

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
Medicaid/MiChild Healthy Kids Dental Program

Common Questions and Answers

1) What is the difference between Healthy Kids and *Healthy Kids Dental*?

Healthy Kids is a program that provides health care coverage and support services for qualifying pregnant women, babies and children under age 19.

Healthy Kids Dental is the name of the program contract between the Michigan Department of Health and Human Services (MDHHS) and Delta Dental Plan of Michigan to administer the Medicaid dental benefit for Medicaid eligible beneficiaries under the age of 21.

2) Who determines enrollment into *Healthy Kids Dental*?

Eligibility is determined by MDHHS and beneficiaries are automatically enrolled. The eligibility file is transmitted to Delta Dental at the beginning of each month.

3) Is enrollment into *Healthy Kids Dental* ever retroactive?

No, enrollment is not retroactive. Payment to Delta Dental is based on the active Medicaid/MiChild eligible enrollment file provided by MDHHS at the beginning of each month. Enrollment and payment is always *prospective*. If a beneficiary is granted retroactive Medicaid eligibility, dental services will be covered by Fee-For-Service (FFS).

4) Are all Medicaid/MiChild beneficiaries automatically enrolled in *Healthy Kids Dental*?

No, there will always be some beneficiaries that are in the FFS program. Enrollment is always prospective and begins the first full month after Medicaid eligibility is determined.

5) How can I verify enrollment of a Medicaid/MiChild beneficiary?

Enrollment should be verified prior to each appointment for the Medicaid/MiChild beneficiary. Dental offices can contact Delta Dental via their DASI system at 1-800-482-8915 or through their online system

6) I do not accept Medicaid beneficiaries in my office but I participate with Delta Dental, do I have to accept *Healthy Kids Dental* beneficiaries in my office?

As a participating Delta Dental provider, you are automatically eligible to treat *Healthy Kids Dental* beneficiaries. If you do not want to accept HKD enrollees, you can opt-out of the *Healthy Kids Dental* program by contacting Delta Dental.

7) I accept Medicaid patients in my office but do not participate with Delta Dental, can I continue to treat my Medicaid patients?

You must be a Delta Dental participating provider to treat Medicaid/MiChild beneficiaries. If beneficiaries are age 21 and over, and they are enrolled in the Medicaid FFS program you may continue to treat them as Medicaid enrolled provider.

8) Medicaid policy and Delta Dental policies are different for certain procedures? Whose policy shall I follow?

The services covered are the same as the Medicaid program but administered according to Delta Dental's policies.

9) How will I be reimbursed?

Delta Dental will reimburse dental providers based on the provider's charges or the **Healthy Kids Dental** fee schedule, whichever is lower. Delta Dental's reimbursement is considered payment in full. The provider cannot balance bill the beneficiary.

10) Is there a maximum dental benefit for the beneficiary?

No, there is no maximum dental benefit for Healthy Kids Dental enrollees.

11) If I treat *Healthy Kids Dental* beneficiaries, do I have to treat their Medicaid eligible parents?

No, you do not have to treat the parents on Medicaid if you are treating their children. However, we hope you would consider treating the whole family in your practice. Treating the whole family will help them establish a dental home and promote optimum oral health care.

12) Can I charge the beneficiary for missing appointments?

Federal regulations do not allow charging Medicaid beneficiaries for missing appointments. Remember, many of these families face additional burdens and hardships. Communicating your office policy and educating the beneficiary on the importance of their dental appointment may help reduce missed appointments.