



# LOUISIANA MEDICAID DENTAL PROGRAM

**JANUARY 2021  
MEMBER HANDBOOK**



## 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](https://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](https://DentaQuest.com/Louisiana)

### Secure Member Website

[MemberAccess.DentaQuest.com](https://MemberAccess.DentaQuest.com)

You can change your/your child(ren)'s household's dental home by logging on to [MemberAccess.DentaQuest.com](https://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](https://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.

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## FIND A DENTAL PROVIDER

DentaQuest can help you find a dental provider 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](http://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.

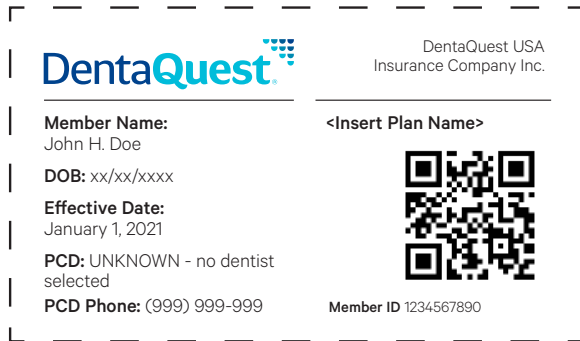
- Date of Birth – is the member’s birth date.
- Plan Name – shows that you have joined the Louisiana Medicaid Dental Program.
- Primary Care Dentist (PCD) – is the dentist the member chose or is assigned to.
- Primary Care Dentist (PCD) Dental Phone – is the dentist’s phone number.

### 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](http://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](http://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

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 and discloses your health information to facilitate your treatment, coordinate payment for treatment, and for other related health care operations. Examples of these uses and disclosures include:

- **Treatment:** DentaQuest discloses your health information to dentists who are providing treatment to you or coordinating care with another provider, such as a specialist, for the purposes of facilitating your treatment. For example, we may discuss your treatment plan with your provider.
- **Payment:** DentaQuest uses and discloses your health information for payment purposes. For example, we pay claims submitted by providers who provide treatment to you.
- **Health Care Operations:** DentaQuest discloses your health information for health care operations in the normal course of our business. For example, we may use or disclose your information for purposes of underwriting, enrollment, and other activities related to creating, renewing, or replacing a benefits plan. We may not, however, use or disclose genetic information for underwriting purposes.

We comply with all applicable state and federal laws, including any laws that impact our ability to use your health information for payment and operations.

### Other Services:

DentaQuest may also use or disclose your health information 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 described in this notice, we may not use or disclose your information without your written authorization. You may give us written authorization to use your protected health information or to disclose it to anyone for any purpose. If you give us written authorization, you may revoke it at any time by notifying us of your revocation in writing. Your revocation will not affect any use or disclosure permitted by the authorization while it was in effect.

We need your written authorization to sell information about you to a third party or, in most circumstances, to use or disclose your information to send you communications about products and services. We do not need your written authorization, however, to send you communications about health-related products or services, as long as the products or services are associated with your coverage or are offered by us.

## Your Right to Protection of Your Health Information

Below is a list of your rights with respect to your protected health information. You may exercise any of these rights by contacting the Privacy Officer using the contact information listed below.

- You have the right to request restrictions on certain uses and disclosures of protected health information. Please be aware that DentaQuest is not required to agree to the requested restriction.
- You have the right to receive communications of protected health information from DentaQuest at an alternative address or using alternative means (i.e., email), provided that disclosure of all or part of the information using the current delivery method could not endanger you.
- You have the right to see or obtain one (1) free copy per calendar year of your protected health information that we maintain about you in a designated record set (certain fees may apply) upon your request.

- You have the right to amend the protected health information that we maintain about you in a designated record set if it is incorrect or outdated.
- You have the right to request a paper copy of this notice

## DentaQuest's Obligations to Protect Your Health Information:

As your dental insurance company or the administrator of your dental benefits, DentaQuest is required by law and by its contractual obligations to:

- Maintain the privacy of your health information;
- Provide you with notice of our legal duties and a description of our privacy practices with respect to your protected health information; and
- Notify affected parties of a breach of unsecured protected health information.
- Notify Louisiana Medicaid members that their protected health information is subject to electronic disclosure.

DentaQuest is obligated to provide this notice to you and abide by the terms of the notice currently in effect. We reserve the right to change privacy practices and make new practices effective for all the information we maintain. We will notify you of a material change to our privacy notice. Revised notices will be available to you at our website [DentaQuest.com/Louisiana](http://DentaQuest.com/Louisiana) and, upon request, we will mail a revised notice to you.

