Services, Fee Schedules, and Guidelines for Texas Medicaid and CHIP Members](#)

Forms

- [American Dental Association \(ADA\) Dental Claim Form](#)
- [Orthodontic Continuation of Care Form](#)
- [Referral Form](#)
- [Texas Medicaid and CHIP: Criteria for Dental Therapy Under General Anesthesia](#)
- [Texas Medicaid and CHIP: Incident Report](#)
- [Texas Medicaid and CHIP: Member Outreach Form](#)
- [Texas Medicaid and CHIP: Non-Covered Services Form](#)
- [Texas Medicaid and CHIP: Orthodontic Transfer of Care Form](#)
- [Texas Medicaid and CHIP: Pre-Authorization Form](#)
- [Texas Medicaid and CHIP: Provider Appeal Form](#)
- [Texas Medicaid and CHIP: Provider Complaint Form](#)
- [Texas Medicaid and CHIP: Request to Change Main Dentist Form](#)

Guides

[Online Provider Portal User Guide](#)

Miscellaneous

[MCNA Dental Sticker for Texas Medicaid and CHIP Provider Offices](#)
[Texas Medicaid and CHIP Members' Appeal Rights](#)

Provider Newsletters

[Current Issue: Texas Provider Newsletter: Issue 2013-4](#)
[View all Provider Newsletters \(The Dental Trac™\)](#)

Compliance Information

[Read our HIPAA Policy](#)
[Read our Privacy Policy](#)
[Read our Compliance and Clinical Guidelines](#)

MCNA Computer Helpdesk

1-866-232-6262 or
[Contact MCNA Computer Helpdesk at portal_helpdesk@mcna.net](mailto:portal_helpdesk@mcna.net)

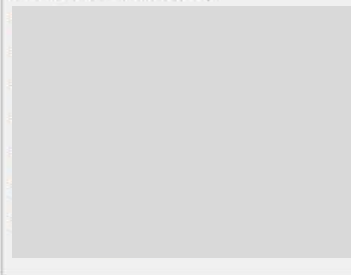
New CHIP Member ID Numbers

All active CHIP members will receive a new CHIP member ID number by October 1, 2013. This will occur as a result of the CHIP into TIERS conversion. The new numbers will be 9-digit numeric IDs. These numbers will appear to be very similar to Medicaid ID numbers, which makes verifying eligibility to determine a member's enrollment at the time of service very important. All active CHIP members will be informed of the change and receive their new ID numbers by the beginning of October, and they should present your office with their new ID number the next time they come for a scheduled appointment.

When submitting a claim for a CHIP member, you must use the CHIP member ID number that is active for the Date of Service. For services rendered before October 1, 2013, you should use the current alphanumeric ID number. For services rendered on or after October 1, you should use the new 9-digit CHIP ID number. If you do not use the appropriate ID number based on the Date of Service, your claim may be denied and the standard appeals process will apply.

MCNA simplifies member eligibility verification with our online Provider Portal. By logging into your account, you can quickly and easily verify eligibility and print a confirmation page to include in the member's record. You may also call the State's CHIP Provider Line at 1-800-645-7164 to obtain verification.

Your Recent Activity



Activity Overview

0	0	0
Claims	Pre-Auths	Referrals
Submissions Today		
0	0	1
Claims	Pre-Auths	Referrals
Submissions Yesterday		
1	0	1
Claims	Pre-Auths	Referrals
Submissions Month-to-Date		
0	1	
Pre-Auths	Referrals	
Finalized in the last 3 days.		
Click each number for details.		

Manage Your Subscribers

[My Home Screen](#) |
 [Manage Your Subscribers](#) |
 [Manage Your Facility](#) |
 [Support and Downloads](#) |
 [Change Password](#) |
 [Logout](#)



MCNA Online Provider Portal
Welcome back, LINDA GARZA of SMILE STATION PEDIATRIC DENTISTRY (23296)
 Your last visit was on October 02, 2013 at 4:19 PM



Subscriber is Eligible

This member is on the TEXAS CHIP plan and became eligible for benefits on 10/01/2013. This member is currently active as of today, 10/02/2013.

Confirmation: #1380749798114
[Print Eligibility Confirmation](#)

JAYDEN DOE

Subscriber ID: [REDACTED]
Date of Birth: [REDACTED]
Group: HEALTH AND HUMAN SERVICES COMMISSION
Plan: TEXAS CHIP
County: JOHNSON
Copay: \$5.00
Max Benefit: \$564.00
Benefits Used To Date: \$549.30

This information is based on conditions present as of today, 10/02/2013. The actual benefits used may be subject to factors such as patient eligibility, coordination of benefits, and claims incurred but not reported.

