MSA
MEDICAL SERVICES ADMINISTRATION

Bulletin

Michigan Department of Community Health

Bulletin Number: MSA 12-41

Distribution: Dentists and Dental Clinics

Issued: August 31, 2012

Subject: ***Healthy Kids Dental*** Contract Expansion

Effective: October 1, 2012

Programs Affected: Medicaid

Effective October 1, 2012, as required by Public Act 200 of 2012, the Michigan Department of Community Health (MDCH) will expand the ***Healthy Kids Dental*** contract with Delta Dental Plan of Michigan to administer the ***Healthy Kids Dental*** benefit in Bay, Berrien, Calhoun, Cass, Grand Traverse, Jackson, Mecosta, Montcalm, Osceola, and Wexford counties. This will increase the number of counties contracted to Delta Dental from 65 counties to 75 counties. Medicaid beneficiaries under age 21 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. Covered benefits include diagnostic, preventive, restorative, and prosthetic 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 MDCH 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 Department of Human Services (DHS), there may be a time lag before MDCH 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 ***Healthy Kids Dental*** are eligible for this benefit plan until the last day of the month in which they turn age 21. When a beneficiary reaches age 21 or moves out of the selected counties, Medicaid dental benefits are no longer covered by Delta Dental.

Medicaid beneficiaries age 21 and over, or those who reside in a county that is not listed as part of the *Healthy Kids Dental* contract, continue to receive dental benefits through Medicaid FFS. Providers must submit prior authorization (PA) requests (when applicable) and claims for Medicaid FFS beneficiaries to MDCH.

Beneficiaries under age 21 who are dually-enrolled in Medicaid and Children's Special Health Care Services (CSHCS) and reside in the selected counties 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 MDCH 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.

If a beneficiary enrolled in ***Healthy Kids Dental*** started dental treatment prior to October 1, 2012 that requires multiple visits, and the dentist has incurred costs related to that care, the dentist must bill MDCH 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, 2012, and does not complete the treatment until October 3, 2012, the provider has already incurred the costs of the beneficiary's care and must bill MDCH for the entire root canal treatment using September 26, 2012, as the date of service on the dental claim.

Providers who submitted a dental PA request (MSA-1680-B) to the MDCH Program Review Division prior to October 1, 2012, 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 has been incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to 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

Stephen Fitton, Director
Medical Services Administration