



**MCNA Dental**  
**Arkansas Medicaid Dental Program**  
**2023**

# Introduction

mcnadental

**FUN PUN**

**HOW DO YOU KNOW THE  
TOOTH FAIRY IS A JOURNALIST?**



**SHE IS ALWAYS SEARCHING  
FOR THE TOOTH.**

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).

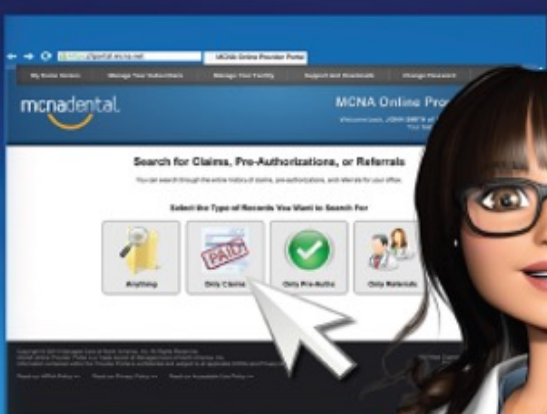
If calling after hours, please leave a message for our representatives. Your call will be returned on the next business day.

# 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.



As an added bonus, we have created a companion series of tutorial videos to help guide our providers from their first steps setting up a Provider Portal account to the successful submission and tracking of claims, authorizations, and referrals. To see our videos, go to <http://portal.mcna.net> and click on "Online Provider Portal Tutorial Videos" at the bottom of the screen.



### Online Provider Portal User Guide

Click here to view and download

### Online Provider Portal Tutorial Videos

Click here to access videos



# 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>
  - 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](#)

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

Member Information		Main Dental Home Information	
Member Name (Last Name, First Name)		Provider Name (Last Name, First Name)	
Parent/Guardian Name (Last Name, First Name)		Office Contact Name (Last Name, First Name)	
Date of Birth (MM/DD/YYYY)	MCNA Member ID Number	MCNA Provider ID Number	
Phone Number	Date of Last Office Visit	Phone Number	Date of Outreach Request

Reason for Outreach	Additional Information
<p>To help us understand more about your request for member outreach, please select the best description of the member or the member's behavior from the following:</p> <p><input type="checkbox"/> Has not received initial oral health exam (Annual Dental Visit).</p> <p><input type="checkbox"/> Behind on six-month follow-up care according to AAPD Periodicity Schedule.</p> <p><input type="checkbox"/> Non-compliant with treatment plan.</p> <p><input type="checkbox"/> Non-compliant with office policies and/or displays unacceptable behavior in office.</p> <p><input type="checkbox"/> Requires education regarding referral use.</p> <p><input type="checkbox"/> Requires transfer from office/facility panel. Please provide reason for request for transfer in the <u>Additional Information</u> section.</p> <p><input type="checkbox"/> 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 <u>Additional Information</u> section.</p> <p><input type="checkbox"/> Requires follow-up with MCNA representative after being referred for services. Please note circumstances of referral in the <u>Additional Information</u> section.</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_\_

**Mail, Fax, or Email Completed Form To:**

MCNA Dental  
 Attn: Member Advocate Outreach Specialist  
 P.O. Box 740370, Atlanta, GA 30374  
 Fax: 210-745-4225 • Email: member\_outreach@mcna.net

**For Questions Contact:**

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

# Patient Responsibility Form

## Patient Responsibility Form

MCNA Dental



You must understand and agree to pay for any dental services that MCNA does not cover before you get them. Review the dental services listed below with your dentist. Make sure you understand the planned treatment and how much it will cost. You must sign and date this form before you get any of these dental services. When you sign this form it means you agree to pay the full amount for the dental services. If you fail to make each payment you may be subject to collection action.

### Dental Office Information

To be completed by the dental office.

Office Name (Business Name)	Provider Name (First, Middle, Last Name, DDS/OMD)
Office Phone Number	Date Treatment Plan Created (MM/DD/YYYY)

### Procedure Information

To be completed by the dental office. Use additional sheets as necessary.

Procedure and Tooth/Arch	\$ Fee	Procedure and Tooth/Arch	\$ Fee
Procedure and Tooth/Arch	\$ Fee	Procedure and Tooth/Arch	\$ Fee
Procedure and Tooth/Arch	\$ Fee	Procedure and Tooth/Arch	\$ Fee
Procedure and Tooth/Arch	\$ Fee	Procedure and Tooth/Arch	\$ Fee
Procedure and Tooth/Arch	\$ Fee	Procedure and Tooth/Arch	\$ Fee
Procedure and Tooth/Arch	\$ Fee	Procedure and Tooth/Arch	\$ Fee
Procedure and Tooth/Arch	\$ Fee	Procedure and Tooth/Arch	\$ Fee

### Member Information

To be completed by the member, parent, or guardian.