As of today, YOU ARE NOT the Main Dental Home for this member.
 The Main Dental Home provider is MICHAEL SOLIS, DDS of PICASSO DENTAL, PPLC (972) 937-7787.

This eligibility is based on conditions present as of 10/02/2013. This information is subject to change without notice and does not guarantee or imply payment of claims. Actual payment of claims may be subject to other factors, including but not limited to eligibility changes, coordination of benefits, covered services, benefit limitations, and claims incurred but not yet reported. For additional questions, please go to the [Support and Downloads](#) page and contact this member's plan representative.

- [Enter a Claim for JAYDEN](#)
- [Enter a Pre-Authorization for JAYDEN](#)
- [Enter a Referral for JAYDEN](#)

[Click here to verify another subscriber.](#)

Periods of Eligibility


Plan Name	Effective Date	Termination Date
TEXAS CHIP	12/01/2012	08/31/2013
TEXAS CHIP	10/01/2013	

Subscriber Treatment History

Date of Service	CDT and Description	Tooth/Area Surface
05/28/2013	D7210: SURGICAL REMOVAL OF ERUPTED TOOTH REQUIR...	15
	D7210: SURGICAL REMOVAL OF ERUPTED TOOTH REQUIR...	2
	D7230: REMOVAL OF IMPACTED TOOTH - PARTIALLY BON ...	32
	D7230: REMOVAL OF IMPACTED TOOTH - PARTIALLY BON ...	17
02/07/2013	D0274: BITEWINGS - FOUR FILMS	

Enter a New Claim, Preauthorization, or Referral

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MCNA Online Provider Portal
 Welcome back, LINDA GARZA of SMILE STATION PEDIATRIC DENTISTRY (23296)
 Your last visit was on October 02, 2013 at 5:23 PM

Enter A New Claim

Please fill out each section of the form completely to facilitate quick processing and payment.
Fields with a red label and asterisk are required.

Subscriber Information

Enter the Subscriber's Date of Birth, and at least either the Subscriber ID or Last Name. Then click the Verify Subscriber button to enable the remainder of this claim form.

Date of Birth: ✓
 Subscriber ID: ✓
 Last Name: ✓
 First Name: ✓
 Zip Code: ✓

[Reset Subscriber](#)

If you need to confirm this subscriber's current eligibility or view this subscriber's treatment history, [click here](#).

Provider Information

Treating Provider: * Select Provider
 Treatment Location:

Additional Information

EPSDT Procedure: Check only if Yes
 Pre-Authorization #:
 NEA Fast-Attach #:
 Check if another insurance company is involved:

List of Services Provided

The Procedure Date, CDT Code, and Procedure Fee are required as identified by a red header and asterisk. You may adjust the Procedure Fee if necessary. The remaining fields must be filled in only if applicable to the procedure. Multiple Tooth Numbers and Areas must be separated by commas; however, Surfaces must not include commas.

Enter each line item and then click the green **Add Additional Procedure** button to add another procedure. If you have made an error, you can click on the **Remove** link to remove the procedure.

Procedure Date *	CDT Code *	Procedure Description	Area or Tooth Numbers/Letters	Tooth Surface	Procedure Fee *	Attachment Required
<input type="text" value="mm/dd/yyyy"/>	<input type="text"/>	Enter a Valid Date & CDT Code	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>	<input type="checkbox"/>
Total:					\$0.00	

[+ Add Additional Procedure](#)

Attachments

Please upload any attachments required for this claim, including any x-rays, oral images, or relevant documentation. You may upload multiple files per upload box directly from your computer.

Optional Attachments
You may upload any additional relevant attachments below, up to a total number of 10 files.

File Upload: No file chosen File Type:

Ancillary Treatment Information

These fields should only be completed if applicable to the procedures performed on this claim.

If treatment is for orthodontics:
 Appliance Placement Date:
 Months of Treatment:
 Remaining:
If the months of treatment remaining is found to be inaccurate or in excess of the available limit, benefits will be adjusted accordingly.

If treatment is the result of an injury or accident:
 Select One:
 Occupational Illness/Injury
 Auto Accident
 Other Accident
 None
 Date of Accident:
 State of Accident:

If treatment is a replacement of prosthesis:
 Date of Prior Placement:

Sign and Submit

Please note that by submitting the claim you are digitally signing this online document on behalf of the rendering provider as of this date.


