

Digest

**DORAL DENTAL OF TENNESSEE, LLC
SUMMER 2009**

Business Improvement

At Doral, we pride ourselves on continually improving and evolving the way we serve providers to make doing business with us easier. In the coming months, we will be launching several innovations and advancements in technology that will allow us to improve our service to you and all of our dental program stakeholders.

The innovations are the result of advancements in technology and insights gained from feedback we have received from you. We will keep you informed as we move forward with these changes.



Whenever you see an email or postal mailer bearing this symbol, you'll know that we're introducing an important change designed to benefit you.

Doral is your partner today, tomorrow and in the future. Stay tuned for these exciting announcements!

Exciting New Option to Increase Speed of Payment

Doral has recently implemented Electronic Funds Transfer (EFT) and electronic remittance statements as a new payment process for our providers. This exciting new feature will result in increased payment turnaround times as funds are directly deposited into your banking account. Enrolling in EFT is simple! You only need to complete an enrollment form and send us a voided check. Once we have received the necessary documents, EFT will be implemented for your office within six weeks. Enrollment forms are located in the Office Reference Manual at www.doralusa.com.

In conjunction with the EFT program, you will also be required to access your remittance statements online, as you will no longer receive paper remittance statements. Electronic remittance statements can be located on Doral's Provider Web Portal (PWP). It is fast and easy to obtain your remittance statements.

We are pleased to offer this new benefit to our providers and hope you take advantage of this new program. Should you have any questions, please contact the Provider Services Department at 888.554.5542 or your local provider relations representative.

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Tennessee Dentists Serving Children in State Custody:

Department of Children Services Health Services Confirmation and Follow-Up Notification Form

Doral would like to take this opportunity to thank all of our TennCareSM participating dentists who graciously serve, offer special accommodations and administer quality dental care to children in State Custody. We recognize due to the mobility of this population and numerous responsibilities and mandates required of the Department of Children Services (DCS), the task of providing dental treatment may not always be easy, but your efforts are much appreciated by Doral, the TennCare Bureau and DCS. As a result of your ongoing willingness to address the needs of DCS children, Doral feels confident in respectfully soliciting your cooperation in completing the **“DCS Health Services Confirmation and Follow Up Notification Form”** when requested by a DCS caseworker or foster parent. Please note the health services form is a brief document with specific questions, which only takes a few minutes to complete. However, it is quite useful for DCS staff to ensure children receive the follow up care they need while meeting State and Federal requirements.

A DCS team member or foster parent will schedule the child's dental appointment and bring the child and the form to the designated appointment. Once the visit concludes, please completely fill out the form, sign and fax attention to “SAT Coordinator”. Following is a list of fax numbers according to the appropriate county and/or region:

<u>Location</u>	<u>Fax #</u>
Davidson	615.253.2509
East	865.463.8402
Hamilton	423.266.6909
Knox	865.637.8824
Mid-Cumberland	615.445.8453
Northeast	423.929.3596
Northwest	731.364.6758
Shelby	901.543.4289
South Central	931.490.6118
Southeast	423.634.3120
Southwest	731.265.2016
Upper Cumberland	931.372.2513

Claims for Members Over 21 Years old

Doral would like to remind all credentialed providers of the TennCare eligibility guidelines. Please keep in mind that all eligible TennCare enrollee's dental benefits end the day they turn 21. Authorization is not a guarantee of payment and all reimbursement is subject to eligibility. Any services not completed before the member's 21st birthday will not be covered. For example, if a member requires a crown, services are not billable until the cementation date and will only be covered if cementation date is before the 21st birthday. Occasionally some members will be granted additional

Recredentialing Requirements

Recredentialing is an important part of the credentialing process as a whole. The purpose of the recredentialing process is to ensure that the network maintains the highest level of quality providers for our valued members. Doral is audited by our clients on a yearly basis to ensure the recredentialing time lines are met.

Doral providers are recredentialed every 36 months as required by our Tennessee contracts. This entails verifying the providers state licensure, DEA certificate and malpractice insurance is current at all times. Dental offices are required to notify Doral if any change in their status occurs between recredentialing cycles such as change of address, payee information or licensure

TennCare coverage for medical services and show eligible on the provider web portal. The extension of medical coverage does not cover any dental services. All dental benefits are terminated at midnight of their 21st birthday. The only exception to this rule is for orthodontic services. If a member was banded 6 months prior to turning 21, the ensuing follow up visits will be covered after the member has turned 21, if they are still eligible for TennCare coverage. This and other crucial information can also be located in the TennCare ORM which can be found online at www.doralusa.com.

issues. Doral credentialing staff also checks several different websites and receives mailings from State Dental Boards on a monthly basis regarding licensure sanctions, DEA sanctions, and Medicaid/Medicare issues.

