TennCare

- Tennessee Medicaid Program
- Joint Federal-State Program with guidelines and oversight by Federal Government
- State administered program
- Federal Government and State Share the Cost
- Dental Benefits for members under the age of 21
TennDent

• A Delta Dental managed care program

• The Contracted Dental Benefits Manager for TennCare through September 30, 2013

• Responsible for maintaining an adequate network of providers, processing and paying claims, utilization management and review responsibilities

• Prevent, detect and report fraud and abuse

• Assure quality through the Quality Monitoring and Improvement program
TennDent Network Providers

- TennDent will maintain a “adequate” statewide dental provider network in accordance with its contract with TennCare
- TennDent may close portions of the network to new providers when access is met
- TennDent may limit the office locations where a provider may practice under the TennCare Program
- The license that TennDent must maintain under this contract is not an “any willing provider” license
Provider Credentialing

- TennDent, not TennCare, credentials providers

- TennDent contracted providers are not permitted to treat enrollees at a location where they have not been credentialed

- If a dentist wants to practice at multiple locations and treat TennCare enrollees he/she must be credentialed at each location
QMP

• Quality Monitoring/Improvement Program (QMP)
  
  The purpose is to provide a systematic and ongoing review of our policies, procedures and business practices in order to accomplish our mission of improving oral health by providing quality programs that balance the needs of the members.

• Includes supporting policies and procedures

• Copies of the QMP and/or policies and procedures are available at http://TennDent.DeltaDentalTn.com or by calling TennDent customer service, 877-418-6886, for a copy
Provider Office Reference Manual (PORM)

- Outlines all requirements of the TennDent Program including clinical criteria, medical necessity guidelines, rights and responsibilities

- Located on the TennDent Website

- Updates will be posted on the Website [http://TennDent.DeltaDentalTn.com](http://TennDent.DeltaDentalTn.com) and an email or fax blast will be forwarded to the providers
Fraud and Abuse Program

- TennDent has a fraud and abuse plan
- Generate ongoing reports to identify over and under utilization practice patterns
- Detect up coding
- Identify quality of care issues
- Perform on-site visits to determine compliance with policies and procedures
Examples of False Claims

- Submitting a claim with the treatment office different than the office the patient actually received treatment
- Falsifying information in the medical record
- Billing twice for the same items or services provided
- Billing for services or items on the preparation date for services not performed or ever furnished
- Billing a false date of service
Peer Review

- TennDent Peer Review Committee is comprised of dentists

- Meet at least quarterly

- Review documentation and investigation information to determine if corrective action is needed

- Recommend Corrective Action Plans for compliance
EPSDT

• Early and Periodic Screening, Diagnostic and Treatment Services

• Tennessee’s EPSDT Program is called TENNderCare

• Focus is on prevention, early diagnosis and treatment

• Requires the provision of Dental Services
EPSDT Dental Services

• Which are provided:

- At intervals which meet reasonable standards of dental practice as determined by the state after consultation with recognized dental organizations involved in child health care
- At such other intervals, indicated as medically necessary, to determine the existence of a suspected illness or condition; and
- Which shall at a minimum include relief of pain and infection, restoration of teeth, and maintenance of dental health
Dental Benefits

• Enrollees under the age of 21

• Dental benefits if they are covered and determined to be medically necessary

See TennCare rules for excluded services. Cosmetic dental services are not covered
Medical Necessity

• Medically Necessary is defined by statute in TCA 71-5-144

• The laws are implemented in TennCare rules 1200-13-13-01 and 1200-13-16 as well as the medical necessity guidelines in the TennDent Provider Office Reference Manual (PORM)
To be Medically Necessary A Service Must Satisfy each of the Following

• It must be recommended by a licensed dentist who is treating the enrollee;

• It must be required in order to diagnose or treat an enrollee’s medical condition;

• It must be safe and effective;

• It must not be experimental or investigational; and

• It must be the least costly alternative course of diagnosis or treatment that is adequate for the enrollee’s medical condition.
Authorizations

• TennDent will accept Prior Authorizations received by September 30, 2013. Prior Authorizations received after September 30, 2013 will be returned to the Provider for submission to DentaQuest for approval.

• Authorization can be prior or retro according to the treatment need

• Prior authorizations are required for orthodontic treatment, complex oral surgery, endodontic, prosthodontic and in-patient or outpatient treatment in a hospital or surgery center unless;

  ➢ Emergency or urgent treatment is needed. It does not require prior authorization but will require retro authorization with the same documentation required to determine medical necessity.

