

## DENTAL PROGRAM UPDATE

Effective October 1, 2019

### DentaQuest to administer Care1st Dental Program

September 25, 2019

Page 1 of 5

Dear Care1st Dental Providers and Staff:

In follow-up to the communication sent last month, we want to remind you that effective October 1, 2019, DentaQuest will manage the Care1st (AHCCCS) Dental program. The following information is meant to assist you and your office staff before, during and after the transition.

**For dates of service prior to October 1, 2019 continue to direct:**

- Prior Authorizations, Claims Submissions and Inquiries to Advantica 800-429-0495
- Contracting and Credentialing Inquiries to Care1st Network Management

**For dates of service October 1, 2019 and after DentaQuest will handle the following:**

- Prior Authorization/Utilization Management
- Claims adjudication and payment
- Provider Credentialing, Contracting and Network Management
- Provider Customer Service for dental offices with questions regarding prior authorization, claims payment or covered services

#### WEBSITE

DentaQuest's web site [www.dentaquest.com](http://www.dentaquest.com) is now available to Care1st participating providers, but in order to take advantage of the secured functions available via the website, you need to register. First time users will have to register utilizing the Business' TIN, Business Key, and the dentist's information. If you have to register, please follow these instructions:

1. Contact DentaQuest's Customer Service Department at 800.440.3408 to obtain a Business Key
2. Go to DentaQuest's Dentist Page at <http://www.dentaquest.com/state-plans/regions/arizona/az-dentist-page/>
3. Select "Provider Portal Registration" link
4. Then select "I don't have an account yet" link
5. This will take you to the provider registration section

Step 1 of 2

### Registration

To create your account, please start by providing information about your practice.

\* Fields marked with an asterisk are required.

Tax ID Number *	Business Key *
<input type="text"/>	<input type="text"/>
Enter the following details for any of the dentists at your practice.	
Provider First Name *	Provider Last Name *
<input type="text"/>	<input type="text"/>
License Number *	Provider NPI Number *
<input type="text"/>	<input type="text"/>

#### Network Management

Ph 602.778.1800/866.560.4042 (Options in order: 5, 7)

Fax 602.778.1875/E-mail [SM\\_AZ\\_PNO@Care1stAZ.com](mailto:SM_AZ_PNO@Care1stAZ.com)

Visit our website at [www.care1staz.com](http://www.care1staz.com)

Looking for your assigned Provider Network Rep? On our website go to Providers > Provider Rep Contact Info

6. Complete the Provider Registration Form following the instructions and click on the "Next" button.
7. You will receive an e-mail confirmation of your successful registration with the user name and the password you selected.

You are now ready to use the web site secured features, which include:

1. verifying member eligibility
2. viewing claims history and claims status
3. submitting claims
4. reviewing and printing a Remittance Advice (RA)
5. submitting prior authorizations requests
6. reviewing and downloading the Office Reference Manual (ORM)

Once registered, you and your staff can access DentaQuest's secured provider section from the main page "Login" section and by using the "User Name" and "Password" you selected in your registration. We encourage you to register in order to access the above mentioned tools. If you do not have internet access, you may contact DentaQuest directly at **800.440.3408** and request hard copies of the Office Reference Manual.

You may continue to verify member eligibility via the AHCCCS website.

If you experience any technical difficulties while trying to register for DentaQuest's website or while using the website, please contact DentaQuest at **800.440.3408**.

## **CLAIM SUBMISSION**

Claims are paid weekly and may be submitted to DentaQuest up to six months from the date of service. Please note that you will receive Remittance Advices (RAs) from Advantica as well as from DentaQuest for a period of time since claims with dates of services prior to October 1, 2019 will be processed by Advantica and claims for dates of service on and after October 1, 2019 will be processed by DentaQuest. As a result, you will receive a 1099 from Advantica and from DentaQuest for services rendered during the 2019 calendar year.

ADA dental codes, as published in the most current CDT manual, should be used for claim submissions. Please include the information below on each claim to avoid delay in payment:

1. Member's name
2. Member's Medicaid number
3. Member's date of birth
4. Rendering dentist's name
5. Rendering dentist's office location
6. Rendering dentist's TIN
7. Rendering dentist's NPI
8. Billed Amount
9. Date of service for each line submitted
10. Other Insurance Information
11. Quadrants, arches, tooth numbers and surfaces for dental codes that require identification.

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### **Network Management**

**Ph 602.778.1800/866.560.4042 (Options in order: 5, 7)**

**Fax 602.778.1875/E-mail SM\_AZ\_PNO@Care1stAZ.com**

*Visit our website at [www.care1staz.com](http://www.care1staz.com)*

*Looking for your assigned Provider Network Rep? On our website go to Providers > Provider Rep Contact Info*

**Electronic Claim Submission for Dates of Service on and after October 1, 2019:**

You may submit claims to DentaQuest electronically in two ways:

1. Through the DentaQuest website at [www.dentaquest.com](http://www.dentaquest.com). Claims for services that require the inclusion of x-rays or reports may be submitted electronically by using [www.NEA-FAST.com](http://www.NEA-FAST.com) to attach the required documentation or by attaching the x-rays. Electronic claim submission via DentaQuest's website requires **provider registration** as indicated under the **WEBSITE** section of this communication.
2. Via clearinghouse or direct. DentaQuest can accept HIPAA compliant 837D files from Change Healthcare (844.217-1199), DentalXChange (800.576.6412), eSolutions (866.633.4726), TriZetto Provider Solutions (800.969.3666) for acceptance of EDI claims. **DentaQuest's Payer I.D. is CX014**. For direct connection, please email [EDITEAM@greatdentalplans.com](mailto:EDITEAM@greatdentalplans.com)