If the recredentialing information Doral mails to the appropriate providers is not received prior to the recredentialing date, the provider's contract may be terminated or removed from the network. If you have not received your recredentialing packet or have additional questions regarding this process, please contact Doral at 888.554.5542.



Member Satisfaction Survey

The surveys were conducted telephonically during 2008 and were completed using member eligibility data provided by the plans. During 2008, Doral revised the Member Survey and as a result no comparison to 2007 is available.

The overall results for the surveys were as follows:

Overall, how satisfied are you with your dentist?.....	95% Very and Somewhat Satisfied
Overall, how satisfied are you with the dental care that (you/your child) has received in the past 12 months?	95% Very and Somewhat Satisfied
Overall, how satisfied are you with your dental plan?	95% Very and Somewhat Satisfied
In your opinion, did the dentist or dental staff do everything they could to help (you/your child) feel as comfortable as possible during the visit?.....	96% Yes
Did the dentist or dental staff explain what they were doing while treating (you/your child)?.....	75% Always
Did the dentist or dental staff give you advice on how to avoid dental problems?.....	90% Yes
In general, how would you rate the overall condition of (your/your child's) teeth and gums today?	85% Good or Very Good
Have you seen an improvement in (your/your child's) oral health over the past year?.....	74% Yes
Do you have a dentist that you usually go to for check-ups, cleanings or tooth pain?.....	93% Yes

Doral will work with the individual plans, particularly where deficits were noted to improve member satisfaction.

Provider Satisfaction Survey

The annual provider satisfaction survey was completed during 2008 and was conducted via written survey.

Satisfaction with Doral Dental USA	85% satisfied
How likely are you to continue being a provider for Doral Dental USA in the coming year?.....	94% will continue
Overall, how would you say Doral Dental USA compares to other dental plans?	87% the same or better
Usefulness and clarity of Office Reference Manual	78% good or better
Accuracy of payments	73% good or better
Ability to obtain accurate information from customer service call center representative	69% good or better
Payments received within the agreed upon time frame	69% good or better
Consistency in applying authorization criteria.....	68% good or better
Ability to obtain timely information from customer service call center representative.....	66% good or better

Turnaround time of authorization process.....	63% good or better
Ease of using the Provider Web Portal	60% good or better
Speed of answer when calling Doral's customer service call center.....	52% good or better
Ease of using the Interactive Voice Response (IVR) phone system	53% good or better

3 most important attributes:

- 58% Payments received within the agreed upon timeframe
- 58% Accuracy of payments
- 38% Turnaround time for authorization process

Ways to Speed Up Paper Claims

Doral, along with other carriers, processes paper claims with the use of computer software that scans and enters them through Optical Character Recognition (OCR).

However, poor quality claims— claims with illegible writing, smudges, missing information, and/or very old claim form formats—are impossible to process in such a manner. Unfortunately, poor quality claims must be put aside and then manually keyed, but even then the data entry staff often has difficulty reading them.

In order for dental offices to speed up the processing and improve the accuracy of their paper claims, they should:

- Use an approved claim form posted on Doral's website via www.doralusa.com (2006 ADA Claim Form preferred)
- Mail claims instead of faxing them
- Submit original claims rather than photocopies
- Ensure your printer provides clear, dark copies
- Print or type all numbers legibly
- Line information up properly within the form
- Do not write dollar signs (“\$” can be confused with “5”)
- Do not use unnecessary decimal points
- Do not use ink stamps or write notes on the body of the claim form

Would You Like To Save Money on Dental Supplies?

Doral Dental Savings Group is a value-added program designed for Doral Dental providers! The Savings Group will save you both time and money when ordering your dental supplies through Dental Health Products, Inc.

There is no membership fee and since you are already a contracted provider, you are able to start saving money on the supplies you already use in your practice! In fact, you are eligible for a discount on your very first order! Your supplies are shipped same day from a central Midwest location with delivery scheduled within 2-3

business days to most of the United States via UPS or FedEx.

