

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201508 FEBRUARY 5, 2015

Guidance offered to dental providers under the Healthy Indiana Plan

As announced in *Indiana Health Coverage Programs (IHCP) Provider Bulletin [BT201503](#)*, dental benefits under the Healthy Indiana Plan (HIP) are administered by DentaQuest, LLC on behalf of the three HIP managed care entities (MCEs). This bulletin provides a reference guide to the dental benefits covered under the HIP plan options as well as information about the grace periods for establishing the DentaQuest provider network and honoring existing authorizations for dental services for current IHCP members transitioning to HIP.

Dental benefits under HIP benefit plan options

Individuals enrolled in *HIP Plus*, *HIP State Plan – Plus*, and *HIP State Plan – Basic* are eligible for dental benefits under HIP. In general, members enrolled in *HIP Basic* are not eligible for dental benefits unless they are 19 or 20 years old or pregnant – see Table 1. It is important to check what plan a HIP member is enrolled with to confirm their eligibility for dental benefits. To determine the HIP benefit plan, consult the Eligibility Verification System (EVS) or call the telephone number on the member’s card. Eligibility will be shown as Package H and will identify the HIP plan option as *HIP Basic*, *HIP Plus*, *HIP State Plan – Basic*, or *HIP State Plan – Plus*.

Table 1 – Dental benefits within the HIP plan options

HIP Basic*	HIP Plus	HIP State Plan – Basic	HIP State Plan – Plus
No Dental	<i>HIP Plus Dental – No Copay</i>	<i>HIP State Dental – Copay</i>	<i>HIP State Dental – No Copay</i>

HIP Basic* does not include dental benefits **unless the member is 19 or 20 years old or is pregnant.

■ Dental benefits under *HIP Plus*

HIP Plus dental benefits include:

- Evaluations and cleanings; limited to 2 per year
- Bitewing X-rays; limited to 4 per year
- Comprehensive X-rays; limited to 1 complete set every 5 years
- Minor restorative procedures, such as fillings; limited to 4 per year
- Major restorative procedures, such as crowns; limited to 1 per year

■ Dental benefits under *HIP State Plan*

HIP State Plan dental benefits include all Medicaid-covered benefits established under the *Indiana Medicaid State Plan* and previously offered to HIP-eligible members transitioning from Traditional Medicaid or Hoosier Healthwise.

Coverage includes all medically necessary dental benefits as outlined in the Medicaid [Medical Policy Manual](#) (pages 99 -119). Members enrolled in *HIP State Plan – Plus* or *HIP State Plan – Basic* have the same benefit coverage; however, *HIP State Plan – Basic* members are subject to a \$4 outpatient copay per date of service (DOS). This copayment will be deducted from provider reimbursement.



■ *HIP Basic* does not include dental benefits

Members enrolled in *HIP Basic* are not eligible for dental benefits. It is important to distinguish between individuals enrolled in *HIP Basic* and those enrolled in *HIP State Plan – Basic*. Members enrolled in *HIP State Plan – Basic* are eligible to receive all Medicaid-covered dental benefits, while members enrolled in *HIP Basic* do not have coverage for dental benefits.

■ Dental coverage for special populations

- All pregnant members regardless of their HIP plan are eligible for Medicaid-covered dental benefits established under the *Indiana Medicaid State Plan*.
- Dental services covered for all 19- or 20- year-old members regardless of HIP plan are detailed in the [HealthWatch/Early and Periodic Screening, Diagnosis, and Treatment Provider Manual](#) (pages 17-19) available at indianamedicaid.com.

Establishing a HIP dental provider network

DentaQuest, LLC, the dental benefits administrator for the three HIP MCEs, is establishing a network of dental providers to serve HIP members. IHCP providers are encouraged to enroll in the network using the online application. See the [Welcome, DentaQuest Dentist](#) page at dentaquest.com. Providers can also contact a DentaQuest recruiter at 1-855-873-1283 to obtain a paper application. After they are enrolled with DentaQuest, providers will be able to access the DentaQuest secure provider web portal to submit claims and prior authorization requests, check member eligibility, and review claim status.

Dental network grace period

Dental providers currently enrolled with the IHCP will be granted a 90-day grace period to complete the provider enrollment and credentialing process with DentaQuest. DentaQuest will pay claims from current IHCP providers for services rendered to HIP members, regardless of their DentaQuest credentialing status, for DOS from February 1, 2015, through April 30, 2015. Effective for DOS on or after May 1, 2015, only DentaQuest-credentialed providers participating in the HIP network will be paid for covered services.

Prior authorization and claims submission

Effective February 1, 2015, requests for prior authorizations (PAs) for dental services should be submitted directly to DentaQuest. To ensure continuity of care, DentaQuest will honor all authorizations for dental services approved before February 1, 2015, for 60 calendar days or through April 2, 2015. No action is required by providers to render authorized services during that time. After the 60-day grace period, DentaQuest will no longer honor previously approved authorizations for services that have not yet been rendered. For services rendered on or after April 3, 2015, authorization must be approved through DentaQuest.

Dental claims and new PA requests for HIP members should be submitted directly to DentaQuest for DOS on or after February 1, 2015. All claims for DOS before February 1, 2015, should be submitted to HP for processing.



Paper claims and PA requests should be submitted to:

DentaQuest of IN – Claims
12121 N. Corporate Parkway
Mequon, WI 53092

Electronic claims should be submitted via:

Clearinghouse – Payer ID CX014 (include DentaQuest claim mailing address on electronic claims)



After providers are credentialed and contracted with DentaQuest, claims and PA requests can be submitted securely online via the DentaQuest Provider Portal at dentaquest.com.

DentaQuest contact information

For information about DentaQuest, claims submission, PA requests, or the provider credentialing and contracting process, providers should contact DentaQuest Provider Services at 1-855-453-5286. Email communication can also be sent to:

Claims Questions: denclaims@dentaquest.com

Eligibility or Benefit Questions: denelig.benefits@dentaquest.com

For immediate questions regarding benefits or eligibility, please contact DentaQuest member services through the appropriate MCE line of business:

DentaQuest Customer Service/Member Services:
1-888-291-3762 – Anthem
1-844-231-8310 – MDwise
1-855-343-4271 – MHS
Hearing Impaired/TTY: 1-800-466-7566

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