

Bulletin Number: MSA 18-33

Distribution: All Providers

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Subject: New Dental Health Plan Choice for Healthy Kids Dental Beneficiaries

Effective: October 1, 2018

Programs Affected: Medicaid, MICHild

Effective October 1, 2018, the Michigan Department of Health and Human Services (MDHHS) will offer eligible beneficiaries a choice of two dental health plans (DHPs) for the Healthy Kids Dental (HKD) benefit. The HKD benefit will be administered statewide by Blue Cross Blue Shield of Michigan and Delta Dental of Michigan.

In addition to giving beneficiaries a choice of DHPs, the HKD program has developed new program objectives that will be accomplished through the DHPs. These new objectives include:

- Improve oral health outcomes
- Physical and oral health coordination
- Increased utilization of preventive dental services
- Patient and caretaker oral health education
- Community partner collaboration
- Incorporation of population makeup, such as socio-economic status, race, education, etc., in consideration of outreach, education, and service delivery

The 2020 Michigan State Oral Health Plan has been incorporated into the HKD objectives. Each DHP will provide information to providers participating in the DHP Healthy Kids Dental HKD network on specific efforts in achieving HKD program objectives.

I. Eligibility for HKD

Eligibility requirements for HKD are unchanged. Beneficiaries are eligible in accordance with either Title XIX (Medicaid) or Title XXI (Children's Health Insurance Program [CHIP]) of the Social Security Act requirements.

Beneficiaries eligible for the HKD program will continue to be identified in the Community Health Automated Medicaid Processing System (CHAMPS) with the Benefit Plan ID of HK-Dental. The effective date of the HKD benefit plan will be the first day of the month that CHAMPS receives information that the beneficiary is determined eligible.

Providers may obtain eligibility information from the CHAMPS Eligibility Inquiry, which will show the HK-Dental Benefit Plan ID for eligible HKD beneficiaries. Beneficiaries are eligible for the HKD benefit until the last day of the month in which they turn age 21.

Beneficiaries who lose Medicaid or CHIP eligibility while enrolled in a DHP during the course of active treatment that requires appointments beyond the last day of eligibility are covered for services that are completed within 60 days from the date of eligibility loss.

II. Covered Services

Covered dental services are unchanged. The HKD benefit plan covers, at a minimum, all Codes on Dental Procedures and Nomenclature (CDT) listed on the MDHHS Dental Fee Schedule (found at www.michigan.gov/medicaidproviders >> Billing & Reimbursement >> Provider Specific Information >> Dental), including:

- Emergency dental services
- Diagnostic services
- Preventive services
- Restorative services
- Limited adjunctive services
- Endodontic services
- Limited crown coverage
- Prosthodontics
- Removable prosthodontics
- Oral surgery services
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services
- All medically necessary services

DHPs may cover additional dental services not included on the MDHHS Dental Fee Schedule. Providers must contact the DHP for specific information about covered HKD benefits.

If a beneficiary who is dually enrolled in Medicaid and Children's Special Health Care Services (CSHCS) has a CSHCS diagnosis that qualifies for CSHCS specialty dental fee-for-service (FFS) reimbursement (e.g., orthodontics), the specialty dental services must be administered through MDHHS and are not part of the HKD 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 & Reimbursement for Dental Providers Chapters of the Medicaid Provider Manual. The Medicaid Provider Manual is available on the MDHHS website at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms. To request approval as a CSHCS General Dentistry provider, dentists must contact the CSHCS Program for additional information.

III. Enrollment Processes

A. Newly Eligible HKD Beneficiaries

Beginning October 1, 2018, all newly eligible HKD beneficiaries will be automatically enrolled in either the Blue Cross Blue Shield of Michigan or the Delta Dental of Michigan DHP using the following methodology.

The effective date of enrollment in the DHP will be the first day of the month that CHAMPS receives information that the beneficiary has been determined eligible for Medicaid. For example, if CHAMPS is notified that a beneficiary has been determined eligible on October 24, 2018, the beneficiary will have a DHP enrollment effective date of October 1, 2018.

MDHHS will mail confirmation letters to all beneficiaries who have been automatically enrolled in a DHP. The letter will include the beneficiary's assigned DHP and information on their right to choose a different DHP.

B. Open Enrollment for Beneficiaries Enrolled in HKD before October 1, 2018

Beneficiaries enrolled in the HKD program prior to October 1, 2018, will have an open enrollment period beginning October 1, 2018, through December 31, 2018. Current beneficiaries will be allowed to change DHPs during this time. MDHHS will mail current beneficiaries information regarding their new DHP choices and how to select a different DHP on or near October 1, 2018.

