MCNA Dental
Arkansas Medicaid Dental Program
2023
Introduction

Welcome to the MCNA Dental segment of the 2023 AFMC Annual Conference

The purpose of this training is to:

• Educate and inform our network providers about MCNA Medicaid Program guidelines and responsibilities

• Continue to build strong, collaborative and lasting relationships with our network providers and office personnel
Provider Services

Our **Provider Services Representatives** are available to support and assist network providers with a wide array of requests, including eligibility verification, questions about using the Provider Portal, prior authorization requests, provider appeals or complaints, and claims resolution.

MCNA also has **Provider Relations (PR) Representatives** that offer assistance tailored to specific provider needs upon request. Our PR Reps are available to answer any provider questions in all areas, including claim and pre-authorization inquiries and resolution, provider processes and policies, education and ongoing training, communication updates, MCNA's Provider Manual, and much more.

**We are here to help you!**

If you have any questions, please call our toll-free Arkansas Provider Hotline at:

**1-844-343-6262**

You can call Monday through Friday, 7 a.m. – 7 p.m. (excluding national holidays). If calling after hours, please leave a message for our representatives. Your call will be returned on the next business day.
MCNA’s Provider Portal

MCNA’s online Provider Portal is a tool that enables participating provider offices to perform day-to-day administrative activities. Our Provider Portal allows you to easily verify member eligibility, submit claims and pre-authorizations electronically, view historical activity, and view and print remittance advice documents.

Our Provider Portal also offers:

✓ Resources and information to keep you up-to-date, including forms, training sessions, and more.

✓ Access to monthly provider newsletters and periodic bulletins containing the latest updates and program information by adding your email address to our Arkansas provider distribution list.
Multi-Factor Authentication

- Two - Factor Authentication (2-FA)
- DUO – Added to Portal users in 2023
- Provides an additional layer of security
- CAPTCHA no longer required
- 3 options:
  - Push – requires a smartphone
  - Passcode – text message – any type of phone
  - Passcode – phone call

* For assistance call 1-844-343-6262 Option 1
Provider Office Responsibilities

✓ Confirm member eligibility at each visit

✓ Check availability of member’s Annual Benefit

✓ Check member’s history

✓ Determine if member has other dental insurance
Verification of Member Eligibility

Member eligibility can be verified the following ways:

- 24 hours a day/7 days a week electronically on MCNA’s Provider Portal at: [http://portal.mcna.net](http://portal.mcna.net)
  
  Member **DOB** is required and at least one of the following:
  
  a) Medicaid ID number
  
  b) Member Last name

- Calling MCNA Provider Hotline 7am-7pm CST at 1-844-343-6262

- Calling MCNA Member Hotline 7am-7pm CST at 1-844-341-6262

- Arkansas Medicaid (MMIS portal website)

Please remember the following:

1. Member eligibility may vary and should be checked for each date of service
2. Arkansas DHS makes all eligibility determinations
3. The MCNA issued member ID card **is not** proof of eligibility
4. The **provider is responsible** for verifying member eligibility with MCNA **before** providing services
5. MCNA recommends that a copy of the eligibility confirmation is saved in the member record
Provider Resources and Documents

You may find the following resources and documents on our website at https://www.mcnaar.net:

### Provider Manuals
- Arkansas Provider Manual

### Quick Reference Guides
- Helpful Tips and Contact Information
- Important Program Requirements
- Training Presentation

### Forms
- Add Existing Provider to Existing Location
- Complaint
- Curriculum Vitae
- Conscious Sedation
- DEA and CSR License Release
- Orthodontic HLD Scoring
- Patient Responsibility
- Reconsideration and Appeal Request
- Referral
- Request Member Outreach

### Miscellaneous
- Clinical Practice Guidelines
# Member Outreach Form for Arkansas Providers

MCNA Dental

An MCNA representative will contact the member to provide education, assist with scheduling appointments, and assist with transportation as needed.

