

Bulletin Number: MSA 06-25

Distribution: Dentists and Dental Clinics

Issued: April 12, 2006

Subject: *Healthy Kids Dental* Contract Expansion

Effective: May 1, 2006

Programs Affected: Medicaid

Effective May 1, 2006, the Michigan Department of Community Health (MDCH) will expand the *Healthy Kids Dental* contract with Delta Dental Plan of Michigan. Delta Dental will administer *Healthy Kids Dental* in an additional 22 counties throughout the state. This will increase the number of counties contracted to Delta Dental from 37 to 59 counties. Medicaid beneficiaries under age 21 residing in these counties will be automatically enrolled in this program which provides access to Delta Dental dentists that participate in the *Healthy Kids Dental* program. The 22 additional counties that have the *Healthy Kids Dental* program are Alcona, Alpena, Antrim, Baraga, Benzie, Crawford, Delta, Iron, Kalkaska, Lake, Leelanau, Mackinac, Manistee, Marquette, Menominee, Missaukee, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, and Schoolcraft.

In order to participate in this program, dentists enrolled in the Medicaid program must participate with Delta Dental in their *Healthy Kids Dental* provider network. Beneficiaries must be seen by a *Healthy Kids Dental* participating dentist. Services will not be reimbursed to a non-participating dentist. Providers may contact the Delta Dental Customer Service Department at 1-800-524-0159 regarding program or participation status.

Delta Dental will administer the current Medicaid dental coverage according to their standard policies and procedures and claim submission process. Covered benefits include examinations and diagnostic, preventive, restorative, and prosthodontic services. There is no co-payment for Medicaid beneficiaries under age 21 who are enrolled in this program.

Reimbursement to all participating dentists for covered services rendered to *Healthy Kids Dental* beneficiaries is based on the Delta Dental PPO (formerly DeltaPreferred Option) fee schedule. Providers must accept the Delta Dental reimbursement as payment in full and cannot balance bill the beneficiary for the services rendered. Delta Dental is mailing out a separate information packet to all their participating dentists that explains enrollment in the *Healthy Kids Dental* program, covered services, and a copy of their PPO fee schedule.

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 9-digit number which is usually the beneficiary's Social Security Number, not their Medicaid ID number. It is essential that dental offices verify eligibility before each appointment. Dentists should call the Delta Dental Customer Services Department to verify eligibility in *Healthy Kids Dental*. For those providers using MEDIFAX, there is a separate field that states whether beneficiaries are enrolled with Delta Dental or Fee For Service Medicaid. Beneficiaries enrolled in the *Healthy Kids Dental* program are eligible for this program until the last day of the month in which they turn age 21. Upon turning age 21 or moving out of the selected counties, Medicaid dental benefits are no longer covered by Delta Dental but will be provided by MDCH through the Fee For Service program.

Delta Dental receives a monthly enrollment file at the beginning of each month. Beneficiaries are enrolled automatically based on their Medicaid eligibility on the first day of the month. Enrollment in the **Healthy Kids Dental** program is always prospective and is not retroactive. Beneficiaries that are enrolled in **Healthy Kids Dental** are those with a scope of coverage of 1F, 2F, 1T or 2T. Beneficiaries who are eligible for Emergency Services Only (Coverage E) or a deductible program (Coverage 0) are not enrolled in **Healthy Kids Dental**. Depending on their service living arrangement, foster care children may or may not be enrolled in the **Healthy Kids Dental** program. It is essential that dentists verify enrollment due to the fact that beneficiary eligibility determination is determined on a monthly basis.

Medicaid beneficiaries age 21 and over, or those beneficiaries who reside in a county that is not listed in the **Healthy Kids Dental** program, will continue to receive dental benefits through the MDCH Fee For Service Dental Program. Providers should continue to request prior authorization and submit claims to MDCH.

Beneficiaries under age 21 who are dually-enrolled in the Medicaid program and Children's Special Health Care Services (CSHCS) program and reside in the selected counties will receive their Medicaid dental benefits through the **Healthy Kids Dental** program. If their CSHCS qualifying condition qualifies them for specialty dental services, e.g., cleft palate, the specialty dental services, such as orthodontics, will continue to be offered through MDCH; they are not part of the **Healthy Kids Dental** benefits. The specialty provider has to be an approved provider on the beneficiary's file and must continue to follow the coverage and claims procedures of the current MDCH Fee For Service Dental program.

