



Connecticut Dental Health Partnership **PROVIDER PARTNER NEWSLETTER**

FALL 2020



About Us

The State of Connecticut's publicly funded dental care programs, HUSKY A, HUSKY B, HUSKY C and HUSKY D now have been combined into one dental plan: the Connecticut

Dental Health Partnership - the Dental Plan for HUSKY Health (CTDHP). CTDHP oversees the dental plan for the Department of Social Services (DSS) HUSKY Health program which covers more than 890,000 plus residents in Connecticut.

CTDHP Website

The Connecticut Dental Health Partnership, the Dental Plan for HUSKY Health has a useful and informative website. Please go to www.ctdhp.com to access provider resources, to upload prior authorizations, verify client history, download educational materials and much more!

PROVIDER RE-ENROLLMENT

DXC is notifying providers with a re-enrollment due date in September, October, November and December, who have not yet submitted their re-enrollment application, that it is critical to re-enroll in the Connecticut Medical Assistance Program (CMAP) by their re-enrollment due date. Providers that do not submit their applications or any follow-on documents by their re-enrollment due date will be dis-enrolled resulting in claim denials.

For more information please go to:
www.CTDSSMAP.com

Prior Authorizations

We would like to encourage offices to use the **CTDHP website** to submit all claims whether initial submissions or responses to requests from previous claims. This is beneficial to both providers and CTDHP. It will expedite the response time to the provider and radiographs are much clearer when uploaded versus printed. It is important that providers follow the PA upload instructions step by step. Charting should be complete in the charting section and not written in the remarks.

When submitting PA requests it is important to provide the consultants with as much information as possible on the initial submission.

All submissions should include the following:

1. Charting of missing teeth and planned extractions.
2. Radiographs of the teeth in question. Bitewings are encouraged in addition to periapicals but are not acceptable without the presence of a periapical.
3. Narrative, if applicable

If a recent FMX is available you are encouraged to include it with the PA request.

Large cases, 4 or more teeth, should always include FMX/PAN as well as a full treatment plan.

UPDATE:

We kindly request that the completion date be included with all final submissions for Root Canal Therapy along with the final fill radiographs

As an interim measure in response to the Governor's recent declaration of a public health emergency as the result of the outbreak of COVID-19 (coronavirus), the Department of Social Services (DSS) is temporarily changing the prior authorization (PA) requirements for specified services effective for dates of service April 1, 2020 until DSS has notified providers in writing that the state has deemed COVID-19 to no longer to be a public health emergency (the "Temporary Effective Period").

The changes are described in Policy Bulletin 20-33. Please go to the following web address to see more information:

<https://www.ctdssmap.com/CTPortal/Information/Publications/tabid/40/Default.aspx>

**We Are
HERE
For YOU!**



Quick Reference Contact Sheet for Dental Services

*During these difficult times we are here for you.
Reach out to us for assistance.*



CT Dental Health Partnership Contact Information

Client Services (866) 420-2924 (855) 283-3682

Fax (860) 674-8174

Provider Services Prior Authorization (Philadelphia) (888) 445-6665

Michael Massarelli (Director of Network Development) (860) 507-2303

Sue Wydra (Network Development Assistant) (860) 507-2307

Norma Liistro (Network Development Assistant Ortho) (860) 507-2319

Prior Authorizations and Post Procedure Authorizations:

CT Medicaid Prior-Authorizations
C/O Dental Benefit Management/Benecare
P.O. Box 40109, Philadelphia, PA 19106-0109
(888) 445-6665
J434 Standard ADA Claim Form Accepted

Enrollment Documents:

DXC Provider Enrollment
P.O. Box 5007
Hartford, CT 06104



PROVIDER SURVEYS

The CTDHP is conducting our provider survey. A CTDHP representative will be calling your office.

Please take the time respond to our survey over the telephone or to fill out the survey and send it back to us so we have the best information available to refer clients to your office. Our clients, your patients count on us every day to provide them with accurate up to date information regarding where to get care that best fits their needs.

Need to refer someone to a specialist?

We are here for you from 8 am-5 pm, Monday through Friday. You can reach us at www.CTDHP.com or call 1-855-283-3682.

Coffee & Concerns

*Coffee and
Concerns is
now a
CALL IN!*



Call into our monthly conference call to discuss your questions and concerns.

Call in number:
978-990-5000

Participant code: 676348

Calls will take place the 4th Thursday of the month from 9 am until 10 am.

Stay well!

If we can be of any assistance
please reach out to us at

1-855-CTDental
www.ctdhp.com



Connecticut Dental Health Partnership

Automated Eligibility Lookup for HUSKY Health Members

WHAT IS IT?

