



TEXAS MEDICAID DENTAL SERVICES MEMBER HANDBOOK

SEPTEMBER 2025

Member Services Toll-Free Number
1-800-516-0165



DentaQuest[®]
a Sun Life company

Underwritten by DentaQuest, USA Insurance Company
DQ1755 (07.25)

PHONE NUMBERS TO REMEMBER

English and Spanish speaking telephone representatives are available in our member call center and will help you to:

- Choose a dentist.
- Change to another dentist.
- Get information on dental health.
- Get information on health fairs and health education classes.
- Get help and information on all your dental plan services.
- Get translation and interpreter services.
- Get help with filing complaints and appeals.

Toll free telephone number:

1-800-516-0165

Spanish speaking representatives are available.

Interpreter services are available in other languages.

Toll free number for the hearing impaired:

7-1-1 (TDD/TTY)

Regular business hours:

Monday - Friday

Member Services Line may
be closed on state-approved holidays.

8:00 a.m. - 6:00 p.m. Central Time

Automated System is available

24 hrs a day/7 days a week.

Ombudsman Managed Care Assistance Team:

1-866-566-8989

WELCOME TO YOUR NEW DENTAL PLAN!

DentaQuest's goal is to give you quality dental care. We are here to help you keep your teeth healthy. DentaQuest is proud to be chosen by you for the Texas Medicaid Dental Services program.

We hope you will see a dentist regularly:

- Your dentist will give you any services you need that are covered under this plan.
- Go to your dentist even if you don't have a problem with your teeth.

Using This Handbook

This handbook, called the Member Handbook, gives you information about:

- Your benefits.
- How to use your benefits.
- Your rights and responsibilities as a plan member.

This handbook will help you know how the program works. Please read it before you call your dentist.

This handbook uses some terms you should know:

- **“You,” “Your,” “My,” “I” and “Member”** — Refers to the child or children who have joined the Texas Medicaid Dental Services program.
- **“We,” “Us,” and “Our”** — Refers to DentaQuest.
- **“Dental Home” or “Main Dentist”** — Refers to the dentist you choose to give you Texas Medicaid Dental Services.
- **“Texas Medicaid Dental Services”** — Refers to the Texas Health and Human Services Commission Dental Services Program.
- **“My Child”** — Refers to the parent or legal guardian of the child or children enrolled in the Texas Medicaid Dental Services program.

Keep this handbook for future use. To keep you informed about the dental plan, we will sometimes send you information such as:

- Updates to the Provider Directory.
- Health education classes.
- The complaint process.
- How to get translator services.
- Other important information on Texas Medicaid Dental Services.

This handbook is an outline of your DentaQuest dental plan. Our contract with the Texas Health and Human Services Commission (HHSC) has the complete information.

You have the right to get this Handbook in:

- Audio
- Braille
- Larger print
- Other languages

To request this Handbook in a different format or language, please call us. Our member call center toll free number is 1-800-516-0165. We will provide this Handbook, at no charge to you, within 5 business days.

This and other materials are available for written and oral interpretation, as well as other formats such as Braille and large print. Translated materials or other auxiliary services and aids are available at no cost to you and can be received by calling us at 1-800-516-0165 (TTY: 7-1-1).

In the case of a counseling or referral service that DentaQuest does not cover because of moral or religious objections, DentaQuest will inform Members that the service is not covered, and DentaQuest will inform Members how they can obtain information from the State of Texas about how to access these services that are not covered due to moral and religious objections. At this time, DentaQuest does not have any services that are refused due to moral or religious objections.

GO DIGITAL WITH THE DENTAQUEST MOBILE APP AND SECURE MEMBER PORTAL



Manage your DentaQuest dental plan using your smartphone or computer.

- Download your ID card
- Find or change your dentist
- View plan information and more!

To register for the app, you will need to use your name and date of birth and one of the following:

- Your Member ID
- Your Medicaid ID
- Your phone number plus the last four digits of your Social Security number. You can manage benefits for all Members in the household with a single login.

DOWNLOAD THE MYDENTAQUEST MOBILE APP NOW!



You can also manage your benefits at the secure Member website. Go online to DentaQuest.com/TXMember.

To register each Member, you will need:

- First and last name exactly the way they appear on the Member's ID card
- Date of birth
- Medicaid or CHIP ID number
- Email address – this will become your username when you register

SELECT OR CHANGE YOUR MAIN DENTIST ONLINE!

1. Select or change your main dentist now.

Have your member ID number handy (you can find this on your Member ID card). Scan the QR code to go to the Change Your Main Dentist site.

Now you can change your Main Dentist online at www.DentaQuest.com and click on Find a Dentist.

- Make your change online, faster than a call
- Update your Main Dentist 24/7
- No need to log in to the Member portal
- Instantly become a patient* with your new Main Dentist – no reference number needed!

**Scheduling subject to appointment availability.*



2. Create an account in our online member portal.

Go to dentaquest.com/member-login/.

3. Call our member call center.

Medicaid dental plan: Call 1-800-516-0165 (toll free);
7-1-1 (TDD/TTY toll free).

Stay up to date and receive the latest news and information about your plan at <https://www.facebook.com/dentaquesttexasmembers>.

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MEMBER IDENTIFICATION (ID) CARD

All members are given a member ID card:

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

No one else can use the member ID card to get services. If so:

- That person will be charged for the services he or she gets.
- DentaQuest may not be able to keep you in the plan if someone else uses your member ID card.

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 Medicaid ID Number** - is the member's Texas Medicaid Dental Services ID number.
- **Effective Date** - is the date the member's Texas Medicaid Dental Services coverage started.
- **Date of Birth** - is the member's birth date.
- **Plan Name** - shows that you have joined the Texas Medicaid Dental Services.
- **Main Dentist** - is the dentist the member is assigned to.
- **Dental Phone** - is the dentist's phone number.

How to Use Your Card

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.

DentaQuest

a Sun Life company

DentaQuest Insurance Co., Inc
www.DentaQuest.com

Texas Medicaid Dental Services

Policy Holder:

John H. Doe

<Insert Plan Name>

Effective Date:

January 1, 2025

Date of Birth:

XX/XX/XXXX

Main Dentist:

John H. Doe

Medicaid Member ID:

1234567890

XXX-XXX-XXXX

Para más información o instrucciones en español, por favor llame al 1-800-516-0165.

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 our member call center at:

- 1-800-516-0165 (toll free)
- 7-1-1 TDD/TTY (for the hearing impaired)

Who to Call in an Emergency?

