

ConnectCare – Dental Coordinated Care

Helping to Decrease Patient No-Show Rates

Online Dental Provider Request Form

ConnectCare is a program administered by the Arkansas Department of Health. The Arkansas Medicaid Program contracts with the Department of Health to assist Medicaid and ARKids First families and dental providers with coordinating dental care.

Dental Coordinated Care services are available (upon request) to the following Medicaid Dental Providers at NO COST:

- General/Pediatric Dentists
- Oral Surgeons
- Orthodontists
- Endodontists
- Periodontists

The *Online Dental Provider Request Form* gives Medicaid Dental Providers an easy and convenient way to request Dental Coordinated Care services from ConnectCare.

Here are some advantages of submitting Online Dental Provider Requests:

- Requests are delivered immediately to ConnectCare
- Multiple beneficiaries can be entered on 1 request form
- It's faster and easier than writing the information on paper and faxing it to ConnectCare
- It's a paperless way of submitting requests to ConnectCare **(Go Green!)**

Online Dental Provider Request Form

Instructions

Dental Provider's Information

- **Medicaid Provider Number**
 - Enter the 9 digit Medicaid Provider Number (Not the NPI #)
- **Dental Provider's Phone #**
 - Enter the dental provider's 10 digit telephone number
(Example: 501-555-0000)
- **Contact Person**
 - Enter the name of the person submitting the online request
- **Email Address**
 - Enter email address if you would like to receive a copy of the online request

Beneficiary Information

- **Beneficiary's Name**
 - Enter the beneficiary's first name and last name
- **Medicaid/ARKids 1st #**
 - Enter the beneficiary's 10 digit Medicaid or ARKids First number
- **Date of Birth**
 - Enter the beneficiary's Date of Birth
(Example: MM/DD/YY)
- **Responsible Party**
 - Enter the first name and last name of the beneficiary's parent, legal guardian, or caregiver (if necessary)

- **Mailing Address**
 - Enter the beneficiary's street address/post office box and zip code
 - OR**
 - Enter a check-mark next to "Use address in Medicaid system"

- **Telephone Numbers**
 - Enter the beneficiary's 10 digit phone number and alternate phone number (Example: 501-555-0000)

Services Requested

- **Dental Coordinated Care Services**
Place a check-mark next to the *Dental Coordinated Care* service that you are requesting for the beneficiary.
 - Appointment Reminder (Appointment Date/Time Required)
 - Reschedule "Missed" Appt (Appointment Date/Time Required)
 - Schedule "Exam & Cleaning" Appt
 - Schedule New Appt
 - Schedule New Appt (For "Prior Authorized Received" Procedures)
 - Set-up Transportation (Appointment Date/Time Required)
 - Dismissal Notice (For "Missed Appts")
 - Dismissal Notice (For "Various Reasons")

- **Appointment Information**
Enter the appointment date and time for the services that require them (See the list of "Dental Coordinated Care" services above).
 - **Date**: Click in the "Date" field and use the "Pop-up Calendar" to enter to appointment date
 - **Time**: Enter the appointment time (Example: 2:30 pm)

- **Additional Services Needed**
Place a check-mark next to the additional services that you feel the beneficiary may need.
 - May Need Transportation Assistance
 - May Need Spanish Interpretation
- **Notes**
 - Enter any information that you would like ConnectCare to communicate to the beneficiary.

Online Request Form “Features”

- **Add Entry**
To enter information for another beneficiary, click “**Add Entry**”.
- **Remove Entry**
To remove a beneficiary from the request form, click “**Remove Entry**”.
- **Submit Request**
When all beneficiaries have been entered, click “**Submit Request**”.
The online request form will automatically be sent to ConnectCare via email.