

OHCA AND DENTAQUEST WEBINAR

March 2024

HELLO!

Thank you for the opportunity to spend this time together today.



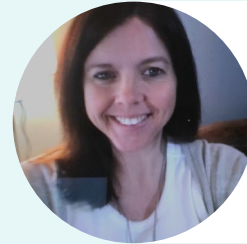
Name: Shane Patrick
Title: Oklahoma CEO



Name: Dr. Jandra Korb
Title: Oklahoma Dental Director



Name: Dandy O'Connor
Title: Oklahoma COO



Name: Linda Parks
Title: Provider Partner Consultant



Name: Brian Mayer
Title: Provider Network Director



Name: Jenna Joubert
Title: Provider Partner Consultant

What we'll cover

01

About DentaQuest

02

Provider Portal and Claims

03

EOB Overview

04

Policy Realignment

05

Important Contacts

ABOUT DENTAQUEST



DentaQuest[®]
a Sun Life company

Contact Numbers

DQ Member Service #

833-479-0687

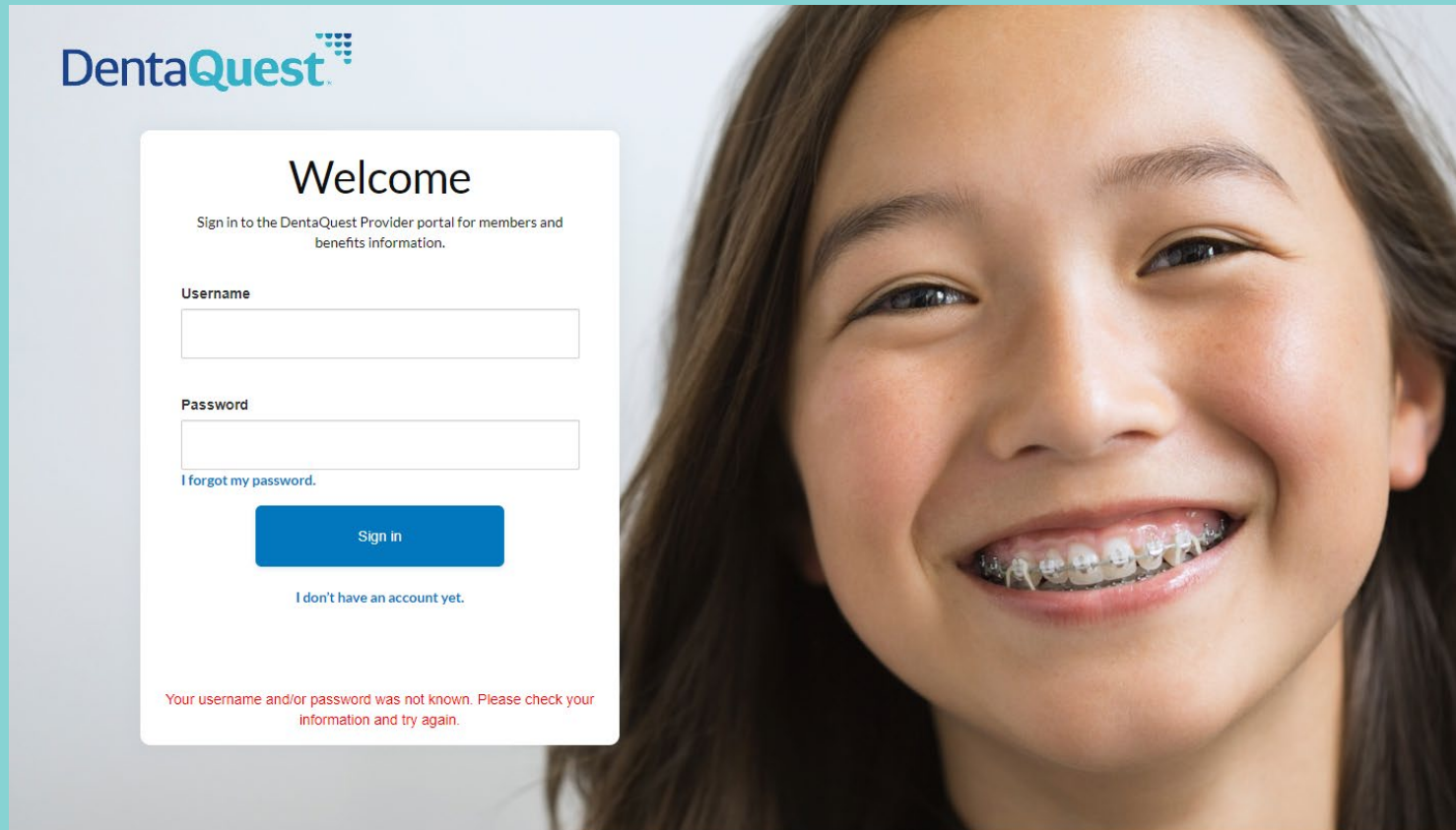
DQ Provider Service #

833-479-1007

Value Added Benefits

- \$0 out-of-pocket cost for any appointment
- Medication alternative to fillings
- Nitrous oxide or “laughing gas” for adults, when medically necessary
- Teledentistry, 24/7 video conferencing with a dentist
- Smiling Stork program provides education about gum disease and how it can affect mother and baby’s health during pregnancy
- Emergency Dental Redirect connects members to a primary care dentist
- Broken Appointment program (D9986 and D9987)
- Expanded denture services and materials
- Healthy Behaviors program rewards \$15 gift cards to children ages 6 to 14 for receiving sealants to prevent cavities
- Birthday cards mailed to children on their 1st and 2nd birthdays with information on how to care for your child’s teeth, help you locate a dentist for them and reminders to schedule their first dental visit