**Paper Claim Submission for Dates of Service on and after October 1, 2019:**

Please submit paper claims using the ADA claim form to:

DentaQuest of Arizona, LLC - Claims  
PO Box 2906  
Milwaukee, WI 53201-2906

For questions on claim submission, please contact DentaQuest at **800.440.3408**

**Corrected Claims for Dates of Service on and after October 1, 2019:**

Corrected claims are accepted for reconsideration when submitted within one year from the date of service, or eligibility posting date or 60 days from the last remit of a timely submitted claim. To insure proper handling of a corrected claim, clearly mark the claim "Corrected Claim".

**Claim Disputes for Dates of Service on or after October 1, 2019**

The fastest way to resolve dissatisfaction with payment of a claim is to contact DentaQuest Claims Customer Service at **844.234.9831** (for dates of service before October 1, 2019, continue to call Advantica Claims Customer Service 800.429.0495).

If you are still dissatisfied, you may dispute an adverse action against a claim by mailing a claim dispute (ARS §36-2903.01). The claim dispute should detail the factual and legal basis of the dispute. A claim dispute must be filed in writing and received by Care1st within 12 months of the date of service or eligibility posting date, or within 60 days after the date of the denial, of a timely claim submission, whichever is greater. Claim disputes should be mailed to:

Claim Disputes  
Care1st Health Plan Arizona  
432 N. 44<sup>th</sup> Street, Suite 100  
Phoenix AZ 85008

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**Fax 602.778.1875/E-mail [SM\\_AZ\\_PNO@Care1stAZ.com](mailto:SM_AZ_PNO@Care1stAZ.com)**

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## **PRIOR AUTHORIZATION & CLINICAL MANAGEMENT**

The DentaQuest Office Reference Manual (ORM) outlines prior authorization and claim submission requirements. The manual can be found at [www.dentaquest.com](http://www.dentaquest.com).

### **Submitting Prior Authorizations via the website [www.dentaquest.com](http://www.dentaquest.com)**

To submit a Prior Authorization (PA) via the website, the provider must first register for website access. Once registered, you may submit PAs by selecting the "Dentist" icon from the menu. Once logged in, select "Claims/Pre-Authorizations" and then "Dental Pre-Auth Entry". If you experience any technical difficulties while submitting a PA via DentaQuest's website, please contact DentaQuest at 844.234.9831.

### **Submitting Prior Authorizations via mail/Fax**

If you cannot submit PA requests through the website, you may submit them via mail or fax by submitting the ADA form (check the Prior Determination Box) along with any x-rays and additional documentation to:

DentaQuest of Arizona, LLC - Authorizations  
PO Box 2906  
Milwaukee, WI 53201-2906  
Fax: 262.834.3575

Standard PA requests will be responded to within 14 business days of receipt of the request unless additional information is required. DentaQuest will request the documentation from the provider and issue an extension if necessary, when documentation is missing. Urgent PA requests will be responded to within 72 hours of receipt of the request. A PA is not a guarantee of payment IF the member is not eligible at the time of the visit.

If a service that requires PA needs to be rendered immediately, please contact DentaQuest at **800.440.3408** and you will be advised on how to proceed based on the services requested.

To ensure continuity of care, DentaQuest will honor open Advantica PAs and allow for a 90 day transition of care. During the 90 day transition of care, PA requirements for contract status will be waived. Please submit a copy of your approved Advantica PA with your claim submission.

### **Hospital Authorizations:**

If dental services need to be provided in an outpatient hospital setting, coordination with Care1st is required for the facility portion of the care. DentaQuest will coordinate with Care1st to ensure the necessary facility prior authorization is issued. In these situations, please submit a treatment plan to DentaQuest for review and include the following information:

1. Member's Full Name
2. Member's Medicaid Number
3. Dentist's Name
4. Facility where services are to be provided
5. Treatment plan
6. Letter of medical necessity on patients five (5) and older
7. Date of service
8. Reason for services to be provided in a hospital setting

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## **CONTRACTING AND CREDENTIALING**

### **Current DentaQuest Providers**

DentaQuest recently issued an amendment to your existing DentaQuest contract to include Care1st. If you have questions, please contact your DentaQuest Provider Partner listed below.

Sue Harrison  
Provider Partner  
520.392.8199 (Pima and Southern Counties)  
[Susan.harrison@dentaquest.com](mailto:Susan.harrison@dentaquest.com)

Teenah Curtin  
Provider Partner  
480.356.8583 (Maricopa & Northern Counties)  
[Teenah.Curtin@dentaquest.com](mailto:Teenah.Curtin@dentaquest.com)

### **New DentaQuest providers**

Current Care1st providers that do not have an existing DentaQuest contract. Please contact DentaQuest at 800.233.1468.

If you have any questions on the information provided above or any other issues you would like to address, please contact Care1st Network Management at the numbers below or you may contact DentaQuest directly at **800.440.3408**.

*Thank you!*

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#### **Network Management**

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**Fax 602.778.1875/E-mail [SM\\_AZ\\_PNO@Care1stAZ.com](mailto:SM_AZ_PNO@Care1stAZ.com)**

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