Out of Network Dental Services
of
Managed Care Organizations (MCOs)
November 2011

Coventry Cares of Kentucky

CoventryCares and dental services subcontractor Avesis will honor all authorizations for dental services issued by the Commonwealth of Kentucky for Medicaid specified authorization time periods through Nov. 30, 2011. For the services previously approved by Medicaid, our care coordination team will outreach to the provider and member, as soon as possible, to transition the member to an in-network provider for services provided on and after Dec. 31, 2011. If a previously requested service is not available within the CoventryCares (Avesis) network and Medical Necessity criteria are met, the authorization will continue and CoventryCares (Avesis) Care Coordinators will provide assistance to the member and outreach to the provider, as necessary, for any additional care coordination needs.

Out of network providers of dental services will be reimbursed at 100% of the Medicaid fee schedule for medically necessary services provided on Nov. 1, 2011, through Dec. 31, 2011. To provide these out of network services, however, dental services providers must follow the same prior authorization (PA) guidelines as network providers, which means that if CoventryCares (Avesis) does not require PA for specified in network services, PA for these same services out of network will not be required during this period.

Beginning Jan. 1, 2012, out of network providers of dental services will be reimbursed at 90% of the Medicaid Fee schedule for medically necessary covered services and must obtain PA for all out of network services provided to eligible CoventryCares members. A list of the dental services requiring PA is available at CoventryCaresKY.com.

Out of network providers may request dental services for CoventryCares members by contacting the CoventryCares (Avesis) PA department **by telephone at 1-855-214-6776, or fax at 1-866-653-5544.**

An out of network provider may bill for a service for a CoventryCares member using the provider's unique National Provider Identifier (NPI).

Kentucky Spirit Health Plan

KSHP and dental subcontractor MCNA will pay medically necessary authorized out of network covered dental services at 100% of the Medicaid fee schedule through Dec. 31, 2011. For dates of service Jan. 1, 2012, and after, out of network providers will be paid at 90% of the Medicaid fee schedule for medically necessary covered services and will be subject to Prior Authorization (PA).

Out of network providers of dental services must obtain prior authorization for services; however, if an eligible a member meets medical necessity criteria, KSHP will work with providers so that claims will be paid for medically necessary services during the transition of care period – the first 30 days beginning on Nov. 1, 2011. KSHP will use that opportunity to encourage the out of network provider to become a participating provider.

Beginning Jan. 1, 2012, claims from out of network providers for Medically Necessary services that have been pre authorized will be reimbursed at 90% of the Medicaid fee schedule. However, claims for services not prior authorized will be denied.

KSHP (MCNA) is reviewing the Medicaid PA data provided and will be contacting providers to ensure that KSHP members who are currently receiving dental care under a Medicaid PA will continue to receive those authorized services. KSHP understands that some of a Medicaid PAs issued prior to Nov. 1, 2011, may expire prior to Dec. 1, 2011, and KSHP will be willing to extend those authorizations and requests if providers will provide the necessary oral health information to support requests for extensions. Requests for extension can be handled by telephone or fax. Additionally, KSHP (MCNA) has staff contacting providers by telephone or in person to review health information of KSHP members, provide training on KSHP's authorization process, and assist with transition needs.

Out of network providers who wish to provide dental services to KSHP members are advised to contact KSHP (MCNA) by **telephone at 1- 866-643-3153**.

A KSHP (MCNA) assigned provider number is **not** required for submitting claims to KSHP (MCNA). Providers may file claims using their National Provider Identifier (NPI), taxonomy or Medicaid ID, and tax identification number (TIN).

Remember: If a KSHP member requires inpatient or outpatient dental care/treatment beyond the Medicaid specified authorization time period, the provider must contact KSHP (MCNA) for an extension to the authorization.

WellCare of Kentucky

WellCare and dental services subcontractor DentaQuest will adhere to the 90 day transition of care (TOC) plan, which means that if a WellCare member is currently being treated for an oral health (dental) condition, WellCare (DentaQuest) will not interrupt the continuity of care; however, WellCare (DentaQuest) will work with the member and provider to transition the member's care from an out of network provider to an in network provider, where possible.

WellCare (DentaQuest) will honor all authorizations issued by the Commonwealth of Kentucky prior to Nov. 1, 2011, for Medicaid specified authorization time periods.* If the state has not already issued an authorization, WellCare (DentaQuest) will cover outpatient dental services provided during the transition period through Jan. 31, 2012, for in network and out of network providers regardless of whether an authorization is or is not obtained.

WellCare (DentaQuest) will pay out of network providers based on 100% of the current Medicaid fee schedule through Jan. 31, 2012. An out of network provider may bill for service(s) for a WellCare member using the provider's unique National Provider Identifier (NPI) and Kentucky Medicaid provider number.

For prior authorization, an out of network dental provider may contact the applicable number as referenced on the WellCare's Quick Reference Guide at http://kentucky.wellcare.com/WCAssets/kentucky/assets/WellCare_KY_QRG_October_2011_StateApproved_tag_08162011.pdf.

Following the transition of care period (Feb. 1, 2012 going forward), ALL services of out of network providers must be prior authorized by WellCare (DentaQuest).

During the 90 day TOC period,

(1) If a claim is submitted to WellCare (DentaQuest) for a dental service that required prior authorization (PA), a copy of the previous PA, including the Medicaid specified prior authorization period, must be submitted with the claim. If a claim is submitted with a PA, it will pend so the provider can be entered in the system. The claim will then reenter the work flow for proper payment and adjudication. If the provider chooses to remain out of network, the provider claims will be paid for the continuation of care period; or

(2) If a claim involves a new PA request, the provider should follow the same submission process specified in (1) and WellCare (DentaQuest) will issue the PA approval and send the requestor necessary information to provide the service(s). Upon receipt of the claim by DentaQuest, it will pend so that WellCare (DentaQuest) can enter the provider into the system. If the provider chooses to remain out of network, the provider's claims will be paid for the continuation of care period but the provider will not receive a provider number.

Out of network providers may submit claims to DentaQuest of Kentucky, LLC, North Corporate Parkway, Mequon, WI 53092, or **fax claims to be processed to 1-262-834-3589.** If additional assistance is needed, providers may contact Provider Services at **1-888-291-3762**.

*If a WellCare member requires care/treatment beyond the Medicaid specified authorization time period, the provider must request (from WellCare (DentaQuest)) an extension of authorization for care/treatment. If the extension of authorization is not requested, the provider's claim for these services will be denied and the provider will have to follow the retrospective review process, including meeting Medical Necessity criteria, to be considered for payment of the services.