



FLORIDA HEALTHY KIDS MEMBER HANDBOOK

OCTOBER 2023

HealthyKidsSM
a Florida KidCare partner

DentaQuestSM
a Sun Life company



About This Handbook

Welcome to DentaQuest! We are proud to partner with the Florida Healthy Kids program to provide dental coverage for children. We are pleased your child is enrolled in the Florida Healthy Kids program. Through our large network of general and specialty dentists, your child will receive high quality dental care. This handbook lists the dental benefits available to your child. Please review this handbook so you have a better understanding of how your child's dental plan works. It is important for your child's health to receive regular dental care. Even if your child is not in pain or having problems with their teeth, they should have a regular checkup as soon as possible. We can help you choose a dentist from our network.

This handbook serves as a summary of benefits.

Dental Home

Each person in your family who has dental benefits through this program is assigned a Dental Home. A Dental Home is a dentist your child sees every six months. The dentist at your Dental Home will provide the care for your child's needs to stay healthy.

Your child's Dental Home was chosen by looking for:

- The dental office of your last dental visit or
- The dental office of a brother or sister's last dental visit or
- The dental office close to your home zip code

Filling Prescriptions

We do not pay for prescription drugs. If your Primary Care Provider orders a drug for your child, we can help you get that drug through your FHKC Medical plan. You can call Member Services if you need help.

Member Reward Programs

We offer dental programs to help keep you healthy and to help you live a healthier life. We call these healthy behavior programs. You can earn rewards while participating in these programs. Our plan offers the following dental program:

- DentaQuest Healthy Behaviors Incentive Program

We care about you. We want you to be healthy. Visiting your primary dentist and having good oral health habits are important.

DENTAQUEST WANTS TO REWARD YOU!

DentaQuest will send you a \$10 Amazon gift card if:

- You get a preventive care visit from your primary dentist and
- Sign up through the member portal.

It's important to see a dentist to prevent cavities, gum disease and other dental problems. Dental problems often don't have symptoms. So, you may not even know anything is wrong. But if there are any problems, it's much easier to take care of them early.

Limitations or Restrictions:

- Eligible enrollees are eligible for the gift card once per lifetime.
- Member must have one qualifying dental service within 180 days of enrollment.
- Eligible member must sign up through the member portal

Please remember that rewards cannot be transferred. If you leave our plan for more than 180 days, you may not receive your reward.

Qualifying Dental Service:
Sealant: ages 6 to 14 years old.

Call DentaQuest if you have questions about your Dental Home or wish to join the rewards program. You can change your child’s Dental Home by logging on to MemberAccess.DentaQuest.com or by calling Member Services at 1-888-696-9557 (TTY 711 or 1-800-855-2880) Monday through Friday from 7:30 a.m. – 7:30 p.m. Eastern Standard Time (EST).

The Healthy Behaviors Incentive Program form is on page 45 of this handbook.

Get more oral health tips at www.DentaQuest.com.

- Brush your teeth twice a day.
- Floss at least once a day.
- See the dentist every six months.

We look forward to serving your child’s needs.

 a Sun Life company	
Member Name:	Plan Type: FHK
Member ID:	Effective Date:
www.DentaQuest.com	Florida Healthy Kids: 1-888-540-5437

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

Contact Information

When you need help or more information, use these contacts and websites:

Help or Questions About	Call	Visit
<ul style="list-style-type: none"> Status of your application Eligibility for Florida Healthy Kids Making payments When coverage starts Florida KidCare letters or emails you receive 	<p>1-888-540-KIDS (5437)</p> <p>Weekdays 7:30 a.m. to 7:30 p.m. EST</p> <p>--</p> <p>TTY 1-800-955-8771</p>	<p>floridakidcare.org</p>
<ul style="list-style-type: none"> Whether a dental service is covered Cost of a dental service Network dental providers Appealing a service or claim denial 	<p>Member Services 1-888-696-9557 (TTY 711 or 1-800-855-2880)</p> <p>Monday through Friday from 7:30 a.m. to 7:30 p.m. EST</p>	<p>https://dentaquest.com/</p>
<ul style="list-style-type: none"> Information about medical benefits 	<p>Your specific health insurance company:</p> <p>Aetna Better Health of Florida 1-844-528-5815</p> <p>Community Care Plan 1-866-930-0944</p> <p>Simply Healthcare Plans 1-844-405-4298</p>	<p>Your health insurance company's website:</p> <p>www.aetnabetterhealth.com/florida</p> <p>https://ccpcares.org/Members/FloridaHealthyKids</p> <p>https://www.simplyhealthcareplans.com/florida-medicaid/benefits/fhk-benefits.html</p>

Sending Documents

Important: Please do not send any dental bills or claims to the Florida Healthy Kids Corporation. If you need to send in a dental bill or claim, call Member Services at 1-888-696-9557 (TTY 711 or 1-800-855-2880) Monday through Friday 7:30 a.m. to 7:30 p.m. Eastern Standard Time (EST). When you send in any documents to Florida KidCare, write your family account number on the top of each page. You can find your family account number on any letters sent from Florida KidCare, or by logging into your online Florida KidCare account.

If you do need to submit income, identity, citizenship, or immigrant status documents to Florida KidCare, please submit them one of these ways:

Secure Upload Scan your documents as one of these file types: .pdf, .jpeg, .jpg, .png, .tif, .tiff or gif. Each file must be less than 10MB. Log into your account at **www.floridakidcare.org** and click the green document upload button to upload documents to your account.

Email Scan your documents as one of these file types: .pdf, .doc, .ppt, .jpeg, .jpg, .tif, .tiff, .txt, .rtf, .bmp or .gif. Each file must be less than 10MB, or possibly smaller, depending on your email service. Email your documents to **contactus@healthykids.org**.

Mail Florida KidCare
P.O. Box 591
Tallahassee, FL 32302-0591

Fax 1-866-867-0054

Making Premium Payments

When you need to make a premium payment, choose one of these ways:

Worry-free, automatic monthly payments:

- AutoPay**
 1. Go to **floridakidcare.org** and log in to your secure account or create an account if you do not already have one.
 2. Enter your debit card, credit card or bank account information.
 3. Save your payment information.

One-time payments for a single month or multiple months of coverage:

- Online**
 1. Visit **floridakidcare.org** and click the Pay Premium button.
 2. Select the one-time payment option.
 3. Enter your debit card, credit card or bank account information (transaction fee applies).

Phone Call 1-888-540-KIDS (5437) to make a payment with your debit or credit card (transaction fee applies).

- Mail**
 1. Write your family account number on your check or money order.
 2. Make it payable to “Florida KidCare.”
 3. Send your payment to:
Florida KidCare
P.O. Box 31105
Tampa, FL 33631-3105

In Person Visit **www.fidelityexpress.com** to find a location where you can make a cash payment.

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.

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 DENTAL HOME 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.