Prior to May 1, 2006, if a beneficiary enrolled in **Healthy Kids Dental** has started dental treatment that requires multiple visits and the dentist has incurred costs related to that care, the dentist must bill MDCH for the procedure and use the begin dates as the date of service. For example, if the provider started a root canal treatment on April 28 and does not complete it until May 4, the provider has already incurred the costs of the beneficiary's care and must bill MDCH for the entire root canal treatment using the date of April 28 as the date of service on the dental claim.

If a provider submitted a prior authorization approval request form to MDCH Dental Prior Authorization prior to May 1, 2006, but has not begun treatment or incurred treatment costs for a procedure, the provider must follow Delta Dental's policies and procedures to deliver dental treatment.

If the 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 eligibility.

The following table lists the counties that have the **Healthy Kids Dental** program through Delta Dental Plan of Michigan as of May 1, 2006.

County Name	No.	County Name	No.
Alcona.....	01	Delta.....	21
Alger	02	Dickinson	22
Allegan.....	03	Eaton.....	23
Alpena.....	04	Emmett.....	24
Antrim	05	Gladwin	26
Arenac	06	Gogebic.....	27
Baraga	07	Gratiot	29
Barry	08	Hillsdale	30
Benzie.....	10	Houghton	31
Branch	12	Huron	32
Charlevoix.....	15	Ionia	34
Cheboygan	16	Iosco	35
Chippewa.....	17	Iron.....	36
Clare	18	Isabella.....	37
Clinton.....	19	Kalkaska	40
Crawford	20	Keweenaw	42

County Name	No.
Lake	43
Lapeer	44
Leelanau	45
Lenawee	46
Livingston.....	47
Luce	48
Mackinac.....	49
Manistee	51
Marquette.....	52
Menominee	55
Midland	56
Missaukee.....	57
Monroe.....	58
Montmorency	60

County Name	No.
Ogemaw.....	65
Ontonagon	66
Oscoda.....	68
Otsego	69
Presque Isle	71
Roscommon.....	72
St. Clair	74
St. Joseph	75
Sanilac	76
Schoolcraft.....	77
Shiawassee.....	78
Tuscola	79
VanBuren	80

Manual Maintenance

The provider should 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-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



Paul Reinhart, Director
Medical Services Administration

Michigan Department of Community Health

Healthy Kids Dental

Most Common Questions and Answers

1) Why is *Healthy Kids Dental* only for beneficiaries under age 21?

Due to Early and Periodic Screening, Diagnosis and Treatment (EPSDT) requirements that all medically necessary services shall be covered, dental services are a mandatory coverage. EPSDT coverage is up to age 21. For individuals age 21 and over, dental services are optional and are through the Fee-For-Service program.

If preventive dental services and dental education are provided early enough, children may take care of their teeth and not need extensive restorative care as they reach adulthood.

2) Why did *Healthy Kids Dental* only expand to 22 additional counties? Why not statewide?

Through negotiations with Delta Dental, contract savings were generated with the change to a statewide PPO rate. There is no new money for the expansion. With the proposed savings, criteria was developed so that as many counties as possible could be included in the expansion. Counties were looked at for geographic location, number of beneficiaries per county, number of Medicaid dentists available in the county, and the overall number of practicing dentists per county.

3) I participate in Delta Dental but am not within the 59 counties. Can I be a participating provider in *Healthy Kids Dental*?

Yes, beneficiaries can receive treatment from any Michigan dentist who participates with the Delta Dental *Healthy Kids Dental* program, even if the dentist practices in a non-*Healthy Kids Dental* county.

4) 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?

If you are a provider in the PPO network, *Healthy Kids Dental* beneficiaries are part of that network. You cannot exclude them from your practice. Dentists that participate in the Premier network can opt-out of the *Healthy Kids Dental* program. Contact Delta Dental Customer Service for more information.

5) I accept Medicaid patients in my office but do not participate with Delta Dental. Can I continue to treat my Medicaid patients?

If the beneficiaries are under age 21 and reside in the selected counties, you **must** participate with Delta Dental in order to continue to treat them. If beneficiaries are age 21 and over, they are enrolled in the Medicaid Fee-For-Service program and you may continue to treat them.

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

Since the beneficiaries are enrolled with Delta Dental, follow Delta Dental's policy on procedures. Delta Dental will administer **Healthy Kids Dental** covered services according to Delta Dental's standard policies and procedures. The services covered are the same as the Medicaid program but are administered according to Delta Dental's policies.

7) How will I be reimbursed?

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

8) Is there a co-payment for the beneficiary?

No, there is no co-payment for beneficiaries under age 21.

9) Is there an annual maximum like MIChild has?

No, there is no annual maximum.

10) If I treat *Healthy Kids Dental* beneficiaries but their parents are on Medicaid, do I have to treat their parents as well?

