

A MANUAL FOR HUSKY HEALTH AND COVERED CT DENTAL PROVIDERS



DENTAL PROVIDER MANUAL



ctdhp.org

The Connecticut Dental Health Partnership is the Dental Plan for HUSKY Health and Covered CT and is administered by BeneCare Dental Plans under a contract with the Connecticut Department of Social Services (DSS).

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The Connecticut Dental Health Partnership is the Dental Plan for HUSKY Health and is administered by BeneCare Dental Plans under a contract with the Connecticut Department of Social Services (DSS).

DSS is the single state agency responsible for the administration of the State's Connecticut Medicaid Assistance Program and the Children's Health Insurance Program (SCHIP). Medicaid and SCHIP are collectively described as the HUSKY Health Program.

The Connecticut Dental Health Partnership (CTDHP) operates a responsive Member Services Call Center for over 1,000,000 Connecticut residents who benefit from dental and oral healthcare as a part of HUSKY Health (Medicaid) programs. There are also a team of statewide Community Engagement Specialists and Oral Health Navigators to provide training and help members with more complex oral healthcare needs.

The Partnership oversees a broad network of dental providers who provide quality services to HUSKY Health and Covered CT members.

The Connecticut Dental Health Partnership also handles the Grievance and Appeals process. Grievance and Appeals Representatives are here to help you understand why a service may or may not be covered and guide you through all the steps in the appeals process.

The Connecticut Dental Health Partnership is committed to achieving Oral Health Equity. Our mission is to enable all HUSKY Health members to achieve and maintain good oral health. We work to ensure all members have equitable access to oral health services.

Chapter 1 - Contact Information and Member Eligibility



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Provider Services Call Center

Our Member Services Call Center is here to provide you and your patients with assistance in securing dental services. The Call Center is staffed Monday – Friday from 8:00 AM to 5:00 PM. Providers may call the following numbers for assistance:

Contact	Phone Number
CTDHP Member Services and Local Provider Services	855-CT-DENTAL (855-283-3682) 866-420-2924
Facsimiles	860-674-8174
Prior Authorization Requests and Inquiries	888-445-6665
Gainwell Provider Assistance Center	800-842-8440

Mailing Addresses

Prior Authorization and Post Procedure Authorizations Requests for Non-Orthodontic Services:

