

## DentaQuest



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### BE SURE TO VISIT THE PURL SITE FOR UPDATES!

We hope you have taken the opportunity to register on DentaQuest's PURL site – [www.DQInfoSource.com](http://www.DQInfoSource.com).

Our goal is continuously improve the way we communicate with you, and there are many benefits to using the PURL site. These benefits include:

- Personalized communications specific to the plans you participate in with DentaQuest.
- 24/7 access to important documents online. You can view pdfs or print the documents for your records.
- Secure access. DentaQuest will not share your information. We are using your email address solely for communications with you regarding your participation in DentaQuest's provider network.
- The option to receive every-day communications, such as amendments and this newsletter, via e-mail.

We continue to make enhancements to the site. The following features will be added to the site:

- Online registration for training sessions and meetings. You no longer have to send your registration forms via fax or mail. Simply fill out the online form.
- Online access to the satisfaction surveys. We will send you information in the coming months on how to complete your satisfaction surveys through the PURL site.

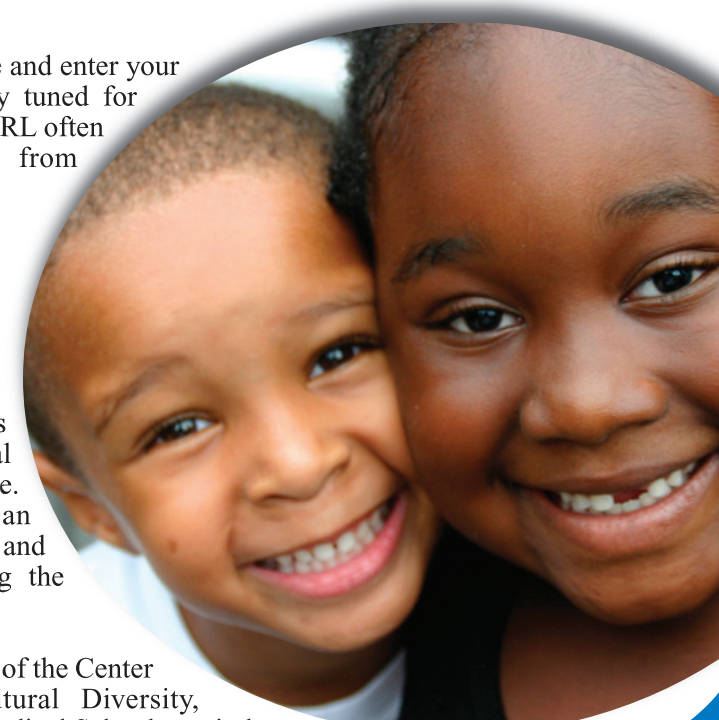
If you haven't, simply visit the site and enter your NPI number to get started. Stay tuned for more information and visit you PURL often to view the latest updates from DentaQuest.

### 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:

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### CONTACT INFORMATION

#### DentaQuest Customer Service

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

#### Via Email

- Electronic Claims Setup [800.341.8478](mailto:800.341.8478)
- Claims Payment Questions [ddusa\\_providerrelations@dentaquest.com](mailto:ddusa_providerrelations@dentaquest.com)
- Eligibility or Benefit Questions [dencclaims@dentaquest.com](mailto:dencclaims@dentaquest.com)
- [denehg.benefits@dentaquest.com](mailto:denehg.benefits@dentaquest.com)

#### www.dentaquest.com

888.560.8135

#### Provider Web Questions

888.875.7482

#### Provider Relations

[ddusa\\_um@dentaquest.com](mailto:ddusa_um@dentaquest.com)

800.294.9650

#### Utilization Review

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- 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 also 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.

