DentaQuest

DIGEST

DentaQuest of Tennessee, LLC
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APPOINTMENT STANDARDS

In order to better serve your patients, please note that there are access to care standards outlined in your contract. It is important that appointments are offered in a timely manner for routine/initial, urgent and emergent care. These standards are typically state requirements and are audited by DentaQuest and its clients.

In addition, DentaQuest requires that providers shall ensure twenty-four hour coverage.

Coverage can include the following:

- Answering service that gives the member a timeframe to expect a call back from the provider
- Answering machine that gives the member a timeframe to expect a call back, or includes a page/telephone number where the provider can be reached for emergencies

These tips will be appreciated by your patients and will help ensure that your contractual obligations are met.

Please remember to comply with our audit/survey so that DentaQuest can determine practices that are not meeting the standards. If the care cannot be provided in the timeframe specified, an alternative appointment can be made. If your office is experiencing difficulty in reaching the above standards, please inform DentaQuest.

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 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.

DOCUMENTATION OF REFERRALS TO SPECIALISTS: AN EFFECTIVE RISK MANAGEMENT TOOL

The purposes of risk management are to avoid or reduce loss of resources and to minimize the effects of loss through planning, organization and administration. Management of risk liability seeks to minimize loss through the implementation of preventive measures. A major preventive measure used to avoid loss is adequate record keeping. To that end, the following briefly reviews a system of documentation to use when referring a patient to another dentist for consultation/follow-up:

- When referring, document the referral (including the date and name of the dentist referred to and the reason for the referral) in the progress notes or in an area of the chart designated for referrals.
- Continue to track and document the status of the referral in the patient's chart, noting whether the patient has acted on the referral (sees the dentist) or has refused to do so.
- If the patient has acted on the referral, document/file all communications from the referred dentist in consecutive order in a designated section of the chart.
- If the patient has not acted on the referral, document your continued emphasis on the importance of seeing the recommended dentist and the patient's response to such.

Referrals to specialists are a normal part of the process to manage patient treatment. Following the risk management principle of adequate record keeping helps to avoid loss while improving quality of care. Patients needing to be treated by a specialist may call the customer service number on their ID card for assistance.

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 commonalties 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.

NON-INCENTIVES FOR CONSULTANTS

DentaQuest prohibits interfering with the clinical decisions of its dental directors and benefit examiners by any kind of financial incentives or any other encouragement. This ensures that each member's benefit is considered individually according to established practice guidelines.

PEER-TO-PEER COMMUNICATIONS

Providers may request to speak to 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.

THE IMPORTANTANCE OF QUALITY RADIOGRAPHS

DentaQuest requires submission of radiographs for a variety of clinical review situations. We use these radiographs to evaluate treatment necessity during pre-authorization, retrospective review, provider and member appeals, and in our utilization review process. It is imperative that quality diagnostic radiographs are submitted the first time to avoid unnecessary staff time and expense to both the provider and DentaQuest, and avoid unnecessary delay in treatment of the member.

Documentation requirements in the member record include quality and medically necessary radiographs used for diagnosis and treatment of the member's dental conditions. Radiographic technique regarding angulation, developing and image capture are key to this documentation. Many administrative and clinical denials are the direct result of poorly developed film, cone cuts, overlapping images, poor angulation, or the missing apex of a tooth on the periapical radiographic image. If the radiographs submitted are substandard for a third party to make a qualitative benefit decision, it would be best to re-take the radiograph at no cost to the program or member and avoid the denial.

As part of sound risk management it is imperative to keep the patient's treatment record intact, including the original radiographs. Submission of original radiographs is risky for many reasons, including the separation of the radiographs from the patient record by your staff, handling of the radiographs by the US postal system and by DentaQuest. Duplication of radiographs is one possible solution however duplicated radiographs are rarely of sound diagnostic quality. The use of radiographic doubles is a better option. It avoids unnecessary patient exposure to radiation and misplacement of these radiographs would not compromise the original patient record. Digital radiographs and scanning technology have advanced the process of radiograph submission but printed copies are not always of the highest diagnostic quality. Finally, electronic submission of radiographic images through a clearing house provides the most cost effective way to submit radiographs and assure diagnostic quality on the initial submission. The cost of this service will be offset by elimination of mailing costs and staff time utilized in duplication, re-filing, etc.

PREVENTIVE PEDIATRIC DENTAL CARE

BIRTH TO EARLY CHILDHOOD

The American Academy of Pediatric Dentists (AAPD) publishes recommendations for preventive pediatric dental care and periodicity and anticipatory guidance recommendations for children from birth through early adulthood. The oral health of a child is ultimately the responsibility of the child's parent/caregiver, but as a provider you can counsel your patients on the preventive treatments/procedures available to them, along with other healthy habits.

The first step is the initial patient exam, which should take place at the eruption of the child's first tooth (and no later than 12 months). Counseling on several topics including: oral hygiene, injury prevention, healthy eating and snacking habits, and other lifestyle habits, can be beneficial to the overall oral health of your patients, and should be continued throughout all stages of a child's development.

The AAPD recommendations also cover fluoride supplementation, pit and fissure sealants and radiographic assessments. Please remember to refer to the benefits tables for benefits and limitations before treating your patients.

DENTAL SEALANTS

According to the Center for Disease Control and Prevention the pits and fissures of permanent molar teeth account for 90% of carious lesions. These are the teeth and surfaces on which dental sealants are most effective.

In 2008, the American Dental Association did a systematic review of the scientific literature on the effectiveness of dental sealants to prevent caries . They found strong evidence that placing dental sealants on permanent molars of children and adolescents was effective for reducing caries. The effectiveness ranged from an 86% reduction at one year to 65% reduction at nine years with no reapplication.

The ADA also found strong evidence that sealants placed over early noncavitated lesions significantly reduced the percentage of these lesions that progressed in children and adolescents for as long as five years. There were no findings that bacteria increase under sealants helping to ease concerns about sealing in decay.

Based on their review, the ADA published their recommendations on the use of pit-and-fissure sealants. Among their many recommendations they included placing sealants on the permanent molar teeth of children and adolescents when it has been determined that either the tooth or the patient is at risk for developing caries. They also recommended that sealants be placed on early noncavitated lesions.

DentaQuest encourages the placement of dental sealants on first and second molars for children who are at risk for dental decay as soon as possible after eruption. Normally this is around ages 6 or 7 for first molars and ages 12 or 13 for second molars. For more information on dental sealants see the ADA Center for Evidence-Based Dentistry: http://ebd.ada.org/

ADA sealant recommendations at www.ebd.ada.org

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-gov.com. Use our website to check member eligibility and history or to submit claims and authorizations free of charge. 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.

ANNUAL DOCUMENTS

To receive a copy of the 2013 QI and UM annual documents, please contact us at 800.341.8478

DentaQuest

CONTACT INFORMATION

DentaQuest Provider Service

800.341.8478

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

Via Email

- Electronic Claims Setup and Questions ddusa_providerrelations@dentaquest.com
- Claims Payment Questions denclaims@dentaquest.com
- Eligibility or Benefit Questions denelig.benefits@dentaquest.com

Utilization Review

800.294.9650
ddusa_um@dentaquest.com

Provider Relations

800.341.8478

Provider Web Questions

888.560.8135
www.dentaquest.com