#### **Connecticut Dental Health Partnership Provider Partner Newsletter** May 2015



#### **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, down-

#### 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 with a new name: 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 650.000 residents in Connecticut.

load educational materials and much more!

#### Farmington, CT 06034-0486 P.O. Box 486



Our 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 5:00PM. Providers may call the following numbers for assistance:

Contact	Phone Number
CTDHP Client and Local Provider Services	855-CTDENTAL (855-283-3682)
Facsimiles for CTDHP Client and Local Provider Services	860-674-8174
Prior Authorization Requests	888-445-6665
HP Provider Assistance Center	800-842-8440

Be sure to visit the Connecticut Dental Health Partnership's new website at www.ctdhp.com!







### Medicaid Clients are Medicaid Clients!

As a contracted provider of the Medicaid Network you can not charge a Medicaid client for a service that is a covered expense under the Medicaid plan. If you have a restricted client panel you can not make agreements to treat Medicaid clients for a cash payment because the client would otherwise be restricted from being seen in your office. If this is reported to The CTDHP we will request a refund for the client.

#### **Changes in Dental Coverage for Bitewings**

A change in the benefit for bitewings has taken place effective May 1, 2015. A limitation of one time per calendar year, for members under the age of twenty-one (21), is being implemented for bitewing radiographs.

Members under the age of 21 are eligible to receive one of any of the below ADA CDT codes in any calendar year :

D0270-bitewing - single radiographic image D0272–bitewing – two radiographic images D0274–bitewing – four radiographic images

These changes are being made to the Connecticut Medical Assistance Program in order to be more consistent with the ADA and Food and Drug Administration's guidelines for "The Selection of Patients for Dental Radiographic Examinations" and the American Academy of Pediatric Dentistry's Guidelines on "Prescribing Dental Radiographs for Infants, Children, Adolescents, and People with Special Health Care Needs". For more information please refer to Provider Bulletin 2015-27

## In this issue

Medicaid Clients	p.1
CTDHP Website	P.1
Dental Coverage for Bitewings	P.1
Marketing Guidelines	P.2
Provider Re-enrollment	P.3
CE Courses offered	p.3
Contact Information	P.4

# **Marketing Guidelines**

All marketing materials used for CTDHP clients must be reviewed and approved by the CTDHP and Department of Social Services prior to use. Please submit a copy of your proposed materials for review to:

Connecticut Dental Health Partnership Director of Operations PO Box 486 Farmington, CT 06032-0486

The CTDHP and the Department of Social Services (DSS) will review materials submitted for approval and respond to review requests within sixty (60) days. If DSS does not respond to materials submitted for approval within sixty (60) days, the provider, provider group, facility or its representative(s) (referred to as "Providers" going forward) may use the materials as presented. The CTDHP or DSS reserves the right to request revisions or recall any materials that advertise or represent State or Departmental program(s) in advertisements or specific materials at any time.

For more details on the Marketing Guidelines please refer to chapter 5 of the provider manual located online at www.ctdhp.com

Re-enrollment notification will be mailed to providers six (6) months in advance of a provider's re-enrollment due date. The re-enrollment due notice will contain the Application Tracking Number and provider ID required to access the re-enrollment application via the online re-enrollment Wizard.

All providers, with the exception of those listed in Chapter 3 (Provider Enrollment/Re-enrollment), Section 3.1 must submit their re-enrollment application via the online Wizard located on the Web site :

www.ctdssmap.com

By clicking on Provider, then Provider Re-enrollment. Providers may refer to Chapter 10, Section 10.7 of the Provider Manual for step-by-step instructions on Web portal re-enrollment. To access Chapters 3 or 10, from the Home page, click on Information then Publications then scroll down to the appropriate provider manual chapter.

Important! It is imperative that providers successfully complete the re-enrollment application as quickly as possible upon receipt of their notice. Please note that each application, once submitted by the provider, must then be processed by HP and the Department of Social Services' Quality Assurance Unit. The application must be submitted to allow adequate time for these processes, which typically takes several weeks to complete. Please see Provider Bulletin 2014-52 for more details.

# To Learn More, Take a Free Course on Updates for Treating Young Children

#1018656: *The Dental Providers' Perspective on the Age One Dental Visit* is an online CE course designed for general dentists treating an age one child. The free course is available through Connecticut Department of Public Health and is located on CT TRAIN <u>https://ct.train.org/DesktopShell.aspx</u>

## **Provider Re-enrollment**