## MEMBER SATISFACTION SURVEYS

The member satisfaction surveys were conducted telephonically during 2009 and completed using member eligibility data provided by the plans. The overall results for the surveys across all states in which we administer dental benefits were as follows:

Overall, how satisfied are you with your dentist?.....	94% Very and Somewhat Satisfied
Overall, how satisfied are you with the dental care that (you/your child) has received in the past 12 months?.....	93% Very and Somewhat Satisfied
Overall, how satisfied are you with your dental plan?.....	90% 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?.....	95% Yes
Did the dentist or dental staff explain what they were doing while treating (you/your child)?.....	79% Always
Did the dentist or dental staff give you advice on how to avoid dental problems?.....	79% Yes
In general, how would you rate the overall condition of (your/your child's) teeth and gums today? .....	80% Good or Very Good
Have you seen an improvement in (your/your child's) oral health over the past year? .....	71% Yes

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

## PROVIDER SATISFACTION SURVEYS

The annual provider satisfaction surveys were completed during 2009 and conducted via written survey. The overall results for the surveys across all states in which we administer dental benefits were as follows:

Satisfaction with DentaQuest .....	85% satisfied
How likely are you to continue begin a provider for DentaQuest in the coming year?.....	94% will continue
Overall, would you say that DentaQuest compares to other dental plans? .....	89% the same or better
Usefulness and clarity of Office Reference Manual .....	79% good or better
Accuracy of payments .....	73% good or better
Ability to obtain accurate information from customer service call center representative .....	70% good or better
Payments received within the agreed upon time frame.....	68% good or better

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Consistency in applying authorization criteria ..	65% good or better
Ability to obtain timely information from customer service call center representative .....	67% good or better
Turnaround time of authorization process .....	60% good or better
Ease of using the Provider Web Portal .....	82% good or better
Speed of answer when calling DentaQuest's customer service call center .....	54% good or better
Ease of using the Interactive Voice Response (IVR) phone system .....	66% good or better

3 most important attributes:

58%	Payments received within the agreed upon timeframe
58%	Accuracy of payments
44%	Turnaround time for authorization process

## SPEED UP PAPER CLAIMS PROCESSING

DentaQuest efficiently processes paper claims using Optical Character Recognition. However, poor quality claims -- those with illegible writing, smudges, missing information or old claim form formats -- cannot be processed this way. They must be put aside and manually entered and even then our 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 follow these guidelines:

- Use a 2006 or newer ADA claim form, which can be found at [www.ada.org](http://www.ada.org)
- Place the appropriate **NPI number** in **Box 54** on the 2006 or newer ADA claim form
- 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 up information properly within the form
- Do not use dollar signs ("S" 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

### Reminders

- All dates of service submitted to DentaQuest for processing must include the **treating dentist signature** in **Box 53** of the 2006 or newer ADA claim form. Acceptable signatures for this section include "signature on file" electronic names and typed names. Any claims received without this information will be returned to the provider office.
- DentaQuest will no longer accept the return of Provider Authorization Determination Notices as a method to seek

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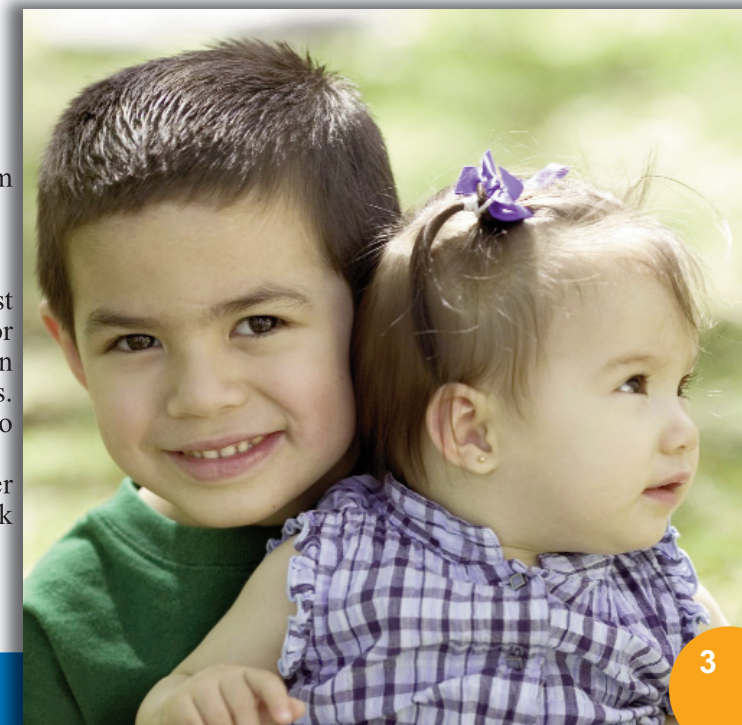
## PEER-TO-PEER COMMUNICATIONS