Login Page



URL to bookmark: <https://provideraccess.dentaquest.com>

Provider Web Portal Overview

Registration Process:

- <https://provideraccess.dentaquest.com>
- Will need a business key to register provided by network management.

There are 2 types of Users you can be:

- SuperUser (Admin user)
- Office User is assigned by admin user (will grant permissions such as EOBs, claims, reports, etc..)

Add User

User Information

User First Name *

User Last Name *

Username *

Should be 3 to 18 characters.

User Email *

Access Level

User can see all information for: *

Select Tier

Cancel Add User

Permissions

	View Only Select All	Full Access Select All	No Access Select All
Member Eligibility	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Claims and Pre-authorization	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
User Management	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Dentist list/Practice Management	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
EFT	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Reports	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
EOB/EOP/Remits	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Office Reference Manual - ORM

A comprehensive listing of policies, procedures, covered benefits, limitations, required forms and important contact information which can be found at



Provider Web Portal

<https://provideraccess.dentaquest.com> under the documents tab. You will be updated in the portal if changes are made. Always reference the most recent ORM.

Authorization Required?

Check the Office Reference Manual to see if an authorization is required and for a list of covered benefits.

Preventative						
Code	Description	Age Limitation	Teeth Covered	Prepayment Review	Authorization Required	Benefit Limitations
D1110	prophylaxis - adult	13 - 20		No	No	One of (D1110, D4346, D4910) per 6 Month(s) Per patient.
D1120	prophylaxis - child	0-12		No	No	One of (D1120, D4346, D4910) per 6 Month(s) Per patient.
D1206	topical application of fluoride varnish	0-20		No	No	One of (D1206, D1208) per 6 Month(s) Per patient.
D1208	topical application of fluoride - excluding varnish	0-20		No	No	One of (D1206, D1208) per 6 Month(s) Per patient.
D1320	tobacco counseling for control and prevention of oral disease	0-20		No	No	Eight of (D1320) per 12 Month(s) Per patient.
D1351	sealant - per tooth	0-18	Teeth 2, 3, 14, 15, 18, 19, 30, 31	No	No	One of (D1351) per 36 Month(s) Per patient per tooth.
D1354	application of caries arresting medicament- per tooth	0-20	Teeth 1 - 32, A - T	No	No	One of (D1354) per 6 Month(s) Per patient per tooth. Two of (D1354) per 1 Lifetime Per patient per tooth. Not allowed with history of any prior or same day D2000, D3000 code on same tooth. Must be documented to be unable to receive restorative services in the typical office environment within a reasonable amount of time. A tooth that has been treated should not have any non-cariou structure removed. A tooth that has been treated should not receive any other definitive restorative care for three months following an application. Reimbursement for extraction of a tooth that has been treated will not be allowed for 3 months following application.

Quick Reference Information

Claim/Authorization

Electronic Claims/Auths should be sent:



DentaQuest-Claims/Auths
PO Box 2906
Milwaukee, WI 53201-2906
Fax: 262.834.3589



Direct entry on the web –
<https://provideraccess.dentaquest.com>



Via Clearinghouse – **Payer ID CX014**
Include address on electronic claims
DentaQuest, LLC
PO Box 2906
Milwaukee, WI 53201-2906

Provider Web Portal – Status Descriptions and Definitions

The following table lists and describes the claim status categories for your claims and pre-authorizations in the Portal

Description	Definition
Successfully Entered	The claim/encounter has been successfully entered.
Accepted	The claim/encounter has been accepted into the claim adjudication system.
In Process	The claim/encounter is being processed in the claim adjudication system.
Adjudicated	The claim/encounter has been completed. Waiting to process payment.
Finalized	The claim/encounter has completed processing and payment (or approval for a pre-authorization). No more action will be taken.

EOB Overview

Payments Tab

Explanation of Benefits Search

DentaQuestTM Judy sqe

Member Claims Authorization & Estimate Referrals **Payments** Advice Documents

Welcome, Judy
Welcome to your new provider portal!

Member Eligibility Claim Search Authorization and Estimate Search

- Users can search for a members explanation of benefits by searching for various payment methods. This is accessed by clicking the Payments tab.

