

FALL 2016

VA Smiles For Children

PROVIDER TRAINING



Smiles For Children
Improving Social Care Across Virginia

DentaQuest



So Much More than...



TRAINING TOPICS

- Credentialing and Recredentialing
- AppCentral
- Continuation of Care Form (COC) - Updated
- Office Policy Best Practices
- Member Waiver - Non-Covered Services
- Provider Change Forms - Revised
- Wisconsin Mailing Address Change
- Affordable Care Act 1557 - upcoming changes
- VA Top 15 non-English Spoken Languages
- Professional Interpreter Services
- DQ links and websites
- DentaQuest Institute **Online-Free CUE's**
- Virginia Provider Engagement (PE) Team



RECREREDENTIALING POLICIES AND PROCEDURES

- Recredentialing occurs every three years for **Smiles For Children** providers
- A letter along with a Pre-Populated Recredentialing Application will be mailed to providers requiring Recredentialing four months prior to the due date
- The Recredentialing applications must include the current liability policy and a copy of the dental license.
- Applications must be mailed back four weeks prior to the termination date of the application
- If the Recredentialing application is not completed on time, the provider will be terminated and will have to reapply as a new provider
- Lack of cooperation with recredentialing will result in claims denial for Non-Par status
- All missing documents should be sent to:
 - DentaQuestCredentiaingMissingInformationRequest@dentaquest.com
 - Faxed to 262-241-4077 Attn: VA SFC Creds/Recreds team



CREDENTIALING DOCUMENTATION REQUIREMENTS

- All new providers enrolling into the Medicaid/**Smiles For Children** program are required to complete several documents in order for the application to begin the process of credentialing. Applications will not begin to process until all documents are received.
- Application documents include the **Smiles For Children** Application, Participation Agreement, DentaQuest Contract, w-9, Copy of Dental License, Attestation, Copy of Liability Policy, Disclosure of Ownership (DOO), EFT form (Direct Deposit) and voided check
- Applications received with missing information or improperly filled out:
 - All missing documents should be emailed to DentaQuestCredentialingMissingInformationRequest@dentaquest.com or
 - Fax to 262-241-4077 Attn: VA SFC Creds/Recreds team
- The entire application and all required documents are available on the Provider Web Portal under Related Documents and via the AppCentral credentialing system
- **Credentialing Customer Service** –Providers have direct access to speak with staff about the credentialing/Recredentialing process. The credentialing/Recredentialing hotline number is **1-800-233-1468**.
- Individual provider credentialing is required in order to receive payment for claims on/or after the effective date
- Effective dates will NOT be backdated
- **Non-credentialed** providers may not treat SFC members nor receive payment for treating SFC members
- The use of non-credentialed providers is prohibited in the **Smiles For Children** program

*Do not treat members until receipt of the welcome letter. The welcome letter includes:

- Service office locations
- Effective dates
- Programs that were approved for the provider



Smiles For Children
Improving Smiles/ Care Across Michigan

DentaQuest

WHY USE THE ONLINE CREDENTIALING TOOL – APPCENTRAL?

- It's an easier, faster way to get your enrollment and credentialing documentation submitted correctly the first time
- It saves you time and helps ensure your information is entered quickly, correctly and completely
- You will receive status update emails throughout the application process
- It promotes faster credentialing turnaround times
- It allows the providers access to view archived application submissions
- It is a safe and secure information collection and transmission tool
- It enables support staff to see what you see in real time
- VA SFC pre-populated Recredentialing Application will be available via AppCentral



GETTING STARTED-AppCentral 101

Go to: www.dentaquest.com/dentists

LOGIN » Contact Us » FIND A DENTIST

DentaQuest

MEMBERS DENTISTS CLIENTS TRADING PARTNER NEWS & UPDATES ORAL HEALTH RESOURCES

Home » Dentists

Welcome Dentists

As leaders in prevention, DentaQuest is committed to helping you improve the oral health of your patients.

