

CountyCare Dental Program Training

August 2018



DentaQuest

Presenter

- **Carol Leonard, Client Partner, DentaQuest**
 - 17 years of IL Medicaid dental and vision benefit administration experience
 - CountyCare has partnered with DentaQuest on benefit administration since 2015
 - EyeQuest is a division of DentaQuest and administers the vision exam and eyewear portion of the CountyCare benefits.

Program Overview

- Dental benefits are offered for Adults and Children
- Benefits include
 - Diagnostic (exams/x-rays)
 - Preventative (cleanings)
 - Restorative
 - Root Canals (anterior teeth only for adults)
 - Periodontal Care
 - Dentures
 - Extractions
 - Orthodontia (children)

Program Overview - Benefits

- Dental benefits mirror the benefits allowed by the IL HFS Medicaid program (Children, Adults, School Program, Pregnant Women)
- County Care offers additional benefits as part of standard coverage for adults (age 21 and older)
 - Periodic Exams (1 per 6 months)
 - Cleanings (1 per 6 months)
 - Periodontal maintenance

Dentures

- The Medicaid dental program covers complete dentures for children and adults
- Partial dentures are not covered for adults; only complete dentures are covered
- Relines of existing dentures are also covered
- Services require authorization

Program Services

- Network Development & Provider Relations
- Member and Provider Customer Service
- Provider Complaints, Grievances, and Appeals
- Member Appeals (Complaints & Grievances through Evolent)
- Utilization Management (Authorizations)
- Claims Processing & Provider Payment
- Quality Assurance

How to contact DentaQuest

- **Website** www.DentaQuest.com
 - Members - Find a Dentist
- **Telephone**
 - Members: 1-855-230-4755
 - Providers: 1-800-508-6780
- **Your Supervisor – Escalation with the Care Management Leadership Process**

Authorizations

- **All authorizations for dental services are sent to DentaQuest**
 - Providers submit using an ADA claim form with requested documentation (x-rays, periodontal charting, narratives, etc.)
 - Documentation requirements are listed in the Office Reference Manual found on the DentaQuest website.
 - Examples of services requiring authorization
 - ✧ Crowns
 - ✧ Periodontal Scaling (deep cleanings)
 - ✧ Dentures
 - ✧ Surgical extractions
 - ✧ Orthodontia
 - ✧ IV Sedation

Appeals for Dental Services

- **Providers can appeal services denials on behalf of a member.**
 - Providers should submit additional information for the case to be reconsidered
 - Most appeals submitted are for Orthodontia (braces) and Perioscaling (deep cleanings)
 - Most appeals for Orthodontia are upheld

Find A Dentist – www.DentaQuest.com

- **Under ‘Select a State and Health Plan Group’ – IL**
 - Choose ‘CountyCare Health Choice’ from the drop down menu
 - Choose ‘Accepting New and Existing Patients’
- **Under ‘Enter your Geographic Area’**
 - Select ‘Illinois’ under State
 - County – select Cook
 - Enter ZIP code of member – or choose any known Cook County ZIP if unknown
 - Miles Willing to Travel – choose up to 25 to get the broadest list of providers

Specialty Care Referrals

The IL Healthcare and Family Services (HFS) and DentaQuest Medicaid provider networks have limited enrollment of Oral Surgery/Specialty Care providers to provide specialty care for Medicaid enrollees. In order to ensure that members requiring extraction and other Oral Surgery services are provided with timely access to a provider who is best suited to address their needs, DentaQuest will manage all requests for referrals for specialty care.

The goal of this process is to ensure members receive follow-up care in a timely manner with a provider capable of providing the required services.

Appointment Availability Standards:

Urgent – 72 hours

Standard – 60 days

If a member is in pain, they may contact their Primary Care Provider for pain management or infection control.

What is Specialty Care?

- Oral Surgeons (tooth extractions)
- Endodontists (root canals)
- Periodontal (gum disease)
- Member's with complex health conditions
- Sedation / Hospital Care
- Homebound Care

Requesting Specialty Care Referral

1. **CountyCare member receives a referral from their General Dentist to see a specialist for follow-up care.**
2. **Member contacts their CountyCare Care Manager requesting a referral for follow-up care. A HIPAA release form is not required as this is a Care Management activity.**
 - Care Manager will contact DentaQuest to submit a Request for Dentist referral for specialty care services with the DentaQuest call center staff.
 - ✧ DentaQuest Member Services – 1-855-230-4755
 - Members may contact DentaQuest directly if they prefer.
3. **The DentaQuest Customer Care staff will provide a referral if one can be made on the initial call. If a placement cannot be made at the initial call, the Customer Care staff will forward the information to a Member Placement staff who will work on locating the closest available provider for follow-up care.**

Requesting Specialty Care Referral

4. DentaQuest's call center staff will request the following information to complete the referral form:

- Member name/date of birth/ID number
- Contact information for call back
- Name of General Dentist making the referral (or name of clinic); phone number if available
- Date the member was last seen by the General Dentist
- Services being requested (i.e. full mouth extractions, wisdom teeth extractions, root canal, periodontal scaling)
- Is the member in pain/have abscessed tooth?
- Is the General Dentist recommending IV sedation?
- Is there any significant medical history that needs to be considered for this placement (medications, chronic health conditions, disability, etc.)?

Requesting Specialty Care Referral

5. The Member Placement staff will follow-up with the member/Care Manager to provide the provider referral information once a provider has been identified.

- The Member Placement staff will work with DentaQuest's Provider Relations team as is needed to secure a placement for the member. This can include placing members on referral lists with the offices.
- If a placement is being made with a secondary network provider (General Dentist) this will be communicated when the call back is made with the referral information.



