Questions and Answers from the 2021 IHCP Roadshow Panel Discussion: Dental

The Indiana Health Coverage Programs (IHCP) hosted a panel discussion on Friday, May 7, 2021, for dental providers as part of the 2021 IHCP Roadshow. This document provides a summary of the questions and answers discussed during the panel.

How does a dentist participate with the IHCP?

To participate with the IHCP, a provider must first enroll with the IHCP as a Traditional Medicaid provider. Information about the enrollment process can be found in the *Provider Enrollment* provider reference module and under the Provider Enrollment tab on the IHCP provider website at in.gov/medicaid/providers.

Prospective IHCP providers are encouraged to submit an electronic enrollment application using the IHCP Provider Healthcare Portal, accessible from the home page at in.gov/medicaid/providers. Applications can also be downloaded from the website, completed, printed and submitted by mail.

Once enrolled with Traditional Medicaid, the provider can contact the managed care entities (MCEs) of their choice to inquire about applying as a managed care provider.

What common errors do dental providers encounter during the IHCP enrollment process?

Common errors on an application include:

- Enrolling as a billing provider instead of a group
- Attaching incorrect information to the application, such as the wrong W-9 or incorrect Social Security number for the rendering provider
- Delegating signatures to an administrator when an owner must sign the application
- If providing dental services as a federally qualified health center (FQHC) or rural health clinic (RHC) provider, not enrolling a rendering dental provider linked to the practice

After enrolling with the IHCP, providers may begin the credentialing process with the MCEs of their choice by reaching out to their provider representatives.

What common errors do dental providers encounter during the MCE credentialing process and how can providers avoid them?

Missing, incomplete or inaccurate information on an application is the most common barrier to credentialing with an MCE. Documents such as proof of insurance and professional licenses are most often out of date or incomplete. Leaving a blank field for the National Provider Identifier(NPI), IHCP Provider ID or the business NPI for a group enrollment are the most common omissions on an application.

> *Note: Verifying an applicant's education may cause a delay in the credentialing process if the institution is overseas or does not respond to the inquiry.*

DentaQuest, the dental benefit manager (DBM) for Anthem and MDwise, also identified the top errors in their application process:

- Incorrect response to whether the applicant has an expired license in any state
- Incorrect response to whether the applicant has active Drug Enforcement Agency (DEA) and Controlled Dangerous Substances (CDS) licenses; if the answer is "no," the applicant must explain to whom they would refer members for a prescription
- Missing Malpractice Insurance face sheet

Dental providers that maintain a Council for Affordable Quality Healthcare (CAQH) account encounter a delay in the credentialing process when the provider account is not up to date.

The IHCP advises dental providers that are navigating the credentialing process to do the following:

- Update and maintain the correct information on all application forms and CAQH accounts.
- Review emails from the credentialing department of an MCE, as these often contain requests for missing or incomplete information.
- Reach out to your provider services representative with any questions.

The credentialing process cannot begin until the MCE receives all required documentation from the applicant.

How do dental benefit mangers assess network adequacy?

The DBMs deliver reports that match members to credentialed providers within a geographic region. This reporting ensures each MCE meets contracted standards for providers within a certain distance of a member's address. If a deficiency is identified, the DBM targets additional providers in that region for recruitment.

Where can a provider check for a member's dental benefits to see if the member has exhausted a specific unit limitation if one exists for the services rendered?

Each managed care member's dental benefits are displayed on the provider portal of the applicable MCE (or the MCE's dental benefit manager):

- DentaQuest portal (Anthem and MDwise) at govservices.dentaquest.com
- CareSource portal at pwp.sciondental.com/PWP/Landing
- Envolve portal (Managed Health Services [MHS]) at pwp.envolvedental.com/PWP/Landing
- UnitedHealthcare portal at uhcdentalproviders.com

Dental providers can also call the provider services line at the following MCEs:

- Anthem: 888-291-3762
- CareSource: 844-607-2831
- MDwise: 855-453-5286
- MHS: 855-609-5157
- UnitedHealthcare: 844-402-9118

For fee-for-service members (such as Traditional Medicaid members), some benefit limits will be displayed on the IHCP Provider Healthcare Portal at portal.indianamedicaid.com. If additional information is needed, submit a request through secure correspondence on the IHCP Portal.

What dental benefits are covered by all MCEs? Why are MCEs permitted to offer different benefits?

MCEs are permitted to offer enhanced benefits as a way of attracting members to join and providers to participate.

Hoosier Healthwise and Hoosier Care Connect dental benefits for all MCEs match the Traditional Medicaid dental benefit.