Join Our Network:

- » Start a **NEW** Online Credentialing Application
- » Continue an **ALREADY STARTED** Online Credentialing Application
- » Information about the Online Credentialing Application:
 - » Provider Guide
 - » FAQs



Smiles For Children
Improving Dental Care Access Worldwide

DentaQuest

CONTINUATION OF CARE FORM- REQUIREMENT CHANGE

- Additional documentation required for COC cases:
 - Provide a copy of the member's prior approval letter (including approved fee) and payment structure
 - Provide a detailed payment history

If approved through a prior Medicaid vendor, please submit the following:

- A complete Orthodontic Continuation of care form
- A completed 2006 or greater ADA claim form listing the services to be rendered
- A copy of the member's prior approval letter including the total approved case fee and payment structure
- Detailed payment history

If approved through a private arrangement or commercial plan also include:

- A copy of the original study models or a complete set of diagnostic photographs prior to the patient being banded
- Panorex film

***Download the new version of the COC form via the PWP under related documents

[Home](#)

Document List

This page allows you to access the documents related to your user type. You can sort the list by document name and description. Clicking the document name displays the document.

Search

Title ?

Description ?

File Detail Category

Search

Results [Download File](#)

Title	File Detail Category	Description
Ortho Continuation of Care Form	Forms	Ortho Continuation of Care Form
Provider Change Form	Forms	Provider Change Form
Provider Portal Admin Guide	General	Provider Portal Admin Guide
Recall Examination Form	Forms	Recall Examination Form
Request for Transfer of Records Form	Forms	Request for Transfer of Records Form
Spring 2010 Newsletter	Newsletters	Spring 2010 Newsletter
W-9 Form	Forms	Request for Taxpayer Identification Number and Certification
yshoo	General	asd1

Page 2 of 2

CONTINUATION OF CARE – NEW FORM

DentaQuest 

Continuation of Care Submission Form

Date: _____

Patient Information

Name (First & Last)	Date of Birth:	SS or ID#
Address:	City, State, Zip	Area code & Phone number:
Group Name:	Plan Type:	

Provider Information

Dentist Name:	Provider NPI #	Location ID #
Address:	City, State, Zip	Area code & Phone number:

Name of Previous Vendor that issued original approval: _____

Banding Date: _____ Case Rate Approved By Previous Vendor: _____

Amount Paid for Dates of Service That Occurred Prior to DentaQuest: _____

Amount Owed for Dates of Service That Occurred Prior to DentaQuest: _____

Balance Expected for Future Dates of Service: _____

Remaining services and quantities to be paid from prior approval:

Additional information required:

If approved through a prior Medicaid vendor, please submit the following:

- A completed Orthodontic Continuation of Care form
- A completed 2006 or greater ADA claim form listing the services to be rendered
- A copy of the member's prior approval letter including the total approved case fee and payment structure**
- Detailed payment history**

If approved through a private arrangement or commercial plan also include:

- A copy of the original study models or a complete set of diagnostic photographs prior to the patient being treated
- Panorex film

Mail to:
DentaQuest, LLC
Attn: Continuation
12121 N. Corporate Parkway
Mequon, WI 53092

New additional requirements



BEST PRACTICES FOR OFFICE APPOINTMENT POLICY

Office Appointment Policy

Our dental team at <office name> is committed to providing you and/or your child with excellent dental care. In return we expect you to attend every scheduled appointment on time.

- When you miss an appointment it may not cost you anything but there are costs to others.
- Make sure you keep every appointment. This appointment is for you.
- If you are not going to keep your dental appointment notify the office at least 24 hours ahead of time.
- If you do not notify the office 24 hours prior to the appointment and miss your appointment <#> times, you will no longer be able to come to this office for your dental care.

You and your child have the right to:

- Be treated with respect.
- Receive needed dental services.
- Privacy and confidentiality.
- Receive information about your oral health care and treatment options.
- Help make choices about your dental care.

You and your child have the responsibility to:

- Bring your current Medicaid card and photo ID each time you come to an appointment.
- Tell your dentist when you have concerns about your oral health.
- Follow the advice and treatment plan of your dentist.
- Tell your dentist when the treatment plan is against your wishes.
- Keep all dental appointments.
- Show up on time for all dental appointments.