At least one procedure must be entered.

[Cancel Submission](#) [Submit Claim](#)

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 MCNA Dental
 200 West Cypress Creek Road, Suite 600
 Fort Lauderdale, Florida 33309
[Read our HIPAA Policy >>>](#) [Read our Privacy Policy >>>](#) Website: [www.mcna.net](#)

Manage Your Facility

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 **MCNA Online Provider Portal**

Search/View Claims, Pre-Auths, Referrals
View All Your EOBs
Manage Your Appointment Book
Manage Your Office Fee Schedule
Manage Your Users
Members Roster

Jack, LINDA GARZA of SMILE STATION PEDIATRIC DENTISTRY (23296)
Your last visit was on October 02, 2013 at 5:23 PM

ility

Enter the information of the subscriber you are looking for.
The Date of Birth is required. Additionally, either the Subscriber ID or Last Name is required.

Date of Birth:

Subscriber ID:

Last Name:

First Name:

Zip Code:

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Information contained within the Provider Portal is confidential and subject to all applicable HIPAA and Privacy laws.

Read our HIPAA Policy >> Read our Privacy Policy >>

MCNA Dental
200 West Cypress Creek Road, Suite 500
Fort Lauderdale, Florida 33309
Website: www.mcna.net

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MCNA Online Provider Portal

Welcome back, LINDA GARZA of SMILE STATION PEDIATRIC DENTISTRY (23296)
Your last visit was on October 02, 2013 at 5:23 PM

Manage Your Users

Update existing users for your facility by changing the information below and clicking the Update icon on the right.
Add new users by entering the information in the last row and clicking the Add icon on the right.
For full instructions on updating and adding users for your facility, click [here](#).

First Name	Last Name	Email	Confirm Email	Role	Status
<input type="text" value="ARISBETH"/>	<input type="text" value="BAUTISTA"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Full Access"/>	<input type="text" value="Active"/>
<input type="text" value="AMY"/>	<input type="text" value="ESCALON"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Full Access"/>	<input type="text" value="Active"/>
<input type="text" value="LINDA"/>	<input type="text" value="GARZA"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Full Access"/>	<input type="text" value="De-Activated"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Full Access"/>	<input type="text" value="Active"/>

Supports and Downloads


[My Home Screen](#) | [Manage Your Subscribers](#) | [Manage Your Facility](#) | [Support and Downloads](#) | [Change Password](#) | [Logout](#)

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Provider Resources

Below are some tools and resources that you and your office may find useful. If you have any questions about the items below, please contact us using the contact information listed on the right of this page.



Documents & Information


Provider Manuals
Covered Services, Fee Schedules, and Guidelines for Texas Medicaid and CHIP Members

Forms
American Dental Association (ADA) Dental Claim Form
Orthodontic Continuation of Care Form
Referral Form
Texas Medicaid and CHIP: Criteria for Dental Therapy Under General Anesthesia
Texas Medicaid and CHIP: Incident Report
Texas Medicaid and CHIP: Member Outreach Form
Texas Medicaid and CHIP: Non-Covered Services Form
Texas Medicaid and CHIP: Orthodontic Transfer of Care Form
Texas Medicaid and CHIP: Pre-Authorization Form
Texas Medicaid and CHIP: Provider Appeal Form
Texas Medicaid and CHIP: Provider Complaint Form
Texas Medicaid and CHIP: Request to Change Main Dentist Form

Guides
Online Provider Portal User Guide


Miscellaneous
MCNA Dental Sticker for Texas Medicaid and CHIP Provider Offices
Texas Medicaid and CHIP Members' Appeal Rights

Provider Newsletters
Current Issue: Texas Provider Newsletter: Issue 2013-4
View all Provider Newsletters (The Dental Trac™)

 **Online Appeal**
Texas Medicaid and CHIP: Online Provider Appeal

Program Integrity - Compliance Information
Read our HIPAA Policy
Read our Privacy Policy
MCNA Standards of Conduct

Quality Improvement Program
Read our Compliance and Clinical Guidelines





Contact Information

If you have any questions or comments, contact us and we will do our best to give you personalized support as soon as possible. Please use the contact information below for the plan and/or department related to your inquiry.