## Member Services

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

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 assistance, contact your medical health plan.

## Your Member Rights

As a recipient of Medicaid and an enrollee in a plan, 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 participating in such 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 grievance about any matter other than a plan's decision about your services.
- Appeal 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.

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## 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. Let them know you would like 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 within 24 hours of an urgent condition that does not require authorization and within 48 hours for services that require authorization. Your health or life are not usually in danger, but you cannot wait to see your/your child(ren)'s PCD or it is after your/your child(ren)'s PCD office has 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

Enrollee's have the right to participate in decisions regarding their health care, including the right to refuse treatment, and to express preferences about future treatment decisions. (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.

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## 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. Your appeal should be sent 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 in writing to have another person request your appeal. If the appeal form is not received in writing within 15 calendar days, we will close your appeal. 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/](http://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

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/](http://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

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## **HELPING YOU BE HEALTHY**

### **Health Education**

You can go to DentaQuest website [DentaQuest.com/Louisiana](http://DentaQuest.com/Louisiana) to get educational information on oral health.

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## **OTHER PLAN DETAILS**

### **Change Plans**

Leaving a plan is called disenrolling. 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. 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](http://DentaQuest.com/Louisiana).

## Providers Not in Our Plan

There are some times 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.

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# 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](http://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.

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# 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)

## What is the Adult Denture Program?

If you are missing all of your teeth on the top or bottom of your mouth you are able to 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.

## 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 oral examinations, radiographs and oral/facial images, diagnostic casts and accession of tissue – gross and microscopic examinations;
- Preventative Services which include prophylaxis, topical fluoride treatments, sealants, fixed space maintainers and re-cementation of space maintainers;
- Restorative Services which include amalgam restorations, composite restorations, stainless steel and polycarbonate crowns, stainless steel crowns with resin window, pins, core build-ups, pre-fabricated posts and cores, resin-based composite restorations, appliance removal, and unspecified restorative procedures;
- Endodontic Services which include pulp capping, pulpotomy, endodontic therapy on primary and permanent teeth (including treatment plan, clinical procedures and follow-up care), apexification/recalcification, apicoectomy/periradicular 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 fixed partial denture pontic, fixed partial denture retainer and other unspecified fixed partial denture services;
- Oral and Maxillofacial Surgery Services which include non-surgical extractions, surgical extractions, coronal remnants extractions, other surgical procedures, alveoloplasty, surgical incision, temporomandibular joint (TMJ) procedure and other unspecified repair procedures;
- Orthodontic Services which include interceptive and comprehensive orthodontic treatments, minor treatment to control harmful habits and other orthodontic services; and
- Adjunctive General Services which include palliative (emergency) treatment, anesthesia, professional visits, miscellaneous services, and unspecified adjunctive procedures.

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

- Comprehensive oral examination;
- Intraoral radiographs, complete series;
- Complete denture, maxillary;
- Complete denture, mandibular;
- Immediate denture, maxillary;
- Immediate denture, mandibular;
- Maxillary partial denture, resin base (including clasps);
- Mandibular partial denture, resin base (including clasps);
- Repair broken complete denture base;
- Replace missing or broken tooth, complete denture, per tooth;
- Repair resin denture base, partial denture;

- Repair or replace broken clasp, partial denture;
- Replace broken teeth, partial denture, per tooth;
- Add tooth to existing partial denture;
- Add clasp to existing partial denture;
- Reline complete maxillary denture (laboratory);
- Reline complete mandibular denture (laboratory);
- Reline maxillary partial denture (laboratory);
- Reline mandibular partial denture (laboratory); and
- Unspecified removable prosthodontic procedure.

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## **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:

- Application of fluoride to a tooth prior to restoration
- Crowns provided solely for cosmetic reasons
- Any treatment, which cannot be performed because of the general health and physical limits of the eligible member, as indicated by said member's personal physician, or the dentist/specialist or the dental director
- Any dental procedure considered experimental by a participating dentist/specialist or the dental director
- The Louisiana Medicaid health plan pays for prescriptions prescribed by the dentist
- Any treatment entirely paid for by workers' compensation or employer's liability laws, by a federal or state government agency, or other insurance coverage carried by the member.
- Any treatment provided without cost by any municipality, county or other political subdivision
- Any dental care provided by a non-participating general dentist or specialist except in emergency cases
- The participating dentist shall have the right to refuse treatment to a member who fails to follow a prescribed course of treatment
- Implant placement or removal, appliances placed on or services associated with implants
- Restorations placed solely for cosmetic reasons
- Extraction of teeth, when teeth are asymptomatic (show no signs of infection) including but not limited to the removal of third molars
- Treatment or extraction of non-infected primary teeth when normal loss is imminent
- 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)