The dentist and dental team have the right to:

- Be treated with respect.
- Enforce all stated office policies regarding failed appointments, payment requirements, and acceptable behavior in the office.

The dentist and dental team have the responsibility to:

- Inform you of all needed treatment and tell you what could happen to your oral health if you do not have the treatment.
- Keep all appointments scheduled with you.
- Be on time for appointments scheduled with you, or tell you when they can not be on time.

I have read and understand the information given to me in this agreement. I have had the chance to ask the dentist and dental team questions about the information.



OFFICE APPOINTMENT POLICY CON'T

I agree to show up for appointments that I schedule with <office name> and to come to appointments on time.

Patient Signature

Date

Team Member Signature

Date

SAMPLE



The sample office policy is a resource guide only

MEMBER WAIVER NON-COVERED SERVICES

Waivers must include the following:

- Member full name
- Member 12-digit ID number
- Treating provider name
- Treating service office location/address
- Each ADA code listed
- Fee for each code
- Description of each code
- The reason the code is not covered
- Member/parent/guardian signed document prior to services being performed
- Signed document dated
- Office staff signature (as a witness the waiver was read and understood fully)



SAMPLE MEMBER WAIVER FOR NON-COVERED SERVICES

Agreement to Pay Non-Covered Services

Member Name: _____

Member ID: _____

Treating Provider Name: _____

Service Location Name and Address: _____

Address: _____

Not all dental services are covered by the Smiles for Children program. The service(s) below that you have chosen to receive is/are not covered by Smiles for Children. If you choose to have the service(s) completed, you will have to pay the dentist.

Non-Covered Services

CODE	COST/FEE	DESCRIPTION OF SERVICE/CODE	REASON SERVICE NOT COVERED

I understand by signing this form that I will have to pay the dentist for these services.

Member Signature (Parent/Guardian)

Date

Witness Signature



CHANGES TO PROVIDER STATUS

Changes in an individual provider status will require a **completed provider change form (located on the provider web portal under related documents):**

- Termination/leaving a practice
- Retired
- Deceased
- Provider name change (married) (*MUST include COPY of marriage certificate and new Dental license, new signed participation agreement, W-9, and SFC contract)
- TIN change-(*MUST include a participation agreement, W-9, SFC contract, and Disclosure of Ownership)
- Service office name change
- Phone changes/fax changes/email correspondence
- Add existing provider to existing location (*MUST include a participation agreement, W-9, and SFC contract)
- Add existing provider new location (*MUST include a participation agreement, W-9, SFC contract, Disclosure of Ownership (DOO), and EFT form)



SAMPLE PROVIDER UPDATE FORM

Provider Update Form - Provider Operations
You may send this form by e-mail to Standardupdates@dentaquest.com or by fax to 262-241-4077

Section 1: Current Information - Complete for ALL Requests - Asterisk denotes required fields

Change Effective Date (Required): _____

*Provider Last Name _____ *Provider First Name _____

*Individual National Provider Identifier (NPI) # _____

Date of Birth _____ Social Security # _____ Gender _____

*Specialty _____ *Personal E-Mail _____

Requestor Information

*Requestor Name _____ *Title _____

*Requestor Contact Information (Phone or E-mail) _____

Section 2: Type of Update - Check all that Apply - Complete for ALL Requests - For Questions contact your Provider Engagement Representative or Customer Service

Business (Tax ID) - Add/ Term/ Update - Complete Sections 1, 7 and 8

Credentialing Correspondence Change/Update - Complete Sections 1 and 5

EFT/ Payment - Complete Sections 1 and 8

License Change - Complete Sections 1 and 4

Name Change - Complete Sections 1 and 3

Location - Add/ Term/ Update - Complete Sections 1 and 6

Termination Request - Complete Sections 1 and 9

Section 3: Name Change - Attach supporting legal documentation

New Last Name _____ New First Name _____

New Middle Name _____ New Suffix _____

Please Note: Before DentaQuest can change your name in our system, your license must reflect the name change.