MCNA (Texas Medicaid and CHIP)

Claims	1-800-494-6262 option 7
Credentialing	1-800-494-6262 option 5
Credentialing eFax	1-954-620-3349
Credentialing Fax	1-954-397-7441
Member Services	1-855-691-6262
Member Services TDD/TTY	1-800-735-2988
Provider Relations	1-855-776-6262
Utilization Management	1-800-494-6262 option 3

Texas Territory Assignments of Member Advocates
Texas Territory Assignments of Provider Relations Representatives 



Miscellaneous Support Information

MCNA Computer Helpdesk:
1-855-232-6262 or
Contact MCNA Computer Helpdesk at
portal_helpdesk@mcna.net

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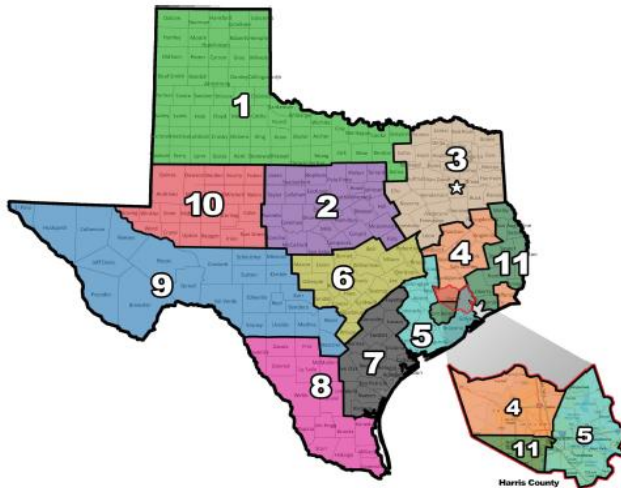
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Provider Relations and Member Advocate Territories

Territory Assignments of Provider Relations Representatives



Your dental office has assigned Provider Relations Representatives based on territories as defined below. You may call or email your assigned representative directly, or contact MCNA's main Provider Hotline at 1-855-PRO-MCNA (1-855-776-6262).

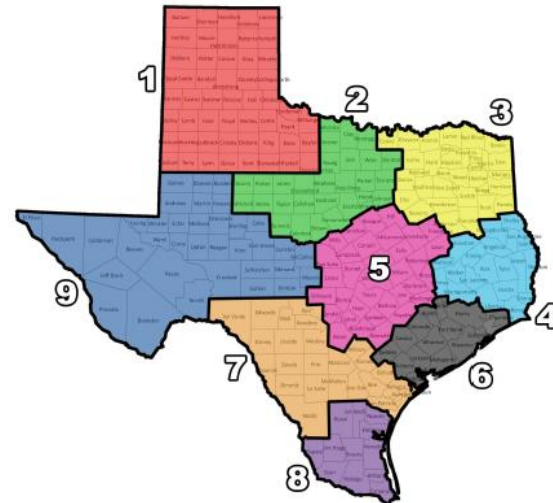


Territory	Internal Representative				External Representative			
	Name	Ext	Email	Name	Ext	Email		
1	Amarillo/Lubbock	Ginger Chapman	673	gchapman@mcna.net	Alyssa Janness	670	ajanness@mcna.net	
2	Fort Worth/Abilene/Waco	Larisa Lindsey	642	llindsey@mcna.net	Christine Dries	146	cdries@mcna.net	
3	N. Dallas/E. Texas	Dennis Lamy	624	dlamy@mcna.net	Audrey Rose Bauder	885	abauder@mcna.net	
4	Houston/Beaumont	Larisa Lindsey	642	llindsey@mcna.net	Tania Alonso	820	talonso@mcna.net	
5	Houston/Galveston	Larisa Lindsey	642	llindsey@mcna.net	Michelle Rubio	818	mrubio@mcna.net	
6	Austin	Dennis Lamy	624	dlamy@mcna.net	Pearl Perez	826	pperez@mcna.net	
7	Corpus Christi	Dennis Lamy	624	dlamy@mcna.net	Priscilla Gonzales	826	pgonzales@mcna.net	
8	Laredo/The Valley	Gloria Rubio	645	grubio@mcna.net	Rosalinda De La Cruz	821	rdelaacruz@mcna.net	
9	San Antonio/El Paso	Gloria Rubio	645	grubio@mcna.net	Ima Reyes	236	ireyes@mcna.net	
10	W. Texas/Midland/Odessa	Dennis Lamy	624	dlamy@mcna.net	Priscilla Gonzales	826	pgonzales@mcna.net	
11	Houston	Ginger Chapman	673	gchapman@mcna.net	Tuesday Andrews	681	tandrews@mcna.net	
*	Tyler, Texas	Gloria Rubio	645	grubio@mcna.net	Suzanne Wetzen	882	swetzen@mcna.net	
	Corp. Dentistry	Shannon Hays	643	shays@mcna.net	Veronica Garcia	884	vgarcia1@mcna.net	

Territory Assignments of Member Advocates



MCNA has assigned Member Advocates to geographic territories as defined below. You may call or email the corresponding Member Advocate for your territory directly, or contact MCNA's main Provider Hotline at 1-855-PRO-MCNA (1-855-776-6262).