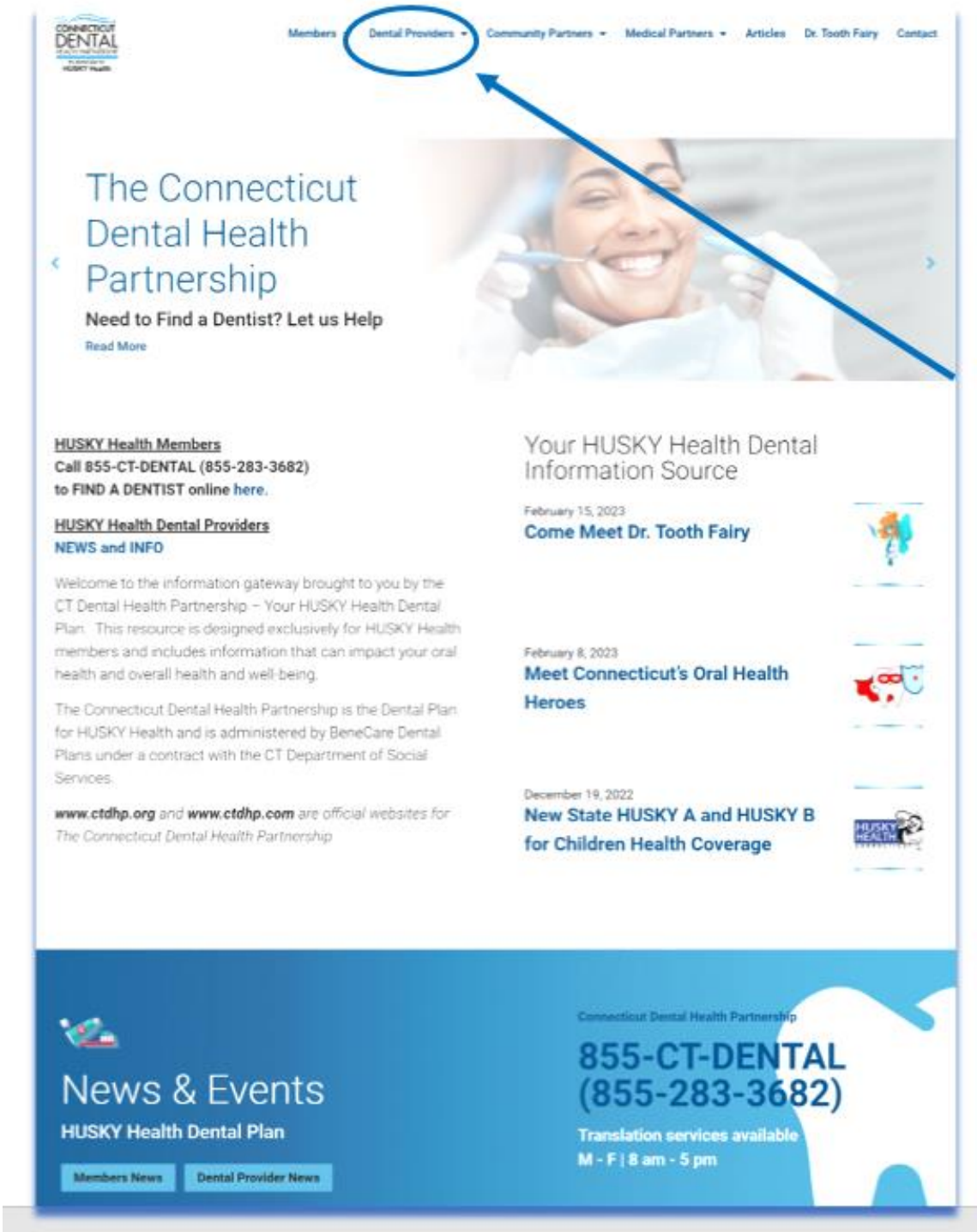
CT Medicaid Prior Authorizations
C/O Dental Benefit Management/BeneCare
PO Box 40109
Philadelphia, PA 19106-0109

Prior Authorization for Orthodontic Treatment Requests:

Orthodontic Case Review
C/O BeneCare Dental Plans
195 Scott Swamp Road, Suite 101
Farmington, CT 06032

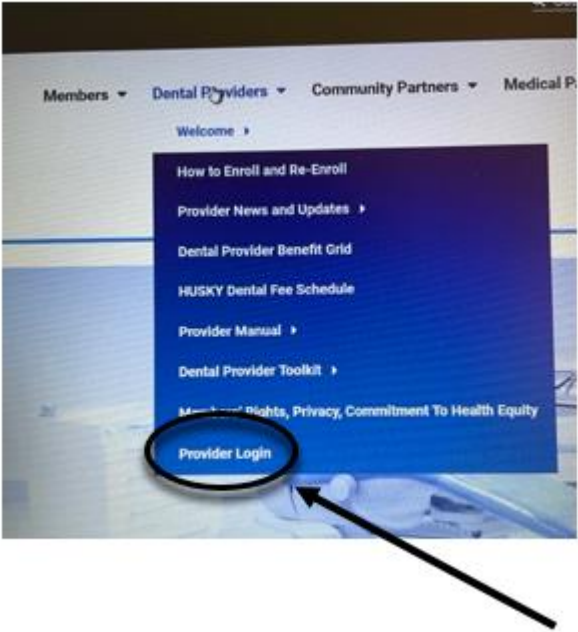
HUSKY Health Dental Plan - CTDHP Website – www.ctdhp.org

Providers may access the CTDHP website at www.ctdhp.org. Simply click on Dental Providers at the top. The Providers section of the website has both public information and a secure portal. This area of the site provides general information resources including forms, educational brochures and more.