1-888-696-9557, TTY 711 or 1-800-855-2880

Stay up to date and receive the latest news and information about your plan at **Florida KidCare | Facebook**

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Important:

Don't forget to register at

MemberAccess.DentaQuest.com

You can manage your dental benefits and get your ID card online.

Getting Started: Program Basics

What is Florida KidCare?

Florida KidCare is the state of Florida's high-quality, low-cost health and dental insurance program for children. There are four Florida KidCare partners. Each partner provides insurance to different groups of children:

- The Florida Healthy Kids Corporation runs Florida Healthy Kids for children ages 5 through the end of age 18.
- The Agency for Health Care Administration runs Medicaid for children from birth up to age 1 and MediKids for children ages 1 up to 4.
- The Department of Health runs the Children's Medical Services Managed Care Plan for children from birth through the end of age 18 with special health care needs.
- The Department of Children and Families runs the Behavioral Health Network for children ages 5 through the end of age 18.

What is Florida Healthy Kids?

Florida Healthy Kids is health and dental insurance for children whose families meet certain income and other eligibility requirements. The health and dental insurance benefits are provided by insurance companies using a managed care model.

What is managed care?

The goal of managed care is to provide high-quality health care at low costs. The Florida Healthy Kids insurance companies use many approaches to do this, but two of the main approaches are:

- Creating a provider network. Network dentists and other health care providers agree to certain rules, like how quickly the dentist must give enrollees an appointment or, if a specialist is needed, the dentist must refer enrollees to a network specialist. Except for emergencies, enrollees must see a network provider.
- Having rules about when and what kinds of services, supplies, devices, and other products are covered. Florida Healthy Kids insurance companies only pay for medically necessary services.

Is my child's insurance company Florida Healthy Kids?

No. Your child's dental insurance company is DentaQuest. DentaQuest is your primary source of information about the covered benefits and services available to your child.

When and how can I change insurance companies?

You can change insurance companies only at certain times and for certain reasons.

Log into your online account to change insurance companies during your child's first 90 days of enrollment or during your child's annual renewal period.

Call Florida KidCare at 1-888-540-KIDS (5437) to change companies if your child no longer lives in the plan's service area.

You may also call Florida KidCare to change companies for one of these reasons:

- Your child's dentist does not, because of moral or religious obligations, provide a service your child needs.
- Your child needs related services to be done at the same time and your child's primary care provider determines that receiving the services separately would subject your child to unnecessary risk, but not all related services are available in the dental plan's network.
- Your child has an active relationship with a dental provider who is not in the plan's network, but who is in the network of another dental plan in the area.
- The plan is no longer available in the area where your child lives.
- The Florida Healthy Kids Corporation requires the insurance company to take action to improve quality of care.
- Other reasons determined by the Florida Healthy Kids Corporation, including, but not limited to, lack of access to services or providers with the appropriate experience to provide care to your child.

Can I pick any of the dental insurance companies?

Yes, the dental insurance companies are available statewide, so you can pick any option:

- DentaQuest, Inc.
- Liberty Dental Plan of Florida, Inc.
- MCNA Dental Plan

Can DentaQuest disenroll my child?

DentaQuest cannot disenroll your child directly.

If DentaQuest believes that your child is not eligible for Florida Healthy Kids, DentaQuest may ask the Florida Healthy Kids Corporation to review and verify your child's eligibility. When an eligibility review request is made, DentaQuest must include the reason why the child may not be eligible and how the information was obtained.

The Florida Healthy Kids Corporation will determine whether a child can remain enrolled. Your child's coverage shall terminate on the last day of the Coverage Month in which the child a. Ceases to be eligible to participate; b. Establishes residence outside of the Service Area; or c. Is determined to have engaged in Fraud.

How do I disenroll my child from Florida Healthy Kids?

Call Florida KidCare at 1-888-540-KIDS (5437) and tell them you want to disenroll your child. Coverage ends at 11:59 p.m. on the last day of the month during which you call to cancel coverage. In other words, if you call on January 15th to cancel your child's coverage, your child will have coverage through January 31st.

If I cancel my child's coverage, can my child enroll in Florida Healthy Kids again later? Do I have to reapply?

You may re-enroll your child in Florida Healthy Kids if eligibility requirements are met. Call Florida KidCare at 1-888-540-KIDS (5437) to find out if you need to go through the application process again and when your child's coverage can start.

What Florida Healthy Kids Covers and What it Costs

We just moved from a different state where my child's plan didn't cover some services because of moral or religious objections.

How do I obtain those services in Florida?

DentaQuest provides all covered benefits and does not exclude any benefits (see page 11) because of moral or religious objections.

If your child's dentist will not provide services because of moral or religious objections, call DentaQuest. DentaQuest will help you access those services.

Do I have to see certain dentists?

Except for emergency situations, your child must see a network provider for the services to be covered. You may also need to get a referral from your child's primary dentist to see a specialist. See Provider Network section for more information about this requirement.

Do I have to pay the dentist anything?

Services covered by DentaQuest are free.

Liability of Payment

Florida Healthy Kids Corporation and enrollees are not responsible for the payment of covered services should DentaQuest go out of business.

Dental Benefits

The following tables list the dental services that we cover. Services must be medically necessary in order for us to pay for them.

If there are changes in covered services or other changes that will affect you, we will notify you in writing at least 30 days before the effective date of the change.

If you have questions about any of the covered dental services, please call Member Services at 1-888-696-9557 or TTY 711 or 1-800-855-2880. You can also review your benefits by logging on to MemberAccess.DentaQuest.com

*Member coverage is age 5 – 18, but in some cases, coverage can be extended during a postpartum period. FHKC will determine your eligibility.

Service	Description	Coverage Limitations	Prior Authorization
Dental Exams	A review of your tooth, teeth, or mouth by a dentist	<ul style="list-style-type: none"> • Complete exams are covered 1 time every 3 years • Check-up exams are covered 2 times every year • Emergency exams are covered as medically necessary 	No
Dental Screenings	A review of your mouth by a dental hygienist	<ul style="list-style-type: none"> • Covered 2 times every year • May also be done in a school or Head Start program 	No
Dental X-rays	Internal pictures of teeth with different views	<ul style="list-style-type: none"> • Bitewing x-rays are covered 2 times every year • Periapical (PA) X-rays are covered per visit • Panoramic or Full Mouth X-rays are covered 1 time every 60 months 	No
Teeth Cleanings	Basic cleanings that may include brushing, flossing, scrubbing, and polishing teeth	<ul style="list-style-type: none"> • Covered 2 times every year • May also be done in a school or Head Start program 	No

Fluoride	A medicine put on teeth to make them stronger	<p>Fluoride is covered:</p> <ul style="list-style-type: none"> • 4 times every year for children that are • 0-5 years old • 2 times every year for children that are • 6-18 years old • May also be done in a school or Head Start program 	No
Sealants	Thin, plastic coatings painted into the grooves of adult chewing surface teeth to help prevent cavities	<ul style="list-style-type: none"> • We cover sealants 1 time every 3 years for each adult chewing (back) tooth • May also be done in a school or Head Start program 	No
Oral Health Instructions	Education on how to brush, floss, and keep your teeth healthy	<ul style="list-style-type: none"> • We cover oral health instructions 2 times every year • May also be done in a school or Head Start program 	No
Space Maintainers	A way to keep space in the mouth when a tooth is taken out or missing	<ul style="list-style-type: none"> • Covered as medically necessary 	No
Fillings and Crowns	A dental service to fix or repair teeth	<ul style="list-style-type: none"> • Covered as medically necessary 	No