During normal business hours, call your child's Main Dentist to find out how to get emergency services. If your child needs emergency dental services after the Main Dentist's office has closed, do one of the following:

- If your child gets medical services through a Medicaid health plan, call that medical plan.
- If your child does not have a Medicaid health plan, call 1-800-252-8263 or call 911.

DENTAL PROVIDERS

What do I need to bring when I take my child to the dentist?

Bring the member's ID card. If you have other dental coverage, bring that information to show your dentist.

What is a Main Dentist (Dental Home)?

A Main Dentist can be a general dentist or a dentist who only treats children. This is the dentist who gives your child services that prevent teeth problems. This dentist also can fix most teeth problems. Your child's Main Dentist also can send your child to a specialist for teeth problems that are harder to fix, if that kind of treatment is needed.

As a DentaQuest member, you have a Main Dentist. A Main Dentist is a dentist you see every six months.

Your Main Dentist will provide:

Complete dental care:

- A dental health plan designed for you.
- Information about growth and diet.
- How to care for your teeth.

Healthy teeth and gums are an important part of overall health. For a longer healthier life, have regular checkups every six months. Children should see the dentist starting at age 6 months. So don't wait! Call your Main Dentist and schedule a visit today.

If you have questions about your Main Dentist or benefits call toll free at 1-800-516-0165 or log into our secure member website

MemberAccess.DentaQuest.com

Remember: Once you choose a Main Dentist it is important to keep all of your visits and always arrive on time. If you are moving or need to change your Main Dentist, please call customer service for help at 1-800-516-0165.

How to Find a Dentist Using Our Website:

Visit our website at www.DentaQuest.com/TXMember. Choose “Provider Directory” from the menu at the left. Once you are on that page, choose “Online Provider Directory.”




To get started, you need to tell the search where you are and what plan you have:

1. If you have not used the search before, it will ask you to choose a location. You can enter the zip code or town name where you are. Or you can let the search use your current location.
2. Click on the All Plans link. If you don't see your plan listed, click on Find a Different Plan. Then just pick your plan (Texas Medicaid Children Dental Services) from the list.

Then you can look up dentist in three ways:

3. **Find by Name** – If you know the name of the dentist you want, just click on this and enter their name.
4. **Find by Specialty** – If you want to find a specific kind of dentist, choose this option. Just start entering the type of dentist you want. Then the search will offer suggestions to help.
5. **Find by Name of Dental Office or Clinic** – Use this if you want to find a dentist near you. Just enter the address and the search will show dentists nearby.

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

 Dentists by name	 Dentists by Specialty	 Name of Dental Office or Clinic	Search all
			Advanced search

Can a clinic be my child’s Main Dentist (Rural Health Clinic/Federally Qualified Health Center)?

Yes, a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) can be your Main Dentist if you choose. Give us a call with any questions at 1-800-516-0165.

How many times can I change my child’s Main Dentist?

You can change your child’s Main Dentist as many times as you like.

How can I change my child’s Main Dentist?

You can change Main Dentists by:

- calling DentaQuest at 1-800-516-0165, TDD/TTY 7-1-1
- or you can write to: **DentaQuest Texas
Medicaid Dental Services
P.O. Box
Milwaukee, WI 53201-2906**
- or log into our secure member website:
[MemberAccess.DentaQuest.com](https://memberaccess.dentaquest.com)

As a DentaQuest member, you can access our secure website to keep track of your dental plan information. Our member website allows you to check dental plan benefits for you and your dependent(s) as well as:

- Find and change the Main Dentist
- View your Member ID card
- Get oral health tips

How to Access Our Member Website

1. Visit our site at: <https://memberaccess.dentaquest.com>
2. Select “Create an Account”
3. Follow the steps to register your new account

What You Need to Register

- Member ID number (included with the mailed Welcome Letter)
- First and last name
- A valid email address

Once you register, you can sign in any time you like using your Username and Password.

For assistance, please contact us:

Medicaid Members: 1-800-516-0165 (For Hearing Impaired: 711)
Mon-Fri: 8 a.m. to 6 p.m. Central Time

If I change my child's Main Dentist, when can we start getting services from that provider?

Once you have changed your child's dentist, this change will start the same day.

Is there any reason I might be denied if I ask to change my child's Main Dentist?

We might turn down your request for one of the reasons listed below:

- The Main Dentist you want to change to is not accepting new patients.
- The Main Dentist you want to change to does not provide the types of dental services your child needs.

Can a Main Dentist ask to move my child to another Main Dentist?

Your child can be moved from one Main Dentist to another for one of the reasons listed below:

- If you or your child don't follow the dentist's advice.
- If you or your child are repeatedly loud or disruptive while in the dentist's waiting room or treatment area.
- If your relationship with your child's Main Dentist is not working for either you or the dentist.

What if my child's Main Dentist leaves the network?

We may send you a letter 30 days before they leave the network or 15 calendar days after we receive the notice from the dentist. We will assign your child to a new Main Dentist. In some cases, if your child is getting care for a dental condition, we will allow your child to keep seeing that dentist for 90 days or until the care is finished.

What if I choose to take my child to another dentist who is not my child's Main Dentist?

Your Main Dentist will provide you with preventative care and will refer you to specialists as needed. You will need a referral from your Main Dentist to see another dentist.

What if I choose to take my child to a dentist that is out of network?

You will have to pay for any out-of-network services not authorized by DentaQuest, except for emergency care.

What if I choose to take my child to a dentist that does not accept Medicaid?

You will have to pay for any dental services that are done by dentists that do not accept Medicaid.

How do I get dental care for my child after the Main Dentist's office is closed?

If your child needs dental care after the office is closed and it is not an emergency, you can call your child's Main Dentist's office and leave a message with the answering service. The dentist's staff will call you back when the office reopens.

If your child needs emergency dental work after the office has closed, do one of the following:

- If your child gets medical services through a Medicaid medical health plan, call that medical plan.
- If your child does not have a Medicaid medical health plan, call 1-800-252-8263 or call 911.

CHANGING DENTAL PLANS

What if I want to change my child's dental plan?

- **Who do I call?**

You can change your child's dental plan by contacting the Medicaid Enrollment Broker's toll free telephone number at 1-800-964-2777. This is a free call.

- **How many times can I change my child's dental plan?**

There is no limit to the number of times you can change your child's dental plan, but you cannot change plans more than once a month.

If I change my child's dental plan, when will we be able to start using the new dental plan?

If you call to change your child's dental plan on or before the 15th of the month, the change will take place on the first day of the following month.

If you call after the 15th of the month, the change will take place the first day of the second month after that.

For example:

- If you call on or before April 15, your change will take place on May 1.
- If you call after April 15, your change will take place on June 1.

Can DentaQuest ask that my child get dropped from their dental plan?

A dental plan can ask that a child be removed from their plan for the following reasons:

- The child or the child's caregiver misuses the child's membership card or loans it to another person,
- The child or the child's caregiver is disruptive, unruly, or uncooperative at the dentist's office, or
- The child or the child's caregiver refuses to follow the dental plan's rules and restrictions.

BENEFITS

What are my child's dental benefits with Medicaid?

Medicaid dental benefits for your child include the following services:

- Exam, cleaning and fluoride treatment every six (6) months
- X-rays every six (6) months
- Fillings, extractions, crowns, root canals and other medically necessary treatments

How do I get these services for my child?

Your child's dental benefits are provided through Texas Health Steps, a program of the Texas Department of State Health Services. Texas Health Steps is the Medicaid health-care program for children birth through age 20. Texas Health Steps gives your child free medical checkups starting at birth, and free dental checkups starting at 6 months of age. Checkups can help find health problems before they get worse and harder to treat. Texas Health Steps partners with DentaQuest to administer your child's dental benefits.

To get services, call your child's Main Dentist listed on the front of your child's member ID card. The Main Dentist assigned to your child will provide regular and coordinated oral care.

You can also call DentaQuest at 1-800-516-0165 for answers to any questions you may have.

You can get the most from your child's dental coverage by:

- Seeing only your child's DentaQuest Medicaid Main Dentist
- Visiting your Main Dentist regularly for checkups
- Following your Main Dentist's advice about regular brushing and flossing
- Getting treatment before your child has a toothache

Does my child's dentist have to be part of the DentaQuest network?

Yes. You can choose any contracted DentaQuest Medicaid dentist as your Main Dentist. Please call Member Services for help in choosing your Main Dentist at 1-800-516-0165.

What services are not covered?

- Services that are not needed for dental health
- Cosmetic dental care
- Experimental procedures
- If your service is covered by another insurance or health plan, DentaQuest will seek reimbursement.

When do I get dental checkups for my child?

DentaQuest will call you or mail you a postcard twice a year to remind you to schedule an appointment. Your dentist may also send you a reminder when an appointment is due.

If I do not have a ride, how can I get my child to the dentist's office?

Medicaid provides free rides or gas money to help get to and from the doctor, dentist, hospital or drugstore. This includes rides by bus, taxi, ride-sharing van, and airfare for trips out of town.

What phone number do I call for a ride to my child's dentist's office?

- Live in the Houston/Beaumont area? Call 1-855-687-4786.
- Live in the Dallas area? Call 1-855-687-3255.
- Everyone else can call 1-877-633-8747 (1-877-MED-TRIP).

How do I get prescription drugs the dentist has ordered for my child?

Take the prescription the dentist gave you and your Medicaid ID Card to your nearest drug store pharmacy.

What phone number do I call if I have problems getting prescription drugs the dentist ordered for my child?

Call your Medicaid medical health plan or you can contact the toll free Medicaid Managed Care helpline at 1-866-566-8989.

DENTAL CARE AND OTHER SERVICES

What is routine dental care?

Routine dental services include:

- Diagnostic and preventive visits (cleanings, fluoride every six (6) months)
- Therapeutic services such as fillings, crowns, root canals and/or extractions.
- How soon can me or my child expect to be seen?
Members should be scheduled for a visit:
 - Within three (3) weeks for routine services.
 - Within twenty-four (24) hours for emergency services.

What dental services are covered by the Medicaid medical plan?

The Medicaid medical plan covers emergency dental services in a hospital or ambulatory surgical center, including payment for the following:

- Treatment for dislocated jaw
- Treatment for traumatic damage to teeth and supporting structures
- Removal of cysts
- Treatment of oral abscess of tooth or gum origin

The Medicaid medical plan covers hospital, physician, and related medical services for the above conditions. This includes services the doctor provides and other services your child might need, like anesthesia or other drugs.

The Medicaid medical plan is also responsible for paying for treatment and devices for craniofacial anomalies.

If your child is not in Medicaid medical plan, HHSC will pay for these services.

DentaQuest provides all other dental services. Call DentaQuest to learn more about the dental services we offer.

- How do I get emergency dental care for my child and who do I call?
 - Call your child's Main Dentist to find out how your child can get emergency dental services. If the office is closed, do one of the following:
 - If your child gets medical services through a Medicaid medical health plan, call that medical plan.
 - If your child does not have a Medicaid medical health plan, call 1-800-252-8263 or call 911.
- How soon can I expect my child to be seen?

Your child should get emergency dental services no later than 24 hours after you call.

What does medically necessary mean?

That's the standard for deciding whether Medicaid will cover a dental service for your child. For dental services or products provided, the test is whether a prudent dentist would provide the service or product to a patient to diagnose, prevent, or treat dental pain, infection, disease, dysfunction, or disfiguration in accordance with generally accepted procedures of the professional dental community.

What is Texas Health Steps?

- **What services are offered by Texas Health Steps?**

Texas Health Steps is a program for children ages 0 to 20 years old who have Medicaid. It helps keep children healthy by showing when children should get medical and dental checkups.
- **How and when do I get Texas Health Steps dental checkups for my child?**

We will help you keep track of the services that your child needs in order to stay healthy. When a dental checkup is due, we will send you a postcard or call to remind you to schedule a visit.

Children should be seen every six months for regular visits. They can be seen sooner if there is a problem or pain.

- **Does my child's Dentist have to be part of the DentaQuest network?**

Yes. You can choose any contracted DentaQuest Medicaid dentist as your Main Dentist. Please call Member Services for help in choosing your Main Dentist at 1-800-516-0165.

- **What if I need to cancel my child's dental visit?**

If you cannot keep an appointment, call the dentist's office at least 24 hours in advance to cancel.

- **What if I am out of town and my child is due for a Texas Health Steps dental checkup?**

Office visits for Texas Health Steps services when your child is out of town but within the state of Texas will be covered as long as the services are received from a DentaQuest provider.

- **What if I am a Migrant Farmworker?**

Tell your Main Dentist and the office staff will work with you to set up your child's checkup before you leave the area.

NONEMERGENCY MEDICAL TRANSPORTATION (NEMT) SERVICES

What are NEMT services?

NEMT services provide transportation to nonemergency dental appointments for Members who have no other transportation options. These trips include rides to the doctor, dentist, hospital, pharmacy, and other places you get Medicaid services.

What services are part of NEMT services?

- Passes or tickets for transportation such as mass transit within and between cities or states, including by rail or bus.
- Commercial airline transportation services.
- Demand response transportation services, which is curb-to-curb transportation in private buses, vans, or sedans, including wheelchair-accessible vans, if necessary.
- Mileage reimbursement for an individual transportation participant (ITP) to a covered health care service. The ITP can be you, a responsible party, a family member, a friend, or a neighbor.

- If you are 20 years old or younger, you may be able to receive the cost of meals associated with a long-distance trip to obtain health care services. The daily rate for meals is \$25 per day, per person.
- If you are 20 years old or younger, you may be able to receive the cost of lodging associated with a long-distance trip to obtain health care services. Lodging services are limited to the overnight stay and do not include any amenities used during your stay, such as phone calls, room service, or laundry service.
- If you are 20 years old or younger, you may be able to receive funds in advance of a trip to pay for authorized NEMT services.

If you need an attendant to travel to your dental appointment with you, NEMT services will cover the transportation costs of your attendant.

Children 14 years old and younger must be accompanied by a parent, guardian, or other authorized adult. Children 15-17 years old must be accompanied by a parent, guardian, or other authorized adult or have consent from a parent, guardian, or other authorized adults on file to travel alone.

How to get a ride?

Your MCO will provide you with information on how to request NEMT services to get to your dental appointment. You should request NEMT services as early as possible, and at least 48 hours before you need the NEMT service. In certain circumstances you may request the NEMT service with less than 48 hours' notice. These circumstances include being picked up after being discharged from a hospital; trips to the pharmacy to pick up medication or approved medical supplies; and trips for urgent conditions. An urgent condition is a health condition that is not an emergency but is severe or painful enough to require treatment within 24 hours.

You must notify your MCO prior to the approved and scheduled trip if your dental appointment is cancelled.

What if my child needs routine dental care or emergency dental services when he or she is out of town or out of Texas?

- If your child needs routine dental care when traveling, call us toll free at 1-800-516-0165 and we will help you find a dentist.

If your child needs emergency dental services while traveling, go to a nearby hospital, then call your Medicaid medical health plan. If your child does not have a Medicaid Medical health plan, call 1-800-252-8263 or call 911.

- What if my child needs dental services when he or she is out of the country?
Dental services performed out of the country are not covered by Medicaid.

What if my child needs to see a special dentist (specialist)?

Your child's Main Dentist will give you a referral so your child can go to a specialist.

- How soon can I expect my child to be seen by a specialist?
- If the specialist is providing urgent care your child will be seen no later than 24 hours from the time you ask for the referral from your Main Dentist.
- If the specialist is providing therapy or your child needs to see the specialist to get a diagnosis, your child will be seen no later than 14 days from the time you ask for the referral.
- If the specialist is providing services to prevent teeth problems, your child will be seen no later than 30 Days from the time you ask for the referral.

What dental services do not need a referral?

Your child needs a referral for services that are not done by your child's Main Dentist. You can call Member Services toll free at 1-800-516-0165 and we can help you.

Can someone interpret for me when I talk with my child's dentist?

Yes, our member call center staff can help you find a dentist who speaks your language. We can also help find an office that has an interpreter available. You do not have to use family members or friends as interpreters.

- Who do I call for an Interpreter?
If you cannot find a dentist who speaks your language, call us. If you need help making an appointment or if you need an interpreter to go to the dentist with you, call our Member Services line toll free at 1-800-516-0165. You can also ask to have

an interpreter talk to you about dental information. There are no charges for these services.

- How far in advance do I need to call?
In most cases, we need at least forty-eight (48) hours notice. However, you should call us as soon as you have scheduled a visit with your child's dentist.
- How can I get a face-to-face interpreter in the dentist's office?
Call us if you would like to have an interpreter with you in the dental office during your child's appointment.

We will:

- Ask you what language you speak.
- Ask you for the dentist's information.
- Schedule an interpreter for your visit (the interpreter will meet you at the dental office).
- Call you back to confirm that an interpreter has been scheduled.

Toll free telephone number: 1-800-516-0165

Toll free number for the hearing impaired: 7-1-1 (TDD/TTY)

Days/hours: Monday - Friday (excluding state-approved holidays)

8:00 a.m. - 5:00 p.m. Central Time

Automated System is available

24 hrs a day/7 days a week.

What if I get a bill from my child's dentist?

- **Who do I call?**

Please call our DentaQuest Member Services line toll free at 1-800-516-0165 and we can help you.

- **What information will they need?**

Please have your child's member ID card and the bill you received from your child's dentist when you call.

What do I have to do if I move?

As soon as you have your new address, give it to the local HHSC benefits office. Before you get Medicaid services in your new area, you must call DentaQuest, unless you need emergency services. You will continue to get care through DentaQuest until HHSC changes your address.

MEMBER RIGHTS AND RESPONSIBILITIES

What are my child's rights and responsibilities?

Members have the right to:

1. You have the right to get accurate, easy-to-understand information to help you make good choices about your child's dentists and other providers.
2. You have the right to know how your child's dentists are paid. You have a right to know about what those payments are and how they work.
3. You have the right to know how DentaQuest decides about whether a service is covered or medically necessary. You have the right to know about the people in DentaQuest's office who decide those things.
4. You have the right to know the names of the dentists and other providers enrolled with DentaQuest and their addresses.
5. You have the right to pick from a list of dentists that is large enough so that your child can get the right kind of care when your child needs it.
6. You have the right to take part in all the choices about your child's dental care.
7. You have the right to speak for your child in all treatment choices.
8. You have the right to get a second opinion from another dentist enrolled with DentaQuest about what kind of treatment your child needs.
9. You have the right to be treated fairly by DentaQuest, dentists, and other providers.
10. You have the right to talk to your child's dentists and other providers in private, and to have your child's dental records kept private. You have the right to look over and copy your child's dental records and to ask for changes to those records.

11. You have a right to know that dentists, hospitals, and others who care for your child can advise you about your child's health status, medical care, and treatment. Your child's dental health plan cannot prevent them from giving you this information, even if the care or treatment is not a covered service.
12. You have a right to know that you are not responsible for paying for covered services for your child. Dentists, hospitals, and others cannot require you to pay any other amounts for covered services.
13. You have the right not to be secluded or restrained as a punishment or to make things easier for your provider.

Member's Responsibilities

You and DentaQuest both have an interest in seeing your child's dental health improve. You can help by assuming these responsibilities:

1. You and your child must try to follow healthy habits, such as encouraging your child to exercise, to stay away from tobacco, and to eat a healthy diet.
2. You must become involved in the dentist's decisions about you and your child's treatments.
3. You must work together with DentaQuest's dentists and other providers to pick treatments for your child that you have all agreed upon.
4. If you have a disagreement with DentaQuest you must try first to resolve it using DentaQuest's complaint process.
5. You must learn about what DentaQuest does and does not cover. You must read your Member Handbook to understand how the rules work.
6. If you make an appointment for your child, you must try to get to the dentist's office on time. If you cannot keep the appointment, be sure to call and cancel it.
7. You must report misuse by dental and health care providers, other members, DentaQuest, or other dental or medical plans.

Additional Member Responsibilities while using NEMT Services

1. When requesting NEMT Services, you must provide the information requested by the person arranging or verifying your transportation.
2. You must follow all rules and regulations affecting your NEMT services.
3. You must return unused advanced funds. You must provide proof that you kept your dental appointment prior to receiving future advanced funds.
4. You must not verbally, sexually, or physically abuse or harass anyone while requesting or receiving NEMT services.
5. You must not lose bus tickets or tokens and must return any bus tickets or tokens that you do not use. You must use the bus tickets or tokens only to go to your dental appointment.
6. You must only use NEMT Services to travel to and from your dental appointments.
7. If you have arranged for an NEMT service but something changes, and you no longer need the service, you must contact the person who helped you arrange your transportation as soon as possible.

If you think you have been treated unfairly or discriminated against, call the U.S. Department of Health and Human Services (HHS) toll free at 1-800-368-1019. You also can view information about the HHS Office of Civil Rights online at www.hhs.gov/ocr.

COMPLAINT PROCESS

What should I do if I have a complaint?

We want to help. If you have a complaint, you can contact us these ways:

- File a complaint on MemberAccess.DentaQuest.com.
- Once you log in, click on “Create Help Request”.
- Select “File a Complaint” under “Requested Help With”.

- Complete the rest of the required fields.
- A pop-up box will appear when the complaint has been submitted.
- Please call us at 1-800-516-0165 (toll free) to tell us about your problem. A DentaQuest Member Services Advocate can help you file a complaint. Most of the time, we can help you right away or within a few days at the most.
- Write to us at:

DentaQuest TX Dental Services
P.O. Box 2906
Milwaukee, WI 53201-2906
ATTN: Complaints & Grievances

If you still have a complaint after you've gone through the DentaQuest complaint process, call the Texas Health and Human Services Commission (HHSC) at 1-866-566-8989 (toll free). If you want to make your complaint in writing, please send it to the following address:

Texas Health and Human Services Commission
Ombudsman Managed Care Assistance Team
P.O. Box 13247
Austin, TX 78711-3247

If you are a Member of the Medically Dependent Children Program or the Deaf, Blind, Multiple Disability Waiver Programs, and you still have a complaint after you've gone through DentaQuest's complaint process, call the Health and Human Services MDCP/DBMD escalation help line at 844-999-9543.

If you can get on the Internet, you can submit your complaint at:
hhs.texas.gov/managed-care-help

Who do I call?

Please call us at 1-800-516-0165 (toll free) to tell us about your problem. A DentaQuest Member Services Advocate can help you file a complaint.

Can someone from DentaQuest help me file a complaint?

Yes, please call our Member Services line at 1-800-516-0165 (toll free) and a Member Services Advocate will help you file a complaint.

What do I need to do to file a complaint and how long will the process take?

We will process your complaint within 30 calendar days from the day we receive it. Here is what will happen:

- You send us a written complaint. These can also be submitted in writing.
- We will send you a letter within five (5) business days. Our letter will say that we have received your complaint.
- We will review the details of your complaint.
- We will send you an answer within thirty (30) calendar days.

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

- Our decision about your complaint.
- The reasons for our decision.
- The specialty area of any dentist we asked to help us with your complaint.

If I don't like what happens with my complaint, who else can I call?

You can call the Texas Health and Human Services Commission (HHSC) at 1-866-566-8989 (toll free).

How can I file a complaint with HHSC after I have gone through the DentaQuest complaint process?

If you want to make your complaint in writing, please send it to HHSC at the following address:

**Texas Health and Human Services Commission
Ombudsman Managed Care Assistance Team
P.O. Box 13247
Austin, TX 78711-3247**

You can also call HHSC at 1-866-566-8989 (toll free).

MDCP/DBMD ESCALATION HELP LINE

What is the MDCP/DBMD Escalation Help Line?

The MDCP/DBMD Escalation Help Line assists people with Medicaid who get benefits through the Medically Dependent Children Program (MDCP) or the Deaf Blind with Multiple Disabilities (DBMD) program.

The MDCP/DBMD Escalation Help Line can help you solve issues related to the STAR Kids managed care program. Such help includes answering questions about Medicaid fair hearings and continuing services while appealing a service denial.

When should I call the MDCP/DBMD Escalation Help Line?

Call when you have tried to get help but have not been able to get the help you need. If you don't know who to call, you can call 844-999-9543, and someone will work to connect you with the right people.

Is the MDCP/DBMD escalation help line the same as the HHS Office of the Ombudsman?

No. The MDCP/DBMD escalation help line is dedicated to individuals and families that receive benefits from the MDCP or DBMD program.

Who can call the MDCP/DBMD escalation help line?

You, your authorized representative, and your legal representative can call.

Can I call any time?

You can call the MDCP/DBMD escalation help line and speak with someone Monday through Friday from 8 a.m. – 8 p.m. You can call after these hours and leave a message, and one of our trained on-call staff will call you back as soon as possible.

APPEAL PROCESS

What is an appeal?

An appeal is the formal process by which a Member or his or her representative request a review of DentaQuest's actions.

What can I do if DentaQuest denies or limits a service for my child that the dentist has asked for?

If you do not agree with DentaQuest's decision to your original denial or reduced services, you can ask for an appeal.

How will I find out if services for my child are denied?

We will send you and your dentist a letter.

What are the timeframes for the appeal process?

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. You may have to pay for the continued services if the final decision of the appeal is that they are not covered.

When can I ask for an appeal?

- You have the right to ask for an appeal if you disagree with the DentaQuest's decision or action. You can also ask for an appeal for partial or complete denial of payment for services. You must ask for an appeal within 60 calendar days after DentaQuest sends you a decision or action. To make sure you or your child continues to get his/her current dental services, you must file your appeal on or before the later of: 10 business days following DentaQuest's mailing of the notice of action or the intended effective date of the proposed action. Either you or DentaQuest can request one, 14 calendar day extension.
- If DentaQuest requests an extension, it will do so in writing and must show the need for more information and how the delay is in your interest.

How do I ask for an appeal?

You can contact DentaQuest to ask for an appeal these ways:

- File an appeal on MemberAccess.DentaQuest.com.
 - Once you log in, click on "Create Help Request".
 - Select "File an Appeal" under "Requested Help With".

- Complete the rest of the required fields.
- A pop-up box will appear when the complaint has been submitted.
- Call DentaQuest to ask for an appeal. The toll free number is 1-800-516-0165 or you can mail your appeal.
- Mail your appeal to DentaQuest:

DentaQuest TX Dental Services
P.O. Box 2906
Milwaukee, WI 53201-2906
ATTN: Appeals Department

Can I just ask for an appeal or does it have to be in writing?

Member or his or her representative may request a standard appeal or an emergency appeal either in written or oral form.

Can my dentist ask for an appeal?

You, your child’s dentist, or someone that represents you can ask for an appeal. However, you will need to give your consent in writing to have another person request your appeal.

Can someone from DentaQuest help me file an appeal?

Yes. Please call our member call center for help. The toll free number is 1-800-516-0165. Tell us that you want to file an appeal.

What else can I do if I am still not happy?

- Members can request an External Medical Review with a State Fair Hearing no later than 120 days after the date DentaQuest mails the internal appeal decision notice.
- Member or his or her representative may request a standard External Medical Review with a State Fair Hearing or an emergency External Medical Review with State Fair Hearing either in written or oral form.
- Members can request a State Fair Hearing without requesting an External Medical Review no later than 120 days during or after DentaQuest mails the internal appeal decision notice.

EMERGENCY DENTAL PLAN APPEAL

What is an emergency appeal?

Ask for an Emergency Appeal 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 Emergency Appeal, DentaQuest has to make a decision quickly based on the condition of your child's health.

How do I ask for an emergency appeal?

You can call us to file an emergency appeal. If you need help to file an emergency appeal, call our member call center for help. The toll free number is 1-800-516-0165. Call us and tell us that you want to file an emergency appeal. We do not need your appeal in writing for an emergency appeal.

How long does an emergency appeal take?

We will make a decision within 72 hours after we get your emergency appeal. We will call you with the decision. We will also send you a letter within two (2) business days of the decision.

What happens if DentaQuest says it won't do an emergency appeal?

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.

Who can help me file an emergency appeal?

If you need help asking for an emergency appeal, call us toll free at 1-800-516-0165 and a Member Services Advocate will help you.

STATE FAIR HEARING

Can I ask for a State Fair Hearing?

If you, as a Member of DentaQuest, disagree with DentaQuest's, you have the right to ask for a State Fair hearing. You may name someone to represent you by contacting the dental plan to name the person you want to represent you. A provider may be your representative. If you want to challenge a decision made by DentaQuest, you or your representative must ask for the State Fair hearing within 120 days of

the date on the dental plan's letter of the decision being challenged. If you do not ask for the State Fair hearing within 120 days, you may lose your right to a State Fair hearing. To ask for a State Fair Hearing, you or your representative should either send a letter to DentaQuest at:

DentaQuest TX Dental Services
P.O. Box 2906
Milwaukee, WI 53201-2906
ATTN: Fair Hearing
or call 1-800-516-0165

If you ask for a State Fair Hearing within 10 days from the time you get the hearing notice from DentaQuest, you have the right to keep getting any service DentaQuest denied, at least until the final hearing decision is made. You may have to pay for the continued services if the final decision of the appeal is that they are not covered. If you do not request a State Fair Hearing within 10 days from the time you get the hearing notice, the service DentaQuest denied will be stopped.

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. HHSC will give you a final decision within 90 days from the date you asked for the hearing.

Can I ask for an Emergency State Fair Hearing?

If you believe that waiting for a fair hearing will seriously jeopardize your life or health, or your ability to attain, maintain, or regain maximum function, you or your representative may ask for an emergency fair hearing by writing or calling DentaQuest. To qualify for an emergency fair hearing through HHSC, you must first complete DentaQuest's internal appeals process.

EXTERNAL MEDICAL REVIEW INFORMATION

Can a Member ask for an External Medical Review?

If a Member, as a member of the health plan, disagrees with the health plan's internal appeal decision, the Member has the right to ask for an

External Medical Review. An External Medical Review is an optional, extra step the Member can take to get the case reviewed before the State Fair Hearing occurs. The Member may name someone to represent them by contacting the health plan and giving the name of the person the Member wants to represent him or her. A provider may be the Member's representative. The Member or the Member's representative must ask for the External Medical Review within 120 days of the date the health plan mails the letter with the internal appeal decision. If the Member does not ask for the External Medical Review within 120 days, the Member may lose his or her right to an External Medical Review. To ask for an External Medical Review, the Member or the Member's representative may either:

- Fill out the 'State Fair Hearing and External Medical Review Request Form' provided as an attachment to the Member Notice of MCO Internal Appeal Decision letter and mail or fax it to <MCO name> by using the address or fax number at the top of the form.;
- Call the DentaQuest at 1-800-516-0165
- Email the MCO at CGATEAM3@DentaQuest.com

If the Member asks for an External Medical Review within 10 days from the time the Member gets the appeal decision from the health plan, the Member has the right to keep getting any service the health plan denied, based on previously authorized services, at least until the final State Fair Hearing decision is made. If the Member does not request an External Medical Review within 10 days from the time the Member gets the appeal decision from the health plan, the service the health plan denied will be stopped.

The Member may withdraw the Member's request for an External Medical Review before it is assigned to an Independent Review Organization or while the Independent Review Organization is reviewing the Member's External Medical Review request. An Independent Review Organization is a third-party organization contracted by HHSC that conducts an External Medical Review during Member appeal processes related to Adverse Benefit Determinations based on functional necessity or medical necessity. An External Medical Review cannot be withdrawn if an Independent Review Organization has already completed the review and made a decision.

Once the External Medical Review decision is received, the Member has the right to withdraw the State Fair Hearing request. The Member may withdraw the State Fair Hearing requests by contacting DentaQuest at 1-800-516-0165.

If the Member continues with a State Fair Hearing and the State Fair Hearing decision is different from the Independent Review Organization decision, it is the State Fair Hearing decision that is final. The State Fair Hearing decision can only uphold or increase Member benefits from the Independent Review Organization decision.

Can I ask for an Emergency External Medical Review?

If you believe that waiting for a standard External Medical Review will seriously jeopardize your life or health, or your ability to attain, maintain, or regain maximum function, you, your parent or your legally authorized representative may ask for an emergency External Medical Review and emergency State Fair Hearing by writing or calling DentaQuest. To qualify for an emergency External Medical Review and emergency State Fair Hearing review through HHSC, you must first complete DentaQuest's internal appeals process.

FRAUD INFORMATION

Do you want to report waste, abuse, or fraud?

Let us know if you think a doctor, dentist, pharmacist at a drug store, other health-care provider, or a person getting benefits is doing something wrong. Doing something wrong could be waste, abuse, or fraud, which is against the law. For example, tell us if you think someone is:

- Getting paid for Medicaid Dental services that were not given or necessary.
- Not telling the truth about a medical condition to get medical treatment.
- Letting someone else use a Medicaid Dental ID.
- Using someone else's Medicaid Dental ID.
- Not telling the truth about the amount of money or resources you have to get benefits.

To report waste, abuse, or fraud, choose one of the following:

- Call the OIG Hotline at 1-800-436-6184 or
- Visit <https://oig.hhsc.state.tx.us/> click red “Report Fraud” button. Then click on the blue “IG’s Fraud Reporting Form” button to complete the online form.
- You can report directly to DentaQuest:

DentaQuest-TX Medicaid Dental Services
Attention: Utilization Review Department
11100 W. Liberty Drive
Milwaukee, WI 53224
Toll-free at 1-800-237-9139

To report waste, abuse or fraud, gather as much information as possible.

- When reporting about a provider (a doctor, dentist, counselor, etc.) include:
 - Name, address, and phone number of provider.
 - Name and address of the facility (hospital, nursing home, home health agency, etc.)
 - Medicaid number of the provider and facility, if you have it.
 - Type of provider (doctor, dentist, therapist, pharmacist, etc.)
 - Names and phone numbers of other witnesses who can help in the investigation.
 - Dates of events.
 - Summary of what happened.
- When reporting about someone who gets benefits, include:
 - The person’s name.
 - The person’s date of birth, Social Security number, or case number if you have it.
 - The city where the person lives.
 - Specific details about the waste, abuse or fraud.

How do I report a dentist that I think is misusing or cheating the system (committing fraud)?

- Call the OIG Hotline at 1-800-436-6184 or
- Visit <https://oig.hhsc.state.tx.us/> click red “Report Fraud” button. Then click on the blue “IG’s Fraud Reporting Form” button to complete the online form.
- You can report directly to DentaQuest at 1-800-237-9139 or in writing at the address listed on page 37.

As a member of DentaQuest, you can ask for and get the following information each year:

- Information about network providers in our service area. This will include names, addresses, telephone numbers, and languages spoken (other than English) for each network provider, plus identification of providers that are not taking new patients.
- Any limits on your freedom of choice among network providers.
- Your rights and responsibilities.
- Information on complaint, appeal and fair hearing procedures.
- Information about benefits available under the Medicaid program. This includes types of benefits, how long you can get your benefits, and the amount paid for these benefits. This is to make sure you know about the benefits you can receive.
- How you get benefits including authorization requirements.
- How you get benefits, including family planning services, from out-of-network providers and/or limits to those benefits.
- How you get after hours and emergency coverage and/or limits to those kinds of benefits, including:
 - What makes up emergency medical conditions, emergency services and post-stabilization services.
 - The fact that you do not need prior authorization from your Primary Care Provider for emergency care services.
 - How to get emergency services, including instructions on how to use the 911 telephone system or its local equivalent.
 - DentaQuest’s practice guidelines.

MEDICAID MEMBER EXTRA BENEFITS

Free Dental Care Kit for Child and Parent

Get off to the right start by receiving a preventative dental service within the first 90 days of when you sign up with us. When you do, you can get one zippered backpack and a dental kit that includes a toothbrush, a tube of toothpaste and a brushing chart and stickers. We will also include a spinning toothbrush, a timer and floss for the parent. That way you can brush along with your child! One reward per eligible member, per lifetime.

\$30 Amazon Gift Card for Preventative Visit

You can also get a \$30 Amazon gift card when your child gets a qualifying Texas Health Steps dental checkup. You can use the Amazon gift card to buy items such as healthy foods, baby care items and over the counter health products. One gift card per eligible member, per lifetime.

Here's what you need to do to get your \$30 Amazon gift card and/or dental kit:

1. Fill out your information on the Extra Benefits redemption form.
2. You can make copies of the Extra Benefits redemption form if you need more than one.
3. Mail the signed form to DentaQuest. You can use the postage-paid envelope included with this Member Handbook:

DentaQuest
P.O. Box 92765
Austin, TX 78709

If you have questions on the Extra Benefits, call DentaQuest customer service at 1-800-516-0165. You can also visit us online at www.DentaQuest.com/TXMember.

Additional Extra Benefits:

- **\$10 Amazon Card Emergency Room Visit (all ages)**
Members who have a follow-up visit with their Main Dentist within 30 days after visiting the ER for dental care AND completes the quiz.
- **\$10 Amazon Card Mobile App Registration (all ages)**
Members who registered in the mobile app within 30 days of enrollment with DentaQuest.
- **\$10 Amazon Card Case Management Program (all ages)**
Complete risk assessment and qualify and enroll in the DQ Case Management Program.
- **\$10 Amazon Card Fluoride Program (all ages)**
Two fluoride treatments within 12 months. Return the form within the last 60 days of service.
- **\$10 Amazon Sealant Program (age 9 and under)**
Sealant treatment on all four first molars within 12 month period.
- **\$10 Amazon Sealant Program (age 10 - 14)**
Sealant treatment on all four second molars within 12 month period.
- **\$50 Gift Card Ongoing Oral Health Habits**
Four fluoride treatments (2 per year), four sealants (2 per year), and four oral evaluations (2 per year) within a 24-month period.

For additional information
on Extra Benefits go to
bit.ly/tx-medicaid-extra-benefits
or scan the QR code.



TX Medicaid Extra Benefits Redemption Form:

To claim your reward, fill out this form and mail it to DentaQuest. If you are requesting the reward for going to the dentist after the ER, you must also include the completed quiz.

- Dental Care Kit**
- \$30 Amazon Gift Card for Preventative Visit**
- \$10 Amazon Card Emergency Room Visit**
- \$10 Amazon Card Mobile App Registration**
- \$10 Amazon Card Case Management Program**
- \$10 Amazon Card Fluoride Program**
- \$10 Amazon Sealant Program (age 9 and under)**
- \$10 Amazon Sealant Program (age 10 - 14)**
- \$50 Gift Card Ongoing Oral Health Habits**

Member Information

First Name Last Name Date of Birth

Mailing Address

City, State Zip Code Phone Number

Medicaid Member ID Number Date you received care

Guardian/Head of Household Name Signature

Mail the completed form to:

DentaQuest
P.O. Box 92765
Austin, TX 78709

If you have questions about any of your rewards, please call
DentaQuest toll free 1-800-516-0165, TDD/TTY 711.

TX Medicaid Extra Benefits Quiz:

Your Child's Oral Health and the ER

Take this quiz and test your knowledge.

Date of ER Visit

1. Your child has a toothache. What should you do?

- A. Call your child's Main Dentist and schedule a visit as soon as possible.
- B. Wait and see if the toothache goes away on its own.
- C. Take your child to a hospital ER to be seen.

2. You took your child to a hospital ER for a toothache. What should you do next?

- A. Wait and see if the problem goes away.
- B. Call your child's Main Dentist and set up a follow-up visit.
- C. Plan on taking your child back to the hospital ER for additional care.

3. Your child has a toothache, but you don't have a Main Dentist. What should you do?

- A. Go to DentaQuest.com and log into the secure member Website to find a dentist online.
- B. Call DentaQuest member call center at 1-800-516-0165 and ask for help finding a dentist.
- C. A or B.

4. When should you call your dentist for an immediate visit?

- A. Your child has a broken tooth or a tooth that has been knocked out.
- B. Your child has pain from a cavity or lost filling.
- C. Both A and B.

5. When should you take your child to a hospital ER for oral care?

- A. Your child has a serious mouth injury or infection making it difficult to breathe or swallow.
- B. Your child may have a fractured or dislocated jaw.
- C. Both A and B.

The ER is not always the best option for mouth pain. You could be waiting for hours to be seen by a medical doctor—OR—you could go to a dentist who is an expert at treating mouth pain.

Going to see your Main Dentist at least twice a year has many perks:

- You will get to know them, and they will get to know you.
- You will avoid emergencies because you will have regular care.
- You will avoid the hassle that often comes with an ER visit.

Mail the completed quiz to:

**DentaQuest
P.O. Box 92765
Austin, TX 78709**

If you have questions about any of your rewards, please call DentaQuest toll free 1-800-516-0165, TDD/TTY 711.

Answer Key:

1. A; 2. B; 3. C; 4. C; 5. C

TERMS AND DEFINITIONS

Appeal - A request for your managed care organization to review a denial or a grievance again.

Complaint - A grievance that you communicate to your health insurer or plan.

Copayment - A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Durable Medical Equipment (DME) - Equipment and supplies ordered by a health care provider for everyday or extended use. Coverage for DME may include: oxygen equipment, wheelchairs, crutches, or blood testing strips for diabetics.

Emergency Medical Condition - An illness, injury, symptom, or condition so serious that a reasonable person would seek care right away to avoid harm.

Emergency Medical Transportation - Ground or air ambulance services for an emergency medical condition.

Emergency Room Care - Emergency services you get in an emergency room.

Emergency Services - Evaluation of an emergency medical condition and treatment to keep the condition from getting worse.

Excluded Services - Health care services that your health insurance or plan doesn't pay for or cover.

Grievance - A complaint to your health insurer or plan.

Habilitation Services and Devices - Health care services such as physical or occupational therapy that help a person keep, learn, or improve skills and functioning for daily living.

Health Insurance - A contract that requires your health insurer to pay your covered health care costs in exchange for a premium.

Home Health Care - Health care services a person receives in a home.

Hospice Services - Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

Hospitalization - Care in a hospital that requires admission as an inpatient and usually requires an overnight stay.

Hospital Outpatient Care - Care in a hospital that usually doesn't require an overnight stay.

Medically Necessary - Health care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

Network - The facilities, providers, and suppliers your health insurer or plan has contracted with to provide health care services.

Non-participating Provider - A provider who doesn't have a contract with your health insurer or plan to provide covered services to you. It may be more difficult to obtain authorization from your health insurer or plan to obtain services from a non-participating provider, instead of a participating provider. In limited cases such as there are no other providers, your health insurer can contract to pay a non-participating provider.

Participating Provider - A Provider who has a contract with your health insurer or plan to provide covered services to you.

Physician Services - Health care services a licensed medical physician (M.D. - Medical Doctor or D.O. - Doctor of Osteopathic Medicine) provides or coordinates.

Plan - A benefit, like Medicaid, to pay for your health care services.

Pre-authorization - A decision by your health insurer or plan before you receive it that a health care service, treatment plan, prescription drug, or durable medical equipment is medically necessary. Sometimes called prior authorization, prior approval, or pre-certification. Pre-authorization isn't a promise your health insurance or plan will cover the cost.

Premium - The amount that must be paid for your health insurance or plan.

Prescription Drug Coverage - Health insurance or plan that helps pay for prescription drugs and medications.

Prescription Drugs - Drugs and medications that by law require a prescription.

Primary Care Physician - A physician (M.D. - Medical Doctor or D.O. - Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health care services for a patient.

Primary Care Provider - A physician (M.D. - Medical Doctor or D.O. - Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist, or physician assistant, as allowed under state law, who provides, coordinates, or helps a patient access a range of health care services.

Provider - A physician (M.D. - Medical Doctor or D.O. - Doctor of Osteopathic Medicine), health care professional, or health care facility licensed, certified, or accredited as required by state law.

Rehabilitation Services and Devices - Health care services such as physical or occupational therapy that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled.

Skilled Nursing Care - Services from licensed nurses in your own home or in a nursing home.

Specialist - A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions.

Urgent Care - Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.

NONDISCRIMINATION NOTICE

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

DentaQuest:

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

If you need these services, please call customer service at 1-800-516-0165 (TTY: 711).

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

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

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

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

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

ADVANCED DIRECTIVES

Advance directives are written instructions to those caring for you that tell them what to do in case you can't make decisions for yourself. They list the type of care you do or do not want if you become so ill or injured that you cannot speak for yourself. Your provider or health plan can tell you more and give you an advance directives form.

If you think your provider is not following your advance directive, you can file a complaint.

AFFIRMATIVE STATEMENT ABOUT INCENTIVES

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

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-516-0165 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-516-0165 (TTY: 711).

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 1-800-516-0165 (TTY: 711)。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-516-0165 (TTY: 711) 번으로 전화해 주십시오.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 711-1 (رقم هاتف الصم والبكم: 1-800-516-0165).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-516-0165 (TTY: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-516-0165 (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-516-0165 (ATS : 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मु त मं भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-516-0165 (TTY: 711) पर कॉल करें।

وجه: اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-516-0165 (TTY: 711) تماس بگیرید.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-516-0165 (TTY: 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-516-0165 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-516-0165 (телетайп: 711).

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。1-800-516-0165 (TTY:711) まで、お電話にてご連絡ください。

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຄມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-516-0165 (TTY: 711).



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