C. Beneficiary Dental Health Plan Change

Beneficiaries will be able to contact the Michigan enrollment broker, Michigan Enrolls, for help with their DHP selection. Michigan Enrolls is independent from the DHPs and will provide beneficiaries with choice counseling information, including dental provider participation in each DHP's network. Beneficiaries will be able to call or send a form to Michigan Enrolls to change their DHP.

Any change of DHP made by a beneficiary will be made on a prospective basis. If the beneficiary contacts Michigan Enrolls prior to the last business day of the month, the new DHP enrollment should be effective on the first day of the following month. For example, a beneficiary who calls Michigan Enrolls on October 5, 2018, and selects a different DHP will be changed to the new DHP effective November 1, 2018. The beneficiary may change DHPs within 90 days of the DHP enrollment effective date. MDHHS gives beneficiaries the opportunity to change DHPs without cause during each beneficiary's annual open enrollment period.

D. HKD Voluntary Enrollment

Native American HKD beneficiaries are a voluntary enrollment population. Native American beneficiaries will initially be automatically assigned to a DHP but will also be given the option to opt-out of dental managed care and into the Medicaid dental FFS delivery system. MDHHS will mail all new automatically assigned Native American beneficiaries confirmation letters disclosing their assignment and the option to (1) choose a different DHP or (2) opt-out of dental managed care. Native American beneficiaries will be allowed to opt-out of managed care at any time during the beneficiary's enrollment in the HKD program.

E. Special Disenrollment

Beneficiaries will be required to remain in their DHP if they do not make a change during their allotted open enrollment period or within 90 days of their assigned DHP's effective enrollment date. Any request to change DHP outside these time frames will require a good cause justification. Beneficiaries who believe they can show good cause may complete and submit the appropriate form for an MDHHS Special Disenrollment review. Beneficiaries are required to explain their reason for the requested change and may need to include a statement of support from their dental provider. Providers should refer beneficiaries to Michigan Enrolls for additional information and for instructions on how to obtain the form.

IV. Transition to HKD

If a beneficiary enrolled in HKD starts dental treatment prior to being enrolled in a DHP and requires multiple visits, and the dentist has incurred costs related to that care, the dentist must bill FFS for the procedure using the begin date as the date-of-service. For example, a beneficiary is enrolled in a DHP on October 1, 2018. If the provider started a root canal treatment on September 26, 2018, but does not complete the treatment until October 3, 2018, the provider has already incurred the costs of the beneficiary's care and must bill FFS for the entire root canal treatment using September 26, 2018, as the date-of-service on the dental claim.

Providers who submitted a Dental Prior Approval Authorization Request (MSA-1680-B) to the MDHHS Program Review Division for beneficiaries receiving the dental FFS benefit prior to October 1, 2018, but have not begun treatment or incurred treatment costs for a procedure, must follow the policies and procedures of the beneficiary's assigned DHP to deliver dental treatment.

Covered services rendered during the beneficiary's DHP effective enrollment period must be billed to the beneficiary's DHP. Beneficiaries who are automatically enrolled in a DHP and receive services prior to CHAMPS notification, but after the DHP effective enrollment date, are eligible to receive services through their assigned DHP for the entire first month of enrollment. Providers must accept payment from the DHP as payment in full. Beneficiaries must not be billed for HKD covered services during their DHP enrollment period.

V. Participating Providers

In order to provide dental services to HKD beneficiaries, providers must be enrolled in the Michigan Medicaid program via CHAMPS and be a network provider of the DHP of the enrolled beneficiary. Both DHPs will serve beneficiaries statewide. Providers may choose to participate in either one or both DHP networks.

HKD dental health plans will administer covered dental services according to Medicaid policy and contract requirements and the DHP's standard policies, procedures, prior authorization, and claim submission process. It is the responsibility of the provider to be familiar with and follow the DHP's policies and procedures when providing services to HKD beneficiaries. As per current practice, before providing services, dentists and dental staff should verify beneficiary coverage with the beneficiary's DHP.

There is no beneficiary co-payment for HKD services. Reimbursement for covered services rendered to HKD beneficiaries is based on the individual dental health plan's HKD reimbursement schedule. The DHP provides its reimbursement schedule directly to its network providers. Providers must accept the DHP's reimbursement as payment in full and cannot balance bill the beneficiary for services rendered. For specific information on a DHP's HKD network participation requirements, reimbursement schedule, or other DHP specific policies and procedures, providers may contact the DHPs as follows:

Blue Cross Blue Shield of Michigan
Beneficiaries: 800-936-0935
Providers: 844-876-7917
www.bcbsm.com/healthykids

Delta Dental of Michigan
866-696-7441
www.deltadentalmi.com

Manual Maintenance

Retain this bulletin until the information is incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, 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

A handwritten signature in black ink, appearing to read "Kathy Stiffler". The signature is written in a cursive, flowing style.

Kathy Stiffler, Acting Director
Medical Services Administration