Root Canals	A dental service to fix the inside part of a tooth (nerve)	<ul style="list-style-type: none"> • Covered as medically necessary 	No
Periodontics	Deep cleanings that may involve both your teeth and gums	<ul style="list-style-type: none"> • Covered as medically necessary 	No
Prosthodontics	Dentures or other types of objects to replace teeth	<ul style="list-style-type: none"> • 1 upper, 1 lower, or 1 set of full dentures • 1 upper, 1 lower, or 1 set of partial dentures • 1 flipper to replace front teeth • 1 improvement for denture fit and comfort (reline) for each denture every year 	No
Orthodontics	Braces or other ways to correct teeth location	<ul style="list-style-type: none"> • Covered as medically necessary (not covered for cosmetic purposes) 	Yes
Extractions	Tooth removal	<ul style="list-style-type: none"> • Covered as medically necessary 	No
Sedation	A way to provide dental services where a patient is asleep or partially asleep	<ul style="list-style-type: none"> • Covered as medically necessary 	No

Ambulatory Surgical Center or Hospital-based Dental Services	Dental services that cannot be done in a dentist office. These are services that need to be provided with different equipment and possibly different providers	<ul style="list-style-type: none"> • Covered as medically necessary for any dental services needed 	No
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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 Florida, “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
- Restoration on primary teeth if loss is expected within six months
- Crowns provided solely for cosmetic reasons

- Fixed bridges or fixed partial dentures
- 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 Florida Healthy Kids 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
- Services resulting from any act of war, declared or not, or resulting from military services
- The participating dentist shall have the right to refuse treatment to a member who fails to follow a prescribed course of treatment
- Any dental treatment started prior to the member's effective date for eligibility of benefits including but not limited to teeth prepared for crowns, root canals in progress and orthodontics; DentaQuest will review any possible exceptions for treatment in progress
- Consultations for non-covered benefits
- 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 Florida Healthy Kids 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

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

The Provider Network

Making Sure Your Child's Benefits Are Covered

DentaQuest pays for covered services only when your child sees a network provider. Your child will have a Primary Care Provider (PCP) who will coordinate your child's dental care. If your child needs to see a specialist (a dentist or doctor who focuses on one type of medicine) your child's primary dentist will provide a referral.

Emergency services are an exception to these rules. Your child may see any provider for emergency services and a referral is not needed.

What is a network provider?

A network provider is a dentist, doctor, other health care professional, hospital, other health care facility, pharmacy, or medical supply company that has a contract with a plan to see Healthy Kids enrollees.

How do I know if my dentist is a network provider?

DentaQuest has a provider directory on its website so you can search for network providers in your area by name or provider type. The online provider directory is updated regularly when DentaQuest receives new information from providers.

DentaQuest also has a printable copy of the provider directory available. You can find this document on <https://dentaquest.com/> or you can call Member Services at 1-888-696-9557 (TTY 711 or 1-800-855-2880) Monday through Friday 7:30 a.m. to 7:30 p.m. Eastern Standard Time (EST) and request a copy. DentaQuest will mail a copy to you for free. The copy is updated at least monthly, but it may not be as accurate as the online provider directory.

Remember to ask your dentist's office if they still accept DentaQuest. Be sure to say DentaQuest + Florida Healthy Kids, not just Florida Healthy Kids.

I looked at the provider directory, but I still need help.

You can call Member Services at 1-888-696-9557 (TTY 711 or 1-800-855-2880) Monday through Friday 7:30 a.m. to 7:30 p.m. Eastern Standard Time (EST) for assistance.

My child has been to a dentist I really like, but the dentist is not in the network for DentaQuest. What can I do?

You will have to pay for any services you receive from a dentist that does not work with DentaQuest, except for emergency care. You should make sure your dentist works with DentaQuest before you get dental care. If your dentist is not in the network, you may call the member services line at 1-888-696-9557 (TTY 711 or 1-800-855-2880) Monday through Friday 7:30 a.m. to 7:30 p.m. Eastern Standard Time (EST) to refer your preferred dentist to join the network.

How do I choose a primary dentist for my child?

DentaQuest will assign a primary care provider for your child, but you may also choose a provider. A Dental Home is a dentist your child sees every six months. The dentist at your Dental Home will provide the care for your child's needs to stay healthy. Call DentaQuest if you have questions about your Dental Home.

To choose a dentist:

Register and log on to MemberAccess.DentaQuest.com to choose a dentist anytime.

Call member services toll free at 1-888-696-9557 (TTY 711 or 1-800-855-2880) Monday through Friday from 7:30 a.m. to 7:30 p.m. Eastern Standard Time (EST).

To find an in-network provider, you can also visit our website at www.DentaQuest.com and follow these steps:

- Choose FIND A PROVIDER in the upper, right corner of the webpage
- Choose Medicaid/Medicare/CHIP
- Choose Florida
- Enter your address, zip code or city, or click on "Use My Location"
- Click on the All Plans link. If you don't see your plan listed, click on Find a Different Plan. Scroll down until you see "FL" and select Florida Healthy Kids.
- You can search for a dentist by name, location, or specialty
- 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 also get directions to their office.

Can I change my child's primary dentist?

You can change your child's Dental Home by logging on to MemberAccess.DentaQuest.com or by calling DentaQuest at 1-888-696-9557 (TTY 711 or 1-800-855-2880) Monday through Friday from 7:30 a.m. to 7:30 p.m. Eastern Standard Time (EST).

Can I choose any primary dentist?

You may choose any network dentist that is accepting new patients.

If your child already sees a network dentist who is not accepting new patients with the plan, your child's dentist may be willing to continue seeing your child. Call and ask the dentist's office. If your dentist agrees, call DentaQuest so DentaQuest can confirm with your child's dentist and assign him or her as your child's primary dentist. **Not all dentists are able to accommodate this request.** If your child's dentist is not able to continue seeing your child, you must choose a new primary dentist.

How do I make an appointment?

Call the dentist's office and tell them:

- You want to make an appointment;
- If your child is a new patient;
- Why you want to see the dentist; and
- The name of your child's plan which is DentaQuest Florida Healthy Kids.

Ask these questions:

- Do I need to bring anything to the appointment?
- Are there forms I can fill out ahead of time?
- What do I do if I need to change or cancel?
- Is there a fee if I cancel an appointment?

Have your schedule in front of you when you call so you know which days and times an appointment will work for you.

Remember to take your child's member ID card with you to the appointment. Your child's dentist needs this card and may not see your child if you do not have it with you.