- Periodontal scaling in the absence of root planing
- No caries or existing amalgam or resin restoration 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 posterior teeth in occlusion; or 2) for a single tooth replacement unless it is a missing anterior tooth
- Braces for cosmetic reasons

## Limitations

- Fillings are limited to one tooth per surface every three years
- Composite/resin restorations on posterior teeth are limited to once every three years per tooth surface
- Sealants are limited to one application per tooth 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 fixed appliances, must be passive in nature and maintain the space for at least six months
- Palliative treatment is limited to those instances where circumstances contraindicate more definitive treatment or services
- Root canal therapy is limited to those situations where the teeth have a restorable crown, the prognosis of the tooth is not questionable and the exfoliation of the deciduous tooth is not anticipated within 18 months

## TERMS AND DEFINITIONS

Abuse	Provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in unnecessary cost to the Medicaid program, or in payment for services that are not medically necessary or that fail to meet professionally recognized standards for healthcare. 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	A formal process whereby an enrollee has the right to contest an adverse benefit determination by the DBPM.
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 designated as Louisiana's single state Medicaid agency to administer the Medicaid and CHIP programs.
Business Day	Traditional workdays, including Monday, Tuesday, Wednesday, Thursday and Friday. State holidays are excluded and traditional work hours are 8:00 a.m. – 5:00 p.m., unless the context clearly indicates otherwise.
Copayment	Any cost sharing payment for which the Medicaid DBPM enrollee is responsible.
Covered Dental Benefits and Services	A schedule of healthcare benefits and services required to be provided by the DBPM to Medicaid enrollees as specified under the terms and conditions of this Contract and the Louisiana Medicaid State Plan.

Cultural Competency	A set of interpersonal skills that allow individuals 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 may be determined eligible for Medicaid or CHIP.
Eligible	An individual determined eligible or 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 manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, who possesses an average knowledge of dentistry and medicine, could reasonably expect the absence of immediate dental attention to result in the following:</p> <ul style="list-style-type: none"> <li>• Placing the health of the individual in serious jeopardy.</li> <li>• Serious impairment to bodily functions.</li> <li>• Serious dysfunction of any bodily organ or part.</li> </ul> <p>A dental or oral condition that requires immediate services for relief of symptoms and stabilization of the condition; such conditions include severe pain; hemorrhage; acute infection; traumatic injury to the teeth and surrounding tissue; or unusual swelling of the face or gums.</p>
Emergency Dental Services	Those services necessary for the treatment of any condition requiring immediate attention for the relief of pain, hemorrhage, acute infection, or traumatic injury to the teeth, supporting structures (periodontal membrane, gingival, alveolar bone), jaws, and tissue of the oral cavity.
Enrollee	The process conducted by the DBPM or enrollment broker by which an eligible Medicaid beneficiary becomes an enrollee with the DBPM.
Federally Qualified Health Center (FQHC)	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.

Fraud	As relates to Medicaid Program Integrity, an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to him or some other person. 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.
Grievance	An expression of enrollee dissatisfaction about any matter other than an adverse benefit determination. Examples of grievances include dissatisfaction 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.
HIPAA Privacy Rule	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.
HIPAA Security Rule	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.
Indian Health Care Provider (IHCP)	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).

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, which 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 and 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	A single complete record kept at the site of the enrollee's treatment(s), which documents, medical or allied goods and services, including, but not limited to, outpatient and emergency medical healthcare services whether provided by the DBPM, its provider agreement, or any out-of-network providers. The records maybe electronic, paper, magnetic material, film or other media. In order to qualify as a basis for payment, 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 in accordance with generally accepted evidence-based medical standards or that are considered by most physicians (or other independent licensed practitioners) within the community of their respective 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"> <li>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</li> <li>2. those for which no equally effective, more conservative and less costly course of treatment is available or suitable for the recipient.</li> </ol> <p>C. Any such services must be individualized, specific and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and neither more nor less than what the recipient requires at that specific point in time.</p> <p>D. Although a service may be deemed 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"> <li>1. The Medicaid director, in consultation with the Medicaid medical director, may consider authorizing services at his discretion on a case-by-case basis.</li> </ol>
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Member	As it relates to this contract, refers to a Medicaid enrollee. For marketing and education materials, or other informational materials provided to the enrollee, the term “member” may be used.
Non-Covered Services	Services not covered under the Title XIX Louisiana State Medicaid Plan.
Non-Emergency	A condition not requiring immediate attention for the relief of pain, hemorrhage, acute infection, or traumatic injury to the teeth, supporting structures (periodontal membrane, gingival, alveolar bone), jaws, and tissue of the oral cavity.
Preventive Care	Dental care-related procedures or treatments that are meant to preserve healthy teeth and gums and to prevent dental caries and oral disease.
Primary Dental Provider (PDP)	A provider of primary dental services.
Primary Dental Services	Dental services and laboratory services customarily furnished by or through a primary dental provider for evaluation, diagnosis, prevention, and treatment of diseases, disorders, or conditions of the oral cavity, maxillofacial areas, or the adjacent and associated structures through direct service to the enrollee when possible, or through appropriate referral to specialists and/or ancillary providers.
Prior Authorization	The process of determining medical necessity for specific services before they are rendered.
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).