Territory	Member Advocate				
	Name	Ext	Email	Fax	
1	Amarillo/Lubbock	Ernesto Merios	631	emerios@mcna.net	254-731-2878
2	Fort Worth/Abilene/Waco	Crystal Torres	670	ctorres@mcna.net	210-745-4274
3	N. Dallas/E. Texas	Dena Williams	633	dwilliams@mcna.net	972-692-3208
4	Houston/Beaumont	Tuesday Andrews	632	tandrews@mcna.net	817-886-3636
5	Austin/San Antonio	Mario Herrera	660	mherrera2@mcna.net	214-764-0160
6	Houston/Galveston	Karina Troncoso	676	ktroncoso@mcna.net	210-745-4268
7	S. Texas	Cynthia Garza	671	cgarza@mcna.net	210-745-4275
8	Laredo/The Valley	Javier Vega	667	jvega@mcna.net	210-696-0024
9	El Paso/W. Texas	Brenda Nance	669	bnance@mcna.net	210-745-4273
	Team Lead	Abigail Valdez	649	avaldez@mcna.net	210-745-4225

Online Provider Appeals Module

[My Home Screen](#) | [Manage Your Subscribers](#) | [Manage Your Facility](#) | [Support and Downloads](#) | [Change Password](#) | [Logout](#)

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Provider Appeal Request Form

This form is not to be used for initial claim submission or claims adjustments (such as corrected claims). Complete and submit this form to MCNA, along with all documents that support your appeal within 120 calendar days from the date of receiving MCNA's notification of denial.
All fields with a red asterisk * are required.

What is this related to?

Please select one of the following that most closely relates to this appeal. *

<input type="radio"/> Incorrectly Submitted or Missing Information	<input type="radio"/> Non-Contracted Provider or Facility	<input type="radio"/> Timely Filing
<input type="radio"/> Member Eligibility	<input type="radio"/> Orthodontia	<input type="radio"/> Main Dental Home
<input type="radio"/> Clinical Decision	<input type="radio"/> No Pre-Authorization	<input type="radio"/> Frequency Limitations
<input type="radio"/> Non-Covered Services		

Member Information

Subscriber ID: *

Date of Birth: *

First Name:

Last Name:

Provider Information

MCNA Provider ID: *

State License: *

First Name:

Last Name:

Claim Information

Claim ID: *

You must enter at least one incident date or both from and thru dates. *

Incident Date 1:

Incident Date 2:

Incident Date 3:

Incident From Date: Thru Date:

Supporting Documentation

Upload New File: No file chosen

Appeal Explanation *

Sign and Submit

Signature: *

Date:

You must enter all required fields before submitting this appeal.

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Change Password

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Change Your Password

Enter and confirm your new password below.

Passwords must be at least 8 characters in length and must contain 3 of the following 4 character types: 1) uppercase letter, 2) lowercase letter, 3) number, 4) special character.

Old Password:

New Password:

Confirm Password:

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Information contained within the Provider Portal is confidential and subject to all applicable HIPAA and Privacy laws.

[Read our HIPAA Policy >>](#) [Read our Privacy Policy >>](#)

MCNA Dental
200 West Cypress Creek Road, Suite 600
Fort Lauderdale, Florida 33309

Website: www.mcna.net



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Questions?

DentaQuest – Dental Stakeholders Meeting October 30, 2013

DentaQuest

*Proven Experts in Dental
Program Administration*



So Much More than...





Agenda

- Top Claim Denial Reasons
- X-Rays – Quality and Submission
- Appeal Process
- Peer to Peer Process
- Performance Improvement Project
- *Preventistry* Incentive Program
- Important Reminders

Top Claim Denial Reasons...



- **PP2220 - Provider is not assigned main dental home**
- **PP3958 - The documentation received does not support the necessity of exceeding the annual maximum benefit (CHIP \$564)**
- **PP3445 - The x-rays do not support the code requested. A less severe extraction code would be considered**
- **PP3931 - Removal of Impacted tooth is denied. There is no significant sign of infection or other medical reasons for tooth removal**
- **PP3799 - Periodontal scaling and root planing is denied due to no evidence of significant bone loss and root surface calculus**

X-rays...