My child needs to see a specialist. What do I do?

DentaQuest is contracted with dental specialists. If the primary dentist determines your child needs to see a specialist, please contact DentaQuest at 1-888-696-9557 (TTY 711 or 1-800-855-2880) or check the online directory at www.dentaquest.com for a listing of participating specialists.

Why does my child need a referral?

Your child's primary dentist can provide most of your child's dental services. He or she is the person who can help you make the best decisions about your child's care, including when your child should see

a specialist. Most specialists do not require referrals. Your primary care provider will send a referral if one is required. Plus, your primary dentist is the most up-to-date on your child's dental health.

How do I get a referral?

1. Call your child's primary dentist. Sometimes you will need to make an appointment to see the dentist. Depending on the type of specialist your child needs and how familiar the dentist is with your child's issue, the dentist may not need to see your child first.
2. If your child's primary dentist thinks your child should see a specialist, he or she will refer your child to a network specialist. Some dental offices give you the referral for you to take with you to the specialist appointment. Others send the referral to the specialist for you. Be sure to confirm that the specialist's office receives the referral.
3. Call the specialist to make an appointment. Be sure to do this in a timely manner or you may need to make another appointment with your child's primary dentist. Some dental offices will do this for you, but you need to let them know the days and times you can get to the appointment.
4. If the primary dentist gave you a referral, remember to take it with you to your child's appointment.

Does my child always need to get a referral?

Most specialists do not require referrals. Your child's primary care provider will send a referral if one is required.

Are there other requirements like referrals I need to know about?

Your child's dentist may need to get prior authorization from the plan before the plan pays for a specific service. Your child's provider is responsible for requesting prior authorizations, so you do not need to do anything. If the plan does not approve or cover a service, your child can still have the services, but you will be responsible for paying for those services.

Each plan has different policies about when referrals, prior authorizations or other similar requirements must be met. Review the enrollee handbook for the plans in your area. You can always call the plans' member services if you have questions or concerns.

My child needs services from a specialist, but there are no network specialists in my area.

Call DentaQuest and ask them to help you find a provider. Florida Healthy Kids plans are required to make sure your child gets the services he or she needs. If there are not any network providers, DentaQuest will make other arrangements for your child to receive medically necessary covered services.

What if I have concerns about my child's treatment or treatment plan?

You can ask for a second opinion. A second opinion is when you take your child to another dentist about the same issue for which your child has already seen a dentist.

You can ask a different dentist at the office you're at for a second opinion. You can also call DentaQuest to help find a different network dentist to see.

You should feel comfortable discussing your child's health and treatment options with your child's dentist. Ask questions when you do not understand something and ask about the pros and cons of a treatment option. Consider choosing a new dentist for your child if you often do not feel comfortable asking questions or you do not get the information you need.

What rules does DentaQuest's network have to meet?

DentaQuest is required to have a network with enough providers to ensure enrollees have timely access to covered services.

Sometimes it is not possible for DentaQuest to meet these requirements. Often, this is because not enough dental care providers work in the area. Sometimes not enough dental care providers will see children or accept the plans offered through Florida Healthy Kids.

If your child needs services from a certain type of provider, DentaQuest can help you find one in your area. If there are no providers in the network nearby, DentaQuest will arrange for your child to see an out-of-network provider. You must go through DentaQuest to see an out-of-network provider unless your child requires emergency services.

DentaQuest makes sure most enrollees can get to their dentists within a certain amount of time or a certain distance from their home.

For example, if you live in a city (urban), you should be able to get to a network primary care dentist in about 20 minutes or within 20 miles of your home.

The Florida Healthy Kids network access standards are:

	Time Standards - in minutes		Distance Standards - in miles	
	Rural	Urban	Rural	Urban
Dental - primary care	30	20	30	20
Specialists	40	20	30	20

I always have to wait a long time to get an appointment at my child’s dentist’s office. What can I do?

Network providers agree to provide Florida Healthy Kids enrollees with appointments within the timeframes listed below. If a network provider tells you that you must wait longer than these timeframes, please call DentaQuest’s member services at 1-888-696-9557 (TTY 711 or 1-800-855-2880).

- If your child is **experiencing a life-threatening emergency** and needs immediate care, please go to the nearest emergency room or call 911.
- **Routine care** – care that may be delayed without expectation that your child’s condition will get worse without care within a week – must be provided within seven days of your request for services.
- **Follow-up care** – care provided after treatment of a condition – must be provided as medically appropriate and as directed by your child’s health care provider.
- **Urgent care** – care required within 24 hours to prevent the condition from becoming an emergency – must be provided within 24 hours of request. Know where the closest urgent care center for this type of care is located. Urgent care centers are often open late and on weekends.

How can my child get care after normal business hours?

There are a few ways to access care after normal business hours, depending on your child’s needs:

- Providers with extended hours
 - Some providers offer evening or weekend office hours.
 - Call the provider’s office or visit their website to find out when they are open.
- Urgent care centers
 - Urgent care centers see patients who need immediate, but not emergency, attention and their primary dentist is not available.
 - Some urgent care centers require you to make an appointment while others allow walk-ins. Be sure to call ahead and ask.
 - Urgent care centers usually focus on medical problems and may not treat dental problems. Be sure to call ahead and ask.
- Emergency room
 - If your child experiences a life-threatening emergency, call 911 or go to your nearest emergency room.

When should I take my child to the emergency room?

Call 911 or take your child to the emergency room if he or she has an emergency medical condition. This means an injury or illness, including severe pain, that needs care right away to avoid danger to your child’s life or pregnancy, or to avoid serious damage to your child’s health.

Avoid taking your child to the emergency room for a toothache or a problem that is not an emergency. Your child’s primary dentist can effectively treat most childhood dental issues. Plus, your primary dentist knows the most about your child’s dental health history so they can help you make the best medical decisions. Using your child’s health history and routine screenings results in better treatment for your child, and the primary dentist may catch and treat other dental health issues before they become a problem.

Health Risk Assessments

“Risk Assessment” is the process of collecting information from a person about hereditary, lifestyle, and environmental factors to determine specific diseases or conditions for which the person is at risk.

Your dentist will provide a risk assessment during an oral exam. Your dentist will create a treatment plan that incorporates health risk issues identified during the oral exam. Your dentist and DentaQuest can use a risk assessment to identify and prioritize your dental care needs.

Coordination and Transition of Care

What happens to my child's scheduled services and appointments when my child changes plans?

If your child moves from one Florida Healthy Kids subsidized plan to another Florida Healthy Kids subsidized plan without a break in coverage (this means your child did not go a month or more without Florida Healthy Kids coverage in between changing insurance companies), the plans will follow a standard transition of care policy to ensure your child gets the care he or she needs.

Your child's new plan will cover any ongoing course of treatment the previous plan authorized for 60 days. This means your child can:

- Receive planned services or treatment;
- Continue to see the same provider, even if the provider isn't in the new plan's network; and
- Continue to take the same prescription. You may be required to use a network pharmacy.

The best way to make sure this transition goes smoothly is to call your child's new plan to tell them about the types of continued care your child needs.

I made an appointment with my child's specialist before changing plans, but the appointment is more than 60 days away. Do I need to schedule a new appointment?

It depends. Your child's new plan will have your child's primary dentist, or another appropriate provider review your child's treatment plan during the first 60 days after the plan change. This review will help ensure that needed services continue to be authorized. Your child may be required to see a network provider.

Are there any exceptions to the 60-day transition of care period?

Yes. Exceptions to the standard 60 days are:

- Maternity care: including prenatal and postpartum care through completion of postpartum care (6 weeks after birth)
- Transplant services: through the first post-transplant year
- Radiation and chemotherapy: through the current round of treatment
- Orthodontia: services will be continued without interruption until completed (or the benefit is exhausted, whichever comes first), but your child may be required to see a network orthodontist after the first 60 days
- Controlled substance prescriptions: if a new, printed paper prescription is required by Florida law, the new plan will help you schedule an appointment with the original prescribing provider, or a new provider if needed, so your child can get a new prescription without a medication gap.

Do I have to coordinate sending my child's medical records and getting bills paid myself?

No. Your child's previous plan and new plan are responsible for coordinating the transfer of medical records and other necessary information between themselves and can assist providers with obtaining necessary medical records. In some situations, you may need to ask your child's previous providers to send medical records to the new providers just like you would if your child were changing providers for any other reason.

Your child's new plan will cover care performed by certain out-of-network providers during the transition of care period, as described in this section. If you receive a bill from one of these providers, call your child's new plan and be prepared to send them a copy of the bill.

Grievances and Appeals

You have the right to file a grievance or an appeal if you experience a problem with your child's care or coverage. Although you have this right, you may want to call DentaQuest's member services at 1-888-696-9557 (TTY 711 or 1-800-855-2880) first. They are often able to help resolve problems.

What are grievances and appeals?

A grievance is a formal complaint you make to DentaQuest about some aspect of your child's health care services.

An appeal is a verbal or written request you make to DentaQuest to review DentaQuest's decision to deny a service or payment.

When can I file a grievance?

You may file a grievance when you are dissatisfied about something other than your child's benefits, such as:

- A dentist's behavior;
- The quality of care or services your child receives; or
- Long office waiting times.

How do I file a grievance?

You can tell us about a grievance verbally or in writing at any time. You can give us more information about your grievance at any time during the process. This can be done on the phone, or in writing. We will look at your grievance and when we finish, we will send you a letter that tells you the result of the investigation of the issue.

If you want to put your grievance in writing, you can write your own letter or ask for a grievance form from our member services department by calling 1-888-696-9557 Monday through Friday, from 7:30 a.m. to 7:30 p.m. Eastern Standard Time (EST).

- The member services representative can help you complete the grievance form over the phone, or DentaQuest will mail you one in three business days.

- **Mail or fax the letter or the form to:**
DentaQuest, Attn: Complaints & Grievances Department
P.O. Box 2906
Milwaukee, WI 53201-2906
Fax: 1-262-834-3452
- Include your child's name, address, member number, your signature, and the date. The Grievance Department will respond to the member in writing regarding the resolution within 90 calendar days of receipt of the grievance.

Your dentist, 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 child's name, member ID, telephone number, address, and your signature telling us this person can act for you
- **You to mail or fax the letter telling us who you want to act for you to:**

DentaQuest, Attn: Complaints & Grievances Department
P.O. Box 2906
Milwaukee, WI 53201-2906
Fax: 1-262-834-3452

Our Grievance and Appeals Department can be reached at 1-888-696-9557 (TTY 711 or 1-800-855-2880), Monday through Friday from 7:30 a.m. to 7:30 p.m. Eastern Standard Time (EST).

How long does the grievance process take?

DentaQuest will send you an acknowledgement letter within five calendar days of getting your verbal or written grievance. From this date, DentaQuest will review and make a final decision about your grievance within 90 calendar days.

When can I file an appeal?

You may file an appeal when you receive an adverse benefit determination, such as when:

- A request for service has been limited or denied;
- An existing service has been decreased or discontinued; or
- DentaQuest has issued a denial of payment.

How do I file an appeal?

You can ask for an appeal within 60 calendar days after you get our letter about your denial. This process will take no more than 30 calendar days from the date we receive your appeal request either on the phone or in writing.

We will look at your appeal and we will send you a letter within 30 calendar days of when you first asked for the appeal. The letter will tell you what we decided and why.

You can give us more information about your appeal at any time during the process. This can be done on the phone or in writing. You also have the right to look at your case file and any other documents involved in the process at any time. You will get a copy of all the files and documents related to your appeal. We want you to review it all and get back to us with any missing or additional information.

You can ask for extra time in writing or by calling us. We will send you a letter and call you if we need extra time, up to 14 days. We will tell you why we need more time and what information we need to finish your appeal. You have the right to file a complaint if you are not happy with the amount of time it is taking us to finish your appeal.

Contact DentaQuest's member services to find out if your situation qualifies for an expedited appeal by calling 1-888-696-9557 (TTY 711 or 1-800-855-2880), Monday through Friday from 7:30 a.m. to 7:30 p.m. EST.

We are here to help you. Call us if you have any questions about grievances or appeals.

How long does the appeal process take?

DentaQuest will decide and notify you within 30 calendar days of receiving your appeal request.

If DentaQuest doesn't have enough information to process the appeal and the delay is in your best interest, they may ask for 14 more days. If you need to provide more information, you may also request an extension of 14 days.

What if I need help filing a grievance or an appeal?

You may appoint an authorized representative or a provider to act on your behalf.

DentaQuest can also help you complete forms and answer questions related to the grievances and appeals process.

What if it's an emergency?

You can request an expedited (fast) appeal if you or your provider feels that waiting the standard 30 days for an appeal decision would put your child's life or health at risk.

If DentaQuest agrees that the appeal needs to be expedited, they will decide and inform you within 72 hours after receiving the appeal. If DentaQuest does not agree with the request for an expedited appeal, they will let you know, and the timeframe will go back to the standard appeal timeframe of 30 days.

Unlike a standard appeal, if you make your request for an expedited appeal verbally, and if DentaQuest agrees that it needs to be expedited, you do not need to follow up with a written appeal request.

What if I'm dissatisfied with my appeal results?

You or someone you name to act for you may file a request for external review within four months of receiving our appeal resolution letter. To ask for an external review, you must fill out the "Health and Human Services Administered Federal External Review Request Form" that will be included with the appeal resolution letter.

If you want to send more information to include in the review, you can send it with your request. You don't have to pay for any filing fees or pay for this review.

If you would like to have another person make an external review request on your behalf, both you and your authorized representative will need to complete and sign the Appointment of Representative Form (under the "Forms" heading). You may fax the forms to 1-888-866-6190 or mail the forms to:

HHS Federal External Review Request
MAXIMUS Federal Services
3750 Monroe Avenue, Suite 705
Pittsford, NY 14534

Online: **www.externalappeal.com** (under the "Request a Review Online" heading)

If you believe your case is urgent and should be expedited, you can select “expedited” if submitting the review request online, or by emailing FERP@maximus.com, or calling Federal External Review Process at 1-888-866-6205, ext. 3326. MAXIUMS Federal Services will provide notice of the final external review decision as expeditiously as your medical conditions or circumstances require, but no longer than 72 hours after they receive a request for an expedited external review.

When MAXIMUS Federal Services receives your request, they will notify us, and we’ll send them all the case information for review. If you send them any more information, they’ll share it with us. We may change our decision. If not, the Independent Review Organization will continue the review.

You’ll receive a letter with their decision for a standard request no later than 45 days after they receive the request for the external review. If MAXIMUS Federal Services decides to overturn our decision, we will provide coverage or payment for your health care items or services.

If you have questions or concerns about your external review, call 1-888-866-6205.

Eligibility and Enrollment Disputes

Florida KidCare will tell you about any decisions made regarding your child’s eligibility for and enrollment in coverage. If you think Florida KidCare made an error, you can dispute the decision. State of Florida rules allow you to dispute for one of the following reasons:

- Florida KidCare says your child does not meet the eligibility requirements (for example, household income, Florida residency, or legal immigrant status), but you think he or she does
- Florida KidCare temporarily suspends enrollment (usually for failure to pay for one month), but you think enrollment should continue because you paid on time
- Florida KidCare ends enrollment (usually for failure to pay or failure to provide renewal documents), but you think enrollment should continue because you provided payment or documents on time; and

- Your premium increases because your income or household size changed, but you think the information is incorrect or needs to be recalculated

How do I dispute a decision?

Send a letter or an email to the Florida Healthy Kids Corporation with the reasons you think the decision is wrong. Your dispute must be received within 90 days from the date on the decision notice (letter or email from Florida KidCare). You can:

- Email the letter to **resolve@healthykids.org**; or
- Mail the letter to:
Florida KidCare
P.O. Box 591
Tallahassee, Florida 32301-0591.

Remember to put your family account number in your letter.

What happens next?

The Florida Healthy Kids Corporation will respond to your dispute in writing. If the decision is not in your favor, you can send a second dispute to senior management at the Florida Healthy Kids Corporation. If that decision is not in your favor, you can send your dispute to the Agency for Health Care Administration. Each of these steps will be described in detail in any denial letters sent to you.

Fraud and Abuse

The Florida Healthy Kids subsidized program is funded by state and federal tax dollars in addition to the premiums and copayments families pay. DentaQuest and the Florida Healthy Kids Corporation are committed to stopping fraud and abuse.

What is fraud and abuse?

“Fraud” and “abuse” have specific meanings for Florida Healthy Kids.

Fraud means:

- An intentional deception or misrepresentation made by a person who knows that the deception could result in some unauthorized benefit to himself or herself, or another person.
- Any act that constitutes fraud under state or federal law.

Abuse means:

- Provider practices that are inconsistent with sound fiscal, business, or medical practices; and
 - Result in an unnecessary cost to DentaQuest; or
 - Result in reimbursement for services that are not medically necessary or that do not meet professionally recognized standards for health care.
- Member practices that result in unnecessary costs to Florida Healthy Kids or DentaQuest.

What is an example of fraud?

Anna notices that documents from her son's insurance company show that he received an MRI two weeks ago. Anna is sure that her child did not receive an MRI. If the doctor intentionally billed the plan for an MRI that her child did not receive, the doctor committed fraud.

What is an example of abuse?

Anna's son had his annual well-child check-up last month, which included a routine basic metabolic panel (a blood test that evaluates important measurements like blood sugar and calcium levels). The results came back great.

Today Anna's son has a sore throat and she takes him to the doctor to be tested for strep throat. The doctor orders the strep test and also orders another basic metabolic panel. The doctor might be committing abuse since Anna's son recently had good results and this test won't help the doctor figure out the cause of a sore throat.

Why is being aware of fraud and abuse important?

Most Florida Healthy Kids families pay monthly premiums of \$15 or \$20, but the total cost of coverage is much higher! The rest of your child's Florida Healthy Kids coverage is paid for with state and federal tax dollars. When providers or other people receive payments or benefits they should not, those tax dollars are wasted instead of going to children who need services.

What should I do if I think someone has committed fraud or abuse?

If you think a dentist or someone else who works at a medical office or facility, like a hospital or surgical center, may have committed fraud

or abuse, you can report it to DentaQuest. Call DentaQuest's member services at 1-888-696-9557 (TTY 711 or 1-800-855-2880), Monday through Friday from 7:30 a.m. to 7:30 p.m. EST to report fraud or abuse.

If you think DentaQuest has committed fraud or abuse, please report the details to the Florida Healthy Kids Corporation by calling 1-850-224-5437 or emailing resolve@healthykids.org.

Quality and Performance

Access to quality health care is critical for Florida families. The Florida Healthy Kids Corporation's mission is to ensure the availability of child-centered health plans that provide comprehensive, quality health care services. The Corporation looks at many different quality and performance indicators to ensure Florida Healthy Kids enrollees are receiving quality care.

Florida Healthy Kids Performance Measures

A set of performance measures, many of which allow for national comparisons, are calculated annually. You can find the most recent report on the Florida Healthy Kids website, healthykids.org.

Florida KidCare Performance Measures

A similar set of performance measures is calculated for Florida KidCare on an annual basis. This report also includes Consumer Assessment of Healthcare Providers and Systems (CAHPS®) results for Florida KidCare. CAHPS measures member satisfaction in a standardized way. You can find the most recent report at

http://www.ahca.myflorida.com/medicaid/Policy_and_Quality/Policy/program_policy/FLKidCare/index.shtml.

Accreditation

Accreditation means that an independent accrediting organization thoroughly evaluates the plan's ability to meet certain standards.

DentaQuest has been National Committee for Quality Assurance (NCQA) certified in Utilization Management/Credentialing and Re-credentialing since April of 2014. By attaining this certification, we have demonstrated our commitment to ensuring members can go to high-quality dental providers. Credentialing is a formal process that

DentaQuest uses to make sure the provider has the proper levels of education and credentials to treat your needs.

Performance Improvement Projects

Florida Healthy Kids plans conduct and report on annual performance improvement projects, which are also validated by an external quality review organization. These performance improvement projects are intended to improve a specified performance measurement in a real and sustained way. You can find the most recent performance improvement project report on the Florida Healthy Kids website at <https://www.healthykids.org/resources/quality/external-review/>.

Network Adequacy

Section 24.9 describes the Florida Healthy Kids network adequacy standards. You can find more information on how each plan is meeting those standards on the Florida Healthy Kids website at <https://www.healthykids.org/resources/quality/external-review/>. Please keep in mind that the network adequacy results are not updated in real time. Actual results may vary.

Enrollee Rights and Responsibilities

Your Information. Your Rights. Our Responsibilities. Effective as of September 13, 2013.

This notice describes how medical information about you may be used and disclosed. It also describes how you can get this information. **Please review it carefully.**

Your Rights

You have the right to:

- Receive information in accordance with § 438.10.
- Be treated with respect and with due consideration for his or her dignity and privacy.
- Receive information on available treatment options and alternatives, presented in a manner appropriate to the enrollee's condition and ability to understand. (The information requirements for services that are not covered under the

contract because of moral or religious objections are set forth in § 438.10(g)(2)(ii)(A) and (B).)

- Participate in decisions regarding his or her health care, including the right to refuse treatment.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation, as specified in other Federal regulations on the use of restraints and seclusion.
- If the privacy rule, as set forth in 45 CFR parts 160 and 164 subparts A and E, applies, request and receive a copy of his or her medical records, and request that they be amended or corrected, as specified in 45 CFR 164.524 and 164.526.
- An enrollee of an MCO, PIHP, or PAHP (consistent with the scope of the PAHP's contracted services) has the right to be furnished health care services in accordance with §§ 438.206 through 438.210.
- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights. It also explains some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records. It will take us about 30 days. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records. We will do this if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request. We will tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way. For example, you may want us to contact you by your home or office phone. You can tell us where to send mail.
- We will consider all reasonable requests and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request. We may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information

- You can ask for a list of the times we’ve shared your health information. Information is available for six years prior to the date you ask.
- You can ask who we shared your health information with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations. We will include certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free. We will charge a reasonable, cost-based fee if you ask for another list within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time. You can do this even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- If you have given someone medical power of attorney, that person can exercise your rights and make choices about your health information.

- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights. Do this by contacting us using the information on page 2.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us what we can share.

Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, we may share your information if we believe it is in your best interest. An example would be if you are unconscious. We may also share your information if there is a serious threat to health or safety.

We never share your information unless you give us written permission for:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we use or share your health information?

We use or share your health information in the following ways.

1. Help manage the health care treatment your child receives

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your care. We can then arrange services.

2. Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage. It also can't be used to determine the price of that coverage. This does not apply to long term care plans.

Example: We use health information to develop better services for you.

3. Pay for your child's health services

We can use your health information as we pay for your health services.

Example: We share information with your dental plan so it can be paid for.

4. Administer your child's plan

We may disclose your health information to your health plan.

Example: We may provide your health information to determine costs for your health care.

How else can we use or share your child's health information?

We are allowed or required to share your information in other ways. This is usually for the public good, such as public health and research. We must meet many conditions in the law before we can share your information. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

1. Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting bad reactions to medications

- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety

2. Do research

We can use or share your child’s information for health research.

3. Comply with the law

We will share information about your child if state or federal laws require it. This includes with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

4. Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about your child with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

5. Address workers’ compensation, law enforcement, and other government requests

We can use or share health information about your child:

- For workers’ compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

6. Respond to lawsuits and legal actions

We can share health information about your child in response to a court or administrative order. We can also share health information in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your child's protected health information.
- We will let you know if your child's information is ever shared by mistake.
- We must follow the duties and privacy practices described in this notice and give you a copy.
- We will not use or share your child's information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of this Notice

We can change the terms of this notice. The changes will apply to all information we have about your child. The new notice will be on our web site and we will mail a copy to you.

If you want to exercise your privacy rights, feel your privacy rights have been violated, or if you need more information, contact our Privacy Officer by e-mail: privacy@dentaquest.com, phone 1-888-788-8600 or mail:

DentaQuest
Attn: Privacy Officer
P.O. Box 2906
Milwaukee, WI 53201-2906

All complaints will be investigated. There will be no negative effects for filing a complaint. You may also file a complaint regarding health information with the Secretary of Health and Human Services in Washington, D.C.

MEMBER HEALTHY BEHAVIOR INCENTIVE FORM

To get your \$10 Amazon gift card:

- Receive one of the qualifying services listed below.
- Register for the DentaQuest member portal. To register for the DentaQuest member portal, please visit: **dentaquest.com/members/**
- Return the signed form by mail to DentaQuest.

***Ages 6 - 9 years:**

I had a sealant today on a permanent molar.

Date of service: _____

***Ages 10 - 14 years:**

I had a sealant today on a permanent molar.

Date of service: _____

Register for the DentaQuest member portal:

I have registered for the DentaQuest member portal.

** While actively enrolled with the plan.*

Member Information

First Name

Last Name

Date of Birth

Mailing Address

City

State

Zip Code

Phone

DentaQuest Member ID Number

If you have questions, please call
DentaQuest toll free **888-696-9557**
TTY 711 or 800-855-2880.

Mail the completed form to:
DentaQuest, Florida Healthy Kids
11100 W. Liberty Drive
Milwaukee, WI 53224

This information is available at no-cost in other formats and languages.
For help, call 1-888-696-9557 (TTY 711 or 1-800-855-2880).

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

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-696-9557 (телетайп: 711 or 1-800-855-2880).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-888-696-9557 (TTY: 711 or 1-800-855-2880).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-696-9557 (ATS : 711 or 1-800-855-2880).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-696-9557 (TTY: 711 or 1-800-855-2880).

Definitions

Insurance companies and health care professionals, like doctors and nurses, sometimes use uncommon words. They also sometimes use common words in different ways than you would normally hear in everyday conversation.

This section explains some words and phrases you may come across when you:

- Read this handbook;
- Call member services; or
- Take your child to the doctor.

Appeal means a verbal or written request you make to your child's health or dental insurance company to review the insurance company's decision to deny a service or payment.

Copayment or **Copay** means a specified amount you pay to a health care provider, like a doctor, when your child receives services.

Covered Benefits or **Covered Services** means services, supplies, devices and other products a health or dental plan pays for as part of Florida Healthy Kids coverage.

Dental insurance means coverage that pays for some or all of an enrollee's dental care services in exchange for a monthly premium.

Durable medical equipment (DME) means supplies and devices intended for repeated or continuous use over a long time that a provider prescribes to help treat a medical condition.

Emergency medical condition means an injury or illness, including severe pain, that needs care right away to avoid danger to your child's life or pregnancy, or to avoid serious damage to your child's health.

Emergency medical transportation means ambulance rides to a nearby hospital or medical facility to treat an emergency medical condition.

Emergency room care or **emergency department care** means services received at the emergency room of a hospital or at a standalone emergency room facility.

Emergency services means medical care your child receives to treat an emergency medical condition.

Enrollee means a child who is enrolled in a health or dental plan through Florida Healthy Kids.

Excluded services means health care services, supplies, devices, and other products that a health or dental plan does not pay for because they are not a covered benefit.

Grievance means a formal complaint you make to your child's health or dental insurance company about some aspect of your child's health care services.

Habilitation services and devices means medical services and devices to help a patient learn, improve, or keep skills or functions used for daily living.

Health insurance means coverage that pays for some or all the cost of health care services for an enrollee in exchange for a monthly premium.

Home health care means home visits by a nurse to provide skilled nursing care prescribed by a doctor.

Hospice services means health care services to manage a terminal illness.

Hospitalization means care provided after inpatient admission to a hospital. Hospitalization usually means a patient will stay at the hospital overnight.

Hospital outpatient care means care provided in a hospital that does not require staying overnight or admission as an inpatient.

Medically necessary means treatment, services, equipment, or supplies needed to diagnose, prevent or treat an injury or illness and which is:

- Consistent with the symptoms, diagnosis, and treatment of an enrollee's condition
- Provided in accordance with generally accepted professional medical standards and the health or dental plan's medical coverage guidelines
- The most appropriate level of supply or service for the diagnosis and treatment of the enrollee's condition

- Not primarily intended for the convenience of the enrollee, the enrollee's family, or the health care provider; and
- Approved by the appropriate medical body or health care specialty involved as effective, appropriate, and essential for the care and treatment of an enrollee's condition.

Network means the doctors, other health care professionals, hospitals, other health care facilities, pharmacies, and medical supply companies a health or dental plan has contracted with to provide covered benefits to enrollees.

Non-participating provider or **out-of-network provider** means a doctor, other health care professional, hospital, other health care facility, pharmacy, or medical supply company that a health or dental plan has not contracted with to provide covered benefits to enrollees. Care provided by out-of-network providers is only covered for the treatment of emergency medical conditions.

Physician services means services provided by a doctor.

Plan means the health or dental insurance policy an insurance company offers to enrollees to provide Florida Healthy Kids coverage.

Preauthorization or **prior authorization** means approval from the health or dental insurance company is required before services are provided; otherwise, the insurance company will not pay for those services.

Participating provider or **network provider** means a doctor, other health care professional, hospital, other health care facility, pharmacy, or medical supply company that has a contract with a health or dental plan to provide covered benefits to enrollees.

Premium means the dollar amount you pay every month to keep your child enrolled in Florida Healthy Kids coverage.

Prescription drug coverage means the prescription medication services, supplies and products a plan pays for as part of Florida Healthy Kids covered benefits.

Prescription drugs means medications for which the law requires a prescription before purchase or use.

Preventive care means routine health care that includes screenings and check-ups to prevent or detect illness or disease before symptoms are noticed.

Primary care provider or **primary care physician** or **PCP** means the health care professional your child sees for basic care and most health problems. The PCP refers (sends) your child to other doctors when special care is needed and coordinates your child's treatment.

Provider means an appropriately licensed individual or entity providing health care services.

Referral means written approval from your child's primary care provider for your child to see a specialist or receive certain services. The health plan, dental plan, or the specialist may require a referral for your child to be seen.

Rehabilitation services and devices means medical services and devices that help a patient get back, improve, or keep skills and functions for daily living that were lost or damaged because of an illness or injury.

Skilled nursing care means health care services that can only be safely and correctly performed by a licensed nurse.

Specialist means a doctor with extra training who only treats certain health problems, body parts or age ranges and who does not act as a primary care provider.

Urgent Care means treatment for an injury or illness needed within 24 hours to avoid becoming an emergency.

Well-child visit means an annual preventive care checkup by your child's PCP.

Privacy Notice

HIPAA Privacy Policy

DentaQuest takes your privacy seriously. We want to tell you about our privacy practices to protect your personal health information.

How do we use health information?

DentaQuest uses your health information to pay dentists and others

who provide you with dental care or services, and to conduct normal business known as dental care operations. Examples of how we use your information include:

- Payment - We may pay claims submitted by dentists who treat you. We may also discuss your treatment plan with your dentist or provide prior authorization for certain services.
- Dental Care Operations - Health information is used for quality improvement and for customer service.

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

We may also use information to:

- Inform you of research opportunities or benefits for alternative treatments.
- Tell you about benefits and services.
- Communicate with family or friends involved in your care.
- Communicate with other healthcare providers or business associates for treatment, payment, or health care operations. Business associates must follow our privacy rules.
- Communicate with the sponsor of your health plan.

Our Responsibilities

DentaQuest is required by law to:

- Maintain the privacy of your health information.
- Provide this notice of our duties and privacy practices.
- Abide by the terms of the notice currently in effect.
- We reserve the right to change privacy practices and make the new practices effective for all the information we maintain. Revised notices will be available to you on our website at **www.dentaquest.com** and will be mailed to you upon request.

Your Rights

You have the right to:

- Request that we restrict how we use or disclose your health information. We may not be able to comply with all requests.
- Request that we use a specific telephone number or address to communicate with you.
- Inspect and copy your health information (fees will apply).*
- Request additions or corrections to your health information.*
- Receive an accounting of how your health information was disclosed (excludes disclosures for treatment, payment, healthcare operations and some required disclosures, as well as disclosures that you authorize).*
- Obtain a paper copy of this notice even if you receive it electronically.

Requests followed by an asterisk (*) must be in writing.

Financial Privacy Policy

We do not give your financial information to any person or persons not affiliated with DentaQuest. It is important to us that you understand what financial information we gather and how we use it to administer your benefits and serve you better.

- Financial Information - In order to provide your dental services, we may gather financial information about you from you, your employer, your plan sponsor, or your dentist with respect to claims, co-payments, and premium payments.
- Security - In compliance with state and federal standards, electronic, procedural, and physical safeguards are in place to limit the collection and use of non-public information to the minimum necessary to provide you with quality products and services. Access to this information is limited to a "need to know" basis for our employees to perform their jobs. This applies to you whether you are a former or current member.

EDI Compliance

DentaQuest is required by law to provide an EDI Connectivity Guide:

As of January 1st, 2013, DentaQuest is compliant with the Phase II CORE 270: Connectivity Rule version 2.2.0 March 2011. The EDI Connectivity Guide it's available for download at

<http://dentaquest.com/hipaa-privacy-policy/>.

You will need Adobe Acrobat® Reader to view these PDF documents.

Non-Discrimination Notice

Notice of Non-Discrimination

DentaQuest follows the Federal civil rights laws. DentaQuest does not treat people differently because of race, color, national origin, age, disability, sex, religion, gender identity or sexual orientation.

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

If you need these services, please call customer service at 1-888-696-9557 (TTY 711 or 1-800-855-2880), Monday through Friday 7:30 a.m. to 7:30 p.m. Eastern Standard Time. Or you can access our website at **<http://www.dentaquest.com/members/>**.

You can file a complaint if you feel we have treated you differently because of your race, color, national origin, age, disability, sex, religion, gender identity or sexual orientation. You can file the complaint with:

Civil Rights Coordinator
Compliance Department
465 Medford Street
Boston, MA 02129

Fax: 617-886-1390

Phone: 888-278-7310, TTY: 711

Email: FairTreatment@greatdentalplans.com

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, 1-800-537-7697 (TDD)

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

Affirmative Statement About Incentives

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

DentaQuest 
a Sun Life company

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Milwaukee, WI 53224

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www.DentaQuest.com

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