## Member Information

<table>
<thead>
<tr>
<th>Member Name (Last Name, First Name)</th>
<th>Provider Name (Last Name, First Name)</th>
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<tr>
<th>Parent/Guardian Name (Last Name, First Name)</th>
<th>Office Contact Name (Last Name, First Name)</th>
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<thead>
<tr>
<th>Date of Birth (MM/DD/YYYY)</th>
<th>MCNA Member ID Number</th>
<th>MCNA Provider ID Number</th>
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<table>
<thead>
<tr>
<th>Phone Number</th>
<th>Date of Last Office Visit</th>
<th>Phone Number</th>
<th>Date of Outreach Request</th>
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</tbody>
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## Reason for Outreach

1. Has not received initial oral health exam (Annual Dental Visit).
2. Behind on six-month follow-up care according to AAPD Periodicity Schedule.
4. Non-compliant with office policies and displays unacceptable behavior in office.
5. Requires education regarding referral use.
6. Requires transfer from office/facility panel. Please provide reason for request for transfer in the Additional Information section.
7. Chronic “no-show” for appointments or follow-up care. (Member must be a habitual “no-show” for scheduled appointments. Please list dates of missed appointments along with reason for appointments in the Additional Information section.
8. Requires follow-up with MCNA representative after being referred for services. Please note circumstances of referrals in the Additional Information section.

## Additional Information

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## Print Name

<table>
<thead>
<tr>
<th>Name</th>
<th>Date (MM/DD/YYYY)</th>
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Mail, Fax, or Email Completed Form To:

MCNA Dental
Attn: Member Advocate Outreach Specialist
P.O. Box 740370, Atlanta, GA 30374
Fax: 215-745-4225 • Email: member_outreach@mcna.net

For Questions Contact:

1-844-343-MCNA (1-844-343-6262)
Monday - Friday, 7am - 7pm CST
Patient Responsibility Form

Use for services that are “non-covered” by MCNA.
✓ Cosmetic Procedures (not medically necessary).
✓ Benefit year maximum has been met.

Offices must have patient complete prior to services being rendered.
Submission of Claims

Providers must file claims within 365 days of the Date of Service (DOS).

MCNA is required to adjudicate 100% of “electronic” clean claims within 14 calendar days of receipt. (Paper clean claims within 30 calendar days)

Providers are encouraged to register for MCNA’s Electronic Funds Transfer (EFT) Program.

Providers may submit a claim to MCNA in three ways:

- Electronically through MCNA’s Provider Portal at: [http://portal.mcna.net](http://portal.mcna.net)
- Electronically through a clearinghouse (MCNA Payor ID: 65030)
- Paper claim via mail

  MCNA Dental
  P.O. Box 23920
  Oakland Park, Florida 33307

- Faxed claims are not accepted
New for 2023

Oral Surgery Clarifications

• D7111 – Going away with next manual update will be the requirement for x-rays

• D7140 - Oral surgeons are not required to submit documentation with the claim submission for symptomatic teeth with the exception of treatment limited to TIDs 1,16,17 and 32

• D7210 – Prior authorization, x-rays and rationale are not required for payment of symptomatic teeth with the exception of treatment limited to TIDs 1,16,17 and 32

* Eligible for Post Authorization (refer to Pre-Authorization of Care Section)
No Pre-authorization Approvals

• 9610 - Therapeutic parenteral drug, single administration. Includes single administration of antibiotics, steroids, anti-inflammatory drugs or other therapeutic medications. Does not include sedatives, anesthetics or reversal agents

• 9612 - Therapeutic parenteral drugs, two or more administrations, different medications. Includes multiple administrations of antibiotics, steroids, anti-inflammatory drugs or other therapeutic medications. Does not include sedatives, anesthetics or reversal agents

• 9613 – Infiltration of sustained release therapeutic drug- single or multiple sites (Drug: Exparel)

* Chart note documentation must include name and strength of drug administered, amount administered, site of administration and rationale explaining medical necessity. Documentation must accompany claim submission.
Frenectomy