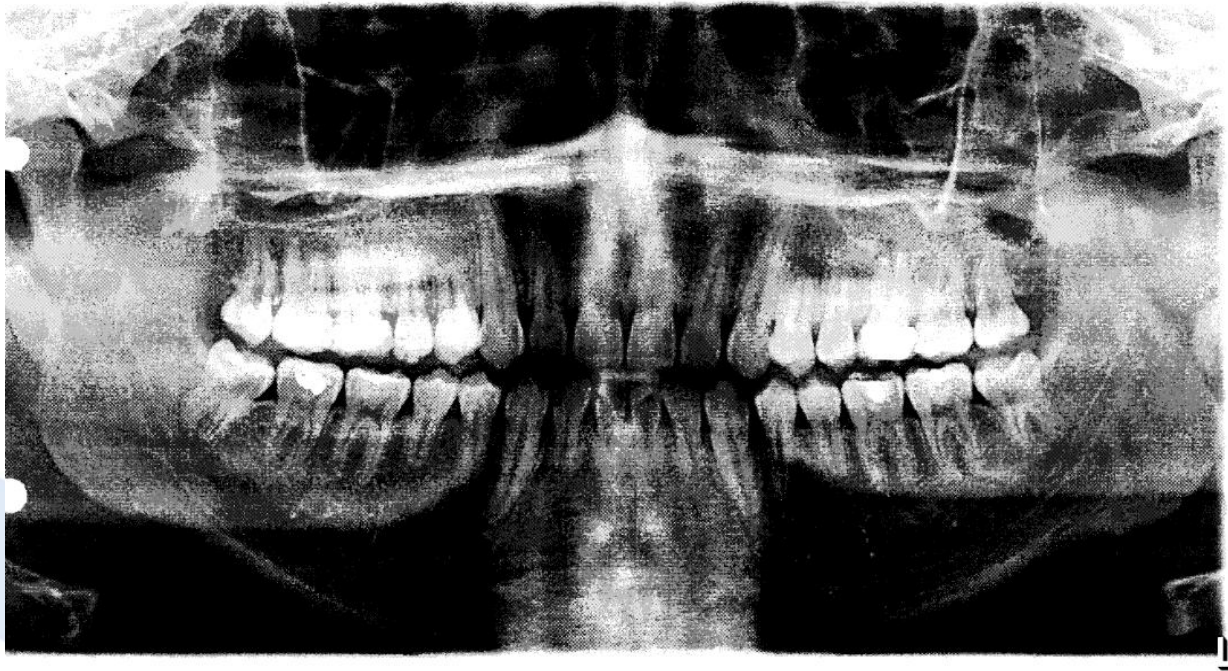
Non-Diagnostic Quality – Too Dark, unable to see bone levels, teeth clearly





X-rays...

Diagnostic Quality – Able to determine 3rd molars





Submission of Attachments...

Below are the options in which you can submit x-rays to us. These are (in order of preference):

Electronically using either NEA (National Electronic Attachment) or the DentaQuest Provider Web Portal

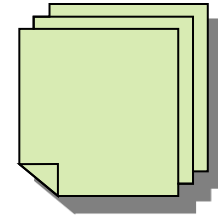
Mail duplicate x-rays with your ADA form

Send original x-rays, your ADA form, and a self addressed stamped envelope (SASE) so that we may return the x-rays to you.

We are unable to return x-rays received without a SASE. X-rays without a SASE will be scanned and recycled.



Paper Appeals...



You have 120 days from the date of the EOB to submit an appeal. To submit an appeal, make a copy of the EOB and circle the claims in question. Please note why you are requesting the appeal and provide documentation such as a narrative, photos and X-rays to support medical necessity.

If you don't have the EOB, you can submit the appeal using your office's letterhead. Please include the following information:

- Claim number
- Member name, date of birth and member ID
- Dentist name, NPI and TPI
- Explanation for the appeal
- Documentation such as a narrative, photos and X-rays to support medical necessity. In addition, if **your office uses NEA, you may submit the NEA number.**



Paper Appeals...

Appeals may be submitted by mail to the following address:

DentaQuest-TX HHSC Dental Services
Complaints & Grievances
Stratum Executive Center
11044 Research Blvd
Building D, Suite D-400
Austin, TX 78759

If the appeal is denied, a peer-to-peer can be requested by contacting the call center at 1-800-896-2374.

