



CHILD HEALTH PLAN PLUS (CHP+)

**EVIDENCE OF COVERAGE
MARCH 2024**

DentaQuest[®]
a Sun Life company

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Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-307-6561 (State Relay: 711).
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-307-6561 (State Relay: 711).
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-307-6561 (State Relay: 711)。
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-307-6561, TTY 711 번으로 전화해 주십시오.
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-307-6561 (телефакс: 711).
Amharic	ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አገዳጅ ደርጅቶች በጻጸ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚክሶሎው ቁጥር ይደውሉ 1-888-307-6561 (መስማት ለተሳናቸው: 711)።
Arabic	إذا كنت تتحدث العربية، خدمات المساعدة اللغوية متوفرة لك مجانًا. اتصل على الرقم 1-888-307-6561 أو على رقم خدمة الهاتف النصي (TTY): 711.
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-307-6561 (State Relay: 711).
French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-307-6561 (ATS : 711).
Nepali	ध्यान दिनुहोस्: तपाइं ले नेपाली बोल्नुहुन्छ भने तपाइं को निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ। फोन गर्नु होस् 1-888-307-6561 (टिटरवाइ: 711)।
Taglog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-307-6561 (State Relay: 711).
Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-307-6561 (State Relay: 711) まで、お電話にてご連絡ください。
Cushite/Oromo	XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-307-6561 (State Relay: 711).
Persian/Farsi	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-888-307-6561 (State Relay: 711) تماس بگیرید.
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-307-6561 (State Relay: 711).

Child Health Plan Plus (CHP+) Dental Program

Offered by DentaQuest

About this booklet

This booklet details services covered by the Child Health Plan Plus (CHP+) Dental Program administered by DentaQuest. If you have questions, please call DentaQuest's customer service department at 1-888-307-6561, TTY 711 (toll-free) or send a message through the member portal at memberaccess.dentaquest.com.

If you are deaf or hearing impaired, we offer auxiliary aids and other services including written and oral interpretation, please call Relay Colorado at TTY 711. This is at no cost to the member.

Additional Services:

DentaQuest offers free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio and accessible electronic formats)

Free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

Acerca de este folleto

Este folleto ofrece información detallada sobre los servicios cubiertos por el Programa dental Child Health Plan Plus (CHP+) que ofrece DentaQuest. Si tiene preguntas, comuníquese con el Departamento de relaciones con los clientes de DentaQuest al teléfono 1-888-307-6561, TTY 711 (línea gratuita) o envíenos un correo electrónico a través del portal para afiliados en memberaccess.dentaquest.com.

Si tiene impedimentos auditivos o del habla, ofrecemos ayudas auxiliares y otros servicios, incluida la interpretación oral y escrita; llame al Centro de enlace de Colorado al TTY 711. Esto no tiene ningún costo para el afiliado.

Servicios adicionales:

DentaQuest ofrece ayudas y servicios gratis a personas con discapacidades para que puedan comunicarse con nosotros efectivamente, por ejemplo:

- Intérpretes calificados de lenguaje de señas.
- Información escrita en otros formatos (letra grande, audio y formatos electrónicos accesibles).

Proporciona servicios de idiomas gratis a personas cuyo idioma materno no es el inglés, por ejemplo:

- Intérpretes calificados.
- Información escrita en otros idiomas.

About This Evidence of Coverage (EOC)

This EOC outlines member's dental benefits coverage. Please read it carefully. If you need more information, please call our customer relations department at 1-888-307-6561, TTY 711 (toll-free), Monday through Friday, 8 a.m. to 5 p.m. Mountain Time.

If any dispute arises in respect of any difference between the English version and the Spanish version of this booklet, the English version will prevail.

Cualquier desacuerdo entre la traducción del librito de beneficios de CHP+, estará resuelto por la edición del idioma Inglés que tiene precedencia.

Effective July 1, 2019



REGISTER ON THE DENTAQUEST MEMBER PORTAL TODAY

MemberAccess.DentaQuest.com

It's easy to manage your dental coverage at our website:

- View and print your ID card
- Change your main dentist
- View your CHP+ dental program benefits
- Find a provider

GET SIGNED UP TODAY!

You will need:

- **First and last name**
- **Date of birth**
- **CHP+ ID number**
- **Email address** - this will be your username when you finish registering

Member's Dental Plan Benefits

Benefit Summary

DentaQuest offers pregnant women and children benefits for the state's Child Health Plan *Plus* (CHP+) Dental Program. Below is a summary of the benefits they can receive (subject to specific procedures and limitations).

- Diagnostic Services (annual exam and X-rays)
- Preventive Services (annual cleaning, fluoride, and sealants)
- Basic Restorative Services (fillings and stainless steel crowns)
- Oral Surgery Services (extractions)
- Endodontic Services (root canals)
- Periodontic Services
- Major Services

Child Health Plan *Plus* for Pregnant Women

How long does CHP+ Prenatal Care Program coverage last?

For pregnant women, coverage begins the date the application is received at the CHP+ office, an Application Assistance Site or a county office and lasts for 365 days after the last day of the month when your pregnancy ended. For example, if you give birth on June 26th, your coverage will last 365 days from the date you gave birth.

Do I need to see a dentist when I am pregnant?

Yes, it is important to take good care of your mouth during pregnancy. Needed dental care can be provided safely during pregnancy. Pregnant women should see a dentist at least one time during their pregnancy.

How to use the CHP+ Dental Program

The Member Portal, the Member website, and this handbook list the dental services that are covered benefits, the services the CHP+ program will pay for. Members should see a participating provider who is participating in the CHP+ program. To find a provider, please go to the Find-A-Dentist tool at dentaquest.com/find-a-dentist-gov/ to search for dentists close to where you live.

Your Dental Home

As a CHP+ member, you have a Dental Home. A Dental Home is where you go to see a dentist every six months. This dentist will provide any needed oral health care for you.

Your Dental Home provider was listed in your Welcome Letter. You can also find your Dental Home provider listed on the Member Portal or call Customer Service. You may see any CHP+ provider at any time, even if it is not your Dental Home provider.

Your Dental Home will work with you so you can stay healthy. It is important to go back to the same Dental Home for each appointment.

Your Dental Home will provide:

- Complete dental care
- A dental health plan designed for you
- Guidance about diet and growth
- Information on how to correctly care for your teeth

Healthy teeth and gums are an important part of overall health. For a healthier life have regular checkups - every six months. Children should see the dentist before age one. Pregnant people should continue to receive regular dental care throughout their pregnancy.

So don't wait! Call your Dental Home and make an appointment today.

Teledentistry.com

If Members are unable to reach their dental home providers they have the option of contacting a dental provider 24/7, 365 days a year through Teledentistry.com. Members can meet via video conference using their smartphone or computer. To request a visit with a dentist, the member can go on-line to bit.ly/COCHP-teledentistry or call 1-866-302-0905.

Calendar Year Maximum Benefit, Lifetime Maximum Benefit, Deductible and Benefit Period

Calendar Year Maximum Benefit

Members receive \$1,000 of covered dental benefits in each calendar year.

Additional Lifetime Orthodontia Maximum Benefit

The member may receive up to \$1,500 of additional covered dental benefits for covered orthodontic services listed in the Procedure Code List. This is a once in a lifetime benefit.

Deductible

You are not responsible to pay a deductible under this program.

Benefit Period

Member's benefits are calculated over a calendar year (January 1 - December 31.) If a dental service such as cleanings are listed as two times per year, then the member is allowed two cleanings in a calendar year.

Coinsurance and Procedure Code List

What is your Coinsurance?

If you're a pregnant member, you do not have coinsurance.

Your coinsurance is a small fee you pay for member's dental services. Some dental services or benefits do not require a coinsurance. If member has a coinsurance, the amount appears below in the Coinsurance and Procedure Code List.

The specific dental services that are covered benefits of the CHP+ Dental Program appear in the following Coinsurance and Procedure Code List. The coinsurance listed is the amount that you are responsible for paying to the dentist for member's treatment. If the procedure performed on member requires a coinsurance, that coinsurance is the maximum amount that you are responsible to pay, unless member reaches the \$1,000 calendar-year maximum benefit.

DentaQuest will pay for up to an additional \$1,000 benefit to CHP+ members for any medically necessary covered services that is above and beyond the member's annual maximum. The Office Reference Manual (ORM) clearly outlines the clinical criteria used to evaluate and make a determination based on medical necessity for any given service.

Some dental services are not covered benefits of the CHP+ Dental Program. You are responsible to pay the dentist his/her full fee for any treatment that you receive which is not on the "Covered Services" list.

Service Limitations

1. Third molars, also known as wisdom teeth, are only a covered service when there are problems with the teeth such as infection or cavities that cannot be fixed. Your dental provider will have to obtain a pre-authorization (approval) to extract your third molars.
2. Orthodontics are covered only when medically necessary to fix a bite or shallowing problem. Orthodontia is not covered for cosmetic reasons. Members must have had CHP+ coverage for 12 continuous months before they are eligible for orthodontia. All orthodontics requires a prior authorization (approval) before treatment begins.

Exclusions

The following charges are not covered under any portion of the CHP+ Dental Program:

1. Any covered service started during any period when member was not eligible for such service under the CHP+ Dental Program.
2. Services for treatment of congenital (present at birth) or developmental (following birth) malformations, except intraoral dental services for treatment of a condition that is related to or developed as a result of cleft lip and/or cleft palate, unless otherwise included as a covered procedure of the CHP+ Dental Program.
3. Services for cosmetic reasons, including pediatric partial dentures.
4. Services for restoring tooth structure lost from wear or for any services related to protecting, altering, correcting, stabilizing, rebuilding, or maintaining teeth due to improper alignment, occlusion or contour, or for splinting or stabilization of teeth.
5. Experimental procedures or any procedures other than those covered services for which the prognosis is good. Any procedures done in anticipation of future need (except covered preventive services).
6. Hospital costs and any additional fees charged by the dentist or hospital for hospital services, visits, or charges for use of any facility.
7. General anesthesia, intravenous sedation or analgesia.
8. Prescription drugs.
9. Services for the treatment of any disturbances of the temporomandibular joint (jaw joint), facial pain or any related conditions.
10. Services not performed in accordance with the laws of the state of Colorado, services performed by any person other than a person authorized by license to perform such services, or services performed to treat any condition other than an oral or dental disease, malformation, abnormality or condition.
11. Services for which payment is prohibited by any law of the jurisdiction in which the eligible person resides at the time the expenses are incurred.

The state agency that administers the CHP+ program and may offer additional services: hcpf.colorado.gov/our-members

Dental Emergency Care

Dental Emergency Care means dental services that are required for alleviation of severe pain or for immediate diagnosis and treatment of unforeseen conditions, which, if not immediately diagnosed and treated, would lead to serious impairment of member's dental health.

In the event that member has a dental emergency while s/he is out of the state of Colorado, this program will pay dental expenses. DentaQuest will pay dental expenses incurred for each eligible member. For a dental emergency within the state, you should call a dentist who is listed in the participating dentist directory that DentaQuest provided to you at the time of enrollment. A prior authorization (PAR) is not required for emergency services. The member has the right to seek services from any dental or emergency provider to obtain emergency care if needed.

Out-of-Pocket Limit

The CHP+ program does not allow a family to spend more than five percent (5%) of the family's adjusted gross income per year for the sum of the family's annual enrollment fees and coinsurance payments combined. You are responsible for keeping track of all the money you spend for member's covered dental services delivered through DentaQuest. Your out-of-pocket limit is five percent (5%) of your family's adjusted gross income.

You must save coinsurance receipts for all covered medical care, covered dental care and covered prescription medications. If you reach the maximum allowable coinsurance and notify the CHP+ program, you will be provided with a sticker to be attached to your DentaQuest ID card. This sticker will notify any dentist to waive the coinsurance for you for the remainder of the benefit period. DentaQuest will pay the required coinsurance for you if you have reached the maximum allowable coinsurance amount, have notified CHP+ program and have a special sticker attached to your DentaQuest ID card.

If you reach your out-of-pocket limit for money you have spent on covered health care for all members, please send a letter notifying the central Child Health Plan *Plus* administration of your need for reimbursement and stickers for member's cards. You will need to send copies of your receipts for your out-of-pocket expenditures with your letter. Do not send this notification to DentaQuest. It should be sent to:

CHP+ Out of Pocket Limit
PO Box 929
Denver, CO 80201-0929
State's CHP+ Dental Program
1-800-359-1991 (toll-free)

How to Appeal a Denied Claim

You have the right to appeal any adverse determination made on a claim, whether in whole or in part.

Adverse benefit determination means any of the following:

1. The denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting or effectiveness of a covered benefit.
2. The reduction, suspension or termination of a previously authorized service.
3. The denial, in whole or in part, of payment for a service. A denial, in whole or in part, of a payment for a service solely because the claim does not meet the definition of a "clean claim" at § 447.45(b) of this chapter is not an adverse benefit determination.
4. The failure to provide services in a timely manner, as defined by the State.
5. The failure of an MCO, PIHP or PAHP to act within the timeframes provided in § 438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals.

6. The denial of an enrollee's request to dispute a financial liability, including cost sharing, co-payments, premiums, deductibles, coinsurance and other enrollee financial liabilities.

Member appeals must be submitted in writing or orally within 60 days of the date of the original EOB. DentaQuest will not require that oral requests for an appeal be followed with a written request.

DentaQuest
Appeals
PO Box 2906
Milwaukee, WI 53201

A covered person may submit additional documentation in support of the appeal.

You, the member's dentist or someone you want to represent you can call customer relations at 1-888-307-6561, TTY 711 (toll-free) or write to DentaQuest at the address listed above to request an appeal. Providers, with written consent, may file an appeal on the behalf of the member.

Please tell us in writing if you will have someone else to represent you and include the person's name, address and phone number. If you would like any of member's dental records, you or a legal guardian must give written permission to member's dentist.

Your CHP+ Dental Program coverage will not change if you file an appeal. DentaQuest cannot take away your CHP+ Dental Program benefits because you file an appeal.

How to Request a State Fair Hearing

A State Fair Hearing means that a State Administrative Law Judge (ALJ) will review DentaQuest's decision or action. You may request a State Fair Hearing only after receiving an appeal notice that DentaQuest is upholding the adverse benefit determination. You may represent yourself, or have a Designated Client Representative (DCR) represent

you. A DCR can be a lawyer, a relative, a friend or other spokesperson to assist you as your authorized representative. The Administrative Law Judge (ALJ) will review DentaQuest's decision or action. They will render a final agency decision. Please send your written request to the address below.

To submit an ALJ Appeal:

1. You must ask for a hearing in writing. This is called a State Fair Hearing.
2. Your State Fair Hearing Request must include:
 - a. Your name, address, phone number and State ID;
 - b. Reason for requesting a hearing; and
 - c. A copy of the notice of action you are appealing.
3. You may ask for a telephone hearing rather than appear in person.
4. Mail or fax your letter of appeals to:

Office of Administrative Courts
1525 Sherman Street, 4th Floor
Denver, CO 80203
Phone: 1-303-866-5626
Fax: 1-303-866-5909

5. Your State Fair Hearing Request must be received by the Office of Administrative Courts no later than one hundred twenty (120) calendar days from the date of the notice of appeal resolution. Providers, with written consent, may also file an appeal on the behalf of the member.
6. The Office of Administrative Courts will contact you by mail with the date, time and place for your hearing with the Administrative Law Judge.

Expedited Hearings

If you think waiting for a hearing will seriously risk your life or health, you can ask for an expedited (faster) hearing.

To request an expedited hearing:

1. Write the Letter of Appeal using the instructions above for how to appeal.
2. Include in your Letter of Appeal:
 - a. Your request for an expedited hearing.
 - b. Explain how and why your life, health or ability to regain, attain or maintain maximum function would be at serious risk if you do not have an expedited (faster) appeal.
 - c. Provide additional information to help explain why you need an expedited appeal.

You will be contacted by phone to set up a hearing date and time if your request for an expedited hearing is approved. If your expedited hearing is denied, you will be notified in writing. You will still be able to have a non-expedited hearing.

Identification Card

The member's identification card has very important information about member's dental care coverage. The card lets the dentist know if you have a coinsurance and where to send the claims for payment. To help make this possible, you must:

- Carry this card with you at all times.
- Show this card every time member sees the dentist.

You will receive member's ID card soon after your enrollment with DentaQuest. If you do not receive member's ID card or the information on the card is not correct, please call our customer relations department at 1-888-307-6561, TTY 711 (toll-free).

If You Receive a Bill

You may be billed if member received a service that is not listed in the Coinsurance and Procedure Code List as a covered benefit of the CHP+ Dental Program.

Sometimes member's dentist may not realize that member is a member of CHP+ Dental Program. To avoid receiving a bill, you must show member's CHP+ Dental Program ID card every time member receives dental services.

If you get a bill, there are several important steps you should take:

- Check the date of service on the bill.
- If member received services while enrolled in the CHP+ Dental Program, call the dentist's billing office and tell them the bills should be sent to DentaQuest. Our address for dental claims is:

DentaQuest
Claims
PO Box 2906
Milwaukee, WI 53201

If member was not a member of the state's CHP+ Dental Program when services were received, or you agreed to treatment that is not listed as a covered service, you may be responsible for the bill.

It is very important to call the dentist's billing office at the number on the bill as soon as you get it. In most cases, they may not realize that member had insurance and they will be glad to hear from you to make sure they are billing correctly. If you continue to receive dental bills and you are unable to get help from the dentist's billing office, call our customer relations department at 1-888-307-6561, TTY 711 (toll-free).

Your Rights and Responsibilities

You have rights that are very important. As a parent, you also have a role to play in helping us make sure these rights are honored and respected.

Your Member Rights

As a member of the CHP+ Dental Program, you are entitled to the following rights:

- The right to be treated with respect and with the recognition of personal dignity and the need for privacy.
- The right to participate with dentists in decision-making regarding member's dental care, including the right to refuse treatment.
- The right to candid discussion of appropriate or necessary dental treatment options for member's condition, regardless of cost or benefit coverage.
- The right to refuse recommended dental treatment or procedures.
- Receive information in accordance with information requirements (42 CFR 438.10).
- Receive information on available treatment options and alternatives, presented in a manner appropriate to the member's condition and ability to understand. Be furnished health care services in accordance with requirements for access, coverage and coordination of medically necessary services.
- Freely exercise his or her rights, and the exercising of those rights will not adversely affect the way the Contractor, its network providers or the State Medicaid agency treats the member.
- The right to confidentiality of information concerning member's dental health and treatment.
- The right to voice complaints or appeals about the CHP+ Dental Program or the care provided.
- The right to offer suggestions for changes in the CHP+ Dental Program's quality improvement policies and procedures.

- The right to information about the CHP+ Dental Program, its services, the dentists providing care and the rights and responsibilities of members.
- The right to fair and equal treatment without regard to race, color, national origin, age, gender, creed, religion, sexual orientation or disability.
- The right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation
- The Right to request and receive a copy of his or her medical records, and request that they be amended or corrected.

Member Responsibilities

As a member of the CHP+ Dental Program, you have the responsibility to:

- Follow instructions and guidelines given by those providing dental services.
- Provide complete health status information needed by member's dentist in order to care for member.
- Keep appointments for care and to give required notice when canceling.
- Pay the applicable coinsurance at the time services are rendered.
- Read and understand all materials concerning member's dental coverage and to share this information with member's dentist.
- Treat member's dentist and staff with respect and recognition of personal dignity.
- Freely exercise his or her rights, and the exercising of those rights will not adversely affect the way the Contractor, its network providers or the State Medicaid agency treats the member.

Reporting Fraud and Abuse

DentaQuest is committed to detecting, reporting and preventing potential fraud, waste and abuse. Fraud, waste and abuse are defined as: "Fraud" includes making a false statement or misrepresenting information to get something that benefits its oneself or someone else. There are many forms of fraud. It includes any act that constitutes fraud under federal or state law.

Examples of actions by Child Health Plan Plus providers which may be fraud include:

- Billing Child Health Plan Plus/DentaQuest for office visits, dental or medical procedures, drugs or supplies that are not provided to a member.
- Billing for the same services twice.

Examples of actions by Child Health Plan Plus members which may be fraud include:

- Providing false information on applications in order to receive benefits.
- Loaning your Child Health Plan Plus/DentaQuest ID card to others.
- Selling or buying a Child Health Plan Plus/DentaQuest card.
- Giving or selling medication or medical/dental supplies to someone else.
- Forging prescriptions.

"Waste" includes over-utilizing Child Health Plan Plus services, supplies or equipment, or causing unnecessary costs through carelessness or inefficiency.

"Abuse*" includes activities that result in unnecessary costs to the Colorado Medical Assistance Program.

If you suspect fraud, waste or abuse, please report it to DentaQuest immediately.

- Call DentaQuest toll free at
800-237-9139
- Call DentaQuest Anonymous Hotline at
866-737-3559
- Send a fax to:
262-241-7366
- Mail information to:
DentaQuest
PO Box 2906
Milwaukee, WI 53201-2906
Attn.: Utilization Review Department

*Please note: report physical or emotional abuse to the police.

Statement of Penalties for Members

If a member makes a willfully false statement or representation or use other fraudulent methods to obtain public assistance or medical assistance a member is not entitled to, that member could be prosecuted for theft under state and/or federal law. If a member is convicted by a court for fraudulently obtaining such assistance, that member could be subject to a fine and/or imprisonment for theft.

More information on fraud, waste and abuse can be found on the Department's website:
colorado.gov/pacific/hcpf/fraud-waste-and-abuse

Complaints

What to Do if You Have a Complaint

Our customer relations department is able to answer or help you with most of your questions and problems while you are on the telephone. You have the option to write a detailed letter explaining the situation or to call DentaQuest at anytime to make a complaint over the phone. Mail the letter to the following address:

DentaQuest
Complaints and Grievances
PO Box 2906
Milwaukee, WI 53201

What is a Complaint?

A complaint means you have a problem. Examples of these include:

- The dental office asks you to pay a coinsurance amount that is not listed on the Coinsurance and Procedure Code List.
- A dentist that DentaQuest listed in the DentaQuest Participating Dentist directory refuses to cooperate with the CHP+ Dental program.

Important Phone Numbers

DentaQuest
1-888-307-6561, TTY 711 (toll-free)

State's CHP+ Dental Program
1-800-359-1991, TTY 711 (toll-free)

Ombudsman
303-744-7667
1-877-435-7123, TTY 711 (toll-free)

Nondiscrimination Notice

DentaQuest complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. DentaQuest does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

DentaQuest:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, and accessible electronic formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please call customer service at 1-888-307-6561, TTY 711.

If you believe that DentaQuest has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Civil Rights Coordinator
Compliance Department
96 Worcester Street
Wellesley Hills, MA 02481
Fax: 1-617-886-1390
Phone: 1-617-886-1683, TTY 711
Email: FairTreatment@greatdentalplans.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. DentaQuest's Civil Rights Coordinator will give its members reasonable assistance in completing any forms and taking other steps related to the grievance or appeal to assist the member should they request it.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at hhs.gov/ocr/office/file/index.html.

You can file a complaint electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Notice of Privacy Practices

At DentaQuest we care about your privacy as much as you do. You can also find your privacy rights on how medical information about you may be used and disclosed and how you can get access to this information. Privacy practices are available at dentaquest.com/privacy-and-security/

Affirmative Statement About Incentives

Health care professionals involved in the UM decision-making process base their decisions on the appropriateness of care and services and the existence of coverage. DentaQuest does not specifically reward practitioners or other individuals for issuing denials of coverage or care and does not provide financial incentives or other types of compensation to encourage decisions that result in under-utilization or barriers to care.

DentaQuest[®]
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**11100 W. Liberty Drive
Milwaukee, WI 53224**

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