Providers may request to speak the Dental Director who issued an adverse determination on a peer-to-peer basis. DentaQuest encourages Provider-Dental Director discussions at all times during regular business hours. In the event a call is received outside regular business hours, the Dental Director or a back up Dental Director will return the call on the next business day. To request to speak to a Dental Director, please call customer service at the toll free number listed in your office reference manual.

## PREVENT MEMBER FRAUD

Have you ever encountered a case in which your office staff verified a member's history and then had the claim denied for 'exceeding benefit limitations' for a date of service just prior to the member's scheduled visit to your office? Have you ever extracted a member's tooth and then had the service denied due to 'previously extracted tooth'?

Both of these could be examples of member fraud. Unfortunately, it is a well-known fact that some government dental program members share their identification cards with others, allowing ineligible individuals to receive free dental treatment. An effective way to prevent these activities is to request a photo ID along with the member's card. This approach may not only protect your office from incurring an unpaid service, it may also assist in appropriately utilizing taxpayer dollars. If you suspect a member is committing any form of fraud, please contact DentaQuest's Fraud Hotline at 800.237.9139. All hotline calls remain confidential.



reimbursement for services rendered.

Completed services must be submitted to DentaQuest using the 2006 or newer ADA claim form.

• When submitting your claim or authorization on the 2006 or newer ADA claim form, please **do not write or type in the top right portion of the claim form**. This space is needed for office use. Writing or typing in this space may result in delays in processing your claim.

## 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 prove medical necessity for any dental service, whether required for prior authorization or for retrospective/prepayment review, the following documentation should be available and present in the patient record:

1. Diagnostic dental x-rays should be labeled right or left and note the date x-rays were taken (including duplicates).
2. Patient complaints, symptoms, clinical observations, assessments and x-ray findings should be documented in the patient's record.
3. The dental professional signature or initials should accompany all patient treatment note entries.
4. All referrals should include the name of the referred provider, date, reason for the referral and the referring dentist's name.
5. All treatment provided must be written legibly in the patient record. If it is not legible, it may not be compensable by DentaQuest. Bill for services actually provided. Also, space maintainers, crowns, dentures and bridges should be billed on the day they are delivered and not the date the impression was taken. If billed services do not have adequate supporting documentation, DentaQuest will recover payment from a future remittance.

Complete documentation in the patient record ensures the delivery of appropriate care. Please follow this general rule: Document, Document, Document.

## THE IMPORTANCE OF EXPLAINING TREATMENT AS IT IS RENDERED

A recent member satisfaction survey indicated that members prefer to have providers explain their treatment as it is being rendered. While time constraints hinder long discussions, it is in the provider's best interest to have the patient understand the treatment as it is occurring.

Explain the treatment and discuss behavioral expectations pertaining to children and answer any questions before the patient is

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## Need Assistance?

### Help Is Just a Click or Call Away!

This is to remind you that you can receive 24-hour service, 7 days a week, by accessing our website at [www.dentaquest.com](http://www.dentaquest.com). Use our website to check member eligibility and history or to submit claims and authorizations. Should you need additional assistance or wish to use our interactive voice response system, please contact us at the toll free number listed in your office reference manual.

As always, thank you for partnering with us to provide needed dental care to our members.

## WANT TO SAVE MONEY ON DENTAL SUPPLIES?

DentaQuest Dental Group is a value-added program designed to 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 can start saving money on the supplies you currently use in your practice. In fact, you are eligible for a discount on your very first order!

Your supplies are shipped from a central Midwest location and delivery is made 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.dentaquestdentalgroup.com](http://www.dentaquestdentalgroup.com).

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

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reclined in the dental chair. Take time to describe the sounds, smells and feelings they'll be experiencing during treatment, as it can go a long way toward establishing trust in the doctor.