No, you do not have to treat the parents on Medicaid if you are treating their children. We would hope that you would consider treating the whole family in your practice. There is a dental access problem for Medicaid beneficiaries, and the Michigan Department of Community Health is trying to help alleviate the problem by attempting different solutions.

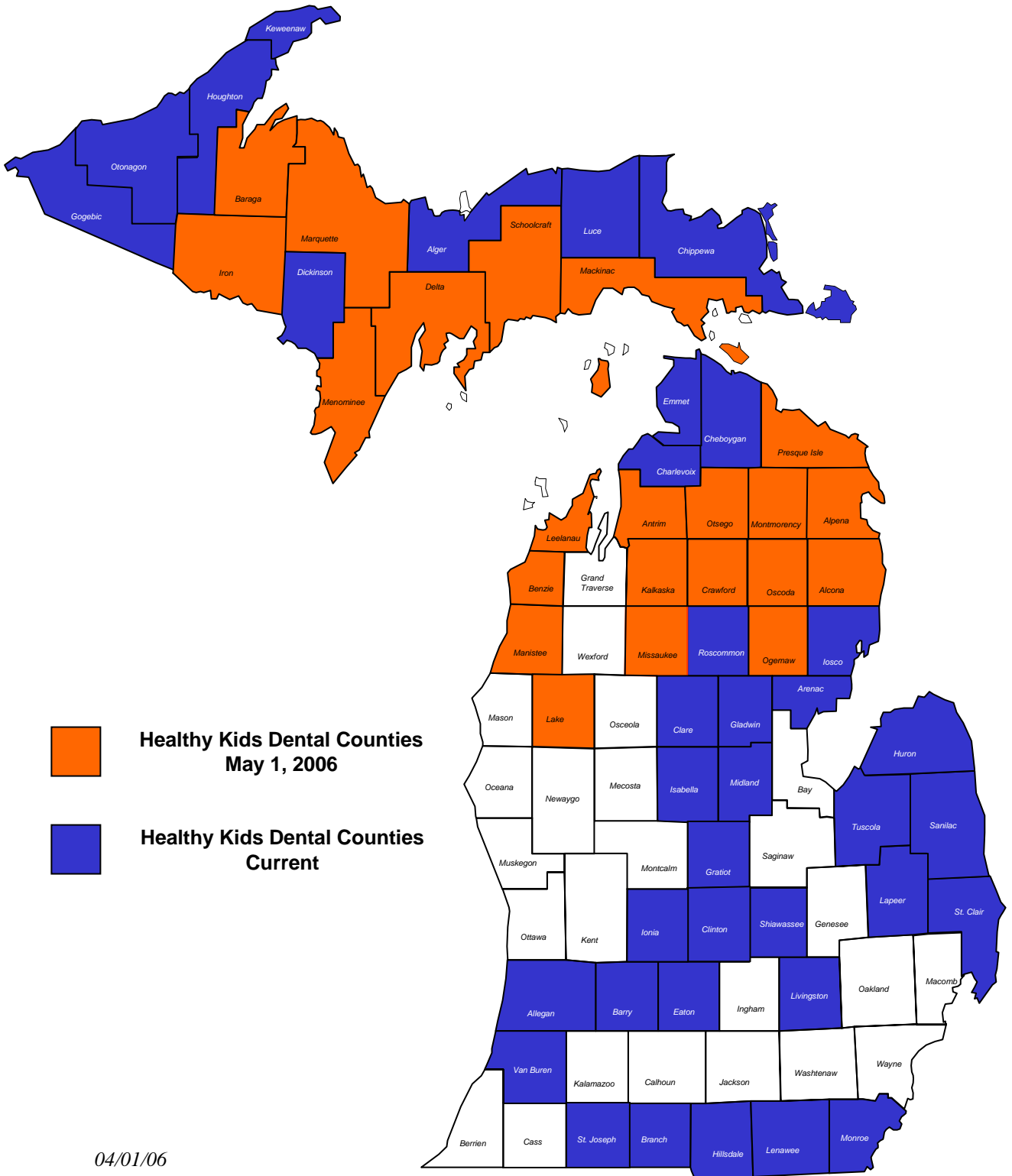
11) What about no-shows? Can I charge beneficiaries for missing their appointments?

According to the Centers for Medicare and Medicaid Services (CMS), beneficiaries cannot be charged for no-shows. 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.

12) How long will *Healthy Kids Dental* last? Is this a permanent contract?

Currently, funds are appropriated through the end of the State's fiscal year. Plans to expand **Healthy Kids Dental** are dependent upon funding availability.

Michigan Department of Community Health
Healthy Kids Dental
 May 1, 2006



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