• Predeterminations or prior authorizations are effective for 180 days

• After 180 days the prior authorizations must be resubmitted with current accompanying documentation

• Prior authorizations have a 14 day or less turnaround
Authorization for Complex Oral Surgery, Endodontic and Prosthodontic

• Include appropriate documentation as required in PORM to validate medical necessity such as:

  ➢ Pre op X-rays
  ➢ Narrative
  ➢ Any other information relative to the treatment request that will qualify the treatment as medically necessary
Prior Authorization for Orthodontics

- A provider signed and completed Orthodontic Readiness Necessity Form

- A duplicate set of Diagnostic Photographs or Electronic models or a duplicate set of quality photographs of study models or a duplicate cast of study models

- Proof of any speech problems from a speech pathologist

- Proof of any eating problems from the primary care physician
Hospital or Surgery Center Approval

- Any treatment performed in a hospital or surgery center requires prior authorization unless it is an emergency.
- Treatment in a Hospital or Surgery Center requires approval from TennDent and the MCO.
- Treatment must meet the definition and criteria for medical necessity.
Hospital or Surgery Center Approval
Continued

- A completed Hospital Readiness Form indicating the patient has been seen by a Pediatric dentist who attempted to treat in the office and determined the enrollee could not be treated in the office

- Pre treatment x-rays and other information necessary to validate medical necessity

- Pediatric dentists should have privileges at multiple MCO par facilities to ensure patients can be treated in a timely manner
Appeals

- Grier Consent Decree requires each member be notified in writing when a service is denied, why it was denied and their option to appeal

- Require that the complete record be submitted for review

- Failure of a provider to submit the complete record on appeal may result in a liquidated damage from TennCare and provider corrective action by TennDent
Specialty Referrals

- Must be referred by their dental home (Pediatric Dentist or General Dentist)
- Must be documented in the patient file
- TennDent Customer Service can help you find a participating specialist or
- TennDent Customer Service can assist in finding an out of network provider if a network provider is not available
Documenting Declined Services

- A provider defined treatment for a member under the age of 21 and the member, parent or guardian declines all or part of the treatment proposed requires documenting the declined services

- If all or part of a provider prescribed treatment for a member under age 21 is declined by the member, parent or guardian; documentation is required for the declined service(s)
Documentation in the patient’s record should include:

- The service description declined
- The reason the service was declined
- The name of the person who made the decision to decline the service
- The date the service was declined

Audits of the records for compliance will be conducted by TennDent through September 30, 2013
Discrimination

Delta Dental of Tennessee/TennDent
2012-2013
Definition of Diversity

• The concept of diversity encompasses acceptance and respect

• It means understanding that each individual is unique, and recognizing our individual differences. These can be along the dimensions of race, ethnicity, gender, socio-economic status, age, physical abilities, religious beliefs, or other ideologies

• It is the exploration of these differences in a safe, positive, and nurturing environment

• It is about understanding each other and moving beyond simple tolerance to embracing and celebrating the rich dimension of diversity contained within each individual
Definition of “Discrimination”

• Treating people differently through prejudice; unfair treatment of one person or group, usually because of prejudice about race, ethnicity, age, religion, or gender

Synonyms: Bias, unfairness, inequity, bigotry, intolerance
Relevant Civil Rights Laws

- Title VI of the Civil Rights Act of 1964
- Title VI & Limited English Proficiency
- Section 504 of the Rehabilitation Act of 1973
- Title II of the Americans with Disabilities Act of 1990
- Age Discrimination Act 1975
- Title IX of the Education Amendments of 1972
- Church Amendments, Public Health Service (PHS) Act Section 245, and the Weldon Amendment
Federal and State Laws

Title IV of the Civil Rights Act of 1964

Federal and State Law in Tennessee

- Prohibits discrimination on the basis of race, color, or national origin in any program or activity receiving federal financial assistance. No person can be excluded from participation in, be denied the benefits of, or be subjected to discrimination in any program or activity that receives federal funds because of their race, color, or national origin. (42U.S.C. § 2000d)
Title IX

- Section 1681. Sex

- Prohibition against discrimination exceptions. No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance.
Federal Health Care
Conscience Protection Statutes

• The Public Health Service (PHS) Act Sec. 245 (42 U.S.C. 238n.)

• The Weldon Amendment (Consolidated Appropriations Act 2008, Public Law 110-161, Div. G, Sec. 508 (d), 121 Stat. 1844, 2209.)

• The Church Amendments (42 U.S.C. 300a-7.)

• Requirements: Compliance with these federal regulations require that funds provided by the U.S. Department of Health and Human Services do not support morally coercive or discriminatory practices or policies in the provision of health services, health research, and institutes of medical education
Reporting Discrimination

- Upon receipt of a complaint regarding possible discrimination to a member, the information will be forwarded to TennDent’s Non-discrimination Compliance Coordinator for tracking and investigation

- Complaints can be made by member, parents, guardians, provider, provider staff and others

- Call 817-418-6886 to report discrimination
Thank You

• More information is available regarding discrimination for you to read and share with your office staff

• If you are interested in receiving a copy of these slides and the supporting documentation it will be available on our website

• Thank you for your participation in our training session