Section 4: License Change

New Dental License Number _____ State _____

New DEA License Number _____ State _____

New **State** Drug License Number _____ State _____

New Medicaid License Number _____ State _____

Other License Name _____

Other License Number _____ State _____

Section 5: Credentialing Correspondence Change

Credentialing Contact Name _____

Correspondence Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____

Credentialing E-Mail _____

Provider Update Form - Provider Operations

Section 6: Location Add/ Term/ Update - In order to link this provider/location to an existing contract, include documentation for Adds and Changes that include the below information on Company Letterhead.

Add Term Update

Tax ID Number _____ Medicaid ID (if applicable) _____

Location Name _____

Location Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____

Can this fax number accept PHI? Yes No

Office E-Mail _____

Office Hours: Monday - _____ Tuesday - _____

Wednesday - _____ Thursday - _____

Friday - _____ Saturday - _____

Sunday - _____ Ages Minimum _____ Ages Maximum _____

Primary Location Handicapped Accessible

Office Languages _____

Section 7: Business - (Tax ID) Add/ Term/ Update - Updated Contract, W9 and Disclosure of Ownership required for all Adds and Updates - W9 and Disclosure of Ownership Attached

Add Term Update

Old/ Current Tax ID Number _____ New Tax ID Number _____

Business Name _____

Business Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____

Office E-Mail _____

Group NPI _____

Please Note: DentaQuest requires a Group NPI for all business types except Sole Proprietors. Will you have any outstanding claims to submit under the old/current Tax ID Number? Yes No

If yes, please provide a date of when all claims will be submitted by: _____

Section 8: EFT/ Payment

Tax ID Number _____

Payment Address _____

City _____ State _____ Zip Code _____

Add EFT Cancel EFT Change EFT

Please Note: The DentaQuest EFT Form will need to be completed for any Adds or Updates. This includes a copy of a voided check or a bank letter (attached)

*Although the form itself is now 4 pages, section 2 directs the requestor to the exact fields on the form that need to be completed



SAMPLE PROVIDER UPDATE FORM

Provider Update Form - Provider Operations	
Section 9: Termination Request	
<input type="checkbox"/> Term Provider at Location Listed Below	Tax ID Number <input type="text"/>
Please attach document with any additional locations to be termed.	
<input type="checkbox"/> Term Provider at ALL Locations - ALL Networks	
Please attach term letter, note or document from the provider that includes all locations to be termed as applicable.	
<input type="checkbox"/> Term Business	Tax ID Number <input type="text"/>
Please attach a list of providers and locations that need to be terminated.	
Term Reason/ Comments	<input type="text"/>
Location Name	<input type="text"/>
Location Address	<input type="text"/>
City	State <input type="text"/> Zip Code <input type="text"/>
Notes	

Provider Update Form - Provider Operations	
Additional Location Add/ Term/ Update - In order to link this provider/location to an existing contract, include documentation for Adds and Changes that include the below information on Company Letterhead.	
<input type="checkbox"/> Add	<input type="checkbox"/> Term <input type="checkbox"/> Update
Tax ID Number <input type="text"/>	Medicaid ID (if applicable) <input type="text"/>
Location Name <input type="text"/>	
Location Address <input type="text"/>	
City <input type="text"/>	State <input type="text"/> Zip Code <input type="text"/>
Telephone <input type="text"/>	Fax <input type="text"/>
Can this fax number accept PHI? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Office E-Mail <input type="text"/>	
Office Hours Monday - <input type="text"/>	Tuesday - <input type="text"/>
Wednesday - <input type="text"/>	Thursday - <input type="text"/>
Friday - <input type="text"/>	Saturday - <input type="text"/>
Sunday - <input type="text"/>	Ages Minimum <input type="text"/> Ages Maximum <input type="text"/>
<input type="checkbox"/> Primary Location	<input type="checkbox"/> Handicapped Accessible
Office Languages <input type="text"/>	



DENTAQUEST MAILING ADDRESS CHANGE-REMINDER

Effective 7/1/2016 – The Wisconsin DentaQuest Office Moved!