A relaxed patient who is confident that treatment is progressing according to plan is easier to treat than one who is tense and wondering about what's going to happen next. By inviting patients into the treatment process through easy-to-understand explanations, both patients and dentists benefit.

## TONGUE PIERCING

Oral piercing has become fashionable over the last decade. While oral piercing can involve the lips, cheek and/or uvula, the tongue is most commonly pierced. Tongue piercing involves placing a "barbell"-type stud through the tongue.

There are several common risks associated with tongue piercing.

- **Infection** – This is possibly due to non-sterile techniques and/or improper care after the piercing. Treatment can include antibiotic therapy, localized cleansing (including removal of the tongue ring), and oral hygiene instructions. Serious infections involving sublingual, submandibular and submental facial spaces can require emergency medical treatment.
- **Chipped or Broken Teeth** – Usually occurs through biting the barbell, especially in new piercings with the initial longer barbell. To minimize the risk, a shorter barbell or one made of an acrylic material should be worn.
- **Enamel Loss** – Most commonly occurs at the back of the teeth through repeated rubbing against the jewelry. A shorter barbell or one made of a non-metallic material can also be worn to prevent enamel loss.
- **Gingival Recession** – Over time, repeated contact between the tongue ring and the gingiva can lead to significant gingival recession, especially when long stem barbells are used. Smaller tongue rings can reduce the risks of gingival recession. Removal of the jewelry might also be necessary.

When examining a patient who has a pierced tongue, the following additional patient instructions might be considered:

- Remove tongue jewelry daily, clean with detergent and wipe with alcohol.
- Clean the pierced site of the tongue with a brush and use antiseptic mouth rinse.
- Exercise conscious control of the movement of

tongue jewelry during chewing or speech.

- Consider replacing the metallic jewelry ball with a non-metallic alternative.

## EVIDENCE-BASED DENTISTRY – WHAT IS IT?

The American Dental Association (ADA) defines Evidence-Based Dentistry (EBD) as:

"...an approach to oral health care that requires the judicious integration of systematic assessments of clinically relevant scientific evidence, relating to the patient's oral and medical condition and history, with the dentist's clinical expertise and the patient's treatment needs and preferences."

Three aspects of this definition – scientific evidence, clinical expertise and patient needs and preferences – are the necessary components in any clinical decision, as none alone are sufficient to ensure optimal oral health outcomes. Further, it is the ADA's position that EBD is not "cookbook" dentistry, a rigid methodological evaluation of scientific evidence that dictates what practitioners should or should not do or a cost containment tool promulgated by third-party payers.

DentaQuest supports the ADA's definitions of what EBD is and is not. Our mission is to improve the oral health of the residents in the regions we serve. EBD is one of many approaches that move us collectively toward that goal.

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As a service to you and your staff, we hope to share information regarding current issues in EBD and other helpful resources in future issues of the *Digest*. As always, we welcome your questions and feedback.

For additional resources on EBD, please access the following web sites:

American Dental Association <http://www.ada.org/prof/resources/topics/evidencebased.asp>

Center for Evidence-Based Dentistry <http://www.ihs.ox.ac.uk/cebd/>

Center for Evidence-Based Medicine <http://www.cebm.utoronto.ca/>

## TREATING THE HEARING-IMPAIRED PATIENT

It is important that hearing-impaired patients are properly informed about their disease, treatment options and prognosis. They have the same right to full information as other patients. The following article includes ideas for improving communication with the hearing-impaired, including those who use hearing aids, sign language and/or lip-reading to communicate. It also includes a note regarding interpreters and the law.

Regardless of their mode(s) of communication, the main barriers to communication for the hearing-impaired are as follows: (1) The attitude adopted by others which may affect the doctor-patient relationship, (2) The hearing-impaired may be wrongly assumed to have a learning disability, and (3) Time pressure may lead to not making sufficient effort to learn what modes of communication best relate to a certain patient.

### Patients with hearing aids:

Eliminate any background noise.

Avoid sudden noises that may alarm the patient, especially noises coming from behind the patient.

