

DentaQuest and DMAS are excited to announce that a new comprehensive adult benefit will be implemented on July 1, 2021. To assist in the program implementation, here are a few of the most frequently asked questions regarding the new program services:

Q: When do the benefits start for adults?

A: The new comprehensive benefits for members ages 21 and older will begin on July 1, 2021.

Q: Who is eligible to receive the adult benefits?

A: The eligible population of members includes adults who are 21 years of age and older and enrolled in Medicaid or FAMIS.

Q: What are the benefits?

A: The services focus on prevention and restoration. Braces and bridges are not covered. Services will include the following:

- Diagnostic (x-rays, exams)
- Preventive (cleanings)
- Restorative (fillings)
- Endodontics (root canals)
- Periodontics (gum related treatment)
- Prosthodontics (dentures)
- Oral surgery (extractions and other oral surgeries)
- Adjunctive general services (all covered services that do not fall into specific dental categories.)

Q: Will Orthodontic services be covered?

A: Orthodontic services are not included in the benefits for adults.

Q: Where do I obtain the updated ORM?

A: Covered dental service will be listed in the Office Reference Manual (ORM). Refer to the Office Reference Manual (ORM) for specific benefit coverage and frequency. You are responsible for knowing what services are covered. The ORM will be available on DentaQuest's provider web portal at www.dentaquestgov.com by July 1, 2021.

Q: How is the pregnant women benefit impacted by the addition of the adult benefit?

A: Pregnant women will continue to receive the comprehensive pregnant women dental benefit for the duration of their pregnancy and for 60 days post-partum. After the 60th day post-partum, pregnant women will transition into the

new adult benefit. The benefits for these two groups are different. Please consult the Office Reference Manual for a listing of all covered codes and benefit limitations.

Q: If I am credentialed with *Smiles For Children* now, do I need to provide any additional enrollment/credentialing paperwork to begin providing care to Medicaid adults?

A: No, there is no additional paperwork or credentialing needed. You will be able to provide care to Medicaid enrolled adults and be reimbursed starting July 1st, 2021. If you are not currently credentialed with DentaQuest, contact DentaQuest at 888.912.3456.

Q: Will prior authorizations be required for covered services?

Please consult the Office Reference Manual for a listing of all covered codes and benefit limitations. Prior authorizations may be required for certain services. The Office Reference Manual will include all benefit details and will be available on the DentaQuest and DMAS websites.

Q: Will patients be required to sign waivers for services that are not covered?

A: All covered benefits are listed in the Office Reference Manual.

Participating Providers shall hold Members, DentaQuest, and DMAS harmless for the payment of non-Covered Services except as provided in this paragraph. A provider may charge an eligible *Smiles For Children* Member for dental services which are not covered services only if the Member knowingly elects to receive the services and enters into an agreement in writing to pay for such services prior to receiving them. Non-covered services include:

- Services not covered under the *Smiles For Children* plan
- Services for which prior authorization has been denied and deemed not medically necessary
- Services which are provided out-of-network

Q: Some MCOs currently offer value-add dental benefits. Will these benefits remain, and how will the new adult dental benefit change what MCOs offer?

A: Effective July 1, 2021, MCOs will no longer offer enhanced dental benefits to Medicaid members.

Q: Are reimbursements remaining the same as they are now?

A: Reimbursement of dental procedures by CDT code will remain the same for all benefit programs (under 21, over 21, and pregnant women). Benefit design will be changing ONLY for adults over 21.

Q: Will there be annual cost maximums for adult per year?

A: There will be no annual maximums (dollar amount) per member. However, there may be benefit limitations by procedure code.

Q: Is it possible for hygienists to be reimbursed by Medicaid even if the dentist is not a participant?

A: No

Q: Can volunteer dentists providing care at dental clinics be credentialed?

A: Volunteer dentist can be credentialed.

Contact DentaQuest at 888.912.3456 for questions related to benefits, member eligibility, and provider credentialing.