Electronic Appeals...

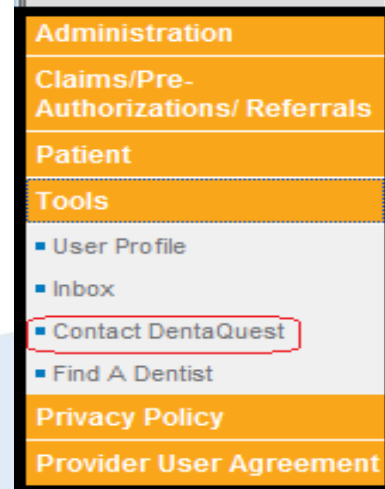


Appeals may also be submitted on the portal using the following steps:

Log onto the portal and click on **Tools**



Then, click on **Contact DentaQuest**





Electronic Appeals...

You will be taken to a **Message** screen where you will be able to submit information electronically (screenshot on next slide).

You can only submit **1** attachment using this process so it is important that you do the following to keep the process as simple as possible. Please make sure the following is provided:

The word TX should be the first thing entered in the description box

- Claim number (search function or description box)
 - Member name, date of birth and member ID (search function or description box)
 - Dentist name, NPI and TPI (search function or description box)
 - Explanation for the appeal
 - NEA number for x-rays (if available)
- If the x-rays are not available via NEA, they can be uploaded as an attachment. If you have multiple attachments, you must zip the file prior to uploading to comply with the 1 attachment rule.

Message

Your Name


* Message Type ?

Attachment

[Upload](#) [View](#) [Clear](#)


Claim/Pre-Authorization Number

Pending Claim/Pre-Authorization
Number


Search 

Member Name

Member Number

Search 

Dentist Name

Search 

* Description



Please remember that it is not necessary to submit a copy of the ADA claim form and the EOB if all information regarding the claim is documented in the **Description** box or search fields and no changes are being made to the original ADA claim form.



Please check the training schedule for training sessions or contact your Regional Provider Relations representative for additional assistance.

www.dentaquesttexas.com





Peer to Peer...

Peer to Peer Review

If you have a question or concern regarding any determination, you may speak with a dental director during regular business hours, by calling the Provider Services line at 1-800-896-2374. Clinical review guidelines used in all determinations will be provided in writing, upon request.

Like Specialty Peer to Peer Process

If you have received a claim appeal determination that you disagree with, you may request a "like specialty" peer review as the next step. The "like specialist" will be a non-contracted provider and the decision that is made during that discussion is binding. Please refer to the Office Reference Manual (ORM) for more information.



Thank You!

Complaints

- Providers can appeal claims denials through the dental plans process outlined within the provider manual.
- If the provider has exhausted the appeal process and is still not satisfied, the provider may request a peer-to-peer review to resolve the claims dispute.
- The determination of the provider resolving the dispute is binding.
- If the provider has **exhausted** all avenues with the dental plan, they may file a complaint at the following email address:
HPM_Complaints@hhsc.state.tx.us



Quality Initiatives at HHSC (update)

Upcoming HHSC Managed Care Quality initiatives for dental

- **Provider Incentive Plans**
 - Both MCNA and DentaQuest will be implementing programs that reward network providers for delivering preventive services.
 - These programs are in the final approval phase and you will be hearing more from the plans in the next few months.

Preventistry Incentive Program...



The American Dental Association recommends sealants for at-risk children and cites evidence showing significant reductions in caries in children and adolescents after the placement of sealants.

- Sealants can reduce decay on permanent molars by greater than 80% in the initial year and continue to reduce decay by 65% nine years after the initial application.
- As part of the its Oral Health Initiative, CMS is requiring states to achieve a 10 percentage point increase in the proportion of children ages 6-9 enrolled in Medicaid for at least 90 continuous days receiving a sealant on a permanent molar by 2015.
- The Preventistry Incentive Sealant Program will help Texas achieve this important CMS goal. It targets children ages 6-14 for sealants on first and second permanent molars soon after eruption.
 - The first molar is by far the most expensive tooth for therapeutic costs and the second permanent molar is the next most expensive permanent tooth.
 - Sealants placed on these permanent molars will have the greatest measurable impact on the children's caries experience and their restorative costs.