Explanation of Benefits Search

Search for EOBs by entering any (or none) of the following fields:

Check or EFT Trace Number

Payment Method
All

Payer Name

Payee Name

Released Between

and

Clear all Search

Table of Contents

Payments Tab

Explanation of Benefits Search

- Once users click submit, they will be redirected to their search results

Explanation of Benefits Search: Results

Trace Number	Release Date	Payment Method	Payer Name	Payee Name	Payment Amount	Quick Actions
99999999	05/09/2019	EFT	DentaQuest LLC	MODERN DENTAL PROFESSIONALS CO PC	\$0.00	[Download PDF]
99999999	05/07/2019	EFT	DentaQuest LLC	MODERN DENTAL PROFESSIONALS CO PC	\$0.00	[Download PDF]
4236277684	05/07/2019	EFT	DentaQuest LLC	MODERN DENTAL PROFESSIONALS CO PC	\$26,979.31	[Download PDF]
99999999	05/07/2019	EFT	DentaQuest LLC	MODERN DENTAL PROFESSIONALS CO PC	\$0.00	[Download PDF]
4236276676	04/30/2019	EFT	DentaQuest LLC	MODERN DENTAL PROFESSIONALS CO PC	\$32,065.17	[Download PDF]
4076276200	04/30/2019	EFT	DentaQuest LLC	MODERN DENTAL PROFESSIONALS CO PC	\$469.18	[Download PDF]

Click on the down-down arrow from the quick actions to download original PDF

Payments Tab

Viewing EOB

Users can search for explanation of benefits by entering either: **check number** or **EFT Trace Number**, **Payment Method**, **Payer Name**, **Check/EFT release date (or range)**

- Users are notified via an alert when a new explanation of benefits document is available, and can download the EOB results in PDF after completing a search
- Users can see pdf details by clicking on each line and update the reconciliation status within the PDF when storing the document on their computer (using Adobe Reader)

Explanation of Benefits Search

Search for EOBs by entering any (or none) of the following fields:

Check or EFT Trace Number

Payment Method
All
Check
EFT

Payer Name

Payee Name

Released Between

and

Clear all Search

DentaQuestTM
EEM USA Insurance Company Inc
485 Madison Street
Boston MA 02129

Please Address Questions to:
DOM USA Insurance Company Inc
485 Madison Street
Boston MA 02129

Phone: 844-676-3883
Fax: 617-866-1555

Business Name
Address 1
Address 2
City, State, Zip

Internal ID:
Business NPI:
Payment Cycle:
EOB #:
EOB Date:

Payment Summary
Claim Detail Amount: \$314.00
Claim Adjustment Amount: \$0.00
Net Adjustment Amount: \$314.00

Claim Detail

Internal ID: Payment Cycle: Payment #:
Business NPI: EOB Date:

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Item	Submit Code	Fee Code	Tooth	Description	Date of Service	Submitted	Approved	Allowed	Other Insurance	Copy (Plan 1)	Deductible	Patent Pay	Writeoff	Plan Pay	Processing Fee
1	D0110	D0110		comp-memorial and evaluation - new or re-biotech patient	03/05/19	\$0.00	\$20.00	\$20.00	\$0.00	\$0.00	100%	\$0.00	\$0.00	\$40.00	\$20.00
2	D0274	D0274		bitewings - four radiographic images	03/05/19	\$55.00	\$20.00	\$20.00	\$0.00	\$0.00	100%	\$0.00	\$0.00	\$27.00	\$29.00
3	D0230	D0230		panoramic radiographic image	03/05/19	\$94.00	\$37.00	\$37.00	\$0.00	\$0.00	100%	\$0.00	\$0.00	\$37.00	\$37.00
4	D1110	D1110		prophylaxis - adult	03/05/19	\$75.00	\$36.00	\$36.00	\$0.00	\$0.00	100%	\$0.00	\$0.00	\$36.00	\$36.00
5	D0220	D0220	31	referral - periapical first radiographic image	03/05/19	\$23.00	\$0.00	\$0.00	\$0.00	\$0.00	100%	\$0.00	\$0.00	\$10.00	\$8.00
6	D0230	D0230	10	referral - periapical each additional	03/05/19	\$20.00	\$0.00	\$0.00	\$0.00	\$0.00	100%	\$0.00	\$0.00	\$12.00	\$8.00

Provider Updates

If a provider is already credentialed with DentaQuest, they will not have to complete the initial credentialing documents and can be added to a location by completing the following:

- **Adding an existing provider to an existing location:**

- Provider Update Form
- If adding multiple locations, please include a separate list of locations to be added

Adding an existing provider to a new TIN:

- Provider Update Form
- Provider Service Agreement (contract)
- Disclosure of ownership
- EFT/Direct Deposit Form

Email completed documents to: standardupdates@dentaquest.com (you will receive a ticket #)

Status Inquiries: Email: credstatusrequest@greatdentalplans.com (please have your ticket # available)

Important Contacts:

OK Provider Representatives:

- Brian Mayer (Manager)
- Linda Parks
- Elizabeth Lara
- Jenna Joubert
- Natasha McLaughlin

Mass Email (goes to all provider partners): okproviders@dentaquest.com

Provider Services: 833-479-1007

Member Services: 833-479-0687

Initial credentialing status request: credstatus@greatdentalplans.com

Existing provider update status request: standardupdates@dentaquest.com

Any Questions?



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a Sun Life company