A nightly, automated process to receive current eligibility, claim history and adult benefit maximum results on your upcoming patients. This automated process eliminates lengthy customer service verification phone calls or individual member lookups on the Connecticut Dental Health Partnership (CTDHP) website.

WHO CAN DO THIS?

Any large volume CTDHP Office that has access to a secure File Transfer Protocol (FTP) program¹.

HOW DOES IT WORK?

Contact CTDHP provider relations at 860-507-2303 and tell them you want to sign up for the CTDHP Automated Eligibility Lookup system. You will be provided with a unique login and password for your practice which will allow you to transmit and receive information to our secure and encrypted internet site¹.

THEN WHAT?

- Each day you will prepare a file of your next day patient roster
- Submit that file to the CTDHP secure internet site using the practice credentials that we provide to you
- The CTDHP automated eligibility system will process your file at night
- The following morning you can download the return file via secure FTP.
- The return file will contain the current eligibility, claim history and adult benefit maximum status for all of the patients listed in your input file

THE INPUT FILE?

The input file is a simple Excel file and it only requires four fields.

Input file sample:

	A	B	C	D
	FirstName	LastName	MedicaidID	DOB
1	Wayne	Gretzky	113651176	7/21/1995
2	Artemi	Panarin	112431146	9/12/1982
3	Mika	Zibanejad	113651178	4/23/1970
4				
5				

The Excel return file from CTDHP will contain two sheets, Eligibility and Claim History.

Eligibility Sample:

	A	B	C	D	E	F	G
1	FirstName	LastName	MedicaidID	DOB	Eligible as of today	Plan	Adult Max Remaining
2	Wayne	Gretzky	113651176	7/21/1995	Call Customer Service		
3	Artemi	Panarin	112431146	9/12/1982	Yes	HUSKY C	\$ 736.23
4	Mika	Zibanejad	113651178	4/23/1970	No		\$ 1,000.00
5							

For each patient provided, we will return the current eligibility status as of the current date². If we can not determine the eligibility, due to a mismatch of the MedicaidID and DOB or some other reason, we will mark the record as "Call Customer Service". Otherwise, we will indicate Yes/No for eligibility, indicate the current HUSKY plan the Member is on and if they are an adult, display how much of their \$1,000 annual benefit maximum remains for the current year.

Claim History Sample:

	A	B	C	D	E	F	G	H	I
1	FirstName	LastName	MedicaidID	DOB	Date of Service	Tooth Nbr	Surface(s)	Procedure Code	Description
2	Wayne	Gretzky	113651176	7/21/1995	2019-04-24			D0140	LMT ORAL EVAL
3	Wayne	Gretzky	113651176	7/21/1995	2019-02-20			D1110	ADULT PROPHY
4	Wayne	Gretzky	113651176	7/21/1995	2019-02-07	2	OL	D2150	AM 2 SURF
5	Wayne	Gretzky	113651176	7/21/1995	2019-02-01			D9110	EMER TREATMENT
6	Wayne	Gretzky	113651176	7/21/1995	2019-01-11			D0120	PERIODIC EXAM
7	Wayne	Gretzky	113651176	7/21/1995	2019-01-11			D0210	COMP XRAY SER
8	Wayne	Gretzky	113651176	7/21/1995	2019-12-26	1		D0220	PERI SIN FIRST
9	Wayne	Gretzky	113651176	7/21/1995	2019-12-26	1		D7210	SUR REM ERUPTD
10	Artemi	Panarin	112431146	9/12/1982	2019-12-23			D0140	LMT ORAL EVAL
11	Artemi	Panarin	112431146	9/12/1982	2019-06-03	31		D0220	PERI SIN FIRST
12	Artemi	Panarin	112431146	9/12/1982	2019-06-03	31	OD	D2150	AM 2 SURF
13	Artemi	Panarin	112431146	9/12/1982	2019-03-27	30	OD	D2150	AM 2 SURF
14	Artemi	Panarin	112431146	9/12/1982	2018-10-10	4	OD	D2392	2S RSN COM POS
15	Artemi	Panarin	112431146	9/12/1982	2018-08-10	2	OD	D2150	AM 2 SURF
16	Artemi	Panarin	112431146	9/12/1982	2018-07-20			D0120	PERIODIC EXAM
17	Artemi	Panarin	112431146	9/12/1982	2018-07-20			D0210	COMP XRAY SER
18	Artemi	Panarin	112431146	9/12/1982	2018-07-10			D1110	ADULT PROPHY
19									

The claim history will contain the full history for each patient in your input file in service date order so you can appropriately plan service delivery and take into account any benefit limitations as you provide care.

Notes:

1. A free/low cost software tool may be required to securely transmit and receive these files via FTP
2. As eligibility can change every day, we recommend only using this system for patients you will see the next day