

**Bulletin Number:** MSA 08-21

**Distribution:** Dentists and Dental Clinics

**Issued:** May 1, 2008

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

**Effective:** July 1, 2008

**Programs Affected:** Medicaid

Effective July 1, 2008, the Michigan Department of Community Health (MDCH) will expand the *Healthy Kids Dental* contract with Delta Dental Plan of Michigan to administer *Healthy Kids Dental* in Genesee and Saginaw counties. This will increase the number of counties contracted to Delta Dental from 59 to 61 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.

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~~ **1-800-482-8915** 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 *Healthy Kids Dental*/MIChild 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 providing a separate information packet to all their participating dentists that explains enrollment in the *Healthy Kids Dental* program, covered services and a copy of the *Healthy Kids Dental*/MIChild fee schedule.

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, not retroactive. For Medicaid beneficiaries whose Medicaid eligibility is retroactive, they will have Medicaid Fee-For-Service (FFS). Due to various factors, such as the eligibility determination date, there will always be a number of Medicaid beneficiaries enrolled in Medicaid FFS. It is essential that dental offices verify enrollment prior to each appointment due to the fact that beneficiary eligibility determination is determined on a monthly basis.

The 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.

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. Due to determination of Medicaid eligibility under the Department of Human Services (DHS), there may be a time lag before MDCH enrolls the beneficiary into **Healthy Kids Dental**. In addition, there will also be those who do not qualify due to spend-down status or other living arrangements.

Dentists and their staff should call the Delta Dental Customer Services Department to verify enrollment in **Healthy Kids Dental**. For those providers using Emdeon (formerly MEDIFAX), there is a separate field that states whether beneficiaries are enrolled with Delta Dental or Medicaid FFS. 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 FFS program.

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 FFS Dental Program. Providers should continue to request prior authorization and submit claims to MDCH.

Beneficiaries under age 21 who are dually-enrolled in Medicaid and the 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 diagnosis qualifies them for specialty dental services, such as cleft palate, then those specialty dental services, such as orthodontics, will continue to be administered through MDCH; they are not part of the **Healthy Kids Dental** benefits. The specialty provider must be an approved provider on the beneficiary's file and must continue to follow the coverage and claims procedures of the current MDCH FFS Dental program.

Prior to July 1, 2008, 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 June 26, 2008 and does not complete it until July 3, 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 June 26, 2008 as the date of service on the dental invoice.

If a provider submitted a dental prior approval authorization request form (MSA-1680-B) to MDCH Dental Prior Authorization prior to July 1, 2008, 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.

### **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-mail at [ProviderSupport@michigan.gov](mailto: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***

**Common Questions and Answers**

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

Healthy Kids is a Medicaid eligibility category for individuals up to age 19 and pregnant women. The Department of Human Services determines Medicaid eligibility and will determine the program category that the individual is in.

***Healthy Kids Dental*** is the name of the contract that the Michigan Department of Community Health (MDCH) has with the 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*?**

Enrollment is determined by MDCH. Based on the eligibility information received from the Department of Human Services, MDCH will automatically determine enrollment. The file is transmitted only once a month. Beneficiaries do not choose enrollment, it is generated automatically by MDCH.

**3) 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 (FFS) program.

By targeting children, 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.

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

No, enrollment is not retroactive. MDCH's payment to Delta Dental is based on the active Medicaid eligible beneficiaries at the beginning of each month. Neither an enrollment nor payment record is generated for retroactive enrollment.

Depending on their eligibility determination by the Department of Human Services, beneficiaries may receive retroactive Medicaid. In that case, the beneficiaries will have Medicaid FFS for their dental benefits.

**5) Are all Medicaid beneficiaries under age 21 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. Depending on their eligibility determination and their scope/coverage category, there will always be beneficiaries on Medicaid FFS each month.

**6) How can I verify enrollment of a Medicaid beneficiary?**

Enrollment should be verified prior to each appointment for the Medicaid beneficiary. There are a number of ways that the dental office can verify enrollment. Dental offices can contact Delta Dental via their DASI system at 1-800-482-8915 or through their online system. In addition, the Department has an agreement with BCBSM and webDENIS has all Medicaid eligibility and enrollment information on their system, including dental enrollment. If you are also a Medicaid provider, Emdeon (formerly MEDIFAX) also will be able to verify enrollment of either FFS or ***Healthy Kids Dental***.

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

The counties targeted for expansion for 2008 were established by the legislature and approved in the department budget for Fiscal Year 2008. The legislature had only approved enough funding for implementation in the two counties.

**8) I participate with Delta Dental but am not within the 61 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. Contact Delta Dental to confirm participation in the ***Healthy Kids Dental***/MIChild network.

**9) 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 that has signed an addendum to participate in the ***Healthy Kids Dental***/MIChild 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.

**10) 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, and they are enrolled in the Medicaid FFS program you may continue to treat them.

**11) 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 administered according to Delta Dental's policies.

**12) 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 for the remainder.

**13) Is there a co-payment for the beneficiary?**

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

**14) Is there an annual maximum like MIChild has?**

No, there is no annual maximum.

**15) 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. Treating the whole family will help them establish a dental home and increase the probability of the family's interest in their oral health care. There is a dental access problem for Medicaid beneficiaries and MDCH is trying to help alleviate the problem by attempting different solutions.

**16) What about No-shows? Can I charge the beneficiaries for missing their appointments?**

According to the Centers for Medicare and Medicaid Services (CMS), the agency responsible for federal oversight of the Medicaid program, 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.

**17) 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 upon funding availability.