CountyCare Vision Program Training

August 2018

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Agenda

- **Provider Definitions**
- **Program Overview**
- **Member Services**
- **Benefits Overview**
- **Delegated Services**
- **Provider Services**



Optometrist

Optometrists are healthcare professionals who provide primary vision care ranging from sight testing and correction to the diagnosis, treatment, and management of vision changes. An optometrist is not a medical doctor. An optometrist receives a doctor of optometry (OD) degree after completing four years of optometry school, preceded by three years or more years of college. They are licensed to practice optometry, which primarily involves performing eye exams and vision tests, prescribing and dispensing corrective lenses, detecting certain eye abnormalities, and prescribing medications for certain eye diseases.



Optician

Opticians are technicians trained to design, verify and fit eyeglass lenses and frames, contact lenses, and other devices to correct eyesight. They use prescriptions supplied by ophthalmologists or optometrists, but do not test vision or write prescriptions for visual correction. Opticians are not permitted to diagnose or treat eye diseases.



Ophthalmologist

An ophthalmologist — Eye M.D. — is a medical or osteopathic doctor who specializes in eye and vision care. Ophthalmologists differ from optometrists and opticians in their levels of training and in what they can diagnose and treat. As a medical doctor who has completed college and at least eight years of additional medical training, an ophthalmologist is licensed to practice medicine and surgery. An ophthalmologist diagnoses and treats all eye diseases, performs eye surgery and prescribes and fits eyeglasses and contact lenses to correct vision problems. Many ophthalmologists are also involved in scientific research on the causes and cures for eye diseases and vision disorders.



Subspecialists: additional knowledge and training for specific eye needs

While ophthalmologists are trained to care for all eye problems and conditions, some Eye M.D.s specialize in a specific area of medical or surgical eye care. This person is called a subspecialist. He or she usually completes one or two years of additional, more in-depth training called a fellowship in one of the main subspecialty areas such as glaucoma, retina, cornea, pediatrics, neurology and plastic surgery, as well as others. This added training and knowledge prepares an ophthalmologist take care of more complex or specific conditions in certain areas of the eye or in certain groups of patients.



Program Overview - Vision

- **Provider Payment Type**
 - Fee For Service
 - Some Special Deals
- **Benefits covered by EyeQuest**
 - Routine exams
 - Eyewear and Contacts
- **Authorizations**
 - Authorizations for medical services (i.e. surgeries) go through the medical authorization process managed by Evolent



Member Services

- **Member Benefits and Member Customer Service Line 1-844-870-3982**
 - Call **EyeQuest** for any issues related to:
 - Locating a provider for exams or glasses/lenses
 - Status of an authorization for glasses/lenses
 - Anything that an Optometrist performs
 - Call **Evolent** for any issues related to:
 - Specialty Ophthalmology services
 - Medical/Surgical Services



CountyCare Medicaid Benefits Overview

- Covered Vision Benefits (Health Plan Issued ID Cards)
 - One Exam, one pair covered in full frame/lenses every 12 months
 - In lieu of the standard covered in full glasses, Adult and Child members can purchase a frame of their choice, with a maximum allowance of \$100 – the member is responsible for the difference over \$100 for such upgraded frame. This allowance option is available once per 24 month period.
 - Replacement eyewear covered for children/ not covered for adults
 - In lieu of receiving covered glasses or using the \$100 allowance for purchase of frames, Adult and Child members can elect to receive an \$100 allowance toward the purchase of elective contact lenses. – the professional fees for the fitting and dispensing of the lenses is covered by the Plan. This benefit is available once per 24 month period.
 - Classic Lab will make the glasses (except for any retailers) KITs
 - Optometric medical eye care
 - \$0 copayment



CountyCare Medicaid Benefits Overview

CountyCare Members selecting the \$100 frame allowance:

- In lieu of the standard frame selection all *CountyCare* members may buy an upgraded frame, once every 24 months.
- The member receives a \$100 allowance off the provider's U&C price for the upgraded frame.
- The member is responsible for the retail balance over \$100.

Transaction Example:

Retail frame cost:	\$179
<u>Plan Allowance:</u>	<u>\$100</u>
Member balance:	\$79

Remember – this is not an annual benefit



CountyCare Medicaid Benefits Overview

CountyCare Members selecting the \$100 elective contact lens allowance:

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- In lieu of glasses all CountyCare members are offered the option to receive contact lenses.
- If the member chooses contacts instead of glasses, they receive up to an \$100 allowance toward the retail purchase of the lenses.
- The member is responsible for any difference over the \$100 allowance.
- This allowance is available once per 24 months, in lieu of glasses - Be sure the member is aware that they will not be covered for glasses when they elect to use their benefit toward a contact lens benefit

Transaction Example:

U&C Lens cost (e.g. 4 boxes of Acuvue 2):	\$150
<u>Plan Allowance:</u>	<u>\$100</u>
Member balance:	\$50

In this example the member is responsible for the \$50 difference

Remember - this is not an annual benefit



EyeQuest Delegated Functions – CountyCare

- Network Development & Provider Relations
- Member and Provider Customer Service
- Provider Complaints, Grievances, and Appeals
- Member Appeals (Complaints & Grievances through Evolent)
- Utilization Management (Authorizations)
- Claims Processing & Provider Payment
- Quality Assurance



Provider Services

- EyeQuest Primary for Provider Services
 - Dedicated line 1-844-254-9491 (separate from dental customer service)
 - Any communications with a provider office should be facilitated with EyeQuest.



Member Services

- EyeQuest Primary for Member Services
 - Dedicated line 1-844-870-3974 (separate from dental customer service)
 - Some issues may rise to the level of a complaint. Please use the appropriate process for routing these issues through Evolent so that they are tracked and resolved appropriately.
 - Use the Care Management Leadership process for any escalated issues



Thank You