- DentaQuest mailing address for all VA business changed effective 7/1/16
- All correspondence to DQ including claims, appeals, COC cases, prior authorizations, credentialing, Recredentialing, etc. are affected
- For proper handling, all **stamped** mail must be sent to: PO BOX 2906 Milwaukee, WI 53201-2906
- Certified and Overnight mail must be sent to: 11100 W. Liberty Drive Milwaukee, WI 53204
- A plan message with the new mailing address is available on the PWP and DentaQuest website
- **Phone numbers, fax numbers and email addresses will remain the same**
- YOU must update the address within your practice management software systems (i.e. Clearinghouses)

NEW MAILING ADDRESS:

DentaQuest

PO Box 2906

Milwaukee, WI 53201-2906



AFFORDABLE CARE ACT (ACA)

SECTION 1557

- Sec. 1557 prohibits entities that receive federal financial assistance from discriminating on the basis of race, color, national origin, age, disability and sex. In health care, the final rule applies to recipients of certain funding from HHS [Department of Health and Human Services].
- Compliance requirements include requiring covered entities to "provide meaningful access to individuals with limited English proficiency" as well as providing qualified interpreters and translators. The rule protects individuals with disabilities by requiring covered entities "to make electronic information and newly constructed or altered facilities accessible to individuals with disabilities and to provide appropriate auxiliary aids and services for individuals with disabilities."
- For dental practices that receive certain federal financial assistance from HHS, the Sec. 1557 final rule will require that they post notices of nondiscrimination as well as taglines in the top 15 non-English languages spoken in the state indicating that free language assistance services are available. The notices must be posted in the dental office, on the website and in any significant publications and communications. For smaller items, such as postcards and tri-fold brochures, the practice may use a shorter nondiscrimination statement and taglines in the state's top two non-English languages spoken.



AFFORDABLE CARE ACT (ACA) SECTION 1557

For information on Section 1557 of the Affordable Care Act :

- Visit <http://www.hhs.gov/civil-rights/for-individuals/section-1557>.
- Access sample required notices and translations at <http://www.hhs.gov/civil-rights/for-individuals/section-1557/translated-resources/index.html>.
- Contact the Office for Civil Rights, U.S. Dept. of Health and Human Services at 1557@hhs.gov or Toll Free (800) 368-1019.
- To minimize the administrative burden for member dentists who are covered entities, the ADA has prepared resources to aid in compliance with the rule, including an FAQ and checklist. Visit <http://ada.org/1557>.
- Consult an attorney if you have any questions or concerns about whether this law applies to you.



Smiles For Children
Improving Dental Care Access for All

DentaQuest

TOP 15 NON-ENGLISH LANGUAGES SPOKEN IN VA

- **Spanish***
- **Korean***
- Vietnamese
- Chinese
- Arabic
- Tagalog
- Persian
- Amharic
- Urdu
- French
- Russian
- Hindi
- German
- Bengali
- Kru



INTREPRETER SERVICES PROCESS GUIDELINES

DMAS will reimburse providers through DentaQuest for Interpreter Services at an hourly rate not to exceed \$50 (or the lesser rate as charged by the interpreter if the rate charged is less than \$50) regardless of the number of patients assisted. Services shall be billed and reimbursed in 15 minute increments. DentaQuest billing guidelines outlined below are as follows:

- Network providers are responsible for the arrangement of onsite interpreter services when an interpreter is needed to explain treatment.
- DMAS maintains an Interpreter Resource list located at http://www.dmas.virginia.gov/Content_pgs/dnt-home.aspx. To access the resource list, select *Smiles For Children* Provider Information and go to Interpreter Service Information. Select the resource list. If you do not have an interpreter resource, you may select one from the Interpreter Resource List.
- Professional Interpreter Service Invoice Form is a required document and is located on the DMAS website and available on the provider web portal under related documents.
- Interpreters must be proficient in the specific language and hold a Virginia business license allowing a fee for their service.

