

Bulletin Number: MSA 15-34

Distribution: Dentists and Dental Clinics

Issued: September 1, 2015

Subject: *Healthy Kids Dental* Contract Expansion

Effective: October 1, 2015

Programs Affected: Medicaid

Effective October 1, 2015, as required by Public Act 84 of 2015, the Michigan Department of Health and Human Services (MDHHS) will expand the *Healthy Kids Dental* contract with Delta Dental Plan of Michigan to administer the *Healthy Kids Dental* benefit in Kent, Oakland and Wayne counties for beneficiaries age 0 through 12. This will increase the number of counties contracted with Delta Dental from 80 counties to 83 counties. Medicaid beneficiaries age 0 through 12 residing in these counties will be prospectively enrolled automatically in *Healthy Kids Dental*, which provides access to participating Delta Dental dentists.

In order to provide services to *Healthy Kids Dental* beneficiaries, dentists enrolled in the Medicaid program must also participate with Delta Dental as part of the *Healthy Kids Dental* provider network. Beneficiaries must be seen by a *Healthy Kids Dental* participating dentist. Services are not reimbursed to a non-participating dentist. Providers may contact the Delta Dental Customer Services Department at 1-800-482-8915 regarding program or participation status.

Delta Dental administers the current Medicaid dental coverage according to their standard policies, procedures, and claim submission process. It is the responsibility of the provider to be familiar with and follow Delta Dental's policy and procedures when providing services to *Healthy Kids Dental* beneficiaries. Covered benefits include diagnostic, preventive, restorative, endodontic and prosthodontic services. There is no co-payment for *Healthy Kids Dental* services.

Reimbursement to all participating dentists for covered services rendered to *Healthy Kids Dental* beneficiaries is based on the *Healthy Kids Dental*/MIChild Covered Benefits and Fee Schedule. Providers must accept the Delta Dental reimbursement as payment in full and cannot balance bill the beneficiary for services rendered. Delta Dental provides a separate information packet to all participating dentists that explains enrollment in the *Healthy Kids Dental* program, covered services, and includes a copy of the *Healthy Kids Dental*/MIChild Covered Benefits and Fee Schedule.

Delta Dental receives a monthly enrollment file from MDHHS at the beginning of each month. Beneficiaries are enrolled in the program automatically based on their Medicaid eligibility on the first day of the month. Enrollment in *Healthy Kids Dental* is always prospective, not retroactive. Medicaid beneficiaries whose Medicaid eligibility is retroactive are covered under Medicaid Fee-For-Service (FFS) for the retroactive time period. Due to various factors such as the eligibility determination date, some Medicaid beneficiaries will be covered through Medicaid FFS until prospective enrollment in *Healthy Kids Dental* is effective. It is essential that dental offices verify the beneficiary's eligibility and enrollment prior to each appointment since the determination occurs on a monthly basis.

Beneficiaries enrolled in **Healthy Kids Dental** receive a Delta Dental identification card. This card is a permanent card and is not issued on a monthly basis. The card reflects a 10-digit member number, which is the beneficiary's Medicaid ID number. Because Medicaid eligibility is determined by the MDHHS, there may be a time lag before MDHHS enrolls the beneficiary into **Healthy Kids Dental**. In addition, some beneficiaries will not qualify for **Healthy Kids Dental** due to spend-down status or other living arrangements.

Beneficiaries enrolled in **Healthy Kids Dental** are identified in the Community Health Automated Medicaid Processing System (CHAMPS) with the Benefit Plan ID of **HK-Dental**. Dentists and dental staff should call the Delta Dental Customer Services Department to verify enrollment in **Healthy Kids Dental** or obtain the information from the CHAMPS Eligibility Inquiry, which provides the Benefit Plan ID information.

Beneficiaries enrolled in the 2015 **Healthy Kids Dental** expansion are eligible for this benefit plan until the last day of the month in which they turn age 13. When a beneficiary reaches age 13, Medicaid dental benefits are no longer covered by Delta Dental. Medicaid beneficiaries age 13 and over, receive dental benefits through Medicaid FFS. Providers must submit prior authorization (PA) requests (when applicable) and claims for Medicaid FFS beneficiaries to MDHHS.

Beneficiaries age 0 through 12 who live in Kent, Oakland and Wayne counties and are dually-enrolled in Medicaid and Children's Special Health Care Services (CSHCS) receive their Medicaid dental benefits through **Healthy Kids Dental**. If the beneficiary's CSHCS diagnosis qualifies for CSHCS specialty dental services (e.g., orthodontics), the specialty dental services continue to be administered through MDHHS and are not part of the **Healthy Kids Dental** benefit plan. The specialty provider must be a CSHCS approved provider listed on the beneficiary's file, and must follow the coverage requirements and claims procedures for specialty dentistry described in the Dental and the Billing and Reimbursement for Dental Providers Chapters of the Medicaid Provider Manual.

When a beneficiary enrolled in **Healthy Kids Dental** started dental treatment prior to October 1, 2015 that requires multiple visits, and the dentist has incurred costs related to that care, the dentist must bill MDHHS for the procedure, using the begin date as the date of service. For example, if the provider started a root canal treatment on September 26, 2015, and does not complete the treatment until October 3, 2015, the provider has already incurred the costs of the beneficiary's care and must bill MDHHS for the entire root canal treatment using September 26, 2015 as the date of service on the dental claim.

Providers who submitted a dental PA request (MSA-1680-B) to the MDHHS Program Review Division prior to October 1, 2015, but have not begun treatment or incurred treatment costs for a procedure must follow the policies and procedures of Delta Dental to deliver dental treatment.

When a beneficiary loses Medicaid eligibility and is in active treatment that requires multiple appointments, the provider may bill Delta Dental for the treatment as long as it is completed within 60 days of the loss of Medicaid eligibility.

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. 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



Kathy Stiffler, Acting Director
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