DentaQuest
a Sun Life company

Iowa Medicaid
Iowa HHS

IOWA DENTAL WELLNESS PLAN

CHILD MEMBER HANDBOOK
JULY 2026

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Welcome to DentaQuest

Thank you for choosing DentaQuest for your dental care. We work with Iowa Department of Health & Human Services (HHS) to give you Medicaid dental benefits. With your dentist, we help you get the care you need to stay healthy.

About this Program

The Iowa Dental Wellness Plan helps cover checkups, cleanings, X-rays, fillings, and other covered dental services. The Iowa Department of Health and Human Services (Iowa HHS) decides whether you qualify for Dental Wellness Plan coverage. DentaQuest does not determine eligibility. If Iowa HHS approves your eligibility, you may be enrolled in DentaQuest.

Who is DentaQuest?

DentaQuest is the dental plan that manages your dental benefits. Our job is to help you use your benefits, find a dentist, and get care on time. We also work with your Managed Care Organization (MCO) when you need things like rides to dental visits through Non-Emergency Medical Transport (NEMT).

How We Can Help

Contact us if you need:

- Help finding or changing a dentist
- Information about your benefits and eligibility
- Help with scheduling or understanding approvals (preauthorization)
- Support with grievances or appeals
- Language help or materials in other formats (free)

This handbook shows: your benefits, how to get care, what to do in an emergency, your rights, your responsibilities, and how to get help.

Contact Information

DentaQuest Member Services

Phone: 1-866-629-6074
Hours: Monday–Friday, 7:30 a.m. to 6:00 p.m. CST

TTY Users
711 or 1-800-466-7566

Fraud and Abuse Hotline
Phone: 1-800-237-9139

Member Website
DentaQuest.com/Iowa

Mailing Address
DentaQuest – Dental Wellness Plan
P.O. Box 8206;
Des Moines IA 50301

Contact us if you need:

- Help finding or changing a dentist
- Information about your benefits and eligibility
- Help with scheduling or understanding approvals (preauthorization)
- Support with grievances or appeals
- Language help or materials in other formats (free)
- Questions about cost sharing or co-pays

Iowa Medicaid Member Services

For questions about choosing a dental plan or general Medicaid member help.
Phone: 1-800-338-8366
Email: IMEMember@hhs.iowa.gov
Hours: Monday–Friday, 8 a.m. to 5 p.m.

The Dental Wellness Plan (DWP) gives dental care to people who are eligible for Medicaid. Medicaid provides a wide range of dental services. DentaQuest manages the Iowa DWP.

Iowa HHS Income Maintenance Customer Service Center

For help reporting changes that affect your Medicaid eligibility (like employment changes).

- Phone: 1-877-347-5678
- Hours: Monday–Friday, 8 a.m. to 4:30 p.m.
- Local Office Finder: https://hhs.iowa.gov/about/hhs-office-locations

Nondiscrimination

Fair Treatment

We treat everyone fairly. We do not treat people differently, exclude them, or deny services because of:

- Race
- Color
- Where they are from
- Disability
- Sex
- Age
- Religion
- Any other reason protected by law

Get Free Help

We will help you understand your care. You can get free help:

If you have a disability:

- Sign language interpreters
- Information in large print, braille, audio, or electronic formats

If you speak another language:

- Interpreters
- Written materials in other languages

Contact Us

Call DentaQuest's Member Services for help: 1-866-629-6074, TTY: 711

How to Report Unfair Treatment

If you believe we treated you unfairly or did not provide you the help listed above, you can file a complaint.

You can file a complaint in any of these ways:

1. DentaQuest's Civil Rights Department/Fair Treatment Team
    - **Mail:** DentaQuest
      Attn: Civil Rights Department/Fair Treatment Team
      P.O. Box 8206
      Des Moines, IA 50301
    - **Phone:** 1-888-278-7310, TTY: 711
    - **Email:** FairTreatment@greatdentalplans.com

2. Iowa Civil Rights Commission
    - **Online:** https://icrc.iowa.gov/file-complaint
    - **Mail or in person:** Iowa Civil Rights Commission
      6200 Park Avenue, Suite 100
      Des Moines, Iowa 50321-1270
    - **Phone**: 515-281-4121
    - **Email:** icrc@iowa.gov

3. U.S. Department of Health and Human Services, Office for Civil Rights.
    - **Mail:** U.S. Department of Health and Human Services
      200 Independence Avenue, S.W.
      Room 509F, HHH Building
      Washington, D.C. 20201
    - **Online:**
      https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf
    - **Phone:** 1-800-368-1019, TDD: 1-800-537-7697

Language Help

You can get free language help and materials in other formats. Call DentaQuest Member Services to ask for help.

- Interpreter services are free
- Auxiliary aids and services are available
- Written materials at no cost in large print, audio, or clear electronic formats
- Member materials also available in other languages

For help: 1-866-629-6074 • TTY: 711 or 1-800-466-7566
Hours: Monday–Friday, 7:30 a.m. to 6:00 p.m. CST

DentaQuest Member Services: 1-866-629-6074 TTY: 711 or Relay Iowa: 1-800-735-2942

English: Language assistance services, auxiliary aids and services, larger font, oral translation, and other alternative formats are available to you at no cost. To get this, please call: **1-866-629-6074**, TTY: **711** or Relay Iowa: **1-800-735-2942**.

Español (Spanish): Tiene a su disposición, de forma gratuita, servicios de asistencia lingüística, ayudas y servicios auxiliares, letra de mayor tamaño, traducción oral y otros formatos alternativos. Para solicitarlos, llame al: **1-866-629-6074**, TTY: **711** o al Centro de enlace de Iowa: **1-800-735-2942**.

العربية (Arabic): ،والخدمات المساعدة الإضافية والخط الأكبر حجمًا، والترجمة الشفوية، وغيرها من الصيغ البديلة مجانًا. للحصول عليها، يُرجى الاتصال على الرقم: **1-866-629-6074**، الهاتف النصي: **711** على الرقم: **1-800-** Relay Iowa أو خدمة الترحيل **735-2942**.

Bosanski (Bosnian): Usluge jezičke podrške, pomoćna sredstva i usluge, veći font, usmeni prijevod i drugi alternativni formati na raspolaganju su vam besplatno. Da ih zatražite nazovite: **1-866-629-6074**, TTY (tekstni telefon): **711**, ili relejna komunikacija države Iowa: **1-800-735-2942**.

简体中文 (Chinese-Simplified): 您可以免费获得语言协助服务、辅助工具和服务、大字版、口译服务以及其他替代格式。如需获取这些服务，请致电：**1-866-629-6074**，TTY：**711**，或爱荷华中继服务 **1-800-735-2942**。

Français (French): Des services d'assistance linguistique, des aides et services auxiliaires, des documents en gros caractères, une traduction orale et d'autres formats alternatifs sont disponibles gratuitement pour vous. Pour obtenir ces services, veuillez appeler le : **1-866-629-6074**, ATS : **711** ou Relay Iowa : **1-800-735-2942**.

Deutsch (German): Sprachunterstützung, Hilfsmittel und Dienstleistungen, vergrößerte Schrift, mündliche Übersetzungen sowie andere alternative Formate stehen Ihnen kostenlos zur Verfügung. Um diese in Anspruch zu nehmen, rufen Sie bitte folgende Nummern an: **1-866-629-6074**, Gebärdensprachdienst (TTY): **711** oder Weiter leitung Iowa: **1-800-735-2942**.

ह हिंदी (Hindi): आपको बिना किसी शुल्क के भाषा सहायता सेवाएं, सहायक साधन और सेवाएं, बड़े फ़ॉन्ट, मौखिक अनुवाद और दूसरे वैकल्पिक फ़ॉर्मेट उपलब्ध हैं। इन्हें लेने के लिए, कृपया इस नंबर पर कॉल करें: **1-866-629-6074**, TTY: **711** या Relay Iowa पर कॉल करें: **1-800-735-2942.**

ကညီကျိာ် (Karen)- နဒိးန့ါကျိာ်တၢ်မၤစၢၤ, ပှၤနိၣ်ခိကွၢ်ဂီၤတဆူဉ်တကျၢၤအဂီၢ် တၢ်ဆီဉ်ထွဲဒီးတၢ်တိစၢၤမၤစၢၤတဖဉ်, တၢ်ကွဲးလံာ်ဖးဒိဉ်, တၢ်တဲကျိာ်ထံတၢ်, ဒီးအကွၢ်အဂီၤအဂၤတဖဉ်သ့ အပှၤကလိနှဉ်လီၤ. ကန့ါဘဉ်တၢ်အံၤအဂီၢ် ဝံသးစူၤကီးလိတဲစိဆူ **1-866-629-6074**, TTY: **711** မ့တမ့ၢ် Relay Iowa: **1-800-735-2942** တကွၢ်.

한국어 (Korean): 언어 지원 서비스, 보조 기구 및 서비스, 큰 글자체, 구두 통역, 기타 대체 형식(방법) 등을 무료로 이용하실 수 있습니다. 이러한 서비스를 이용하시려면 **1-866-629-6074**(TTY: **711**) 또는 릴레이 아이오와(Relay Iowa: **1-800-735-2942**)로 전화해 주십시오.

ພາສາລາວ (Laotian):
ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ອຸປະກອນ ແລະ ການບໍລິການຊ່ວຍເຫຼືອຕ່າງໆ ເຊັ່ນ: ຕົວອັກສອນຂະໜາດໃຫຍ່, ການແປດ້ວຍສຽງ ແລະ ຮູບແບບທາງເລືອກອື່ນໆ ມີໃຫ້ທ່ານໂດຍຟຣີ. ຫາກຕ້ອງການຮັບບໍລິການເຫຼົ່ານີ້, ກະລຸນາໂທຫາ: **1-866-629-6074**, TTY: **711** ຫຼື Relay Iowa: **1-800-735-2942.**

Pennsylfaanisch Deitsch (Pennsylvanian Dutch): Schprooch-Hilf
un Dienst, gezerrt Schrifft, iwwergetzunge mit de Mund un annere
Hilf-Fotmat sinn fer eich umsonst do.
Wann du die brauche willscht, kannscht du die Numera aaruufe: **1-866-629-6074**, Fer Gehoerlos (TTY): **711** oder Iowa Relay: **1-800-735-2942**.

Русский (Russian): Вам бесплатно предоставляются услуги языковой поддержки, вспомогательные средства и услуги, увеличенный шрифт, устный перевод и другие альтернативные форматы. Для этого позвоните по телефону: **1-866-629-6074**,
TTY: **711** или в службу ретрансляции штата Айова: **1-800-735-2942.**

Tagalog: Ang mga serbisyo sa wika, auxiliary aids at mga serbisyo, mas malaking font, oral translation (pasalitang pagsasalin), at iba pang mga alternatibong format ay available sa inyo nang libre. Para makuha ito, mangyaring tumawag sa: **1-866-629-6074**, TTY: **711** o kaya sa Relay Iowa: **1-800-735-2942**.

ไทย (Thai): บริการช่วยเหลือด้านภาษา อุปกรณ์และบริการเสริม ตัวอักษรขนาดใหญ่ การแปลด้วยวาจา และรูปแบบทางเลือกอื่น ๆ พร้อมให้บริการแก่คุณโดยไม่มีค่าใช้จ่าย หากต้องการรับบริการ โปรดโทร: **1-866-629-6074**, TTY: **711** หรือ Relay Iowa: **1-800-735-2942.**

Tiếng Việt (Vietnamese): Các dịch vụ hỗ trợ ngôn ngữ, các phương tiện và dịch vụ hỗ trợ phụ, phông chữ lớn hơn, thông ngôn và các định dạng thay thế khác đều được cung cấp miễn phí cho quý vị. Để được các dịch vụ này, xin gọi: **1-866-629-6074**, TTY: **711** hoặc dịch vụ chuyển tiếp Iowa: **1-800-735-2942**.

Eligibility

Iowa Department of Health & Human Services (HHS) decides who is eligible for the Dental Wellness Plan (DWP). If Iowa HHS says you qualify, you may be enrolled in DentaQuest.

You may join DentaQuest in two (2) ways:

- You choose the plan, or
- The State assigns you to DentaQuest if you do not choose a dental plan.

Your dental coverage begins on the **start date set by Iowa HHS**. DentaQuest is **not** responsible for dental services before that start date except for:

- Newborn babies of Medicaid enrolled- mothers (covered back to their birth month)
- Hawki members (coverage starts the month after their application)

You cannot be treated differently because of:

- Your health
- How much care you need
- Your race
- Your color
- Your national origin
- Your disability
- Your sex

These rules are required by federal law and the contract.

Members who identify as American Indian/Alaskan Native have the right to:

- Enroll, and your enrollment cannot be restricted.
- Choose an Indian Health Care Provider as their dentist.

Enrollment

Once you are approved for benefits, you will be assigned to a dental plan. You can start getting dental services from your plan right away.

You have 90 days from the day you are first enrolled to change your dental plan for any reason.

After 90 days, you will stay with the same dental plan for 12 months unless:

- You ask to change plans for a good reason, or
- Your dental plan asks to remove you for a good reason.

About 60 days before the 12 months end, you will get a letter in the mail. The letter will tell you when you can choose a different dental plan.

This time is called the Annual Choice Period.

You may be able to change your health plan during the 12-month enrollment period if you have a serious reason. This is called a Good Cause.

Examples of Good Cause

- Your doctor or dentist is not in your plan's network.
- You need more than one service at the same time, and your plan does not offer all of them.
- You cannot see providers who know how to treat your health needs.
- Your provider left your plan or no longer works with it.
- You cannot get services that your plan says are covered.
- You are getting poor quality care.
- Your plan does not cover a service you need because of moral or religious reasons.

If you want to change your dental plan for a Good Cause reason, follow these steps:

Step 1: Contact DentaQuest:

Start by contacting DentaQuest and telling us about your concern.

- Call: **1-866-629-6074** (TTY: **711** or **1-800-466-7566**)
- Or write to: DentaQuest Grievance and Appeals
  P.O. Box 8206
  Des Moines, IA 50301

Please allow up to **30 days** for DentaQuest to review and respond to your concern.

Step 2: Contact Iowa Medicaid Member Services:

If your concern is not resolved after contacting DentaQuest, call Iowa Medicaid Member Services:

- Toll-free: **1-800-338-8366**
- Des Moines area: **515-256-4606**
- Hours: **Monday–Friday, 8 a.m. to 5 p.m.**

Important: Iowa HHS makes the final decision about requests to change plans for Good Cause.

Transition of Care

If you are new to DentaQuest and already getting dental care, you may be able to keep getting care for a short time so there is no gap.

- When you join our plan, you will have access to the same types of services you had before.
- You may keep seeing your current dentist for up to 90 days if your dentist is enrolled with Iowa Medicaid.
- We will help you find a dentist in our network when you need one.

If your dentist is not in our network when you join:

- You can keep seeing them for up to 90 days.
- You may be able to keep seeing them longer if we approve it.
- We may set up special agreements so you can keep getting care.
- We will try to work with your dentist so they can join our network.

If your care was approved by your old plan before you joined DentaQuest:

- We will honor that approval for the first 90 days after your coverage begins with DentaQuest.
- After that, we will honor them for at least 30 days
- This applies even if your dentist is not in our network.
- We will also honor any special approvals for the time allowed.

To help you keep getting care:

- We may ask your old plan for your dental records and approvals

DentaQuest makes sure your dental needs are protected by following federal and state rules to make sure you keep getting the care you need and avoiding delays that could harm your health.

These rules apply when:

- You first join DentaQuest
- You switch from another dental plan

If DentaQuest makes or changes a policy to not cover a service for moral or religious reasons, we will tell you at least 30 days before the change takes effect.

Your Dental Card (ID Card)

You should get your dental ID card in the mail. Call us if:

- You did not get your card, or
- Something on the card is wrong.

Every family member in your plan gets their own dental ID card.

How to Use Your ID Card

- Always carry your dental ID card.
- Show it every time you go to the dentist or the hospital.
- Never give your card to anyone else.

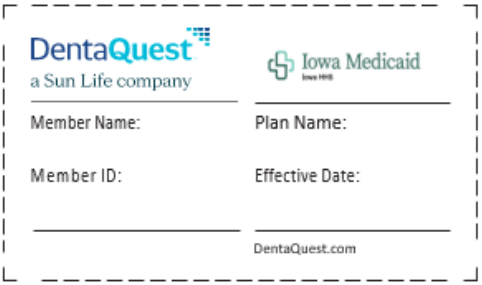
Lost or Stolen Card

If your dental ID card is **lost or stolen**:

- Go to DentaQuest.com to download a new card, or

- Call DentaQuest Member Services at 1-866-629-6074 and we will send you a new one.

Your dental ID card will look like this:



Getting Care

Finding a Dentist

- Go to DentaQuest.com/Iowa and pick "Find a Dentist," or call DentaQuest Member Services at 1-866-629-6074.
- Show your ID card at each visit.

At Your Visit

To make sure you get the best care, follow these steps at each visit.

- Be on time.
- Tell the dentist if you have other insurance.
- Tell the dentist if you saw another dentist.
- Tell the dentist if you had emergency care in the last 24 hours.
- Answer health questions so your dentist can treat you safely.
- Talk about your care plan and follow the plan you agreed to.

Missed Appointments

- Call the dental office as soon as you can so they can reschedule you. Missing visits can delay your care, and the office may reach out to help you get back on track

What To Expect at Your Childs Appointments

The dentist or dental hygienist will examine your child's mouth, teeth, gums, tongue, and lips. The dental hygienist may clean, brush, and floss your child's teeth. The dentist may take some- X-

rays to see if there is tooth decay. Dentists can also use X-rays to see if permanent teeth are developing as they should.

Clinical Practice Guidelines

What are they? Clinical practice guidelines are "best practice" roadmaps for your dentist. They are based on the latest scientific research and help your dentist choose the most effective treatments for your teeth and gums.

Why do they matter to you? These guidelines ensure that you receive high-quality, safe care every time you sit in the dentist's chair. Whether you are in for a checkup or a filling, these standards help keep your smile healthy and your care consistent.

DentaQuest's Commitment: We work with top dental experts to update these guidelines regularly. We share this information with every dentist in our network so they can provide the best possible care for you and your family.

Learn More: You can view our recommended guidelines at https://www.dentaquest.com/en/providers and scrolling down to our DentaQuest Dental Clinical Criteria & Guidelines section. You can also call DentaQuest Member Services at the number on your ID card for more information.

Dental Home

Think of your Dental Home as the go-to place for most of your dental care needs. While the program assigns your main dentist or office, you may also choose another dentist, but they must be part of the DentaQuest network to be covered.

Your member ID card includes your name, member ID, Plan Name, and effective date on it.

To change your Dental Home, call DentaQuest Member Services. You can also visit: https://memberaccess.dentaquest.com/ and follow these steps:

- To register you will need to enter your name, your date of birth, member ID number and email address
- Log in with your username and password
- Click 'Find a Dentist' to search for a dentist in your area
- To change your main dentist or office, select the "Set as Dental Home" option under the provider you wish to change to
- Select the reason for the change and send the change

DentaQuest can help you find a Dentist who accepts your plan. Follow these steps to find a provider or special dentist near you.

- Go to DentaQuest.com/Iowa
- Click "Find a Dentist" at the top of the page and select your state
- Enter your town/city and zip code
- Select "Medicaid" under Type of plan
- Choose your plan

Your dental home may no longer provide your care if:

- You do not follow the dentist's office policy
  - Missed appointments
  - Late appointments
- You are under the influence of alcohol or drugs.
- You are abusive – cursing, yelling, or threatening.
- You do not follow the treatment plan you agree to.
- Your dentist is no longer a provider in the Dental Wellness Plan

A dentist must give you 30 days' notice if they will no longer provide your care. If your dentist will no longer provide your care, call DentaQuest Member Services. They will help you change your dental home. However, you can see any dentist that accepts Iowa Medicaid.

Care Coordination

DentaQuest wants to make your dental care easy. We can help you with many parts of getting care.

Finding a Dentist

- Do you need a dentist near your home or work?
- Looking for a special dentist?
  We can help you find the right dentist.

Getting Permission to See Special Dentist

- Some special dentists need a referral (permission from your regular dentist).
  We can help you get the referral you need.

Making Appointments

- Need help scheduling a dental visit?
  We can help you make an appointment.

Getting Other Help, You Need

- Do you need a ride to your dentist's appointment?
- Do you need help with other services?
  We can connect you with resources like ride services.

Filing a Grievance or Appeal

- Not happy with care or experience?
- Think the decision was wrong?
  We can help you file a grievance or an appeal.

How to Contact Us

- Call DentaQuest Member Services at 1-866-629-6074
- Our team is ready to help you.

Teledentistry

Teledentistry lets you talk with an Iowa licensed dentist by phone or video. You do not have to go to the dental office to get help. Teledentistry costs the same as an in-person visit. There is no extra charge just because it is- by phone or video. You do not need a in-person to visit- first to use teledentistry.

When to use:

- Your dentist is closed and you need help now.
- You cannot get to the dental office quickly.
- You want to ask a dentist if your problem can wait or need a visit today.
- You are trying to avoid going to the Emergency room

You can start by calling your dentist to ask for a phone or video visit, or by calling DentaQuest Member Services at 1-866-629-6074 for help setting it up.

Dental Emergencies

A dental emergency means you need help right now and cannot wait for a regular visit. Examples: bad tooth pain, infection, a lost or broken tooth, jaw injury, or heavy bleeding. If an average person thinks it is an emergency, it counts as one.

What To Do

- If your life is in danger: Call 911 or go to the nearest hospital emergency room.
- If it is not life-threatening:
  - Call your dentist right away during business hours.
    - If the office is closed, call the after-hours number or follow the voicemail instructions.
- Not sure what to do- Call our 24/7 Dental Call Line 1-866-302-0905 or bit.ly/IA-teledentistry
  - Do you not have a dentist yet? Call us at 1-866-629-6074

You can get emergency dental care from any dentist, even if the dentist is not in our network. You **do not** need approval first. Get care right away. We cover emergencies based on your symptoms at the time. We do not limit coverage to a list of certain problems. Emergency dental care is covered even if you already have used your yearly limit.

If you are outside Iowa, get the care you need. You can also call 1-866-629-6074 and we will help you find a nearby dentist.

The following care is covered in an emergency:

- The check to see what is wrong
- The care needed to stop the problem and make you safe
- Care from dentists who are not in our network when it is an emergency

After an Emergency

After your emergency condition has been treated, we cover the care needed to keep you stable after this is called post stabilization care. If you see a dentist after your emergency has been treated, make sure to mention that you recently had a dental emergency so your provider can provide you with any necessary treatment to stabilize your condition.

If You Are Outside Iowa

Get the care you need. You can also call 1-866-629-6074 and we will help you find a nearby dentist. If your life is in danger, call 911.

Early Dental Treatment

Early dental care helps your child's baby teeth stay healthy and helps adult teeth grow in the right way. Baby teeth guide how a child eats, chews, swallows, and learns to speak. Treating problems early, like crowded teeth, crooked teeth, or tooth decay may prevent the need for braces or surgery later.

Your Child's Dental Visit

The dentist or dental hygienist will check your child's mouth, teeth, gums, tongue, and lips.

- The hygienist may clean, brush, and floss your child's teeth.
- The dentist may take X-rays to look for tooth decay and to see if adult teeth are growing the right way.

Easy Ways to Keep Your Child's Teeth Healthy

- Schedule a dental visit when the first tooth appears or by the first birthday.
- Follow your dentist's advice for caring for your child's teeth and gums.
- Take your child to the dentist every six (6) months starting by age one (1).
- Never put your child to sleep with a bottle of milk, formula, or juice. Only water at bedtime.
- Brush twice a day and floss once a day. Ask your dental team to show you how.
- Serve healthy foods and limit sugary snacks.
- Treat sweets, juices, and soda as special treats and limit how often your child has them.

Protecting Your Child's Teeth at Bedtime

- Falling asleep with a bottle can cause painful tooth decay and early tooth loss.
- Try a bedtime story or a quiet song instead of a bottle at bedtime.

Covered Benefits and Services

Preventive and Diagnostic Dental Services - Dental care that helps keep your teeth healthy and find problems early.

- Dental Exams – Limited to 1 every 6 months
    - Comprehensive and periodontal exams are allowed once per dentist every 3 years.

- Limited Exams (emergency) – Covered when it's needed to check a specific dental problem and the dentist provides records showing why the exam was necessary.
- Teeth cleanings – Limited to 1 every 6 months
- Fluoride Treatments – Limited to 4 every 12 months
- Bitewing X-Rays – Limited to 1 every 12 months
- Full Mouth X-Rays – Limited to 1 every 5 years
- Panoramic X-Ray – Limited to 1 every 5 years
    - Not allowed if full mouth x-rays have been taken within 5 years of the last panoramic x-ray.
- Sealants – Limited to 1 every 3 years for permanent first and second molars
- Space Maintainers – Limited to 1 per lifetime, per arch

Restorative Services - Care to fix damaged teeth, remove teeth when needed, and provide dental surgery services.

- Fillings – Limited to 1 per 24 months per tooth
- Crowns – Limited to 1 per 5 years per tooth
- Extractions
- Oral Surgery
- General Anesthesia/Sedation

Endodontic Services – Treatment to fix and save a damaged or infected tooth.

- Root Canals – Limited to 1 per tooth per lifetime

Periodontal Services – Treatment to keep your gums healthy and support your teeth.

- Scaling and Root Planing – Limited to 1 per 24 months, per quadrant
- Deep gum cleaning – Limited to 1 per 24 months
    - Not allowed if cleaning or scaling and root planing were completed within 24 months.

Prosthodontic Services – Treatment to replace missing teeth and help your mouth work better.

- Dentures (Complete or partial) – Limited to 1 every 5 years
- Denture repair and relining

Orthodontic Services (Braces)

Dental Wellness Plan (DWP) Kids may help pay for braces and other orthodontic treatment when it is medically necessary. This means the treatment is needed to correct a serious problem with the teeth, bite, or jaw. Braces are one type of orthodontic treatment.

DWP Kids does not cover orthodontic treatment that is only for appearance. For example, DWP Kids will not pay for braces if they are wanted only to improve the look of a smile.

Orthodontic services are covered only when you see a dentist or orthodontist who participates in the DWP Kids network. If you receive care from a provider who is not in the network, DWP Kids will not pay for the treatment. If you are not sure whether your provider is in the network, call DentaQuest at 1-866-629-6074.

Before DWP Kids can pay for orthodontic treatment, your dentist or orthodontist must send a prior authorization request to DentaQuest. They must also provide records showing why the treatment is medically necessary. In addition, the provider must complete and submit the Iowa Medicaid and Hawki Orthodontic Medical Necessity Form (https://hhs.iowa.gov/media/17203).

Orthodontic treatment must be reviewed and approved as medically necessary before treatment begins. Once approved, the authorization is valid for 36 months.

If treatment ends before it is completed, DWP Kids will pay only for the services and supplies you received. DWP Kids will not pay for services provided after treatment ends or after your DWP Kids coverage ends.

If a prior authorization request is denied and you choose to receive orthodontic treatment anyway, you will be responsible for the cost of those services.

If your prior authorization request is denied, you have the right to appeal the decision. See page 39 for information about your appeal rights and how to file an appeal.

Services Not Covered

The services listed below are not covered by the DWP Kids. If you receive any of these services, you will be responsible for paying your dentist or dental provider.

If you are not sure whether the service is covered, call DentaQuest at **1-866-629-6074** before receiving treatment.

Examples of services that are not covered include:

Bridges: Unless a member cannot use a partial denture because of a physical or mental health condition, or if a replacement is needed because the existing bridge is damaged or there is severe, repeated tooth decay.

Removable partial dentures for Back Teeth: Unless a member has fewer than eight matching back teeth that work together for chewing (not including wisdom teeth). Coverage may also apply if the member has a full denture on one arch and a partial denture that replaces back teeth on the other arch.

Dental Implants and related services: Unless in the instance of a member who needs treatment because of cancer, a serious injury, or a developmental condition such as a cleft palate.

Nitrous Oxide (Laughing Gas): Unless a member has a physical or mental health condition that makes its use medically necessary.

Other Dental Services Not Covered

- Teeth whitening treatments
- Gold fillings, inlays or onlays
- Temporary dentures or bridges
- Interim partials
- Services provided by someone who is not a licensed dentist
- Services received more often than your dental benefits allow
- Charges for missed appointments
- Experimental or unproven dental treatments

Important: This list includes examples of services that are not covered. Contact DentaQuest at **1-800-629-6074** if you have questions about whether a specific dental service is covered under your DWP Kids benefits.

Annual Benefit Maximum

Some dental plans have a money limit each year. DentaQuest does NOT have a yearly money limit. This means you can get the care you need.

Early Periodic Screening Diagnosis and Treatment (EPSDT)

EPSDT is a Medicaid benefit for members under age 21. It helps children get the care they need to stay healthy and treat health problems early.

What EPSDT May Cover

- Health checkups and screenings
- Dental care, including exams, cleanings, fillings, and other needed treatment
- Mental and behavioral health services
- Developmental services that help with growth and learning
- Specialty care from providers with special training when medically needed

Questions About Other EPSDT Services?

If you have questions about EPSDT services that are not dental services (such as medical care, mental health services, or other health services), contact your medical managed care organization (MCO). Your MCO can help you learn more about these benefits.

What You Need to Know

- Members under 21 may be able to receive medically necessary dental services through EPSDT, including orthodontic services (braces).
- Dental services are reviewed to make sure they are medically necessary.
- EPSDT may cover medically necessary services, even if they are not usually covered by your standard dental benefits.
- You do not need a referral from your primary care provider to receive covered dental services

I-SMILE

I-Smile is a program that connects Iowa families with dental, medical, and local resources for a lifetime of health and wellness. Dental hygienists are located across the state to help children get dental care.

This program helps in many areas to get Iowa children access to dental care and good oral health. DentaQuest of Iowa works with the local coordinators. If you have questions or would like more information, we can help you find your local coordinator.

I-Smile works to:

- Provide dental screenings, sealants, and fluoride in schools.
- Help families find a dentist, make appointments, and connect with local resources.
- Provide oral health education for children and parents.

For more information about the I-Smile program and to find your local Coordinator, visit https://hhs.iowa.gov/programs/programs-and-services/dental-and-oral-health/i-smile

Special Approval (ETP)

An Exception To Policy (ETP) is a special approval for an item or service that is not usually covered by the Iowa Department of Health & Human Services (HHS). An ETP is used only as a "last resort." This means all other choices must have been tried first.

How Iowa HHS Decides

Iowa HHS will review ETP asks by looking at:

- Is there an urgent or serious need for the item or service?
- Are there any special situations?
- Would saying yes save the state money?
- Have all other options been tried first?
- Is the cost to the state reasonable, and does Iowa HHS have the money to pay for it?

If you think you may qualify for an ETP you should take these steps:

- Talk to your dentist
- You or your dentist can complete the ETP form and send it to Iowa HHS. The form is available here: https://secureapp.dhs.state.ia.us/dhs_titan_public/appeals/PetitionExceptionPolicy

Iowa HHS makes the final decision, and it cannot be changed through an appeal.

If DentaQuest chooses to approve something outside of our own internal rules, this is not considered an ETP.

Prior-Authorization

Some dental services need prior-authorization. This means your dental plan must approve the service before you get it. Your dentist is responsible for sending the request to DentaQuest.

How Approval Works

- Your dentist may need to send dental records or other information to explain why the service is needed.
- If approval is required, your dentist will send the request to DentaQuest.
- For standard reviews, we will decide **within seven (7) days** after receiving the request.
- If your dentist believes the service is urgent and waiting could harm your health, your dentist can ask for an urgent review.
- For urgent reviews, we will decide **within 72 hours**.

If You Have Questions

- If you are not sure why you need a certain service, talk to your dentist.
- They can explain the treatment and why approval may be required.

If the Service is Denied

You have the right to:

- Ask for an Appeal (see page 39) and if you do not agree with the appeal decision, you can ask for a State Fair Hearing (see page 41).

Out-of-network Care

Use dentists in the DentaQuest network whenever you can. Sometimes you may need care from a dentist who is not in our network.

When You Can Use an Out-of-network Dentist

- No in network choice: If we do not have a dentist in our network who can give you the covered service you need, we will help you see an out-of-network dentist, and we will cover the service.
- Emergencies: In an emergency, you can see any dentist. No approval is needed for emergency dental care.

How We Help

- We will help you find an out-of-the-network- dentist and arrange your care (we may use a Single Case Agreement to set this up).
- We will make sure you do not pay more just because the dentist is out of the network. Your cost is no more than in network.

Before You Go Out-of-network (Not an Emergency)

- Call us first. We will tell you your options and help with the next steps. (DentaQuest Member Services: 1-866-629-6074)

Changing Plans or Providers

- If your dental plan changes, you may be able to keep seeing your current dentist for at least 30 days, even if the dentist is not in our plan. We will tell you if a longer time applies.

Payment for Services

Co-pays

You do not have copays for dental services now. If Iowa HHS ever requires copay in the future, we will tell you first.

Some services may not have a copay

- Emergency dental care
- Checkups and other preventive care for children and teens under 21 (EPSDT)
- Dental care during pregnancy and through the postpartum period
- American Indian/Alaska Native members accessing care at or through an Indian Health Care Provider (IHCP)

If you cannot pay a copay, you cannot be denied care because you cannot pay for the visit. We will work with you and your dentist.

If you have questions concerning co-pays, please contact DentaQuest Member Services: 1-866-629-6074.

Payment for Services

Most dental services that are covered by the Dental Wellness Plan are free when you see a dentist who accepts Medicaid.

When You Do NOT Have to Pay

- You do not have to pay for covered dental services if you see a dentist who is enrolled with the Dental Wellness Plan.
- You do not have to pay paperwork fees, or medical record fees. These costs are not allowed.

When You DO Have to Pay

- You must pay for dental services if you choose to see a dentist who is not part of the Dental Wellness Plan.
- You must pay for services that are not covered by the Dental Wellness Plan if you agree in writing before getting the service.

Before You Agree to Pay

- If your dentist asks you to pay out of pocket, call DentaQuest first at 1-866-629-6074. We can tell you if the service is covered.
- If you plan to appeal a denied service or ask for a State Fair Hearing, do not agree to pay for the service until the appeal or hearing is finished.

If you have questions about payment, coverage, or your options, call DentaQuest Member Services at 1-866-629-6074.

Rides to Dental Appointments

If you do not have a ride to a covered dental visit, you may get a free ride or gas money (mileage payback). Your MCO sets up rides. DentaQuest works with your MCO. This help is only for covered dental services.

Contact your MCO:

- Iowa Total Care - 833-404-1061
  www.iowatotalcare.com
- Molina Healthcare - 1-844-236-0894
  www.welcomtomolina.com/ia
- Wellpoint - 1-833-731-2140 (TTY 711)
  www.wellpoint.com/ia/medicaid

Not sure which MCO you have? Call DentaQuest Member Services: 1-866-629-6074. If you still need help, we will help you.

Before Your Appointment

- Call for a ride so a driver can be scheduled
- Have ready: date/time of your visit, dental office name and address, and your member ID

Value Added Benefits

Amazon Gift Card:

You may be able to earn a $20 gift card. The following requirements must be met to be eligible to receive the Amazon Gift Card:

- Cleaning and Completed Self-Assessment between July 1, 2026 and June 30, 2027.
- You saw a DentaQuest network dentist.
- Your dentist sent the claim within 180 days.
- One gift card per lifetime.

You can access the Oral Health Self-Assessment by visiting our website at bit.ly/ia-child-md-survey-eng. If you need help with the assessment, call DentaQuest Member Services: 1-866-629-6074 (TTY: 711 or 1-800-466-7566).

When you claim a gift card, you will have the option of choosing a plastic or digital version. The plastic gift card will be sent to you by mail. The digital gift card will be sent to you by email. You will need to provide an email address if you choose a digital gift card.

Important: Gift card programs are extra (value added) services, not a Medicaid benefit. They may change or end at any time.

Children's Backpack Program

Each child may be eligible to get a backpack filled with dental care items. The items may vary based on age, but all kits include tools to help keep teeth clean, like a toothbrush, toothpaste, and a brushing chart. Caregivers also receive helpful information and tools to support good oral health at home.

Program Rules:

- Each member can get one (1) kit only in their lifetime, even if they leave and return to the program.
- The member must:
  - Have a preventive dental visit within 90 days of joining
  - Fill out and submit the online Value-Added Benefits form

You can access the Value-Added Benefits form by visiting our website at https://www.dentaquest.com/en/members/iowa-medicaid-chip-dental-coverage/extra-benefits. If you need help with the form, call DentaQuest Member Services: 1-866-629-6074 (TTY: 711 or 1-800-466-7566).

Rights and Responsibilities

You Have the Right To:

- **Dignity and privacy**. Be treated with respect and due consideration for your
- dignity and privacy.
- **Fully Participate in Community.** Everyone can work, live and learn as much as possible.
- **Fair Treatment:** Your health plan will not treat you, or someone helping you, differently just because you exercise your rights. You can exercise your rights without being scared. Your health

plan, your dentist, and the state of Iowa will not treat you differently for using your rights.

- **Get information.** Get information you can understand about your dental benefits, treatment choices and other options available to you, no matter the cost.
- **No discrimination.** Be treated fairly no matter your race, color, where you are from, disability, or sex.
- **Language help.** Get a free interpreter or materials in large print, audio, or other formats.
- **Take part in your care.** Learn about your choices and say yes or no to care.
- **No restraint or seclusion.** You cannot be restrained or isolated as punishment.
- **See your records.** Ask for your records and request corrections.
- **Emergency care.** Get emergency dental care without approval.
- **Second opinion.** See another dentist for a second opinion at no cost if needed. For help contact DentaQuest Member Services at 866-629-6074 (TTY: 711 or 1-800-466-7566).
- **Grievances and Appeals.** File a grievance or ask us to review a decision through submitting an appeal. You may also request a State Fair Hearing.
- **If your dentist leaves the network.** Get a notice if your regular dentist leaves the plan.
- **Follows Rules.** You have the right to receive dental care that follows the rules and regulations.
- **Right to get care on time.** You have the right to get dental care when you need it without long waits.
- **Right to enough providers.** You have the right to see a dentist close to you without having to travel too far.
- **Right to out-of-network care.** If we cannot give you the care you need, we will find another dentist for you at no extra cost to you.
- **Right to coordinated care.** You have the right to care that is planned well and shared between your providers.
- **Right to fair approval decisions.** You have the right to quick and fair decisions about your care based on what you need, and to be told if your care is approved or denied.

- **Limit Sharing of information.** Ask us to limit how we use or share your information
- **Contact Choice.** Ask us to contact you in a different way
- **Know Who your information is shared with.** Get a list of who we share your information with, in specific cases.
- **Receive a Notice of Privacy Practices.** That explains how we use/share information and your rights. We have it posted online and send it to you if you ask.
- **If there is a privacy breach.** Be told if information was not kept safe (Breach).

You Have the Responsibility To:

- **Give correct information.** Tell us and your dentist about your health and any other insurance.
- **Use your benefits the right way.** Bring your ID card. Do not share it. Report a lost or stolen card.
- **Keep appointments.** Be on time or call early to cancel. Follow the care plan you agreed to.
- **Share updates.** Tell your dentist if you went to the ER, saw another dentist, or your health changes.
- **Ask for help when you need it**, including language or format support.
- **Keep contact information updated.** Report address or phone number changes so you do not miss notices.
- **Respect staff.** Treat providers and office staff with respect.
- **Ask about approvals.** If your dentist suggests a service, ask if it needs pre-approval.
- **Learn basic plan rules.** Know the main rules so you can use your benefits the right way.
- **Follow your dentist's advice.** If you cannot, tell your dentist so you can make a new plan together.
- **Speak up.** Use the grievance or appeal process if something is wrong.

Grievance and Appeals

You may choose someone to act for you with your written consent, that person (or your provider) can file a grievance or an appeal for you, or ask for a State Fair Hearing. You can locate the Authorized Representative form on the Iowa HHS website: https://hhs.iowa.gov/media/6093.

A **grievance** is an expression of dissatisfaction about any matter other than an Adverse Benefit Determination. It is not about the denial of a service.

You can file a grievance by phone or in writing at any time.

- Call: 1-866-629-6074 (TTY: 711 or 1-800-466-7566)
- Mail: DentaQuest Grievance and Appeals,
  P.O. Box 8206,
  Des Moines, IA 50301

Someone who was not involved in the first decision will review your grievance and give you a new answer.

When You Will Get a Grievance Decision

- Urgent grievance (fast): **Within 72 hours** from receipt**.**
  If waiting could risk your health or ability to function
- All other grievances (standard): **Within 30 days** from receipt.
  We may take up to 14 more days if we need more information and the extra time helps you. If we take more time, we will tell you in writing.
  - If we need more information, we may take 14 more days to decide your grievance. If that happens, you can file a grievance about the delay.
  - If you are unhappy about the extra time, you can choose to file a grievance (see details above).
- Note: You cannot ask for a State Fair Hearing about a grievance. State Fair Hearings are only for appeals after we make an appeal decision.

An **appeal** is when you disagree with a decision about your care (a service was denied, reduced, or stopped, or we did not decide on

time). This is called an Adverse Benefit Determination. You can ask for an appeal by phone or in writing. You must ask for an appeal within **60 days** from the date of our denial/reduction letter.

Someone who was not involved in the first decision will review your appeal. A licensed dentist reviews clinical issues.

Your appeal should include the following information:

- Your name, address, and member ID
- Why you disagree
- Any notes or records from your dentist that support your ask

Mail this information to: DentaQuest Grievance and Appeals
P.O. Box 8206
Des Moines IA 50301
Call: 1-866-629-6074 (TTY: 711 or 1-800-466-7566)

You can send added information at any time via phone, fax, mail or on the member portal.

You can get a free copy of your case file.

When You Will Get an Appeal Decision

- **Standard Appeal: within 30 days** from receipt (we may take **up to 14 more days** if you ask, or if we need more information and the extra time will help you; we will tell you in writing).
- **Fast (expedited) Appeal: within 72 hours** from receipt, waiting could harm your health or ability to function. You, your helper, or your dentist, can ask by phone or in writing.

Keeping Your Benefits During an Appeal

If DentaQuest decides to stop, reduce, or suspend a service that was previously approved, you may be able to continue receiving that service while your appeal is being reviewed.

To keep receiving your benefits during the appeal, all of the following must apply:

- You file an appeal within **60 calendar days** from the date on your Adverse Benefit Determination notice.

- The appeal is about a service that was previously approved.
- The service was ordered by your authorized provider.
- The original approval period for the service has not ended.
- You request that your benefits continue while your appeal is being reviewed. This request must be made by the later of:
    - Within **10 calendar days** of the date on your Adverse Benefit Determination notice, or
    - Before the date the change to your benefits takes effect.

Important: If the appeal decision does not change the original denial, reduction, or suspension of services, you may have to pay for the services you received while the appeal was being reviewed.

State Fair Hearing

If you do not agree with our appeal decision, you can ask for a State Fair Hearing. You must finish your appeal with us first. Your request for a hearing must be within 120 days after the date of our appeal decision letter. You can ask for a hearing one (1) of the following ways:

- **Phone:** 1-888-723-9637
- **Fax:** 1-515-564-4044
- **Email:** appeals@hhs.iowa.gov
- **Online:** https://hhs.iowa.gov/appeals
- **Mail/Deliver:** Iowa Department of Health and Human Services
  Attn: Appeals Bureau
  321 E 12th Street 4th Floor
  Des Moines, IA 50319

Ombudsman Assistance

The Iowa Office of Ombudsman investigates complaints against state agencies, including Iowa Health Link managed care organizations, to resolve disputes regarding, for example, denied dental services or coverage issues. Before contacting the Ombudsman, try to resolve the issue with your MCO or dental provider.

How to Contact the Iowa Office of Ombudsman:

- Phone: 1-515-281-3592 or 1-888-426-6283 (toll-free)
- Hours: Monday through Friday, 8:00 a.m. to 4:30 p.m.
- Email: ombudsman@legis.iowa.gov
- Online Complaint Form: Iowa Ombudsman https://ombudsman.iowa.gov/services/for-the-public/file-a-complaint
- Mail: Iowa Office of Ombudsma,
  Ola Babcock Miller Building
  1112 E. Grand Ave
  Des Moines, IA 50319

Keeping Your Information Private

DentaQuest follows HIPAA and Iowa rules to protect your privacy. We use and share your information only as the law allows.

How We Protect Your Information

- We do not sell your personal health information.
- We use passwords and other safeguards to keep your information safe.
- We follow the "minimum necessary" rule—sharing only what is needed for the task (for example, to pay a claim).
- We train our staff on privacy and security rules.
- Our dentists and partners must sign agreements to protect your information.
- When you call, we confirm your identity before discussing your account.

If we learn your health information was not kept safe, we will tell you as the law requires

When We May Use or Share Information Without Your Written OK

- For your treatment, payment, and health plan operations.
- When the law requires (for example, certain court orders or to protect children).

- As allowed by Iowa law for running Iowa HHS programs, while keeping records confidential. Otherwise, we ask for your written permission before sharing your information. Your privacy rights
- Get a copy of your dental/medical records and ask us to fix mistakes.
- Ask us to limit how we use or share your information (we will follow the law and try to honor your request when we can).
- Ask us to contact you in a different way (for example, at a different address or phone).
- Get a list of who we share your information with, in specific cases.
- Get our Notice of Privacy Practices (NPP)—it explains how we use/share information and your rights. We have it posted online and send it to you if you ask. If there is a privacy breach

Timelines for Your Privacy Requests

- Get a copy of your records: We will answer within 30 days. If we need more time, we will tell you in writing and it may take up to 30 more days.
- Ask for a correction: We will answer within 60 days. If we need more time, we will tell you and may take up to 30 more days.
- Ask for a disclosure list: We will answer within 60 days. If we need more time, we will tell you and may take up to 30 more days.
- Breach notices: If a breach of unsecured health information happens, we will notify you without delay and no later than 60 days after we discover it. You can also ask us to limit sharing, or to contact you in a different way. See our NPP for details.

Iowa Confidentiality

Iowa law says Iowa HHS program records are confidential and may be used or shared only for program administration or as the law allows.

Questions or Privacy Concerns?

- Call DentaQuest Member Services: 1-866-629-6074 (TTY: 711 or 1-800-466-7566)
- Iowa HHS HIPAA page (privacy forms and info): https://hhs.iowa.gov/hipaa

Fraud and Abuse

- **Fraud** is when someone lies or hides facts to get services or payment they should not get.
- **Abuse** is when someone uses benefits the wrong way or wastes program money.

If fraud or abuse happens, the person may lose benefits, and other actions may be taken.

Examples of Fraud and Abuse include but are not limited to:

- Letting another person use your Dental Wellness Plan ID card.
- Using someone else's Dental Wellness Plan ID card.
- Getting medical services that are not needed or getting services more often than medically necessary.
- Giving false information about a health condition to receive medical services.
- Providing false or misleading information about services received.
- Filling out an enrollment application with incorrect or untrue information.
- Signing up for coverage when you do not qualify.
- Accepting expensive gifts, money, or special favors from a dentist in exchange for becoming their patient.

How to Report Fraud or Abuse

You can report without giving your name (anonymous). We will not retaliate against you for a good faith report. Please share names, dates, services, and any bills if you have them.

Call: Fraud & Abuse Hotline — 1-800-237-9139
Mail: DentaQuest – Dental Wellness Plan

Attn: Fraud and Abuse
P.O. Box 8206
Des Moines, IA 50301

Our Program Integrity/Special Investigations team reviews your report and may work with Iowa HHS or other authorities, as needed.

Dental Care During and After Pregnancy

The Dental Wellness Plan covers dental services during your pregnancy and postpartum period.

The postpartum period begins on the last day of pregnancy and ends on the last day of the 12th month.

Good dental health is important during pregnancy and for your unborn child. A mother's gum health can impact her baby's well-being.

Taking care of your dental health is perfectly safe during pregnancy. Do not worry, X-rays and certain pain medicines are also safe to use. Remember, it is normal for both your body and your mouth to experience changes during this special time.

Oral Health Self-Assessment

Your mouth health affects your whole body. This quick survey helps DentaQuest connect you to the right tips and local resources (like finding a dentist, getting help with rides, housing, childcare, and more).

How to Complete (online)

- Use your phone camera to scan the QR code in this handbook or go to the link we provide on the DentaQuest website.
- Answer the questions about your teeth and gums.
- Choose the topics you want more information about.
- Send your answers.
- You will see a resources page right away, and you may get an email with follow-up- information.

- Our Member Services team may call or email to offer more help and make sure you get the resources you picked.

Oral Health Assessment QR Code:

https://bit.ly/ia-child-md-survey-eng

Significant Changes

This handbook shows: your benefits, how to get care, what to do in an emergency, your rights, your responsibilities, and how to get help.

DentaQuest will notify you of any significant changes at least 30 days prior to the change taking place.

A significant change is any change that could affect how members get their health care or benefits.

Significant changes include changes to:

- Limits on Choice of providers
- Member rights and protections
- Complaints and appeals process
- Covered benefits
- How to get services
- Out-of-network care
- After-hours and emergency care services
- Referrals to specialists' requirements
- Cost sharing

Glossary of Terms

Abuse: Provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes beneficiary practices that result in unnecessary cost to the Medicaid program. See: 42 C.F.R. § 438.2; 42 C.F.R. § 455.2. {From CMSC}.

Adverse Benefit Determination (ABD): An Adverse Benefit Determination (ABD) is a letter from DentaQuest that explains a decision about your dental benefits. This may include a service that was denied, reduced, stopped, delayed, or not paid for. The letter will explain the decision and tell you how to appeal if you disagree.

Annual Benefit Maximum (ABM): An ABM is a limit on some dental benefits during a benefit year. Some services, including emergency dental services, are not included in the ABM. The ABM applies to adult DWP members age 21 and older. DWP Kids members do not have an ABM.

Appeal: An appeal is a request to review a decision made by DentaQuest. You or someone you choose to represent you can ask for an appeal if you disagree with a decision about your dental benefits**.**

You may ask for an appeal if DentaQuest:

- Denies or limits a service.
- Reduces or stops a service that was approved.
- Denies payment for a service.
- Does not provide services on time.
- Does not make a decision within required time frames.
- Denies out-of-network services when allowed by program rules.

You can file an appeal with DentaQuest. If you do not agree with the appeal decision, you may ask the Iowa Department of Health and Human Services (HHS) for a State Fair Hearing.

Benefit Period - A benefit period is the 12-month time your dental benefits are available. For Hawki members, the benefit period is July 1 through June 30. Your benefits start when your coverage begins and start over each July 1**.**

Care Coordination: Care Coordination is the overall system of dental and oral health management encompassing, but not limited to: UM, disease management, continuity of care, care transition, Quality management and service verification.

Centers for Medicare and Medicaid Services (CMS): The agency within the U.S. Department of Health and Human Services that provides administration and funding for Medicare under Title XVIII, Medicaid under Title XIX, and the Children's Health Insurance Program under Title XXI of the Social Security Act. This agency was formerly known as HCFA.

CHIP: Children's Health Insurance Program.

Claim: A formal request for payment for Benefits received or services rendered.

Clinical Practice Guidelines: Clinical Practice Guidelines are guides that help providers give the right care. They are based on research and good dental practices. DentaQuest reviews them every year. You may request a copy at any time.

Continuity of Care: Steps to keep your care going when something changes, like your dentist leaving the network. We may let you see the same dentist for a short time, so your care does not stop.

Co-Payment: A cost-sharing arrangement in which an Enrolled Member pays a specified charge for a specified service; also called a co-pay.

Dental Home: Your main dentist or dental office for checkups, cleanings, and most other care.

Dental Plan: DentaQuest provides your dental coverage and helps coordinate your dental care.

Dentist: A licensed professional who treats teeth, gums, and the mouth.

Discrimination: Termination of Enrollment or refusal to reroll a beneficiary, except as permitted under the Medicaid program, or any practice that would reasonably be expected to discourage Enrollment by beneficiaries whose medical condition or history indicates a probable need for substantial future medical services. See: 42 C.F.R. § 438.700(b)(3). (From CMSC).

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT): A Medicaid benefit for children and young adults under age 21. It covers regular checkups and medically necessary care to treat health or dental problems found during those visits.

Emergency Dental Condition: A sudden, serious mouth problem that needs care right away, like heavy bleeding, strong pain, or infection. No approval is needed first.

Emergency Medical Transportation: Ambulance services for an emergency medical condition.

Emergency Room Care: Emergency services that a member receives in an emergency room.

Emergency Services: Emergency services are dental care for problems that need attention right away, such as severe pain, heavy bleeding, swelling, or an injury to your mouth or teeth.

Endodontist - An endodontist is a dentist who provides care for the inside of a tooth. They treat problems that affect the tooth's nerve and soft tissue.

Enrolled Member: A person who has been determined eligible by the Agency for Medicaid or Hawki and who is currently enrolled with the Contractor. See: 42 C.F.R. § 438.2. (From CMSC).

Explanation of Benefits (EOB): An EOB is a notice that explains the dental services you received. It shows what DentaQuest paid and if you may owe any amount. An EOB is not a bill**.**

Exception to Policy (ETP): Special approval for a service not usually covered, used only after other choices have been tried.

Excluded Services: Services that are not covered under the members identified plan.

Expedited Grievances: If an Enrolled Member requests to switch plans to stay with their established provider, because their provider is leaving the Contractor's network for any reason than the MCP must "expedite" the grievance. This is the only scenario where using expedited grievances is required.

FQHC: Federally Qualified Health Center.

Fraud: An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or state law. See: 42 C.F.R. § 438.2; 42 C.F.R. § 455.2. {From CMSC}.

Grievance: An expression of dissatisfaction about any matter other than an Adverse Benefit Determination. Grievances may include, but are not limited to, the Quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a Provider or employee, or failure to respect the Enrolled Member's rights regardless of whether remedial action is requested. Grievance includes an Enrolled Member's rights regardless of whether remedial action is requested. Grievance includes an Enrolled Member's right to dispute an extension of time proposed by the Contractor to make an authorization decision. See: 42 C.F.R. § 438.400(b). (From CMSC).

Health Insurance: Financial coverage to cover a portion of the cost of a policyholder's medical and/or dental bills. May be a public coverage program such as Medicare, Medicaid, MCO's, CHIP, Indian Health Services. May be Private Healthcare such as provided by an employer or purchased in the marketplace.

Hospice Services: Services to provide comfort and support for members in the last stages of a terminal illness, and their families.

Hospitalization: Medically necessary care determined to require a hospital stay.

Medically Necessary Services: Services that are needed to diagnose or treat a health condition and are appropriate for your care.

Necessary Dental Services: Services are needed to protect and keep your mouth healthy.

Network: A network is a group of dentists who work with DentaQuest. Show your Dental Wellness Plan ID card when you receive care to make sure your provider is in the network.

Non-Covered Services: These are dental services that are not covered by your dental plan. You may have to pay for these services.

Non-Participating Provider - A dentist or dental provider who is not part of DentaQuest's network**.**

Oral Health Assessment (Oral Health Survey): A short survey for member to participate in that provides information about their mouth health. It helps find risks and connect the member with care and resources.

Oral Surgeon (Specialist): A dentist who does surgery on the mouth and jaw.

Orthodontist (Specialist): A dentist who fixes bite and alignment problems, like with braces.

Participating Provider: A provider that is enrolled with Iowa Medicaid and is credentialed and contracted with a managed care plan.

Pediatric Dentist: A dentist who is specially trained to care for the teeth and oral health of children and teenagers

Periodontist (Specialist): A dentist who treats gums and the bones that support teeth.

Plan: DentaQuest is your dental plan and helps you get the dental care covered by your benefits.

Post-Stabilization Care Services: These are covered services you receive after an emergency has been treated. They help keep your condition stable or help you get better.

Premium: A Health Insurance premium is the amount that policy holders pay for health coverage.

Prescription drugs: Medications that:

- Must be ordered by a licensed provider
- Is approved for medical use
- Is eligible for coverage under a Medicare prescription drug plan when it meets CMS rules

Prescription Drug Coverage: Preferred drugs by Medicaid Plans. Prescription records are required for all drugs as specified in Iowa pharmacy and drug laws, including Iowa Code sections 124.308, 126, 155A.27, and 155A.29. For Medicaid purposes, prescriptions are required for nonprescription drugs and are subject to the same provisions. This includes the record-keeping requirements on refills. Maintain prescriptions on file in such a manner that they will be readily available for audit by the Department. Prior Authorization may be required. Prescribers should review the therapy of their Medicaid patients for utilization of nonpreferred drugs and whenever medically appropriate, change patients to preferred drugs. New therapy should be initiated on a preferred drug unless a nonpreferred drug is medically necessary. A member receives the prescription when prescribed by a legally qualified practitioner (which includes physician, dentist, podiatrist, physician assistant, therapeutically certified optometrist, or advanced registered nurse practitioner). (IAC 79.1(7c)(2)).

A Primary Care Physician/Dentist: A doctor or dentist who:

- Serves as the patient's main healthcare/dental provider
- Provides routine care and treatment
- Coordinates care with specialists when needed

Primary Care Provider (PCP): A Primary Care physician, dentist, or other licensed health practitioners practicing in accordance with State law who is responsible for providing preventive and primary dental and/or oral health care to patients; for initial referrals for Specialty care; and for maintaining the continuity of patient care.

Prior-authorization (PA): Prior Authorization is a review of certain services to make sure they are medically necessary before you receive them. Approval does not guarantee coverage.

Prosthodontist (Specialist): A dentist who makes dentures, crowns, and bridges.

Protected Health Information (PHI): Individually identifiable health information that is maintained or transmitted in any form or medium and for which conditions for disclosure are defined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and 45 C.F.R. parts 160 and 164.

Provider: A provider is a dentist or other dental professional who provides dental care.

Rehabilitation Services and Devices - Services and equipment that help you get better and do everyday activities after an illness, injury, or disability.

Skilled Nursing Care - Care provided by licensed nurses for people who need medical care and support 24 hours a day. Medicaid may help pay for nursing facility care for members who qualify

Specialist: A licensed general dentist, who is certified or trained in a specific field of dentistry, including oral surgery, prosthodontia, pediatrics, periodontology, orthodontia, and endodontia.

Transportation: You may be able to get help with transportation to dental appointments, depending on your Iowa Medicaid coverage. If you are enrolled in Iowa Health Link, transportation services may be available through your Managed Care Organization (MCO), such as Wellpoint, Iowa Total Care, or Molina Healthcare. Contact your MCO to learn about available transportation benefits and how to arrange a ride.

Urgent Care: Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe it requires emergency room care.

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