Providers should encourage interpreters to work directly with a patient to help coordinate the patient arriving on time to the appointment. DMAS/DentaQuest will not reimburse for interpreter services when a patient does not keep an appointment. Interpreter service claims will only be reimbursed when the service is used in conjunction with covered dental service.



INTREPRETER SERVICES REIMBURSEMENT PROCEDURES

- Providers are responsible for paying the interpreter directly and retaining a paid invoice of services rendered. DentaQuest will not pay the interpreter directly.
- SFC Professional Interpreter Service Invoice Form must be completed and submitted to DentaQuest.
- Along with the form, providers must submit a copy of the paid invoice/receipt to DentaQuest to include the following information:
 - Date and Time of Interpreter service (including beginning and ending time).
 - Patient Name and Medicaid ID number
 - Interpreter name, address, telephone number, language used, duration of service and interpreter's charge for the service.
- The patient's chart must document that the patient needed and received interpreter services on a specific date. If ongoing interpreter services are required, the provider must include an annual assessment and attestation in the patient's chart confirming need. Payment for that service acknowledges DentaQuest's ability to audit the use of the service at any time.
- Provider should fax the invoice form and paid receipt to:

DentaQuest
Interpreter Services
ATTENTION: Jackie Wake
FAX: 804-758-2762

*Provider reimbursement will be processed by DentaQuest within 30 days of receipt. SFC provider should include the address to receive payment. Go to http://www.dmas.virginia.gov/Content_pgs/dnt-home.aspx. Select **Smiles For Children** Provider Information and go to Interpreter Service Information for additional guidance. Telephonic interpreter reimbursement and bill procedures will remain unchanged.

***If the interpreter is not listed on the DMAS Interpreter Resource list, the provider must attach a copy of the professional interpreter's business license with the invoice for approval for the interpreter.**



SAMPLE PROFESSIONAL INTERPRETER SERVICES FORM



DentaQuest

Professional Interpreter Service Invoice

Bill To: DentaQuest - Smiles For Children
Jacqueline.Wake@DentaQuest.com
 Richmond, VA 23225
 Attn: Jackie Wake
 Phone: 888-853-0657 Fax: 804-758-2762

Send Payment To: Name of Payee: _____
 Address: _____
 Address: _____
 City, State, Zip: _____

Provider Name: _____

Provider's Signature: _____

Date of Invoice: _____

To be eligible for reimbursement:

- ▶ A copy of the professional interpreter service's invoice or statement for each case being billed to DentaQuest must be included.
- ▶ Services must be rendered in conjunction with an eligible SFC dental service and the claim for these services must be reflected in DentaQuest's claims system.
- ▶ SFC Professional Interpreter Service Invoice Form must be completed and submitted to DentaQuest within 180 days from the date the interpreter service is utilized.

Note: Charges incurred for a missed or broken appointment are not eligible for reimbursement.

	Date of Service	Start Time	End Time	Member Name (Please include only one Member Name per Case)	Member ID	Professional Interpreter Service Name	Language Used	Total \$ Amount
Case 1								
Case 2								
Case 3								
Case 4								
Case 5								
Case 6								
Case 7								
Case 8								
Case 9								
Case 10								
TOTAL INVOICE:								

I certify that the patient(s) identified with this invoice by this practice need interpreter services to communicate in order to complete care.
 Signed: _____

Thank You for Your Participation in the Smiles For Children Program.



ADDITIONAL DENTAQUEST LINKS

- Website: <http://www.dentaquest.com/>
- Blog: <http://oralhealthmatters.blogspot.com/>
- Facebook: <http://www.facebook.com/dentaquest>
- LinkedIn: <http://www.linkedin.com/company/dentaquest>
- Twitter: <https://twitter.com/dentaquest>
- Provider Web Portal: <https://govservices.dentaquest.com/>
- AppCentral: www.dentaquest.com/dentists



DENTAQUEST ONLINE FREE CEU'S

1. Go to:

www.dentaquestinstitute.org/learn
to open the Online Learning Center.