To place an introductory order or request a no-obligation quote on the products frequently used in your office, please contact your Account Manager at 1.866.210.4635 or order online at www.doraldentalgroup.com.

Doral Dental Savings Group thanks you for working to improve the oral health of your community. We look forward to servicing your dental supply needs.

Cultural Diversity Pointers

Medical professionals and patients can play a role in eliminating racial and ethnic disparities in health care. Open-mindedness and an understanding of commonalities and differences are keys to resolving the issue.

Robert C. Like, MD, MS, Director of the Center for Healthy Families and Cultural Diversity, UMDNJ-Robert Wood Johnson Medical School, reminds health care providers that:

- As clinicians, we need to “check our own pulse” and become aware of personal attitudes, beliefs, biases, and behaviors that may consciously and unconsciously influence our care of patients as well as our interactions with professional colleagues and staff from diverse racial, ethnic, and sociocultural backgrounds.
- Every clinical encounter is cross-cultural. Developing partnerships with our patients and maintaining “cultural humility” can help us to learn and better understand the historical, familial, community, occupational, and environmental contexts in which our patients live.
- It should be understood there is no “one” way to treat any racial and ethnic group, given the great sociocultural diversity within

these broad classifications. Instead, we need to have a framework of interventions that can be individualized and applied in a patient- and family-centered fashion.

- Clinical and preventive care needs to be evidence-based, flexible, authentic, and ethical. We need to appropriately tailor our interventions to patients, families, and communities.
- Cookbook approaches about working with patients from diverse sociocultural backgrounds are not useful, and instead risk potentially dangerous stereotyping and overgeneralization. Important intergenerational differences exist, and diversity is often greater within groups than between them.
- It is important to understand not only patient and community barriers to care, but physician and health care system barriers to care. To eliminate racial and ethnic disparity, health care providers and organizations need to become more culturally and linguistically competent.
- We need to challenge and confront racism, sexism, classism, and other forms of prejudice and discrimination that occur in clinical encounters as well as in society-at-large.

Medical Necessity

Medicaid only pays for services it considers to be medically necessary for diagnosing and treating a dental condition. What a dental professional considers medically necessary from a clinical perspective may not match what Medicaid considers medically necessary from a reimbursement perspective, and the dentist needs to be aware of the difference. The fact that a dentist prescribes treatment does not make it a compensable benefit under Medicaid.

To be Medically Necessary TennCare requires that a medical item or service satisfy each of the following criteria:

- A. It must be recommended by a licensed provider that is treating the enrollee.
- B. It must be required to diagnose or treat the enrollee's dental condition.
- C. It must be safe and effective.
- D. It must not be experimental or investigational.
- E. It must be the least costly alternative that is adequate to treat the enrollee's condition.

Clinical criteria for specific dental procedures have been established and are available in the Office Reference Manual. These serve as the guidelines for the purpose of guiding medical necessity determinations and can also be found at <http://state.tn.us/sos/rules/tenncare.htm> in chapter 1200-13-16.05.

Critical to medical necessity determination is good documentation which should be available and present in the patient records. Additional detail can be found under the rules of the Tennessee Board of Dentistry at <http://health.state.tn.us/> chapter 0460-02-.12.

Need Assistance? Help Is Just a Click or Call Away!

As a reminder, you can receive 24 hour service 7 days a week by using www.doralusa.com to check member eligibility, history, submit claims, authorizations and many other features. Should you need other assistance, or wish to use our interactive voice response system, please contact us at 888.554.5542. As always, thank you for working in partnership with us by providing services to the members we serve.



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CONTACT INFORMATION

Doral Customer Service

TennCare & Medicare: 888.554.5542

TN CoverKids: 888.291.3766

- Press 1 for Automated Eligibility (via IVR System)
- Press 2 for Benefits, Eligibility, and History
- Press 3 for Claims and Payment Questions
- Press 7 for Provider Web Questions

Doral Authorizations

800.294.9650

Via Email

Electronic Technical Support • eclaims@doralusa.com
Claims Payment Questions • denclaims@doralusa.com
Eligibility or Benefit Question • denelig.benefits@doralusa.com
Authorizations • ddusa_um@doralusa.com

Provider Access to Web Portal & Other Features

www.doralusa.com/Providers.aspx

www.doralusa.com