Notify the patient when treatment (especially involving rotary instruments) will begin, as he or she may prefer to turn off his/her hearing aid.

If any communication is necessary during treatment, signify this so the hearing aid can be turned on.

### Patients who use lip reading:

Maintain eye contact.

Call attention with a light touch or signal before beginning to speak. Never speak if the patient is not looking at you.

Be sure there is enough light on your face for the patient to adequately see you.

**Be sure that your face mask is off whenever you are speaking to the patient.**

Position the patient at the same level as you, ideally sitting up in the chair.

Speak calmly, slowly, pleasantly and clearly without exaggerating or shouting.

If necessary, use gestures or words/drawings with pencil and paper.

Have written sheets available explaining planned dental procedures (an additional benefit since the patient can take them home and review).

Sincerely ask whether the patient understands what has been said and whether there are any questions.

### Patients who use sign language and have an interpreter:

Talk directly to the patient, not to the interpreter.

Speak slowly and clearly, using body language and facial expressions (which form part of sign language).

### Interpreters:

An interpreter can greatly increase the patient's ability to fully and accurately understand and the doctor's ability to explain treatment to be rendered, including obtaining informed consent.

The Americans with Disabilities Act states that dentists have a legal duty to provide effective communication, using

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auxiliary aids and services (including interpreters), as necessary, to ensure that communication with hearing-impaired people is as effective as communication with others (unless doing so would cause an undue burden). The law does not require that an interpreter be retained for all such patients or for all of their visits. An individualized approach needs to be taken to assess a particular patient's communication needs and the complexity of the communication in question.

The dentist is not required to use an interpreter of the patient's choice; in fact, the law is interpreted as advising against using family members as interpreters, for reasons including potential conflicts and confidentiality. If an interpreter is deemed necessary, the dentist must retain and reimburse the interpreter for his or her services. The cost of the interpreter is not to be charged to the patient requiring assistance; rather the law mandates that the cost be borne by the dentist, effectively shared by all patients in the practice.

If a dentist contends that the cost of the interpreter constitutes an "undue burden", the burden must be demonstrated relative to the practice's overall financial ability to pay (and the dentist must still furnish an alternative auxiliary aid or services that would not result in an undue burden). The Americans with Disabilities Act provides for a tax credit of 50 percent of the cost of interpreter services from \$250 to \$10,250 expended in a given year.

For more information, please contact the ADA website at <http://www.usdoj.gov/crt/ada/adahom1.htm>.

### References:

1. Sfikas, P. Serving the hearing-impaired. JADA May 2001, Vol. 132: 681-3.
2. Sfikas, P. Treating Hearing-impaired people. JADA Jan 2000, Vol. 131: 108-110.
3. Alsmark SSB, Garcia JN, Martinez MRM, Lopez NEG. How to improve communication with deaf children in the dental clinic. Med Oral Patol Oral Cir Bucal Dec 1:12(8):E576-81.

## FREE SERVICE FOR EXPECTANT MOTHERS

Text4baby is a free, mobile information service that was established in February, 2010. It promotes optimum health by providing pregnant women and new moms with health tips, via text message, to assist them in caring for themselves and their children. Text4baby messages were developed by the National Healthy Mothers, Healthy Babies Coalition with support from the Centers for Disease Control and Prevention and the Health Resources and Services Administration. Thanks to the support of CTIA - The Wireless Foundation and participating wireless service providers, all messages received from text4baby are free. If an expectant mother doesn't have a text messaging plan, she can receive these messages at no cost. If she has limited texting allowances, text4baby won't take away from her total amount of messages.

Women sign up for the free service by texting "BABY" (or "BEBE," in Spanish) to 511411. Each woman receives three text messages every week, timed to their due date or baby's age, until the child's first birthday. Messages include subject matter geared toward nutrition, immunizations, labor and delivery, car seat safety, breastfeeding and mental health.

As you know, good oral health is important to pregnant women. We encourage you to share this free service with your patients. For additional information about this program, or to view a list of frequently asked questions, please go to <http://www.text4baby.org/>