• No Preauthorization required
• No documentation required with claim submission
• Documentation must be present in the member chart showing rationale and medical necessity as a needed dental service.
• Dental rationale examples: freeing the band of connective tissue reducing gingival recession or removing the connective tissue, large diastemas that restrict tooth movement
• Infants who experience difficulty sucking (failure to thrive) are to be treated as a medical condition and claim submission would be as a medical procedure
Immediate Dentures

COMING SOON
### Claim Adjudication Reason Codes (CARCs)

**MCNA Online Provider Portal**

**Claim Details**
- Status: Pending
- Submitted: 10/21/2016
- Processed: 10/21/2016

**Provider Information**
- Treating Provider: [Name]
- D&amp;M Dent Location:

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<tr>
<th>Subscriber Information</th>
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<tbody>
<tr>
<td>Date of Birth:</td>
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<tr>
<td>Subscriber ID:</td>
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<td>First Name:</td>
</tr>
<tr>
<td>Last Name:</td>
</tr>
<tr>
<td>Zip Code:</td>
</tr>
<tr>
<td>Program:</td>
</tr>
</tbody>
</table>

**Additional Information**
- EP-DT Procedure: No
- Pre-Authorization: NA
- Rules related to 3rd party: NA
- Another Insurance Company is Involved: No
- Claim Remarks:

**List of Services Provided**
- **Procedure Date**
- **COT**
- **Description**
- **Area of Tooth**
- **Surface**
- **Billed Amount**
- **Paid Amount**
- **CARCs**

<table>
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<th>Date</th>
<th>COT</th>
<th>Description</th>
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<th>Surface</th>
<th>Billed Amount</th>
<th>Paid Amount</th>
<th>CARCs</th>
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<td>RESIN-BASED COMPOSITE - TEMP...</td>
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<td>MO</td>
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**Total**: $112.00 - $116.20

**MCNA Online Provider Portal**

**THIS PROCEDURE HAS BEEN REPORTED AS BEING RENDERED BY ANOTHER PROVIDER AND/OR FACILITY.**
Claim Adjudication Reason Codes (CARCs)

Pop Quiz: Where can you find the CARC on your remittance advice?

<table>
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<tr>
<th>Claim #</th>
<th>Pat Ctrl #</th>
<th>DOS</th>
<th>L/A</th>
<th>Surf</th>
<th>CDI / Description</th>
<th>Qty</th>
<th>Boiled</th>
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<td>0.00</td>
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DOB: 11/30/200

EXPLANATION OF REMARKS

14 / THIS PROCEDURE HAS BEEN APPROVED AND WILL BE PAID ACCORDING TO YOUR CONTRACTED RATE. THE MEMBER IS NOT RESPONSIBLE FOR ANY AMOUNT EXCEEDING THE CONTRACTED RATE.

101 / A REDUCTION HAS TAKEN PLACE DUE TO AN OVERPAYMENT ON A PRIOR CLAIM.

276 / A REDUCTION OF THE APPROVED AMOUNT HAS TAKEN PLACE DUE TO A PREVIOUS RESTORATION HAVING BEEN PERFORMED ON THIS TOOTH.

329 / THIS REPRESENTS AN ADJUSTMENT TO THE ORIGINAL REQUEST.

577 / THIS PROCEDURE HAS BEEN REPORTED AS BEING RENDERED BY ANOTHER PROVIDER AND/OR FACILITY.
Common Avoidable Denials

**CARC 2**: This claim was previously reported and no new information was added. Find out what information was requested by checking the CARC on the original claim (1st submission). Complete a reconsideration on this original claim and add the missing information.

**CARC 48**: Missing x-ray and or narrative. File a reconsideration and attach the missing information in order to get this claim paid. Be sure to use the MCNA Provider Manual to ensure all necessary documents are sent the first time.