2. Click the Register button to sign up and create your user name and password.

3. Upon registration you will have access to all of the learning resources available. Such as:

- Watch our Leader Profile videos to hear from oral health leaders who are practicing prevention and disease management.
- Create a Profile on our CONNECT Social Media page and begin to network with practitioners and thought leaders around the country.



Online Learning Center

The DentaQuest Institute Online Learning Center provides effective and engaging resources for any type of practice to begin the implementation of disease management, practice improvement and prevention-focused care within their unique environment.



INTERACTIVE ONLINE LEARNING MODULES FOCUS ON CLINICAL CARE AND PRACTICE MANAGEMENT

- **Learn more about Evidence-Based Prevention!**
A disease management series focuses on the key components of a prevention-focused model of care from birth to maturity
- **Make your practice more successful!**
A practice management series provides Dental Directors and Dental Practice Managers with best practices for the effective management of safety net dental programs
- **Special Topics** include live and engaging lectures as well as online interactive modules that address working with extremely young patients, handling patient home care, and the integration of oral health care into primary health care
- **Additional learning materials** are always in development and are released throughout the year

Continuing Education Units (CEUs) are offered upon completion of the online modules at **NO COST**. Registration for the Online Learning Center is free and available to all oral health professionals at DentaQuestInstitute.org/Learn.