Provider Directory	A listing of dental service providers under contract with the DBPM that is prepared by the DBPM as a reference tool to assist enrollees in locating providers that are available to provide services.
Representative	Any person who has been delegated the authority to obligate or act on behalf of another. Also known as the authorized representative or AR.
Responsible Party	An individual, often the head of household, who is authorized to make decisions and act on behalf of the Medicaid enrollee. 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 parish that meets the federal Office of Management and Budget definition of rural.
Rural Health Clinic (RHC)	A clinic located in an area that has a healthcare provider shortage and is certified to receive special Medicare and Medicaid payment rates. RHCs provide primary healthcare and related diagnostic services and may provide optometric, podiatry, chiropractic and behavioral health services. RHCs must be reimbursed by the DBPM using prospective payment system (PPS) methodology.
Second Opinion	Subsequent to an initial medical opinion, an opportunity or requirement to obtain a clinical evaluation by a provider other than the provider originally making a recommendation for a proposed health service, to assess the clinical necessity and appropriateness of the initial proposed health service.

Service Authorization	A utilization management activity that includes prior, concurrent, or post review of a service by a qualified health professional to authorize, partially deny, or deny in whole the payment of a service, including a service requested by the DBPM enrollee. Service authorization activities consistently apply review criteria.
Social Security Act	The Social Security Act of 1935 (42 U.S.C.A. §301 et seq.) as amended which encompasses the Medicaid Program (Title XIX) and CHIP Program (Title XXI).
Timely	Existing or taking place within the designated period; 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, which allows for interpreter capability for deaf callers.
Urban Area	Any parish that meets the federal Office of Planning and Budget definition of urban.

Urgent Care	Medical care provided for a condition that without timely treatment, could be expected to deteriorate into an emergency, or cause prolonged, temporary impairment in one or more bodily function, or cause the development of a chronic illness or need for a more complex 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 rate patterns of service usage or types of service occurring within a specified period of time.
Utilization Management (UM)	The process to evaluate the medical necessity, appropriateness, and efficiency of the use of dental services, procedures, and facilities. UM is inclusive of utilization review and service authorization.
Waiting Time(s)	Time spent both in the lobby and in the examination 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:

Ugonna Onyekwu  
Civil Rights Coordinator  
Compliance Department  
465 Medford Street  
Boston, MA 02129  
Fax: 617-886-1390  
Email: [FairTreatment@greatdentalplans.com](mailto: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۔ 1-xxx-xxx-xxxx (1-800-685-0143) - کال کریں۔ (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	<b>وجه:</b> 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) xxx).

# 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.

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

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

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

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## Member Information

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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.

# UPDATING YOUR CONTACT INFORMATION

If your contract information (your name, phone, address or county) has changed please let us know. We want to be able to send you information about your Medicaid dental benefits.

If you have a change in your contact information, you need to follow these steps:

1. 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. You can also visit the Louisiana Medicaid website at MyMedicaid.la.gov or visit a regional Medicaid eligibility office.
2. Fill out this form and mail it to DentaQuest. You can also find this form online at **DentaQuest.com**.

**Member Name:** \_\_\_\_\_

**Medicaid ID Number:** \_\_\_\_\_

**New Phone Number:** \_\_\_\_\_

Cell Phone       Landline

**New Address**

\_\_\_\_\_

\_\_\_\_\_

City	State	Zip	County
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**Member Name:** \_\_\_\_\_

**Medicaid ID Number:** \_\_\_\_\_

**New phone number:** \_\_\_\_\_

Cell Phone       Landline

**New Address**

\_\_\_\_\_

\_\_\_\_\_

City	State	Zip	County
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# 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](http://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?

\_\_\_\_\_

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Inventory number: DQ1833 (1.21) HB/EN