Michigan Department of Health and Human Services
Program Policy Division
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Michigan Department of Health & Human Services
GRETCHEN WHITMER, GOVERNOR | ROBERT GORDON, DIRECTOR

September 4, 2020

<Provider Name>
<Provider Address 1>
<Provider Address 2>
<City> <State> zipcode5-zipcode4

Dear Interested Party:

RE: COVID-19 Pregnant Women Dental Extension Notice and Reminder of Bulletin MSA 18-18 - Managed Care Dental Service Eligibility for Pregnant Women

On June 1, 2018, the Michigan Department of Health and Human Services (MDHHS) issued Bulletin MSA 18-18 regarding expanded access to managed care dental benefits for pregnant women enrolled in Medicaid Dental Fee-for-Service (FFS). The purpose of this letter is to clarify how providers determine the managed care dental benefit enrollment for pregnant women.

Beneficiaries are eligible to receive managed care dental services when beneficiaries:

- Become pregnant,
- Are enrolled in Medicaid Dental FFS, and
- Are enrolled in a Medicaid Health Plan (MHP).

Beneficiaries enrolled in Healthy Kids Dental and Healthy Michigan Plan are excluded and will continue to receive dental services through their program. The beneficiary's MHP will administer the managed care dental services through its contracted dental benefit manager.

As a result of COVID-19 restricting the ability of beneficiaries to access dental services, the pregnant women dental benefit will be extended. This extension will apply to women who were in post-partum, delivered or still pregnant in March, April, May, June, and July 2020. These beneficiaries will have the dental benefit extended until December 31, 2020, or until they are three months post-partum, whichever comes later.

To receive expanded managed care dental services, beneficiaries must inform their MHP and MDHHS of their pregnancy status. If the beneficiary informs the MHP prior to notifying MDHHS, the benefit will begin when the MHP is informed of the beneficiary's pregnancy. The benefit begins the first day of the month in which the MHP is made aware of the beneficiary's pregnancy. Dental services will be provided for the duration of the beneficiary's pregnancy and three months post-partum. MHPs will provide beneficiary eligibility information to the dental benefit manager. Providers must verify eligibility for managed care dental services with the MHP's dental benefit manager.

Sincerely,

Kate Massey, Director
Medical Services Administration

Attachments

Medicaid Health Plans

Health Plan	Dental Benefit Manager
Aetna Better Health of Michigan (866) 316-3784 www.aetnabetterhealth.com/michigan	DentaQuest
Blue Cross Complete of Michigan (800) 228-8554 www.mibluecrosscomplete.com	Healthy Michigan Dental (DenCap)
HAP Empowered (888) 654-2200 https://www.hap.org/medicaid	Delta Dental
McLaren Health Plan (888) 327-0671 www.mclarenhealthplan.org	Delta Dental (EPO)
Meridian Health Plan of Michigan (888) 437-0606 http://www.mhplan.com	DentaQuest
Molina Healthcare of Michigan (888) 898-7969 http://www.molinahealthcare.com	Self-Administered
Priority Health Choice, Inc. (888) 975-8102 http://www.priorityhealth.com	Delta Dental
Total Health Care (800) 826-2862 www.THCmi.com	Healthy Michigan Dental (DenCap)
United Healthcare Community Plan (800) 903-5253 http://www.uhccommunityplan.com	Dental Benefit Providers (DBP)
Upper Peninsula Health Plan 1-800-835-2556 http://www.uphp.com	Delta Dental

Frequently Asked Questions

Managed Care Dental Services for Pregnant Women

1. **How do dental providers verify eligibility?**

   Dental providers must verify eligibility with the Medicaid Health Plan's (MHP) dental benefit manager.

   Biller B Aware September 4, 2019: This serves as a reminder to all dental providers rendering services to a pregnant woman. Per MSA 18-18 and Letter L 19-05, dental services rendered to a pregnant woman during the pregnancy and three months postpartum are the responsibility of the Medicaid Health Plan (MHP), when the beneficiary has MA-MC coverage. When verifying eligibility within CHAMPS during this timeframe **please disregard the banner indicating**: **"Info: Fee for Service Dental Coverage (Note: Refer to the Medicaid Provider Manual/ MDHHS website for details on covered services including PA, copay and other requirements. Some services may not be covered)"**. All eligibility being checked should be verified within the Benefit Plans section within the Member tab, to ensure the correct payor is being billed.

2. **What if the MHP's dental benefit manager shows eligibility but the Community Health Automated Medicaid Processing System (CHAMPS) does not?**

   If the MHP's dental benefit manager shows eligibility, then the beneficiary is eligible to receive managed care dental services. This expanded benefit is unique in that the MHP is likely to know the beneficiary's pregnancy status before the information is updated in CHAMPS.

3. **Will beneficiaries be issued new ID cards for this benefit?**

   No.

4. **Are the covered managed care dental services different from Medicaid Fee-for-Service (FFS)?**

   The covered dental services are the same as those offered under the Healthy Michigan Plan dental benefit. Dental providers may verify covered services via the MHP dental benefit manager.

5. **What if the beneficiary is eligible for the managed care dental benefit but the provider bills FFS?**

   If the MHP shows dental managed care eligibility on the date-of-service, the FFS dental claim will reject.

6. **What if a beneficiary visiting the dental office is eligible for the managed care dental benefit but has not informed the MHP or MDHHS?**

   The dental provider may inform the beneficiary to immediately notify their MHP and MDHHS of their pregnancy status and due date. The benefit begins the first day of the month in which the MHP is made aware of the beneficiary's pregnancy.

7. **What if a beneficiary pregnancy ends prior to their due date, while they are in the process of receiving services?**

   Beneficiaries are eligible to receive managed care dental services up to three months postpartum/end of pregnancy.

8. **How are beneficiaries informed of this benefit?**

   MHPs are responsible for informing members of the benefit.

9. **What if a FFS dental provider does not participate in the MHPs dental benefit managers network?**

   The dental provider may contact the dental benefit manager to become a network provider. If a provider does not want to participate in the network, the provider may work with the plan to transition dental services in a manner that does not interrupt the continuity of care.