Member ID Number	Member Name (First Name, Last Name)
My dentist let me know that there are <u>NO</u> covered services to take care of my dental concern. <input type="checkbox"/> YES <input type="checkbox"/> NO	
My dentist let me know that there are <u>ARE</u> covered services that would take care of my dental concern. I am refusing covered services to select these. <input type="checkbox"/> YES <input type="checkbox"/> NO	
I agree that the dental services and fees on this form are what I talked about with my dentist. <input type="checkbox"/> YES <input type="checkbox"/> NO	
I AGREE THAT I AM PERSONALLY RESPONSIBLE FOR THE FULL AMOUNT OF THESE SERVICES. <input type="checkbox"/> YES <input type="checkbox"/> NO	
Patient's Signature (Parent or guardian signature if patient is under 18 years old)	Date (MM/DD/YYYY)



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>
- 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



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

Viewing Claim #  

[Print this claim](#)




**Claim Details**

Status: Posted

Submitted: 10/21/2019


Processed: 10/21/2019



**Provider Information**

Treating Provider:  

Location:



**Subscriber Information**

Date of Birth:  


Subscriber ID:  

First Name:  

Last Name:  

Zip Code:  

Program:



**Additional Information**

EPSDT Procedure: No

Pre-Auth / Referral: N/A

NEA Fast-Attach #: N/A

Another Insurance Company Is Involved: No

Claim Remarks:

**List of Services Provided**

Hover your mouse over the CDT description to view full descriptions. For claims that have been posted, any CARCs or Comments entered will be noted in the CARCs or Comments column. Click on the codes in these columns to view the full reason code or comment.

Procedure Date	CDT	Description	Area or Tooth #	Surface	Billed Amount	Paid Amount	CARCs	Comments
09/11/2019	D2392	RESIN-BASED COMPOSITE - TWO...	4	MO	\$-266.00	\$-76.50	577 101	
09/11/2019	D9230	ANALGESIA, ANXIOLYSIS, INHA...			\$-84.00	\$-28.56	577 101	
09/11/2019	D0220	INTRAORAL - PERIAPICAL FIRS...			\$-33.00	\$-6.12	577 101	
09/11/2019	D0230	INTRAORAL - PERIAPICAL EACH...			\$-29.00	\$-5.10	577 101	
<b>Total:</b>					<b>\$-412.00</b>	<b>\$-116.28</b>		

# Claim Adjudication Reason Codes (CARCs)

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

Claim #	Pat Ctrl #	DOS	T/A	Surf.	CDT / Description	Qty	Billed	Allowed	Copay	Deductible	COB	Interest	Denied	Paid	Remarks
		09/11/2019	4	MO	2392 / RESIN-BASED	1	-266.00	-76.50	0.00	0.00	0.00	0.00	0.00	-76.50	101,577
		09/11/2019			9230 / ANALGESIA	1	-84.00	-28.56	0.00	0.00	0.00	0.00	0.00	-28.56	101,577
		09/11/2019			0220 / INTRAORAL -	1	-33.00	-6.12	0.00	0.00	0.00	0.00	0.00	-6.12	101,577
		09/11/2019			0230 / INTRAORAL -	1	-29.00	-5.10	0.00	0.00	0.00	0.00	0.00	-5.10	101,577
Total Subscriber							-412.00	-116.28	0.00	0.00	0.00	0.00	0.00	-116.28	
Total Provider							-412.00	-116.28	0.00	0.00	0.00	0.00	0.00	-116.28	

DOB: 11/30/2005

Claim #	Pat Ctrl #	DOS	T/A	Surf.	CDT / Description	Qty	Billed	Allowed	Copay	Deductible	COB	Interest	Denied	Paid	Remarks
		09/25/2019	2	O	2391 / RESIN-BASED	1	-201.00	-60.18	0.00	0.00	0.00	0.00	0.00	-60.18	101
		09/25/2019	2	O	2391 / RESIN-BASED	1	201.00	17.50	0.00	0.00	0.00	0.00	0.00	17.50	14,276,329
Total Subscriber							0.00	-42.68	0.00	0.00	0.00	0.00	0.00	-42.68	

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.