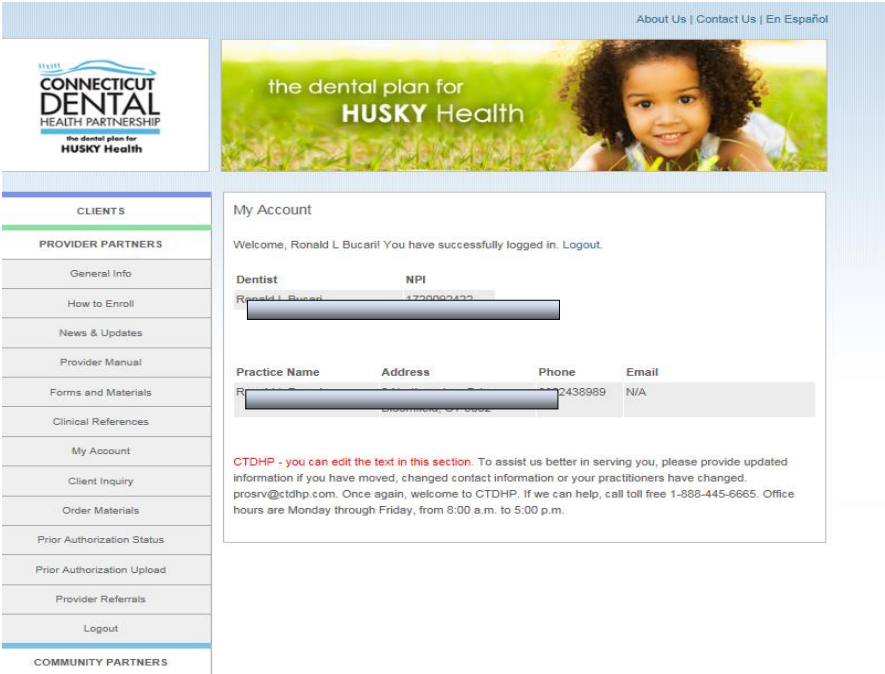
The **Providers’ secure portal** is used to access Protected Health Information regarding Prior Authorization status and Client History by date of service. Providers will need to use their National Provider Identifier (NPI) and Federal Tax Identification Number (TIN) to access the secure area of the website.

Click on the link labeled “**Provider Login.**” To sign into the secure portal, you will need your **Billing NPI number** as well as your **Federal Tax ID number**. Enter the information in the boxes provided.



Once you have successfully entered your identifying information, you will see this screen populated with your personal information:

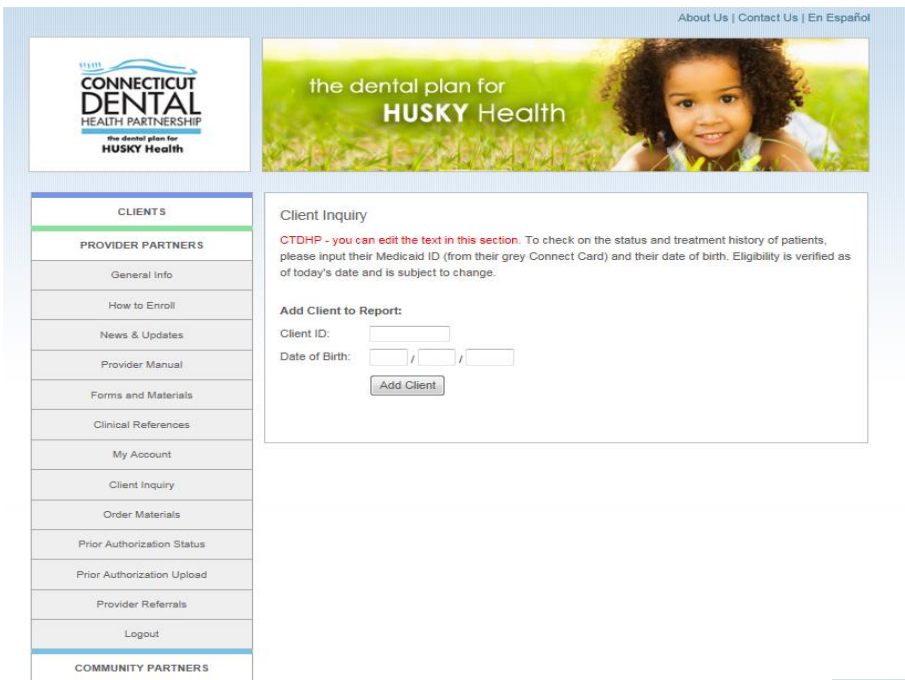
You may now use the links on this page and on the left of this page to check client eligibility, treatment history and find additional participating providers or upload information to BeneCare.



