

**Bulletin Number:** MSA 15-33

**Distribution:** Dentists and Dental Clinics, Medicaid Health Plans

**Issued:** September 1, 2015

**Subject:** Healthy Michigan Plan Dental Benefits for Ages 19 and 20

**Effective:** October 1, 2015

**Programs Affected:** Healthy Michigan Plan

The purpose of this bulletin is to inform providers of a change to the dental benefit administration policy previously described in Bulletins MSA-14-33 and MSA 14-39 that were effective October 1, 2014.

Effective October 1, 2015, all Healthy Michigan Plan beneficiaries ages 19 and 20 will receive dental benefits through Medicaid Fee For Service (FFS) until enrolled in a health plan and the health plan dental benefits have commenced. Healthy Michigan Plan beneficiaries will no longer be covered by Healthy Kids Dental; however no loss or lapse of dental benefits will result from this change

Populations that are excluded from health plan enrollment and voluntary populations that choose not to enroll in a health plan will also receive their dental benefits through Medicaid FFS. Providers should refer to the Beneficiary Eligibility Chapter of the Medicaid Provider Manual for additional information regarding voluntary and excluded populations. The Medicaid Provider Manual is available on the Michigan Department of Health and Human Services (MDHHS) website at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Policy and Forms >> Medicaid Provider Manual.

Upon health plan enrollment, the beneficiary will receive dental benefits through the health plan. Beneficiaries must receive services from a participating network provider to be covered. At a minimum, health plans must cover the same dental services as Medicaid, but may provide additional dental services to their enrollees if they choose. Health plan reimbursement rates, prior authorization requirements, etc. may be different than Medicaid FFS. Questions regarding eligibility, provider network, or other requirements should be directed to the beneficiary's health plan. It is important for participating providers to verify a beneficiary's eligibility at every appointment before providing dental services.

A list of the Michigan Medicaid Health Plans by county, including health plan contact information, is available on the Michigan Department of Health and Human Services (MDHHS) website at: <http://www.michigan.gov/mdhhs> >> Health Care Coverage >> Medicaid >> Medicaid Health Plan Contact and County Service Listing.

### Manual Maintenance

Retain this bulletin until the information is incorporated into the Michigan Medicaid Provider Manual.

## Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

## Approved

A handwritten signature in black ink, appearing to read "Kathy Stiffler". The signature is written in a cursive, flowing style.

Kathy Stiffler, Acting Director  
Medical Services Administration