The screenshot shows the MCNA Online Provider Portal interface. At the top, there is a navigation bar with several menu items: 'My Home Screen', 'Manage Your Subscribers', 'Manage Your Facility', 'Support and Downloads' (circled in red), 'Change Password', and 'Logout'. Below the navigation bar is the 'mcnadental' logo and the text 'MCNA Online Provider Portal'. A welcome message reads: 'Welcome back, [redacted] Your last visit was on March 24, 2020 at 4:50 PM'. The main content area is divided into two columns: 'Provider Resources' and 'Contact Information'. Under 'Provider Resources', there is a section for 'Documents & Information' with a question mark icon. This section includes links for 'Provider Manuals' (Nebraska Provider Manual), 'Forms' (American Dental Association (ADA) Dental Claim Form, Nebraska Index of Orthodontic Treatment Need (NIOTN), Orthodontic Continuation of Care Form, Therapeutic Treatment with Anesthesia Prior Authorization Request Form), and 'Guides' (ADA Dental Claim Form Completion Instructions, CDT Code Submission Requirement Guide, Frequently Asked Questions: General Anesthesia Form, Provider Quick Reference Guide, Quick Reference Guide: Helpful Tips and Contact Information, Quick Reference Guide: Reading Explanations of Payments (EOPs)). A red arrow points to the 'Online Reconsideration' link under the 'Guides' section. The 'Contact Information' section includes 'MCNA Support Numbers' (Member Hotline: 1-844-351-6262, Provider Hotline: 1-844-353-6262, TDD/TTY: 1-800-833-7352) and 'Miscellaneous Support Information' (MCNA Computer Helpdesk: 1-855-232-6262 or Contact MCNA Computer Helpdesk at portal\_helpdesk@mcna.net).

# 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       Timely Filing  
 Member Eligibility       Orthodontia       Main Dental Home  
 Retro-Eligibility change

## Member Information

Subscriber ID: \*   
Date of Birth: \*   
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:   
Incident Date 2:   
Incident Date 3:   
Incident From Date:  Thru Date:

## Supporting Documentation

Upload New File:

## Reconsideration Explanation \*

## Sign and Submit

Signature: \*   
Date:

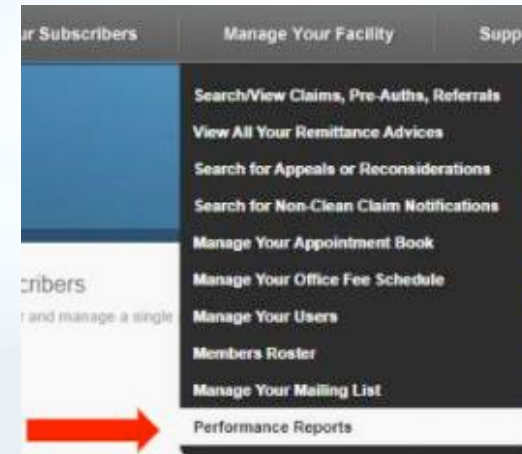
You must enter all required fields before submitting this form.

# 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.



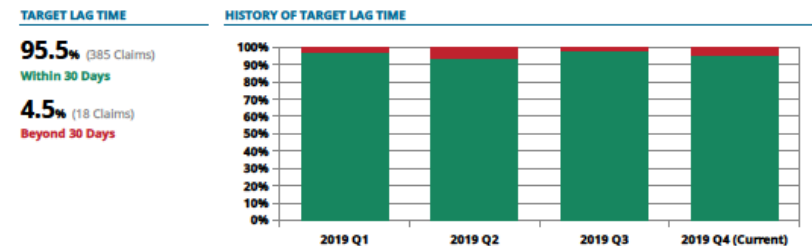
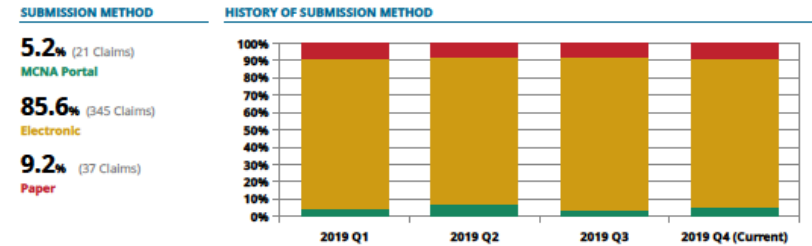
# Practice Site Performance Survey (PSPS)

## SECTION 1: CLAIMS

### PRACTICE SITE SUMMARY

Below is a summary of your practice site's claims information for the reporting quarter.

TOTAL CLAIMS	TOTAL PROCEDURES	AVERAGE LAG TIME	AVERAGE TAT
403 Claims	1,673 Procedures	6.0 Calendar Days	5.1 Calendar Days



#### DEFINITIONS

**Lag Time:** The amount of time between the final date of service and the date that MCNA received your claim.

**Turnaround Time (TAT):** The amount of time between the date that MCNA received your claim (or pre-authorization) and the date of finalization.

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

Contact our team @ [Arkansaspr@mcna.net](mailto:Arkansaspr@mcna.net)

Please visit us on our website @ [www.mcnaar.net](http://www.mcnaar.net)

Log in to our Provider Portal @ <https://portal.mcna.net>