Interventions and Rationale

- The Preventistry Sealant Program is a reward for Providers.
- The goal is to get as many children in for care at critical times in their oral health development.
- Every main dental home dentist in the network will participate in the program.
- Our welcome tool kit spells out the details of the program and will be on the Provider Web Portal and in articles appearing in the Provider newsletter, the Texas Roundup.



Proposed Implementation

We will use claims experience data to analyze quality outcomes and determine Provider payments.

- Dentists will be eligible to receive a Preventistry incentive payment based on the number of eligible patients on their roster as determined by Preventistry patient reports.
- The Preventistry Sealant program begins by measuring the performance of each dentist regarding:
 - The percentage of children ages 6-9 during the past six months who received a sealant on their first molars
 - The percentage of children ages 10-14 during the past six months who received a sealant on their second molars

What is the STARR Program?

- STARR stands for Stellar Treatment and Recognition Reward
- The program rewards Main Dental Home Providers who perform a high volume of five select preventive services
- All Main Dental Home Providers are eligible for program participation once they meet the defined qualifying criteria
- Stars are awarded in each of the five preventive service categories, and Providers are placed into tiers based on their cumulative number of stars

2012-2013 STARR Program

- MCNA's STARR Program incentivizes the use of key preventive services such as fluoride application, sealants on permanent molars, prophylaxis, and routine dental visits
- Providers will receive a scorecard outlining their star allocation for the services included in the program along with details of their incentive payment known as a Recognition Reward

5 STARR Categories



Prophylaxis Treatments

Microbial plaque is the primary etiological factor in caries and periodontal disease. According to the AAPD Guideline on the Role of Dental Prophylaxis in Pediatric Dentistry, professional prophylaxis is necessary to provide long-term inhibition of gingivitis. Although it may be possible to remove most plaque using mechanical oral hygiene aids, many patients do not have the motivation or skill to maintain a plaque-free state for extended periods of time.



Fluoride Application

The AAPD affirms that fluoride is a safe and effective measure for reducing the risk of caries. According to the current AAPD Guideline on Fluoride Therapy, use of fluorides for the prevention and control of caries is documented to be both safe and highly effective. Fluoride has several caries-protective mechanisms of action, including enamel remineralization and altering bacterial metabolism to help prevent caries.



Sealant Application

The AAPD recommends the use of sealants after the eruption of the first and second permanent molars. Sealants are 100 percent effective if they are fully retained on the tooth. According to the Surgeon General's 2000 report on oral health, sealants have been shown to reduce decay by more than 70 percent. The combination of sealants and fluoride has the potential to nearly eliminate tooth decay in school age children.



Recall Visits

Professional care is necessary to maintain oral health. The AAPD emphasizes the importance of initiating professional oral health intervention in infancy and continuing through adolescence and beyond. The periodicity of professional oral health intervention and services is based on a patient's individual needs and risk assessment. Minimum guidelines include a comprehensive oral evaluation once every six months.



First Dental Home Visit (D0145)

Establishment of the First Dental Home sets the stage for an 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. It begins as early as 6 months of age and includes referral to dental specialists when appropriate.

Summary

- MCNA is committed to maintaining an emphasis on improving the oral health outcomes of our Texas children and reducing their risk for dental disease
- MCNA's innovative STARR Program is designed to reward your hard work and dedication and to recognize those Providers who render stellar treatment
- These services were selected based on AAPD guidelines and the emerging quality of care indicators from the Dental Quality Alliance
- All Main Dental Home Providers are eligible for program participation once they meet the defined qualifying criteria
- MCNA values your participation in our Provider Network

Send us Diagnostic Codes !

- ICD-10 codes 519.00 – 529.00 are dental
- Box 34a of the 2012 ADA Dental Claim form
- This information is now available for *capture* on September 1, 2013 – **NOT mandatory**
- Some routinely use diagnostic codes
 - Craniofacial Orthodontists
 - Maxillofacial Surgeons
- Axiom users (and soon hopefully Dentrrix users) are able to begin reporting diagnostic codes by selecting from a drop-down box

EHR Incentive Program

- **Dentrix Meaningful Use Access** was certified by the Certification Commission for Healthcare Information Technology (CCHIT) in May 2012 and meets the requirements as a certified EHR.

(<http://www.dentrix.com/ehr/>)

Dentrix is certified for Meaningful Use

Adjournment

- *THANK YOU FOR BEING A TEXAS MEDICAID AND CHIP PROVIDER !!!*
- *Thank you for your participation via webinar*
- *If you have registered for this webinar or you signed in at the rear of this room you are on the Distribution List for our next webinar*