



HEALTHY MICHIGAN DENTAL

Member Handbook

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The Healthy Michigan Dental Member Handbook

The Healthy Michigan Plan is a health care program offered through the Michigan Department of Health and Human Services (MDHHS). The Healthy Michigan Plan is designed to ensure access to quality health and dental care for plan members. Healthy Michigan Dental administers the dental benefits for Priority Health Choice, Inc. members who are active with the Healthy Michigan Plan.

This handbook follows Medicaid guidelines and contains information about the dental services available to **Priority Health Choice, Inc.** members with coverage through Healthy Michigan Dental. Please refer to this guide for answers to questions about your dental benefit. You will be informed of any changes to your dental benefits.

You must go to a dentist that participates within the Healthy Michigan Dental network. This plan does not cover treatment obtained from dental offices that do not participate in the Healthy Michigan Dental network.

Locate a dentist near you!

For assistance locating a dentist in your area, the Healthy Michigan Dental Customer Service Team is available at 844-698-6825 from 9 am – 5 pm, Monday - Friday. This call is free. Interpreter services are available upon request.

You can access information on the Healthy Michigan Dental website 24 hours a day, 7 days a week at www.hmidental.com.

For dental emergencies call your dental office.

For medical emergencies dial 911 or go to the nearest emergency room.

HOW TO USE YOUR HEALTHY MICHIGAN DENTAL BENEFITS

Read this handbook to learn about the dental benefits provided to you and what services are covered.

For assistance locating a participating dentist near you contact Healthy Michigan Dental Customer Service at 844-698-6825. You can also find a list of dentists near you on the provider directory located at www.hmidental.com. A provider directory can be sent to you upon request.

Call a participating Healthy Michigan Dental office to schedule an appointment. Please tell the office you are a Priority Health Choice, Inc. member with dental benefits through Healthy Michigan Dental. Provide the office with your name, address, phone number and the Member ID number located on your Priority Health Choice, Inc. membership card. Notify the dental office if you require an interpreter.

Make sure you write down the date and time of your appointment. If you are unable to keep your dental appointment, call your dental office before your scheduled visit. You should give the office at least 24 to 48 hours' notice so that your dentist can offer the appointment time to someone else. If you miss too many appointments the office may not schedule you again.

When you arrive at the dental office, the staff will ask for your full name, address, Member ID # and date of birth.

If the dental office has any questions about your coverage, they can contact Healthy Michigan Dental at 844-698-6825 for assistance.

TRANSLATION SERVICES

Translation services are available upon request. If you require language assistance, contact Healthy Michigan Dental at 844-698-6825. To request in-office interpretation services you need to call Healthy Michigan Dental at least 72 hours before your scheduled appointment time. Services will be arranged at no cost to you or your dentist. Translation of any written material is available and will be mailed to you upon request.

TRANSPORTATION

Transportation is available to get you to and from your scheduled dental appointments. Members living in Wayne, Oakland or Macomb counties can call the Priority Health Choice, Inc. Reservation Line at 1-888-975-8102 to schedule a ride, use gas reimbursement, or get a bus pass.

MDHHS provides transportation assistance for members living in any other Michigan county. Contact your MDHHS specialist for assistance. Contact information for MDHHS Offices can be found at www.michigan.gov/mdhhs.

WHAT DOES YOUR HEALTHY MICHIGAN PLAN COVER?

Service description	How often?
Oral exams	1 in 6 months
Assessment	1 in 6 months
X-rays	Bitewing x-rays 1 in 12 months
	Full mouth or panoramic 1 in 5 years
Teeth cleaning	1 in 6 months
Fillings	One surface per tooth, every two years
Extractions, simple and surgical	Once per tooth
Limited other oral surgery	
Emergency treatment of dental pain	
IV sedation (when medically necessary)	
Complete denture	1 in 5 years
Partial denture	1 in 5 years
Denture adjustment and repair	
Dentures rebase and reline	1 time in 2 years
Limited endodontic procedures	Coverage under age 21
Re-cement crowns and bridges	
Full Mouth Debridement	Once every 12 months

Some services that are not covered include: bite guards, implants, cosmetic dentistry, bridges, inlays, services covered under a medical program and TMJ treatment (TMJ is a problem that causes pain in your jaw joints.) The dentist will discuss with you any services that are not covered benefits.

COPAYMENTS

Healthy Michigan Plan members do not have copays for covered services as long as you are getting services covered by Healthy Michigan Dental. If a dental service is not a covered benefit, you need to agree to pay for the non-covered service before your dentist can treat you.

GRIEVANCES AND APPEALS

GRIEVANCES

Healthy Michigan Dental and your dentist want you to be satisfied with the dental services you receive. Appeals generally relate to the clinical part of your dental coverage. Grievances are complaints about other aspects of your care of service.

If you have a problem related to your care, talk to your dentist first. Your dentist can often fix the problem. You can always call Customer Service at 844-698-68925.

If your concern or complaint cannot be fixed by your dentist or Customer Service, you may file a grievance.

HOW TO FILE A GRIEVANCE

If you are not happy with us or your dentist, you can file a grievance. Please be sure to include a full explanation of your grievance in your letter. We will keep your grievance private. You can file a grievance by writing or calling us at:

Grievance Department

Healthy Michigan Dental
PO Box 2819
Detroit, MI 48202-3231
Fax: 313-875-2401

1-844-698-6825
9 am – 5 pm, Monday - Friday
TTY: 711

APPEALS

You may disagree with our decision about coverage for a dental service.

We will send you a Notice of Adverse Benefit Determination. You have 60 days from the date on the Notice to send us a request for an appeal.

You have the right to appeal. An appeal means you ask us to review our decision. If you have questions or need help with the appeal process, call Customer Service at 1-844-698-6825. TTY users should call 711.

We must receive your appeal request within 60 calendar days from the date on the Notice of Adverse Benefit Determination. We will provide you with a letter of receipt within two business days of receiving your appeal. The letter will have instructions for completing the written, signed confirmation required if an oral appeal was filed.

You have a right to request a copy of the guidelines used to make the benefit decision. The copy will be provided free of charge.

To ask for an in-person appeal review: If you would like to appeal in person, we will schedule a meeting date and time. If you need a ride, call **1-888-975-8102**. TTY users should call 711.

To have someone else ask for an appeal review for you: You, your dentist or someone else you choose can ask for your review. If you want another person, such as your dentist or a family member, to represent you, you must give that person written permission to do so. To give another person permission to represent you, fill out an Authorization of a Member Representative form which is included with the notice of adverse determination. Complete, sign, and return it to the address on the form.

TYPES OF REVIEW – STANDARD AND EXPEDITED

Standard 30-day review: You can ask for a standard 30-day review by writing or calling us. For help writing the letter, please call Customer Service at 844-698-6825.

You can also send us any paperwork, dental records or other items that support your appeal. We will send a letter within two business days when we receive your request for review and respond to your request within 30 days. We may need an extra 14 days if we are waiting for records from your provider. If this extra time is needed, we will notify you of the delay.

Write, call or fax:

Dental Appeals Coordinator

Healthy Michigan Dental
PO Box 2819
Detroit, MI 48202-3231
Fax: 313-875-2401

Dental Customer Service

1-844-698-6825
TTY: 711

Expedited or urgent review (72 hours): You or your dentist can ask for an urgent review if waiting the standard review time of 30 days would harm your health or life. You or your provider must file a request for an expedited (or fast) review within 10 days of the Adverse Benefit Determination. If the situation is urgent and requires an expedited appeal, we will respond with 72 hours.

EXTERNAL REVIEW

Our decision on your appeal is final. If you do not agree, you can ask the state of Michigan to conduct an external, or independent review.

The state needs to receive your request within 120 calendar days from the date on the denial letter.

Write to:

**Department of Insurance and Financial Services
Office of General Counsel**

Appeals Section
P.O. Box 30220
Lansing, MI 48909-7720

Courier/Delivery:
530 W. Allegan Street, 7th Floor
Lansing, MI 48933

Phone: 877-999-6442
Fax: 517-284-8838

Email:
DIFS
HealthAppeals@michigan.gov

Online:
<https://difs.state.mi.us/Complaints/ExternalReview.aspx>

STATE FAIR HEARING

You have the right to a fair hearing with the state of Michigan. Your dentist or representative could also ask for a hearing. You must complete an appeal with us before you can ask for a State Fair Hearing. You must make your request for a State Fair Hearing within 120 days of the appeal decision denial notice.

Below are the steps for the State's Administrative (Fair) Hearing process:

Step 1: Call 877-833-0870 or email the Michigan Office of Administrative Hearings and Rules (MOAHR) at administrativetribunal@michigan.gov to ask for a Request for Hearing form.

Step 2: Fill out the form and return it to the address listed on the form.

Step 3: You will be sent a letter telling you when and where your hearing will be held.

Step 4: The results will be mailed to you after the hearing is held. If your appeal is taken care of before the hearing date, you must call to ask for a hearing request withdrawal form. You can call 877-833-0870 to request this form.

For more information:

You have the right to ask for copies of the documents, records, and other information we used to make our decision. This will be provided free of charge.

Write:

Dental Appeals Coordinator

Healthy Michigan Dental

P.O. Box 2819

Detroit, MI 48202-3231

For additional help and information:

Call the Michigan Department of Health and Human Services Beneficiary Help Line

1-800-642-3195

TTY: 1-866-501-5656

TERMINATION OF COVERAGE

A Healthy Michigan Plan beneficiary will be disenrolled if the enrollee:

- Loses Medicaid coverage
- Moves out of the state of Michigan

Healthy Michigan Dental can ask MDHHS to disenroll an enrollee if they exhibit threatening or violent behavior toward any dental office staff or person within the dental office. Stalking situations will not be tolerated and can lead to dismissal from the Healthy Michigan Plan.

There are times that a series of appointments are required to complete the treatment plan. If you become ineligible during a service that has been started, your dentist has 30 days to complete the service from the date of ineligibility.

PREGNANT WOMEN DENTAL BENEFIT

Pregnant Women Dental is an enhanced dental benefit for pregnant women enrolled in Medicaid. Pregnant Women Dental uses the Healthy Michigan Plan dental benefits and network. Pregnant women enrolled with Medicaid receive dental benefits for the duration of their pregnancy, as well as three months following the birth date.

Pregnancy causes hormonal changes that boost the risk of developing gum disease which may affect your unborn child. It is important to schedule a visit to the dentist during your pregnancy.

QUESTIONS AND ANSWERS

May I choose any dentist?

You may choose a dentist that participates in the Healthy Michigan Dental network. Contact Customer Service at 844-698-6825 for assistance locating a dentist near you.

When do I have to pay for dental services?

You do not have to pay for benefits covered through the Healthy Michigan Plan. If the Healthy Michigan Plan does not cover a service you would like your dentist to provide, you will be responsible to pay for that service.

What should I do at the dentist?

Arrive on time to your scheduled appointment. Notify the staff that you are in the Healthy Michigan Plan administered through Healthy Michigan Dental.

Do Healthy Michigan Dental benefits cover all dental services?

No, not all dental procedures are covered through the Healthy Michigan Plan. Refer to the Handbook for covered benefits, talk with your dentist or contact Healthy Michigan Dental at 844-698-6825 for assistance.

Do I need a prior authorization before receiving services?

Yes, prior authorization approval is required for some dental procedures. Your dentist will submit all required documentation for determination. You will receive notification if a procedure has been denied with an explanation and your appeal rights.

What should I do in case of a dental emergency?

Contact your dental office first and ask them what you should do. If your life is in danger call 911.

What if I need specialty dental care?

Talk with your Healthy Michigan Dental dentist. If you need a specialist a referral will be issued. Contact Healthy Michigan Dental Customer Service at 844-698-6825 for assistance locating a specialist in the network. Services will not be paid for treatment received through a non-participating provider.

What if I move?

If you move, call your local Michigan Department of Health and Human Services (MDHHS) office so they can change the State's records. If necessary, call Customer Service at 844-698-6825 to locate a dentist near your new home.

How to change plans?

To inquire about changing plans call Michigan Enrolls at 888-367-6557.

MEMBER RIGHTS

You have the right to:

- Receive dental care, including emergency care, if necessary.
- Talk to your dentist about your care. This can help you decide what is best for you.
- Talk to your dentist about all treatment options and alternatives for your condition, regardless of the cost or benefit coverage.
- Receive information about us, our services, our providers and member rights and responsibilities.
- Be a part of decisions regarding your dental care.
- Be treated with respect.
- Have your privacy protected.
- Have your dental and financial records kept private.
- Approve or deny the release of personal information. We do not need approval to release information when required by law.
- Look at your dental records.
- Call us to discuss concerns about the quality of care you received from your dentist.
- File a complaint with us or the State if you have a problem with us or a provider.
- File a fair hearing request.
- File a lawsuit if you have a problem with us or a provider.
- Be notified in a timely manner if we release personal information in response to a court order.
- Expect our staff and our participating provider to meet all requirements concerning Member rights.
- Suggest changes to our member rights and responsibilities.

MEMBER RESPONSIBILITY

As a member you also have the responsibility to:

- Schedule a dental appointment.
- Read this Handbook and other member materials.
- Follow the instructions given in all member materials.
- Call us with any questions.
- Get prior approval for services as noted.
- Follow the limits of any approval of services.
- Use participating dentists for all dental services.
- Keep your appointments. If you cannot make it, call your dentist at least 24 hours ahead of time to cancel.
- Follow any instructions given to you by your dentist.
- Provide all information your dentist or we request. This will help you get proper care.
- Tell your provider and us if you have other dental insurance coverage.
- Provide truthful information to us.
- Tell us as soon as possible about any change in address.
- Tell us as soon as possible if your ID card is lost or stolen.
- