



LOUISIANA MEDICAID DENTAL PROGRAM

**JANUARY 2025
MEMBER HANDBOOK**



DentaQuest[®]
a Sun Life company

Interpretation and Translation Services

If you need interpretation/translation services, please call 1-800-685-0143 (TDD/TTY 711 or 1-800-466-7566) Monday through Friday from 7 a.m. to 7 p.m. We can provide a translator for you over the phone.

You have the right to materials and information, including this handbook in:

- Audio
- Braille
- Larger print
- Other languages

Call DentaQuest Member Services at 1-800-685-0143 (TDD/TTY 711 or 1-800-466-7566) Monday through Friday from 7 a.m. to 7 p.m. for these materials.

Important: Don't forget to register at MemberAccess.DentaQuest.com. You can manage your dental benefits and get your ID card online.

HOW TO CONTACT US

If you have questions about your/your child(ren)'s dental benefits, you can contact DentaQuest by phone, via email, in writing or by visiting our public website and secure member website.

Phone

Member Services toll free: 1-800-685-0143 (TDD/TTY 711 or 1-800-466-7566) Monday through Friday from 7 a.m. to 7 p.m., except holidays

Mailing Address

DentaQuest
11100 W. Liberty Drive
Milwaukee, WI 53224

Public Website

DentaQuest.com/Louisiana

Secure Member Website

MemberAccess.DentaQuest.com

You can change your/your child(ren)'s household's dental home by logging on to MemberAccess.DentaQuest.com or by calling DentaQuest Member Services at 1-800-685-0143, TTY: 1-800-466-7566.

Contact your health plan if you have questions about your medical benefits.

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WELCOME

Welcome to DentaQuest’s Dental Health Plan

The Louisiana Medicaid Dental Program (LMDP) and DentaQuest are working together to provide dental insurance for adults and children who have LMDP. DentaQuest can help you get the dental care you need. DentaQuest works with dental providers all across the state. This is our network. These are the providers you can get your dental care from. DentaQuest is here to help you get the dental care you need to stay healthy.

This handbook will be your guide for all dental services available to you. You can ask us any questions or get help making appointments. If you need to speak with us, just call us at 1-800-685-0143 (TDD/TTY 711 or 1-800-466-7566) Monday through Friday from 7 a.m. to 7 p.m.

Dental Home / Primary Care Dentist (PCD)

Each person in your family who has dental benefits through this program has the option to choose a Primary Care Dentist (PCD), also known as a Dental Home. If a Dental Home is not chosen, DentaQuest will assign a Dental Home for you. A Dental Home is a dentist your household sees every six months. The provider at your/your child(ren)’s Dental Home will provide the care you/your child(ren) needs to stay healthy.

Your/your child(ren)’s Dental Home was selected for one of the following reasons:

- The dental office you selected for your child(ren)
- The dental office your child(ren) visited last
- The dental office of a brother or sister’s last dental visit
- The dental office closest to your home zip code

Call DentaQuest if you have questions about your/your child(ren)'s Dental Home. You can change your household's Dental Home by logging onto MemberAccess.DentaQuest.com or by calling DentaQuest Member Services at 1-800-685-0143 (TDD/TTY 711 or 1-800-466-7566) Monday through Friday from 7 a.m. to 7 p.m.

Choosing a Primary Care Dentist (PCD)

One of the first things you will need to do when you enroll in our plan is choose a primary care dentist (PCD). This is a general dentist or pediatric dentist. You will see your/your child(ren)'s PCD for regular dental visits, or when you have a dental problem. Your/your child(ren)'s PCD will also help you get care from other providers or specialists. This is called a referral. You can choose your/your child(ren)'s PCD by calling Member Services at 1-800-685-0143 (TDD/TTY 711 or 1-800-466-7566) Monday through Friday from 7 a.m. to 7 p.m.

You can choose a different PCD for each family member or you can choose one PCD for the entire family. If you do not choose a PCD, we will assign a PCD for you and your family.

You can change your/your child(ren)'s PCD at any time. To change your/your child(ren)'s PCD, call Member Services at 1-800-685-0143 (TDD/TTY 711 or 1-800-466-7566) Monday through Friday from 7 a.m. to 7 p.m.

It is important that you select a PCD for your child to make sure they get their well-child dental screenings each year. These visits are regular checkups that help keep your child's teeth healthy. These visits can help find problems and keep your child healthy. You can take your child to a pediatric dentist or a general practice dentist.

FIND A DENTAL PROVIDER

DentaQuest can help you find a Dentist who accepts your plan. Follow these steps to use our online search tool to find a provider or dental specialist near you.

1. Go to www.DentaQuest.com
2. Click "Find a Provider" at the top of the page and select your state
3. Click on "Use my Location" or enter your address, zip code or city
4. Click on the All-Plans link. If you don't see your plan listed, select on "Find a Different Plan" and select your plan in the drop-down menu.

Ways to search for a dentist:

1. Find a Dentist by Name – Enter the last name of the dental provider you are looking for and select the name in the drop-down menu.
2. Find a Dentist by Specialty – Use this to search for specific kinds of dental providers like general dentists, orthodontists and periodontists.
3. Find Services by Location – Use this if you know the name of the provider and would like to know the address, phone number, office hours and other information. Customer Service can assist you with locating a provider or changing your primary care dental provider. Please call 1-800-685-0143 (TDD/TTY 711 or 1-800-466-7566) Monday through Friday from 7 a.m. to 7 p.m.
4. Places by Type – Use this to look for locations like health care clinics and Federally Qualified Health Centers.

No matter which way you search, you can get more information on the dentists like office hours, whether they are accepting new patients or if their location is wheelchair accessible. You can also get directions to their office.

Member Identification (ID) Card

All members are given a member ID card. The purpose of this card is to provide your Primary Care Dentist (PCD) your private member information used for dental services.

- This card has important information about your dental benefits.
- Only the member can use his or her member ID card for dental services.

How to Read Your Card

The following tells you how to read your member ID card:

- Member's Name – is the person the card is for.
- Member Bar Code ID Card – your provider will be able to read your member ID number.
- Effective Date – is the date the member's Louisiana Medicaid Dental Services coverage started.

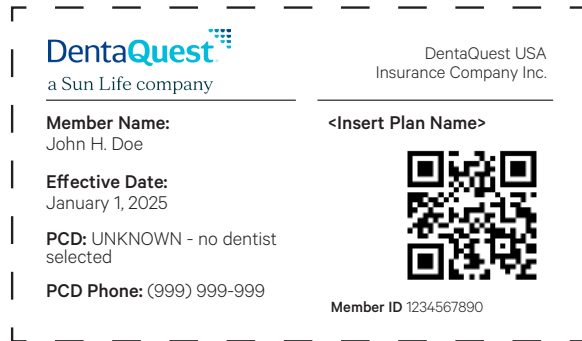
- Date of Birth – is the member’s birth date.
- Plan Name – shows that you have joined the Louisiana Medicaid Dental Program.
- Primary Care Dentist (PCD) – is the dentist the member chose or is assigned to.
- Primary Care Dentist (PCD) Dental Phone – is the dentist’s phone number.

How to Use Your Card

1. Have the member’s ID card with you when you call our member call center.
2. Bring the member’s ID card with you when you go to the dentist.

Show your member ID card when you see the dentist. Your dentist needs your member ID card to see if you can get dental care.

Important: Don’t forget to register at MemberAccess.DentaQuest.com. You can manage your dental benefits and get your ID card online.



You can download your ID card at MemberAccess.DentaQuest.com

How to Replace Your Card if Lost

Please call us if you don’t get your member ID card or if you have lost it.

Call Member Services at 1-800-685-0143 (TDD/TTY 711 or 1-800-466-7566) Monday through Friday from 7 a.m. to 7 p.m.

Member Privacy

This notice describes how medical information about you may be used and told and how you can get access to this information. **Please review it carefully.** DentaQuest takes your privacy seriously. We want to tell you about our privacy practices to protect your personal health information.

How Do We Use Health Information?

DentaQuest uses your health info to plan your treatment. It also uses it to plan payment for treatment, and for other related health care. Here are some examples of how it is used:

- **Treatment:** DentaQuest tells your health information to dentists who are treating you. We will share your info to help plan care with other doctors or specialists who are treating you. For example, we may discuss your treatment plan with your dentist.
- **Payment:** DentaQuest uses and tells your health info for payments. For example, when they send us a bill saying they treated you, we will send them the payment.
- **Health Care Operations:** DentaQuest tells your health info for normal business practices. For example, we may use your health information to help with verifying, enrollment, and other activities. This is similar to creating, renewing, or replacing a benefits plan. We may not use or disclose genetic information for verifying reasons.

We agree to follow all state and federal laws that apply. This includes any laws that might affect how we use your health info for payment and operations.

Other Services:

DentaQuest may also use or tell your health info for other reasons. These include uses and disclosures that are:

- Required by law, including pursuant to a court order or to health oversight agencies or law enforcement agencies.
- For public health activities or to coroners and medical examiners in the event of death.

- For communications with family or friends or a legal guardian involved in your care or who is authorized by you or by law.
- Appropriate state agencies as permitted by law.

Except as told in this notice, we may not use or share your info without you agreeing in writing. You may tell us in writing that we can use your health info. You may also tell us in writing that we can share your health info to anyone for any reason.

If you tell us in writing that we can use your health info, you can take it back at any time by telling us in writing. Telling us not to use it will not change anything that was allowed when your written permission was on file.

We need you to tell us in writing that we can sell info about you to other companies. We also need you to tell us in writing that we can tell your health information to others companies so they can contact you.

We do not need you to tell us in writing that we can contact you about health information and health services. This is only the case if that information is connected to your coverage that we offer to you.

Your Right to Protection of Your Health Information

Below is a list of your rights about your private health info.

- You are allowed to ask for limits on how we use and tell your health info to others. Please be aware that DentaQuest does not have to agree to the limits that you ask for.
- You are allowed to be contacted about your safe health info from DentaQuest at a different address or by email. This is only allowed if changing your contact information won't cause danger to you.
- You are allowed to get one (1) free copy per calendar year of your safe health information. We keep track of when this is requested. If more are requested, you may have to pay.
- You are allowed to ask that your safe health information be changed if you think it is incorrect or out of date. We keep record of these requests.

- You are allowed to ask for a paper copy of this notice.

You get help with any of these, contact our Privacy Officer. You can also contact the Privacy Officer if you think your private health information has been shared in a way it shouldn't have been.

Fax: 617-886-1390

Email: FairTreatment@greatdentalplans.com

DentaQuest's Obligations to Protect Your Health Information:

As your dental insurance company or the company that offers your dental benefits, DentaQuest is required by law and contract to:

- Keep your health info private.
- Tell you about our legal duties and explain how we keep your health information safe.
- Tell you if someone breaks into your health info.
- Tell Louisiana Medicaid members that their safe health info might be given to them online.

DentaQuest has to give you this notice and follow the terms of the notice that is in effect at this time. We are allowed to change privacy practices. We can also make new practices effective for all the information we maintain. We will tell you if there is any changes to our privacy notice. Any changes to the notices will be on our website DentaQuest.com/Louisiana. If you ask, we will mail an updated notice to you.

Member Services

Member Services can answer your questions. We can help you find out if a service is covered. We can get referrals, find a doctor, replace a lost ID card, and explain any changes that might affect you or your family's insurance.

Call us at 1-800-685-0143 (TDD/TTY 711 or 1-800-466-7566) Monday through Friday from 7 a.m. to 7 p.m., except holidays. When you call, make sure you have your ID card with you so we can help you. If you call when we are closed, please leave a message. We will call you back the next business day.

Fraud Reporting

To report suspected fraud and/or abuse in Louisiana, call the Consumer Complaint Hotline toll-free at 1-800-488-2917. You can also report fraud and abuse to us directly by contacting DentaQuest's Member Services at 1-800-685-0143 (TDD/TTY 711 or 1-800-466-7566) Monday through Friday from 7 a.m. to 7 p.m.

Transportation

If you need transportation help, call your medical health plan.

Your Member Rights

Since you are enrolled in Medicaid, you also have certain rights.

You have the right to:

- Know if medical treatment is for experimental research and to say yes or no to being involved in the research
- Make a complaint when your rights are not respected
- Ask for another doctor when you do not agree with your doctor (second medical opinion)
- Get a copy of your medical record and ask to have information added or corrected in your record, if needed
- Have your medical records kept private and shared only when required by law or with your approval
- Decide how you want medical decisions made if you can't make them yourself (advanced directive)
- File a complaint about any matter other than a plan's decision about your services
- Request a change to a plan's decision about your services
- Receive services from a provider that is not part of our plan (out of-network) if we cannot find a provider for you that is part of our plan
- Get care without fear of restraint or seclusion used for bullying, discipline, convenience, or revenge

- Exercise these rights without changing the way DentaQuest or its network providers treat you
- Service utilization policies available upon request
- You have the right to participate in decisions regarding your or your child(ren)'s health care, including the right to refuse treatment, and to express preferences about future treatment decisions
- If you want to leave our plan while you are locked-in, you have to call the state's Enrollment Broker. By law, people cannot leave or change plans while they are locked-in except for very special reasons
- Early Periodic Screening, Diagnosis and Treatment (EPSDT) is Medicaid's health coverage for children and teens. Louisiana
- Medicaid provides EPSDT services for members under age 21

GETTING CARE

Dental Appointments

One of the first things you will need to do when you enroll in our plan is choose a primary care dentist (PCD). This is a general dentist or pediatric dentist. You will see your PCD for regular dental visits, or when you have a dental problem. When you call your PCD, have a pen or pencil and paper, your ID card and your calendar ready. Tell them you are a DentaQuest member, and you want to make an appointment to see the dentist. Choose a date and time that works for you and write it down on your calendar. When the date of your appointment comes, go to the dentist's office. Remember to bring your ID card. It is important to keep your scheduled appointment and always arrive on time.

If you are not able to keep your appointment, call the dentist's office as soon as possible to let them know. Ask to make an appointment for a different time.

After Hours Care

Some providers offer evening or weekend office hours. Call your/your child(ren)'s PCD or visit their website to find out when they are open. Please call Member Services at 1-800-685-0143 (TDD/TTY 711 or 1-800-466-7566) Monday through Friday from 7 a.m. to 7 p.m. If you call when we are closed, please leave a message. We will call you back the next business day.

Urgent Care

Urgent Care is not emergency care. Urgent care is needed when you have an injury or illness that must be treated right away. Urgent conditions that are treated within 24 hours are usually not something that require prior authorization. If they do require authorization, you must get treated within 48 hours. Urgent care can be used when your life is not in danger, but you still need to see a doctor right away. You may need to go to an urgent care if you or a member of your family need care and your doctor's office is closed. Be sure to ask us before you use an urgent care center, or you may have to pay for those services. Call Member Services at 1-800-685-0143 (TDD/TTY 711 or 1-800-466-7566) Monday through Friday from 7 a.m. to 7 p.m.

Emergency Care

Emergency services are services for the treatment of any dental issue needing attention right away for the relief of pain, severe bleeding, infection, or serious injury to the teeth, gums, or jaw.

If you have an urgent dental need or dental emergency, contact your/your child(ren)'s PCD. **If your condition is severe, call 911 or go to the closest emergency facility right away.** You can go to any hospital or emergency facility.

We pay for emergency services that are provided by a dental provider, even if they are not part of our plan or in our service area. Medicaid or your Medicaid health plan pays the cost of the hospital or emergency facility and for any care not provided by a dental provider. You also do not need to get approval ahead of time to get emergency care or for the services that you receive in an emergency room to treat your condition.

If you have an emergency when you are away from home, get the medical care you need. Be sure to call Member Services when you are able and let us know.

Early Periodic Screening, Diagnosis and Treatment (EPSDT) Services – sometimes, your/your child(ren) may need non-covered dental services for medical reasons. Under EPSDT all non-covered dental services which are medically necessary will be covered under your/your child(ren)'s dental plan.

Specialty Care

Sometimes, you may need to see a provider other than your/your child(ren)'s PCD for dental problems like special conditions, injuries, or illnesses. Talk to your/your child(ren)'s PCD first. Your/your child(ren)'s PCD will refer you to a specialist. A specialist is a provider that focuses on one type of health service. If you have a case manager, make sure you tell your case manager that you or your child(ren) need to see a specialist. The case manager will work with the specialist to get you care.

Right to 2nd Opinion

You have the right to get a second opinion about your care. This means talking to a different provider to see what they have to say about your care. The second provider will give you their point of view. This may help you decide if certain services or treatments are best for you. There is no cost to you to get a second opinion.

Your/your child(ren)'s PCD, case manager or Member Services can help find a provider to give you a second opinion. You can pick any of our providers. If you are unable to find a provider with us, we will help you find a provider that is not in our provider network. If you need to see a provider that is not in our provider network for the second opinion, we must approve it before you see them.

Right to Refuse Treatment

Enrollees have the right to be part of the conversation about their medical health care. Enrollees have the right to refuse treatment and they may also express any preferences about future treatment (42 CFR §438.102(a)(1)).

Filling Prescriptions

We do not pay for prescription drugs. If your/your child(ren)'s PCD orders a drug for you, we can help you get that drug through Medicaid or your Medicaid health plan. You can call Member Services if you need help.

Prior Authorization

Before you get a service or go to some dental appointments, we have to make sure that you need the service and that it is medically right for you. This is called prior authorization. To do this, we look at your medical history and information from your dentist, doctor, or other health care providers. Then we will decide if that service can help you. We use rules from the Agency for Health Care Administration to make these decisions. Some services will need to be approved by DentaQuest before you can get them. You can only get the services DentaQuest and your plan cover. Your/your child(ren)'s PCD can tell you which services will require prior authorization. You can also call DentaQuest Member Services at 1-800-685-0143 (TDD/TTY 711 or 1-800-466-7566) Monday through Friday from 7 a.m. to 7 p.m.

Your/your child(ren)'s PCD has to submit the request for prior authorization. DentaQuest will notify your/your child(ren)'s PCD and send you written notice of any decision to deny a service which requires prior authorization within 14 calendar days from receipt of the request for service authorization.

MEMBER SATISFACTION

Grievances, Appeals and Expedited Appeals

We want you to be happy with us and the care you receive from our providers. Let us know right away if at any time you are not happy with anything about us or our provider(s). This includes if you do not agree with a decision we have made.

From time to time you may have questions about your dental office or treatment your child has received. We encourage you to discuss these issues with your dentist/dental office first. However, if you cannot

resolve the issue with your dentist/dental office we have developed procedures to help you in a timely manner.

Grievance

A grievance is when you are not happy with the service you are getting, or you feel your child has not been treated well. You can tell us about a grievance verbally or in writing at any time following the incident. You can give us more information about your grievance at any time during the process. This can be done in person, on the phone, or in writing. We will look at your grievance and when we finish, we will send you a letter. You also have the right to look at your case file and any other documents involved in the process.

We want to help if you have a grievance. Please call our Member Services line at 1-800-685-0143 (TDD/TTY 711 or 1-800-466-7566) Monday through Friday from 7 a.m. to 7 p.m. and a Member Services advocate will help you file a grievance. Please include your/your child(ren)'s name, address, member ID number, your signature and the date. We will process your grievance within 90 calendar days from the day we receive it. Here is what will happen:

- You can file your grievance with Member Services or in writing. If someone is filing this for you, you need to send something in writing giving your consent.
- Mail or fax the letter or the form to:
DentaQuest Grievance & Appeals Department
PO Box 2906
Milwaukee, WI 53201-2906
Fax: 262-834-3452
- We will send you a letter within five (5) business days. Our letter will say that we have received your grievance.
- We will review the details of your grievance.
- We will send you an answer within ninety (90) calendar days.

Our response to your grievances will be in a letter. That letter will give:

- Our decision about your grievance.
- The reasons for our decision.

- The specialty area of any dentist we asked to help us with your grievance.

Your/your child(ren)'s PCD, a friend or a family member can make a grievance for you as long as you approve it in writing. To select a person to act for you, DentaQuest needs:

- A letter with your/your child(ren)'s name, member ID, telephone number, address, and your signature telling us this person can act for you.
- Mail or fax the letter to:
DentaQuest Grievance & Appeals Department
PO Box 2906
Milwaukee, WI 53201-2906
Fax: 262-834-3452

Appeals

An appeal is the formal process by which a member or his or her representative request a review of DentaQuest's actions. If you do not agree with DentaQuest's decision to your original denial or reduced services, you can ask for an appeal.

You must ask for an appeal within 60 calendar days after DentaQuest sends you a decision or action about your original denied or reduced service. To make sure you or your child continues to get current dental services, you must file your appeal within 10 business days after you get DentaQuest's decision. This ensures that DentaQuest gets your appeal before the effective date of their decision or action to your original denied or reduced services. An appeal may be filed orally or in writing.

Call DentaQuest to ask for an appeal at 1-800-685-0143 (TDD/TTY 711 or 1-800-466-7566) Monday through Friday from 7 a.m. to 7 p.m. We will send you a one-page appeal form that you, your child's dentist or someone else representing you can fill out and return to us. Again, you will need to give your consent to have another person request your appeal.

To appeal a decision, you will need appeal within 15 calendar days. If we are not notified of an appeal, we will close your claim. You will receive the decision of your appeal within 30 days.

You can mail or fax your appeal form to:
DentaQuest Grievance & Appeals Department
PO Box 2906
Milwaukee, WI 53201-2906
Fax: 262-834-3452

Expedited Appeals

An expedited appeal is when you don't have time for a standard appeal – when your child's life or health is in danger. When you ask for an expedited appeal, DentaQuest has to make a decision quickly based on the condition of your child's health.

You can call us to file an expedited appeal. If you need help to file an expedited appeal, call our member call center for help. The toll-free number is 1-800-685-0143. Call us and tell us that you want to file an expedited appeal. We do not need your appeal in writing for an expedited appeal. We will make a decision within 72 hours after we get your expedited appeal. We will call you with the decision. We will also send you a letter within two (2) business days of the decision.

If DentaQuest does not think your appeal is life-threatening, we will let you know the same day that the decision is made. DentaQuest will make this decision within 72 hours. Your appeal will still be worked on, but the decision may take up to 30 days. If you need help asking for an expedited appeal, call us toll free at 1-800-685-0143 and a Member Services Advocate will help you.

State Fair Hearing Rights

If you, as a caretaker of the member of the dental plan, disagree with the dental plan's decision, you have the right to ask for a state fair hearing. You may name someone to represent you by writing a letter to DentaQuest telling them the name of the person you want to represent you. A doctor or other medical provider may be your representative.

If you don't agree with a decision made by DentaQuest, you or your representative must ask for the state fair hearing within 120 days of the date on DentaQuest's letter with the decision. If you do not ask for the state fair hearing within 120 days, you may lose your right to a state fair hearing.

If you ask for a state fair hearing, you will get a packet of information letting you know the date, time, and location of the hearing. Most state fair hearings are held by telephone. At that time, you or your representative can tell why you need the service DentaQuest denied. To ask for a state fair hearing, you or your representative should send a letter to:

Medicaid Fair Hearing Unit
Louisiana Department of Health
Division of Administrative Law
P.O. Box 4189
Baton Rouge, Louisiana 70821-4189
(225) 342-5800 or (225) 342-0443 (call)
(225) 219-9823 (fax)
www.adminlaw.state.la.us/

If you request a fair hearing in writing, please include the following information:

- Your name
- Your member ID number
- Your Medicaid ID number
- A phone number where you or your representative can be reached

You may also include the following information, if you have it:

- Why you think the decision should be changed
- Any medical information to support the request
- Who you would like to help with your fair hearing
- A copy of the decision letter

After getting your fair hearing request, the Division of Administrative Law (DAL) will tell you in writing that they got your fair hearing request. A hearing officer who works for the state will review the decision we made.

There is a form that the Division of Administrative Law uses for Medicaid hearing request. The form can be submitted online from the DAL website or printed and mailed.

You may ask for a review by the state by calling or writing to:

Medicaid Fair Hearing Unit
Louisiana Department of Health
Division of Administrative Law
P.O. Box 4189
Baton Rouge, Louisiana 70821-4189
(225) 342-5800 or (225) 342-0443 (call)
(225) 219-9823 (fax)
www.adminlaw.state.la.us/

After getting your request, the Division of Administrative Law will tell you in writing that they got your request and will give you a final decision within 90 days from the date you asked.

Continuation of Benefits

If you are now getting a service that is going to be reduced, suspended, or terminated, you have the right to keep getting those services until a final decision is made for your appeal or Medicaid fair hearing. If your services are continued, there will be no change in your services until a final decision is made.

If your services are continued and our decision is not in your favor, we may ask that you pay for the cost of those services. We will not take away your Medicaid benefits. We cannot ask your family or legal representative to pay for the services.

To have your services continue during your appeal or fair hearing, you must file your appeal and ask to continue services within this timeframe, whichever is later:

- 10 days after you receive a Notice of Adverse Benefits Determination (NABD), or
- On or before the first day that your services will be reduced, suspended or terminated

HELPING YOU BE HEALTHY

Health Education

You can go to DentaQuest website DentaQuest.com/Louisiana to get educational information on oral health.

OTHER PLAN DETAILS

Change Plans

Leaving a plan is called disenrolling. If you want to leave our plan while you are locked-in, you must call the state's Enrollment Broker. By law, people cannot leave or change plans while they are locked-in except for very special reasons. The Enrollment Broker will talk to you about why you want to leave the plan. The Enrollment Broker will also let you know if the reason you stated allows you to change plan.

If you leave our plan and enroll in a new one, you will start with your new plan at the end of your year in our plan. Once you are enrolled in the new plan, you will have another 60 days to decide if you want to stay in that plan or change to a new one before you are locked-in for the year. You can call the Enrollment Broker at 1-855-229-6848 to change plans.

Medicaid Records Request

Contact Member Services at 1-800-685-0143 to request your dental records. One free copy per calendar year of any part of an enrollee's record upon their request.

Providers in Our Plan

For the most part, you must use dentists and other dental providers that are in our provider network. Our provider network is the group of dentists and other dental providers that we work with. You can choose from any provider in our provider network. This is called your freedom of choice. If you use a dental provider that is not in our network, you may have to pay for that appointment or service.

You will find a list of providers that are in our network in our provider directory. If you do not have a provider directory, call 1-800-685-0143 (TDD/TTY 711 or 1-800-466-7566) Monday through Friday from 7 a.m. to 7 p.m. to get a copy or visit our website at DentaQuest.com/Louisiana.

Providers Not in Our Plan

There are sometimes when you can get care from providers who are not in our plan. If you need a service and we cannot find a provider in our plan for these services, we will help you find another provider that is not in our plan. Remember to check with us first before you use a provider that is not in our provider network. If you have questions, call Member Services at 1-800-685-0143 (TDD/TTY 711 or 1-800-466-7566) Monday through Friday from 7 a.m. to 7 p.m.

Dental Wellness

DentaQuest can help you set up a dental visit. Call DentaQuest at 1-800-685-0143 (TDD/TTY 711 or 1-800-466-7566) Monday through Friday from 7 a.m. to 7 p.m. Good oral health care is important for all members of your family. Your teeth and smile are the first things that people notice. But many people think they don't need to visit the dentist unless they feel pain in their mouth.

Let us fill you in. A visit to the dentist can keep you or your child from getting cavities, gum disease and other problems. In fact, most dental diseases are 100 percent preventable with regular care.

Early Periodic Screening, Diagnosis and Treatment (EPSDT) is Medicaid's health coverage for child and teens. Louisiana Medicaid provides EPSDT services for members under age 21. Examples of some of the dental services are:

- Exam and cleaning every 6 months
- X-rays
- Fluoride treatments and some dental sealants
- Filings, extractions and other treatments as medically necessary

See page 20 with a list of covered services.

MEDICAID RELATED SECTION

Your Medicaid Eligibility

In order for you to go to your dental appointments and for DentaQuest to pay for your services, you have to be covered by Medicaid and enrolled in our plan. This is called having Medicaid eligibility.

Sometimes things in your life might change, and these changes can affect whether or not you can still have Medicaid. It is very important to make sure that you have Medicaid before you go to any appointments. Just because you have a plan ID card does not mean that you still have Medicaid. Do not worry! If you think your Medicaid has changed or if you have any questions about your Medicaid, call our Member Services at 1-800-685-0143 (TDD/TTY 711 or 1-800-466-7566) Monday through Friday from 7 a.m. to 7 p.m. and we can help you check on it. You can also go to the Louisiana Medicaid website at MyMedicaid.la.gov or visit a regional Medicaid eligibility office to report if family size, living arrangements, parish of residence or mailing address changes.

If you Lose your Medicaid Eligibility

If you lose your Medicaid and get it back within 180 days, you will be enrolled back into our plan.

BENEFIT SUMMARY

Overview of DentaQuest Dental Coverage and Value-added Benefits

Dental coverage for members (under age 21):

- Dental exam and cleaning every 6 months
- X-rays
- Fluoride treatments and sealants (thin plastic coatings that are placed on the chewing surfaces of back teeth to protect against cavities)
- Fillings, crowns, root canals, teeth removal and other treatments that are medically necessary

Value-added benefits:

- Application of silver diamine fluoride (a safe, painless, and effective liquid fluoride treatment that can slow tooth decay)
- Free dental kit for members (aged 6-14) who receive sealants

Denture benefits for adult members (aged 21+):

- Complete or partial dentures together with any exams and x-rays needed as part of the dentures

Value-added benefits for adult members:

- Exams and X-rays not covered by your health plan
- Up to \$200 a year for simple extractions
- Extra preventive benefits (free cleaning and dental exam after visiting a dentist within 7 days of going to the hospital for non-traumatic dental care)

Dental coverage for the Adult Waiver members (aged 21+)

- Dental exam and cleaning every 6 months
- X-rays
- Fluoride treatments
- Fillings, crowns, root canals, teeth removal and other treatments that are medically necessary

What is the Adult Denture Program?

If you are missing all your teeth on the top or bottom of your mouth you can get dentures. New dentures are allowed every eight years. Denture relines are also allowed every 8 years. You can have your dentures repaired once every 12 months. All dentures, denture relines, and denture repairs must be approved by DentaQuest before you can get them.

The Adult Waiver Recipients

DentaQuest offers dental coverage for the Adult Waiver Members (aged 21+). You will continue your current dental plan. You do not need to make any changes at this time. Your plan will send you a new handbook with all the new services available to you. If you have

any questions about your new coverage or if you need help finding a dentist, contact your plan at 1-800-685-0143.

Dental Benefits

Below are all of the dental benefits offered under the Louisiana Medicaid dental plan. You and your child can get all covered dental services at no charge. Before you get dental services, please make sure they are covered by the plan. Your dentist can help you understand your benefits. Your dentist may charge you for services that are not covered under the plan. Some exclusions and limitations may also apply to certain services and benefits.

EPSDT Dental Program Children Under Age Twenty-One (21)

- Diagnostic Services including mouth examinations, x-rays and pictures of your teeth and face, molds of your teeth and testing of gum tissue – gross and microscopic examinations.
- Preventative Services which include cleanings, fluoride applied directly to your teeth to help prevent decay, a filling material used to seal spots that might get decay, fixed space maintainers and re-cementation of space maintainers.
- Restorative Services which include silver-colored fillings, tooth-colored fillings, stainless steel and tooth colored crowns, stainless steel crowns with tooth coloring on the front, small metal rods that help hold the fillings or crown in place, adding filling material to the tooth to help support a crown, a supported tooth structure of a metal rod with filling material attached to support a crown after a root canal, appliance removal, and unspecified restorative procedures;
- Root Canal Services which include covering exposed nerves in the tooth, removal of a portion of the tooth pulp, root canal therapy on baby and permanent teeth (including treatment plan, clinical procedures and follow-up care), closing incomplete tooth roots before a root canal/procedure to encourage root repair, treating infections after a root canal/root of tooth services and unspecified root canal procedures;

- Treatment of gum tissue and bone that supports teeth, which include, removal of gum tissue, tissue and bone deep cleaning, deep cleaning of the gum and bone in the entire mouth, and unspecified tissue and dental bone procedures;
- Replacing missing teeth Services which include complete dentures, partial dentures, denture repairs, denture adjustments and unspecified missing teeth procedures;
- Fixed missing teeth services which include a permanent set of a few teeth connected together to replace a missing tooth, a removable set of a few teeth connected together to replace a missing tooth and other unnamed fixed partial denture services;
- Tooth, Face, and Jaw Surgery Services which include nonsurgical removal of teeth, surgical removal of teeth, removal or baby teeth when they will not come out on their own, other surgical procedures, surgery to reshape and smooth the jaw where a tooth has been removed or lost, surgical cuts, Jaw pain procedure and other unspecified repair procedures;
- Braces Services which include stage one and full orthodontic treatments, minor treatment to control harmful habits and other orthodontic services; and
- Medically Necessary Services which include emergency treatment, medicine that reduces pain, professional visits, mixed services, and unspecified medically necessary procedures.

Adult Denture Program Age Twenty-One (21) and Above

- Complete oral examination;
- Inside the mouth pictures, full set of mouth pictures;
- Complete false teeth, upper jaw;
- Complete false teeth, lower jaw;
- Immediate false teeth, upper jaw;
- Immediate false teeth, lower;
- Upper jaw partial false teeth, resin base (including clasps);
- Lower jaw partial false teeth, resin base (including clasps);

- Repair broken complete false teeth base;
- Replace missing or broken tooth, complete false teeth, per tooth;
- Repair resin denture base, partial false teeth;
- Repair or replace broken clasp, partial denture;
- Replace broken teeth, partial false teeth, per tooth;
- Add tooth to existing partial false teeth;
- Add clasp to existing partial false teeth;
- Reline complete upper false teeth (laboratory);
- Reline complete lower false teeth (laboratory);
- Reline upper partial false teeth (laboratory);
- Reline lower partial false teeth (laboratory); and
- Unspecified removable false teeth procedure.

Louisiana Medicaid Dental Services for the Adult Waiver Recipients (aged 21+)

- Diagnostic Services including oral examinations, x-rays and oral/ facial images, molds of the mouth and accession of tissue – gross and microscopic examinations;
- Preventative Services which include prophylaxis, topical fluoride treatments, Interim caries arresting medicament application;
- Restorative Services which include silver fillings, tooth color fillings, stainless steel crowns, pins, core build-ups, pre-fabricated posts and cores, resin-based composite restorations, and unspecified restorative procedures;
- Endodontic Services which include pulp capping, pulpotomy, root therapy on primary and permanent teeth (including treatment plan, clinical procedures and follow-up care), apexification/recalcification, apicoectomy/periarticular services and unspecified endodontic procedures;
- Periodontics Services which include gingivectomy, periodontal scaling and root planning, full mouth debridement, and unspecified periodontal procedures;

- Prosthodontic Services which include complete dentures, partial dentures, denture repairs, denture relines and unspecified prosthodontics procedures;
- Fixed Prosthodontics services which include pontic - porcelain fused to predominantly base metal, retainer - cast metal for resin bonded fixed prosthesis and other unspecified fixed partial denture services;
- Oral and Maxillofacial Surgery Services which include nonsurgical extractions, surgical extractions, coronal remnants extractions, other surgical procedures, alveoplasty, surgical incision, and other unspecified repair procedures;
- Orthodontic Services which include comprehensive orthodontic treatment; and
- Adjunctive General Services which include palliative (emergency) treatment, anesthesia, occlusal guard, miscellaneous services, and unspecified adjunctive procedures

EXCLUSIONS AND LIMITATIONS

Service Requirements

DentaQuest pays for services that it determines are medically necessary and do not duplicate another provider's service. According to the state of Louisiana, "medical necessity" means the services must meet the following criteria:

- The services must be individualized, specific, consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
- The services cannot be experimental or investigational;
- The services must reflect the level of services that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide; and
- The services must be furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

The fact that a network dentist has prescribed, recommended, or approved medical or allied care, goods, or services does not make such care, goods, or services medically necessary or a covered service.

Exclusions

DentaQuest does not cover the following dental services:

- Applying fluoride to a tooth before restoration
- Crowns provided solely for cosmetic reasons
- Any treatment that cannot be performed due to the members general health or physicals limits. This information is provided by the members personal doctor or may be determined by the treating dentist/specialist or dental director.
- Any dental service considered experimental by a participating dentist/specialist or the dental director
- The Louisiana Medicaid health plan pays for medicine prescribed by the dentist
- Any treatment entirely paid for by your work because you were injured at work, by a federal or state government agency, or other insurance coverage that you might have.
- Any treatment provided without cost by any municipality, county, or other political subdivision
- Any dental care provided by a dentist or specialist that is not in your plan, except in emergency cases
- The participating dentist has the right to not treat a member who doesn't follow a recommended treatment plan
- Any implant services
- Replacing lost tooth structure only for cosmetic reasons
- Removal of teeth, when teeth show no signs of infection including but not limited to the removal of wisdom teeth
- Treatment or removal of non-infected baby teeth when normal loss is going to happen anyways

- Accidental injury defined as damage to the hard and soft tissue of the oral cavity resulting from forces external to the mouth (this is usually handled through the member's Louisiana Medicaid health insurance coverage)
- Tissue and Bone cleaning of the teeth without cleaning the exposed root surfaces.
- No cavities or previous fillings may be present on the surface of the tooth on which a sealant is applied
- Partial dentures are not covered) 1 where there are at least eight back teeth in the bite; or) 2 for a single tooth replacement unless it is a missing front tooth
- Braces for cosmetic reasons

Limitations

- Fillings are limited to one tooth per surface every three years
- Tooth colored fillings on back teeth are limited to once every three years per tooth surface
- Sealants can only be applied to a tooth one time every three years. Sealants are only covered on permanent first and second molars, tooth numbers: 2, 3, 14, 15, 18, 19, 30, 31
- Space maintainers are limited to appliances that cannot be removed, must be passive in nature and hold the space for at least six months.
- Treatment that relieves pain but doesn't cure it is limited to when temporary treatment is better than long term treatment.
- Root canal therapy is only allowed when the tooth has a restorable crown, the outlook of the tooth is not questionable, and the baby tooth is not expected to fall out within 18 months of treatment.

TERMS AND DEFINITIONS

Abuse	When providers are not the same in their money, business, or medical practice it can cost the Medicaid program more money. This can also cause Medicaid to pay for things that are not needed or do not meet professional healthcare standards. It also includes enrollee practices that result in unnecessary cost to the Medicaid program.
Appeal	A request for a review of an action.
Appeal Procedure	Your right to challenge a benefit decision by the DBPM. This can be done verbally or in writing.
Beneficiary	An individual who is eligible for Louisiana Medicaid.
Bureau of Health Services Financing (BHSF)	The agency within the Louisiana Department of Health, Office of Management and Finance that has been chosen as Louisiana’s single state Medicaid agency to manage the Medicaid and CHIP programs.
Business Day	Normal workdays, including Monday, Tuesday, Wednesday, Thursday, and Friday. We are not open on state holidays. Normal work hours are 8:00 a.m. – 5:00 p.m., unless we state otherwise.
Copayment	Any amount for which the Medicaid DBPM enrollee is responsible.
Covered Dental Benefits and Services	A list of health benefits and services that we must provide by the DBPM to Medicaid enrollees. These are stated under terms and conditions of this Contract and the Louisiana Medicaid State Plan.

Cultural Competency	A set of social skills that allow people to increase their understanding, appreciation, acceptance of and respect for cultural differences and similarities within, among and between groups and the sensitivity to how these differences influence relationships with enrollees. This requires a willingness and ability to draw on community-based values, traditions and customs, to devise strategies to better meet culturally diverse enrollee needs, and to work with knowledgeable persons of and from the community in developing focused interactions, communications, and other supports.
Early and Periodic Screening, Diagnosis and Treatment (EPSDT)	A federally required Medicaid benefit for individuals under the age of twenty-one (21) years that expands coverage for children and adolescents beyond adult limits to ensure availability of 1) screening and diagnostic services to determine physical or mental defects and 2) healthcare, treatment, and other measures to correct or ameliorate any defects and chronic conditions discovered. EPSDT requirements help to ensure access to all medically necessary health services within the federal definition of “medical assistance.”
Eligibility Determination	The process by which an individual maybe determined eligible for Medicaid or CHIP.
Eligible	An individual that qualifies for assistance in accordance with the Medicaid State Plan(s) under Title XIX (Medicaid) or Title XXI (CHIP) of the Social Security Act.

Emergency Dental Condition	<p>A dental condition that shows outward signs of serious pain and symptoms. It should be painful enough that a normal person who knows a normal amount about dentistry can tell there is a problem and knows you need to see a doctor right away. If you don't see a doctor right away, then the following things might happen:</p> <ul style="list-style-type: none"> • Placing the health of the individual in serious jeopardy. • Serious impairment to bodily functions. • Serious dysfunction of any bodily organ or part. <p>These are not all of the reasons, but some reason for an emergency dental condition might be bleeding that won't stop; visible infection; sudden and painful injury to the teeth and gums; or swelling of the face or gums that aren't usually there.</p>
Emergency Dental Services	<p>When you need to see someone right away because you are experiencing an 'Emergency Dental Condition'. Emergency dental conditions may be needed to relieve intense pain, stop bleeding, fix a sudden injury to the teeth, supporting structures (periodontal membrane, gum, the bone that holds the teeth), jaws, and tissue of the mouth.</p>
Enrollee	<p>The method led by the DBPM or enrollment broker by which an eligible Medicaid beneficiary becomes an enrollee with the DBPM.</p>
Federally Qualified Health Center (FQHC)	<p>An entity that receives a grant under Section 330 of the Public Health Service Acts as amended (Also see Section 1905(1)(2)(B) of the Social Security Act) to provide primary healthcare and related diagnostic, optometric, podiatry, chiropractic, and behavioral health services.</p>

Fraud	<p>As relates to Medicaid Program Integrity, when you make a plan to not tell the truth about a benefit that was provided to gain financial benefit. It includes any act that constitutes fraud under applicable federal or state law. Fraud may include deliberate misrepresentation of need or eligibility; providing false information concerning costs or conditions to obtain payment or certification; or claiming payment for services which were never delivered or received.</p>
Grievance	<p>When the enrollee expresses that they are not happy with the benefit decision that was made or that care that was given. Examples of grievances include not being satisfied with quality of care, quality of service, rudeness of a provider or a network employee and network administration practices. Administrative grievances are generally those relating to dissatisfaction with the delivery of administrative services, coverage issues, and access to care issues.</p>
HIPAA Privacy Rule	<p>Health Insurance Portability and Accountability Act (HIPAA) federal standards for the privacy of individually identifiable health information, found at 45 CFR Part 164, Subpart E.</p>
HIPAA Security Rule	<p>Health Insurance Portability and Accountability Act (HIPAA) federal standards for the security of individually identifiable health information, found at 45 CFR Part 164, Subpart C.</p>
Indian Health Care Provider (IHCP)	<p>A health care program operated by the Indian Health Service (IHS) or by an Indian Tribe, Tribal Organization, or Urban Indian Organization (otherwise known as an I/T/U) as those terms are defined in Section 4 of the Indian Health Care Improvement Act (25U.S.C.§1603).</p>

Indian Managed Care Entity (IMCE)	An MCO, PIHP, PAHP, PCCM, or PCCM entity that is controlled (within the meaning of the last sentence of Section 1903(m)(1)(C) of the Act) by the Indian Health Service, a Tribe, Tribal Organization, or Urban Indian Organization, or a consortium. It may be composed of one or more Tribes, Tribal Organizations, or Urban Indian Organizations, and which also may include the Service.
Louisiana Medicaid State Plan	The binding written agreement between Louisiana's Department of Health through LDH and CMS which describes how the Medicaid program is administered. It determines the services for which LDH will receive federal financial participation.
Medicaid	A means tested federal-state entitlement program enacted in 1965 by Title XIX of the Social Security Act Amendment. Medicaid offers federal matching funds to states for costs incurred in paying healthcare providers for serving covered individuals.
Medical Record	This is a complete record of all an enrollee's treatment. This includes documents, medical goods, and services, and can also include outpatient and surgery services, and emergency services. Even if it wasn't provided by DBPM it can still be included in your records. The records will include provider agreements and out-of-network providers. The records can be electronic, paper, magnetic material, film or other media. In order for services to get paid, the records must be dated, legible and signed or otherwise attested to, as appropriate to the media.

Medically Necessary Services	<p>A. Medically necessary services are defined as those health care services that are considered by most doctors (or other independent licensed practitioners) within the community of their own professional organizations to be the standard of care.</p> <p>B. In order to be considered medically necessary, services must be:</p> <ol style="list-style-type: none"> 1. deemed reasonably necessary to diagnose, correct, cure, alleviate or prevent the worsening of a condition or conditions that endanger life, cause suffering or pain or have resulted or will result in a handicap, physical deformity, or malfunction; and 2. When there is no better option available or there is no option that is more cost effective and can provide the same level of care. <p>C. Any such services must be custom, specific and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment. It should be no more or less than what the recipient needs at that specific point in time.</p> <p>D. Although a service may be decided as medically necessary, it doesn't mean the service will be covered under the Medicaid Program. Services that are experimental, non-FDA approved, investigational or cosmetic are specifically excluded from Medicaid coverage and will be deemed "not medically necessary."</p> <ol style="list-style-type: none"> 1. The Medicaid director, in consultation with the Medicaid medical director, may consider authorizing services on a case by-case basis.
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Member	As it relates to this contract, refers to a Medicaid enrollee. We may use the term “member” when we make marketing and educating materials that are given to enrollees.
Non-Covered Services	Services not covered under the Title XIX Louisiana State Medicaid Plan.
Non-Emergency	When you have a problem that doesn't need immediate attention, like pain relief, bleeding, visible infection, or a traumatic injury to your teeth, supporting structures (periodontal membrane, gingival, alveolar bone), jaws, and tissue of the mouth. If you have those issues, you should be seen.
Preventive Care	The dental care that you receive that helps keep your teeth and gums healthy. It also helps to prevent cavities and mouth disease.
Primary Dental Provider (PDP)	A provider of primary dental services.
Primary Dental Services	When your dental needs and laboratory services are offered by a primary care provider. These services include: evaluation, diagnosis, prevention, and treatment of diseases, disorders, or conditions of the mouth cavity, jaw areas. It also includes when referrals to a specialty doctors and secondary providers are needed.
Prior Authorization	The process of deciding if something is medically necessary before services are provided.
Protected Health Information (PHI)	Health information that is able exclusively maintained. This information can be transmitted in any form. The disclosures for this are defined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Provider Directory	A list of dental providers that are in contract with DBPM. This list is given to you as a reference to help you find providers that are able to provide services to enrollees.
Representative	Any person who has been chosen and given the authority to make decisions for another person. Also known as the authorized representative or AR.
Responsible Party	This is the person who is in charge of making decisions on behalf of the Medicaid enrollee. This individual is usually the head of the household. This is the same individual that completes and signs the Medicaid application on behalf of a covered individual, agreeing to the rights and responsibilities associated with Medicaid coverage.
Rural Area	Any area that meets the federal Office of Management and Budget definition of rural.
Rural Health Clinic (RHC)	This is a clinic that is located in an area where there aren't a lot of other providers around. They are allowed to take special Medicare and Medicaid payment rates since there is a shortage of doctors in that area. RHCs provide different services such as foot care, eye care, chiropractic care and behavioral health services. RHCs must be reimbursed by the DBPM using prospective payment system (PPS) methodology.
Second Opinion	Following your first medical option, you are allowed to go to a different provider to get an opinion that may be different from the first provider. The helps to determine what services may or may not be medically necessary.

Service Authorization	When a health professional reviews the service that reviews the activity from before, during and after. They review it in order to authorize, partially deny, or deny the whole payment of the service. This can include a service that was requested by the DBPM enrollee. Service authorization constantly spend time reviewing criteria.
Social Security Act	The Social Security Act of 1935 (42 U.S.C.A. §301 et seq.) as edited which covers the Medicaid Program (Title XIX) and CHIP Program (Title XXI).
Timely	Happening at the correct or most useful time. This includes within the time required by statute or rules and regulations, the contract, or policy requirements.
Title XIX	Title of the Social Security Act of 1935, as amended, that encompasses and governs the Medicaid Program.
Title XXI	Title of the Social Security Act of 1935, as amended, that encompasses and governs the Children's Health Insurance Program (CHIP).
TTY/TTD	Telephone Typewriter and Telecommunication Device for the Deaf. This allows deaf callers to have access to an interpreter for phone calls.
Urban Area	Any area that meets the Federal Office of Planning and Budget definition of urban.
Urgent Care	Medical care that is provided immediately to help avoid the problem turning into an emergency. This helps to avoid medical issues that could turn into a bigger treatment. Urgent care requires timely face-to-face medical attention within twenty-four (24) hours of enrollee notification of the existence of an urgent condition.

Utilization	The cost patterns of how often a service is used within a certain amount of time.
Utilization Management (UM)	How they decide what dental services, procedures and facilities are medically necessary and appropriate. UM is inclusive of utilization review and service authorization.
Waiting Time(s)	Time spent both in the lobby and in the exam room prior to being seen by a provider.

NONDISCRIMINATION NOTICE

DentaQuest follows the Federal civil rights laws. DentaQuest does not treat people differently because of race, color, national origin, age, disability, or sex. DentaQuest will:

- Give you free help if you have a disability. These services are to help you communicate with us. We can give you:
- Skilled sign language interpreters
- Written information in other formats (large print, audio, and clear electronic formats)
- Give you free language services if you do not speak English. We can give you:
 - Skilled interpreters
 - Information written in other languages

Our website will give you the phone number you can call to get these free services. These phone numbers may be specific to your state and health plan. Our website address is: <http://www.dentaquest.com/members/>

You can file a complaint if you feel we have not given you the services listed above for language and hearing/visual assistance when you need them. You can also file a complaint if you feel we have treated you differently because of your race, color, national origin, age, disability, or sex. You can file the complaint with:

Contract and Regulatory Compliance Officer
465 Medford Street
Boston, MA 02129
Fax: 617-886-1390
Email: FairTreatment@greatdentalplans.com
TTY: 711

You can file a complaint in person or by mail, fax, or email. If you need help filing a complaint, we can help you.

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 <http://www.hhs.gov/ocr/office/file/index.html>.

You can file a complaint online 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)

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

English	ATTENTION: If you speak [language], you have services available to you free of charge for language assistance. Call 1-800-685-0143 (TTY: 1-800-466-7566).
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-685-0143 (TTY: 1-800-466-7566).
French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-685-0143 (ATS : 1-800-466-7566).
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-685-0143 (TTY: 1-800-466-7566).
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 1-800-685-0143 (TTY : 1-800-466-7566)。
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-685-0143 (رقم هاتف الصم والبكم: 1-800-466-7566).
Tagalog (Filipino)	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-685-0143 (TTY: 1-800-466-7566).
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-685-0143 (TTY: 1-800-466-7566)번으로 전화 해주십시오.

Portuguese	ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-685-0143 (TTY: 1-800-466-7566).
Lao	ໄປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-685-0143 (TTY: 1-800-466-7566).
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。1-800-685-0143 (TTY:1-800-466-7566)まで、お電話にてご連絡ください。
Urdu	خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-685-0143 (TTY: 1-800-466-7566)۔
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-685-0143 (TTY: 1-800-466-7566).
Farsi	وجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-685-0143 (TTY: 1-800-466-7566) تماس بگیرید.
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-685-0143 (телетайп: 1-800-466-7566).
Thai	เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-685-0143 (TTY: 1-800-466-7566).

DENTAQUEST MEMBER REWARD PROGRAM

To get your oral health reward fill out the form and return by mail to DentaQuest. Don't forget to have your dentist sign the form if you had sealants or a tooth removed.

Ages 6-14 years: I had my adult molars sealed today!
Please send my oral health kit.

Ages 21 years and older: I had a tooth removed and took the online pain medication safety course! Please send my \$10 Amazon gift card.
Course code: _____

Ages 21 years and older: I took the new member oral health survey!
Please send my oral health kit.

Member Information

First Name Last Name Date of Birth

Mailing Address

City, State Zip Code Phone

Medicaid Member ID Number

Dentist Information

(Please sign or stamp to confirm the member above received these services)

Location Name (please print) Provider Name (please print)

Provider Signature Date of Service

Provider NPI Number

Mail or email the completed form to DentaQuest

Mail this form to:

DentaQuest
ATTN: Case Management
11100 W. Liberty Drive
Milwaukee, WI 53224

If you have questions, please call DentaQuest Member Services at 1-800-685-0143 (TDD/TTY 711 or 1-800-466-7566) Monday through Friday from 7 a.m. to 7 p.m.

NEW MEMBER SURVEY

In order to provide the best care possible, please answer the questions below.

Complete a survey for each Louisiana State Medicaid Dental Health Program member in your family. Mail the completed form(s) back to mailing address listed below.

Additional new member surveys can be downloaded from DentaQuest.com/Louisiana.

Your Dental History

Member Name: _____

Medicaid ID Number: _____

1. How would you rate your overall oral health?

- Very poor
- Poor
- Average
- Good
- Very good

2. How often do you

- a. Brush and floss your teeth?
- b. Have sugary drinks?
- c. Do you have city water or well water?

3. Do you have a Dental Home and when was your last dental visit?

- Yes No

If yes, Month: _____ Year: _____

4. What did the dentist do at your appointment? Check all that apply.

- Checkup (exam and X-rays)
- Cleaning
- Fillings
- Tooth ache
- Root canal/crown

Dentures

Other _____

5. Have you visited the Emergency Department in the last 12 months for dental related problems?

- Yes No

If yes, please explain:

6. Are you currently experiencing any tooth pain or other dental issues?

- Yes No

If yes, can we contact you to assist with scheduling an appointment?

- Yes No

Best number to reach you: _____

Best time/day to reach you: _____

Other Medical Conditions

We care about our member's health from head to toe. Chronic medical conditions could affect your oral health.

7. Do you have any chronic medical conditions or are you pregnant?

- Yes No

8. If yes, please indicate which chronic condition

- Pregnant
- Diabetes
- Heart disease
- Kidney disease
- Lung disease
- Cancer
- Behavioral health/substance use
- Other _____

Other Needs

9. Do you need help getting the care you need?

Yes No

10. If yes, what are the problems that prevent you from getting care? Check all that apply.

Transportation

Language

Housing

Utilities (electricity)

Food

Other _____

11. What state Medicaid managed care plan are you with?

12. Who is your primary care provider?

Mail this form to:

DentaQuest

ATTN: Case Management

11100 W. Liberty Drive

Milwaukee, WI 53224

If you have questions, please call DentaQuest Member Services at 1-800-685-0143 (TDD/TTY 711 or 1-800-466-7566) Monday through Friday from 7 a.m. to 7 p.m.

DentaQuest[®] 

a Sun Life company

**11100 W. Liberty Drive
Milwaukee, WI 53224**

Inventory number: DQ1833 (2.25) HB/EN