DentaQuest
INSTITUTE

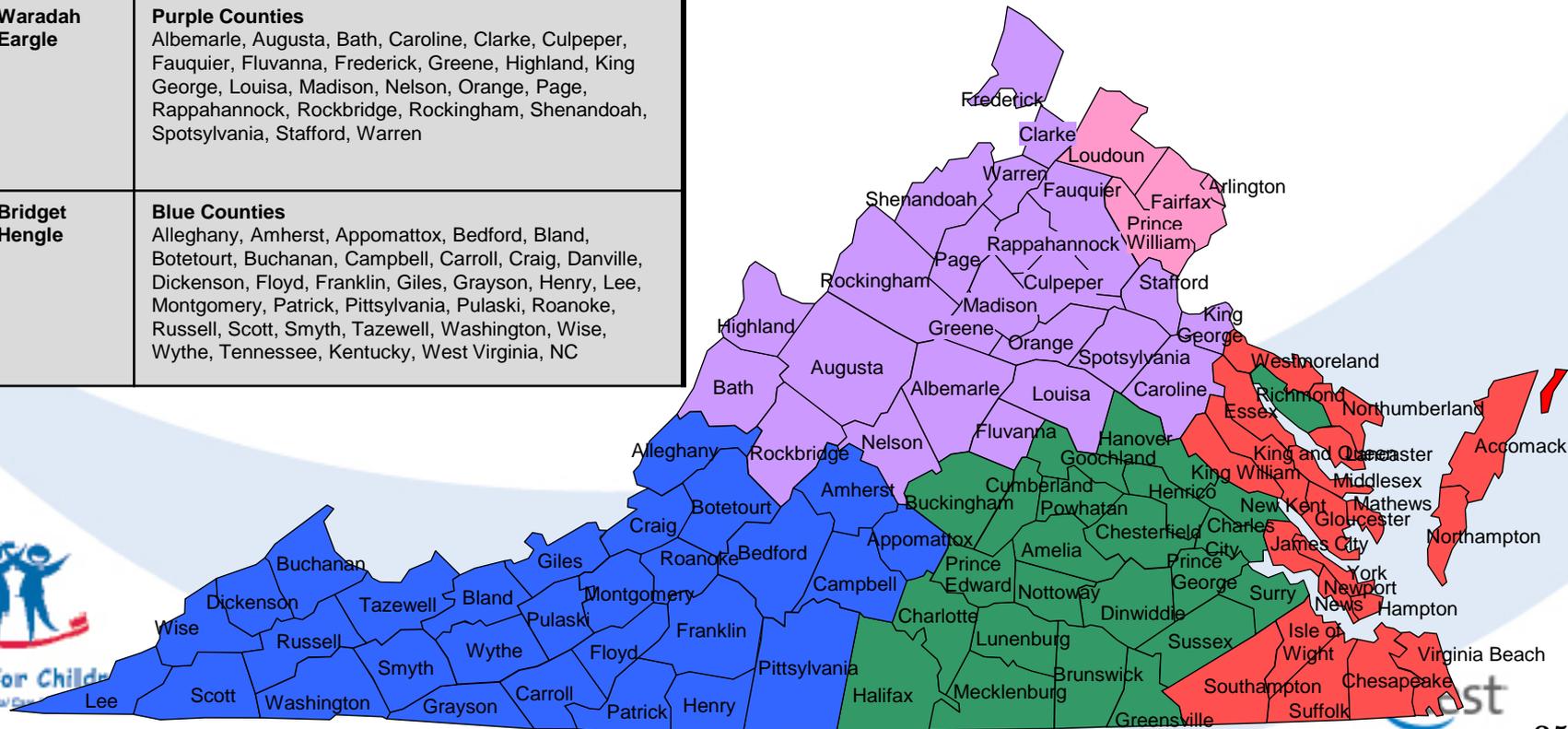


Smiles For Children
Inspiring Smiles / Care Access Begins

DentaQuest

VA PROVIDER ENGAGEMENT COUNTY ASSIGNMENTS

Region	Rep Name	Assigned Counties
Central	Bridget Hengle	Green Counties Amelia, Brunswick, Buckingham, Charles City, Charlotte, Chesterfield, Cumberland, Dinwiddie, Goochland, Greenville, Halifax, Hanover, Henrico, Lunenburg, Mecklenburg, New Kent, Nottoway, Powhatan, Prince Edward, Prince George, Richmond, Surry, Sussex
Eastern	Bridget Hengle	Red Counties Accomack, Chesapeake, Essex, Gloucester, Hampton, Isle of Wight, James City, King and Queen, King William, Lancaster, Mathews, Middlesex, Newport News, Northampton, Northumberland, Southampton, Suffolk, Virginia Beach, Westmoreland, York
Northern	Waradah Eargle	Pink Counties Arlington, Fairfax, Loudoun, Prince William, DC
Northwest	Waradah Eargle	Purple Counties Albemarle, Augusta, Bath, Caroline, Clarke, Culpeper, Fauquier, Fluvanna, Frederick, Greene, Highland, King George, Louisa, Madison, Nelson, Orange, Page, Rappahannock, Rockbridge, Rockingham, Shenandoah, Spotsylvania, Stafford, Warren
Southwest	Bridget Hengle	Blue Counties Alleghany, Amherst, Appomattox, Bedford, Bland, Botetourt, Buchanan, Campbell, Carroll, Craig, Danville, Dickenson, Floyd, Franklin, Giles, Grayson, Henry, Lee, Montgomery, Patrick, Pittsylvania, Pulaski, Roanoke, Russell, Scott, Smyth, Tazewell, Washington, Wise, Wythe, Tennessee, Kentucky, West Virginia, NC



Smiles For Children
Improving Santa's Day

DENTAQUEST PROVIDER ENGAGEMENT TEAM

Bridget Hengle
Provider Engagement
Representative

Central, Eastern and Southwest VA
Toll-Free: 866-853-0657
Fax: 262-834-3482
Email:
bridget.hengle@dentaquest.com



Waradah K. Eargle
Provider Engagement
Representative

Northern and Northwest VA
Toll-Free: 866-853-0657
Fax: 262-834-3482
Email:
waradah.eargle@dentaquest.com



Smiles For Children
Improving Santa's Care Access Through

DentaQuest

QUESTIONS AND ANSWERS- TRAINING FOLLOW-UPS

- Questions and Answers - Once you have asked your question **mute your phone so that all attendees can hear the answers to the questions**
- Please target questions to this specific provider training topics
- For all non-training specific questions, contact the Provider Engagement Representative in your area directly to further assist you with your member/claim specific questions
- A copy of the entire presentation/training document will be sent to each attendee via email within 3 days of the training session
- A copy of the training presentation will be available via the Provider Web Portal (PWP) within two weeks of the training session

Thank you for participating in the training and making a difference in oral health in your communities!