**CARC 53 & 626**: Missing Explanation of benefits or missing the second page/name of the primary insurances EOB. Ensure you’ve included all pages of the primary insurances EOB in order to avoid any unnecessary denials.
Claim Submission Reminders

• Timely filing is within 365 days from date of service.

• Adult members have an Annual Benefit Maximum (ABM) of $500.00. The ABM period is based on a calendar year (January 1 through December 31)

• Reconsideration requests must be filed within 90 days of the claim determination

• Appeals must be filed within 60 days of the date of notice of the Adverse Benefit Determination (medical necessity only)
Online Portal Reconsiderations

Reconsiderations should be filed for any claim that was previously denied incorrectly (Missing information: x-ray, narrative or EOB, etc.)

✓ Filing a reconsideration instead of a new claim ensures that the system does not deny it because it thinks it is a duplicate claim.
Online Portal Reconsiderations

What is this related to?
Please select one of the following that most closely relates to this reconsideration. *
- Incorrectly Submitted or Missing Information
- Non-Contracted Provider or Facility
- Member Eligibility
- Orthodontia
- Timely Filing
- Main Dental Home
- Retro-Eligibility change

Member Information
Subscriber ID: *
Date of Birth: * mm/dd/yyyy
First Name: 
Last Name: 

Provider Information
MCNA Provider ID: *
State License: *
First Name: 
Last Name: 

Claim Information
Claim ID: *
You must enter at least one incident date or both from and thru dates. *
Incident Date 1: mm/dd/yyyy
Incident Date 2: mm/dd/yyyy
Incident Date 3: mm/dd/yyyy
Incident From Date: mm/dd/yyyy Thru Date: mm/dd/yyyy

Supporting Documentation
Upload New File: Choose File No file chosen

Reconsideration Explanation *

Sign and Submit
Signature: *
Date: 01/01/2019
You must enter all required fields before submitting this form.
Submit Reconsideration
Practice Site Performance Survey (PSPS)

MCNA is pleased to announce an initiative to provide you with an overall summary report of your practice’s operational and clinical performance outcomes. This report has been designed as a helpful tool to ensure transparency in highlighting performance trends, identify top opportunities for administrative efficiencies, and to provide feedback regarding your practice's preventive care services compared to regional peer practices. For the purposes of this report, peer practices exclude specialty-only practices.

The Practice Site Performance Summary is now available through your MCNA Provider Portal account at http://portal.mcna.net. Follow these simple steps to view and download it today:

1. Log in to your Provider Portal account.
   In the top navigation bar, click on Manage Your Facility

2. Select “Performance Reports” at the bottom of the dropdown menu, then select the link to view by the specific quarter.

3. Click on “Download” to review your report.
• The PSPS features a cover page that contains office information (name, address, phone etc.), then presents data as shown.
Practice Changes/Updates

You must notify MCNA of any changes to your practice and/or provider record. All changes may be submitted via email to the Provider Relations Department at arkansaspr@mcna.net or fax at 1-210-695-7042 on your company letterhead. Changes requiring notification include:

- Adding a new provider or facility location*
- Removing a provider or facility location*
  - Ninety (90) days to terminate participation to allow for continuity of care issues
- Changes with provider’s license status or board actions*
- Office address or name changes*
- Billing and banking information
- Tax ID or NPI (Type 1 or 2)*
- Changes to your Medicaid enrollment file*
- Office demographic changes (contact information, hours, patient base, age range)

*Failure to notify us of any changes may result in payment delays.
Your Arkansas Provider Relations Team

Kathy Hatcher  
Sr. Provider Relations Rep  
1-844-343-6262 Ext: 921  
khatcher@mcna.net

Tina Thompson  
Provider Relations Rep / QA Analyst  
1-844-343-6262 Ext: 922  
tthompson@mcna.net

Joye Henson  
Internal Provider Relations Rep  
1-844-343-6262 Ext: 727  
jhenson@mcna.net

Contact our team @ Arkansaspr@mcna.net  
Please visit us on our website @ www.mcnaar.net  
Log in to our Provider Portal @ https://portal.mcna.net