Healthy Indiana Plan (HIP) dental coverage varies depending on the member's eligibility category.

- *HIP Basic* – No dental coverage except for dental care under Early Periodic Screening, Diagnostic and Treatment (EPSDT) services for members age 19 or 20 and emergency dental care.
- *HIP State Plan* and *HIP Maternity* – Dental benefits match the fee-for-service dental benefit.
- *HIP Plus* – The following dental care is covered:
    - Evaluations and cleanings (two per person per benefit year)
    - Bitewing X-rays (four per person per benefit year)
    - Comprehensive X-rays (one complete set every five years)
    - Minor restorative or corrective services, such as fillings or extractions (four combined per person per benefit year)
    - Major restorative services, such as crowns (one per person per benefit year)

To learn about the enhanced dental benefits at each MCE, review the following guides and manuals:

- Anthem: Provider Manual available at providers.anthem.com
- CareSource: *Indiana Dental Health Partner Manual* available at caresource.com
- MHS: *Envolve Dental – Indiana Medicaid Provider Manual* available at dental.envolvehealth.com
- MDwise: *Office Reference Manual* available at dentaquest.com
- UnitedHealthcare: *Dental Provider Manual* and *Medicaid Dental Quick Reference Guide* available at uhcpwp.wonderboxsystem.com

How does the IHCP manage auditing efforts? What is the process and why do certain providers get audited?

The process for determining what providers are audited starts with the use of various algorithms, which act like filters that all the claim data flows through. These algorithms are designed based on noted fraud issues from other states, the Health and Human Services (HHS) Office of Inspector General or other noticeable trends.

Providers are highlighted by the algorithm because of their use of the codes at issue, most likely because they are a high user of the code in comparison to their peers, or they use the combination of codes filtered by the algorithm. Being flagged by an algorithm does not mean that the provider has done anything wrong, which is why our audit process has the opportunity for back-and-forth with the provider.

MCEs work with their DBMs to audit and investigate providers according to state, federal and contractual requirements.

Recently the IHCP retracted an audit involving procedure codes D0330 and D0210. What happened there?

A misinterpretation of the *Dental Services* IHCP provider reference module caused an audit of providers that use Current Dental Terminology (CDT®[1]) D0330 and D0210. The state subsequently retracted the audit. The Office of Medicaid Policy and Planning (OMPP) thanks the dental providers that brought this issue to our attention.

How can a dental provider avoid being audited?

There is not any one trend or way to avoid being audited, as the audit reasons change each year. The IHCP recommends that dental providers experiencing an audit should respond in a timely manner and contact the auditors if they have any questions.

What training opportunities are available for IHCP enrolled dentists?

The MCEs and Gainwell Technologies (fee-for-service) offer the following resources for IHCP-enrolled dentists:

- Anthem and MDwise both offer training through DentaQuest provider representatives. These representatives conduct virtual trainings upon request. The representative is Cindy Cobb (cindy.cobb@dentaquest.com).
- CareSource maintains the *Indiana Dental Health Partner Manual*. Providers may also reach out to a dedicated dental health partner engagement specialist via email or phone; see the CareSource territory map for contact information. For information on CareSource's quarterly provider forums, contact your assigned health partner engagement specialist and check our network notifications published on the *Updates & Announcements* page at caresource.com.
- MHS provides the *Envolve Dental – Indiana Medicaid Provider Manual*, which includes information such as authorization requirements and billing guidelines. Additional resources are available on the Envolve portal, including the Provider Web Portal Training, which gives an in-depth review of web portal functionality. Providers learn how to check benefits and eligibility; submit claims and prior authorizations; verify practice demographic information; and find out where to view bulletins, manuals, grids and other provider communications. Providers can reach out to Provider Customer Service for immediate portal inquiries at 855-609-5157 or can email provider relations at ProviderRelations@EnvolveHealth.com to request additional training from a provider relations representative
- UnitedHealthcare offers multiple training videos that can be assessed through their provider web portal. Provider advocates can provide a high-level training on the portal that includes how to register for access to the portal, check member eligibility, set up Zelis E-payment and more. For a more in-depth training, providers can request a one-on-one training with the Provider Web Portal team.
- Gainwell offers dental workshops for providers or individual training upon request. To schedule a workshop or training, contact your provider consultant; contact information is available on the *Provider Relations Consultants* page of the IHCP provider website at in.gov/medicaid/providers. From this same website, providers can also access archived workshop presentations, the *Dental Services* provider reference module, dental code tables and the IHCP Professional Fee Schedule.

[1] *CDT copyright 2021 American Dental Association. All rights reserved. CDT is a registered trademark of the American Dental Association.*