Client Eligibility and Treatment History

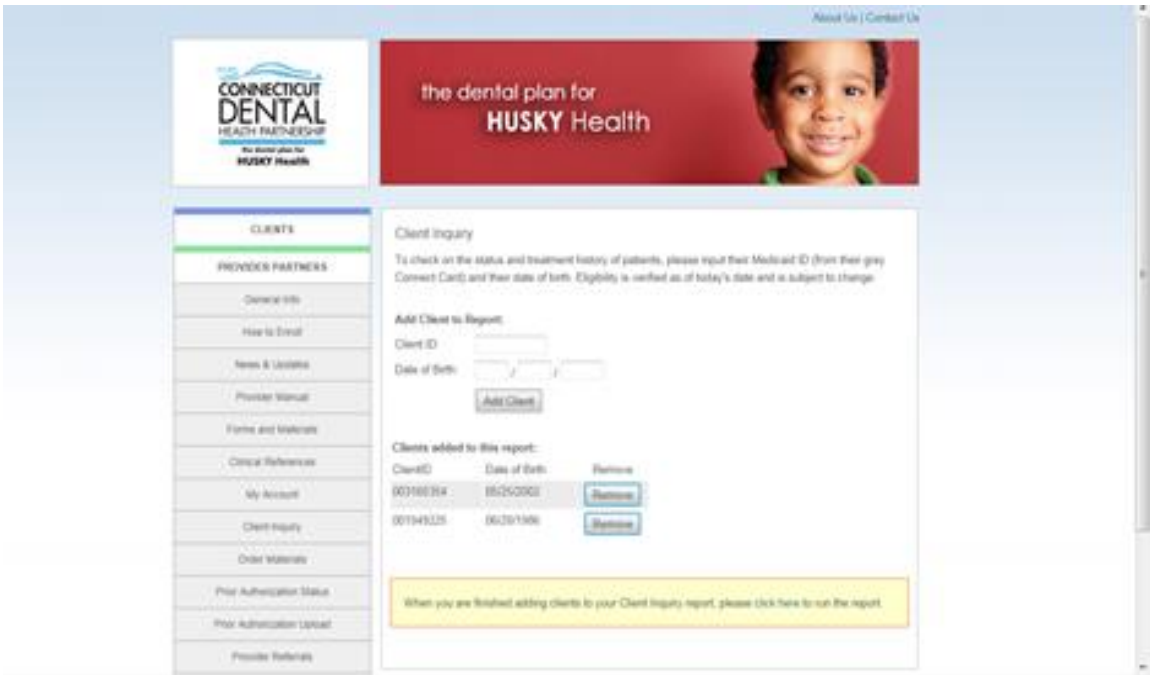
To check Client Eligibility and Treatment History follow the steps outlined below:

Click on the link labeled **Client Inquiry**. You will then see the following screen:




For each client that you wish to check eligibility for, please enter the client’s Medicaid ID number, Date of Birth, and click on the “Add Client” button.

As you add clients to the eligibility report, they will appear on the screen in list format. When you have finished adding clients to the report, you can either click on the **“Remove” button to delete a client** from the report, or click on the hyperlink in the yellow box labeled **“Click Here” to run the report**.



The screen will return the current day's eligibility status as well as a listing of historical dental procedures on file.
In the case of an adult client, the report will also show the amount of dental benefit that has been used towards the annual \$1,000 maximum benefit. See example below:



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Disclaimer: Eligibility for HUSKY Health can change daily. Client eligibility should be verified on the date of service. The claim history reflected below is based on the latest claims received by Hewlett Packard and does not include claims in process, claims incurred but not yet received or any denied services. If you have any questions about the eligibility or claim listing below, please call the Connecticut Dental Health Partnership at 1-855-CTDENTAL (1-855-283-3682).

Client ID	Name	Date of Birth	Eligibility as of 3/11/2013	Plan
003165354		05/25/2002	Y	HUSKY A

Date of Service	Tooth Nbr	Surface(s)	Procedure Code	Description
01-25-2012	K	DO	D2392	2S RSN COM POS
01-17-2012	J	MO	D2392	2S RSN COM POS
01-12-2012	J	DO	D2392	2S RSN COM POS
01-04-2012			D0120	PERIODIC EXAM
01-04-2012			D1120	CHILD PROPHY
01-04-2012			D1203	FL EXCL PRO CH
02-24-2011	K	O	D2391	1S RSN COM POS
01-18-2011	3	O	D1351	SEALANT TOOTH
01-18-2011	S	DO	D2392	2S RSN COM POS
12-02-2010	I	DO	D2392	2S RSN COM POS
07-20-2010			D2392	2S RSN COM POS

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Provider Referrals

Providers will also have access to a locator tool which can be used to find a general dentist or specialist in a provider or client’s area. To access the tool, click on **Provider Referrals** on the left side of the page. The following screen will appear:

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Provider Referrals

To find a participating provider, please fill in the client ID and date of birth for the client you wish to assist. Click on Dentist Specialty to select the type of specialist you wish to find. Enter the zip code of the search area and the radius of the search you would like to perform. You may also select for language, special needs accommodations and wheelchair accessibility.

Client ID:

Date of Birth:

Dentist Specialty:

GENERAL DENTIST

Zip Code:

Radius:

1 Mile

Language:

English

Special Needs:

No

Wheelchair Accessible:

No

Search

Fill in the:

- Client ID
- Client Date of Birth
- Zip Code and preferences for specialty, distance, language and special needs

and then click **Search**.

If a search returns no results, it may be necessary to increase the radius and/or refine the selection criteria for language or special needs.

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Department of Social Services Website – CT Medical Assistance Program (CMAP)

DSS contracts with Gainwell to maintain the website for the CT Medical Assistance Program (CMAP). It can be accessed at: www.ctdssmap.com.

The site provides important information to health care providers about the Connecticut Medical Assistance Program. This site contains a wealth of resources for providers including enrollment, billing manuals, bulletins, program regulations, plus information on Electronic Data Interchange and the Automated Eligibility Verification System.

The site has both public-facing and a secure portal. The public-facing part of the site important information, provider and trading partner links, pharmacy information, provider publications, provider enrollment and re-enrollment applications and more. The public website does not require the user to have a password.

This secure area of the website requires you to log in. The secure site gives provider specific information concerning claim processing, client eligibility verification, secure file uploads & downloads and other similar functions. You can also review your remittance advices and much more. For assistance or questions concerning how to log into the secure section of the web portal, please contact Gainwell Provider Relations at 800-842-8440.

Client Eligibility

Please note, it is important to verify client eligibility each time you see a HUSKY Health or Covered CT member. Just like commercial insurance, members may lose their eligibility for a number of reasons. It is important to retain the record number when you obtain the member’s eligibility status, as in very rare instances, the eligibility record may be inaccurate. This number will allow you to prove that you verified the member eligibility on the date of service and will allow you to be reimbursed for any covered services you performed.

You can check member eligibility after logging on to the secure portal on the CT Dental Health Partnership website: <https://ctdhp.org/dental-providers/provider-login/>. Once you log in, click **Client Inquiry** to determine eligibility.

CLIENTS

PROVIDER PARTNERS

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Provider Newsletters and Communications

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Client Inquiry

To check on the status and treatment history of a client, click on the Client Inquiry link. The information displayed is as of today's date and is subject to change. There is usually a delay from the date of service to the date the information is updated.

Add Client to Report:

Client ID:

Date of Birth: / /

Add Client

You can also check member eligibility status on CMAP.

- www.ctdssmap.com
- Choose "**Information**"
- Scroll down and select "**Publications**"
- Scroll down to Chapter 4, "**Client Eligibility**"
- Click "**Chapter 4**"

Lastly, you can check with the Automated Voice Response System (AVRS). The Automated Voice Response System (AVRS) is available 24 hours a day, seven days a week (except for maintenance) and allows self-service features for enrolled providers such as client eligibility verification, and access to client/program information through a touch tone telephone.

1. The provider initiates the request by dialing **1-800-842-8440 (toll free)**.
2. The system interacts in a series of verbal prompts and responses as the provider, client, and specific service date data are entered. The system responds to the provider requests in the form of a voice response.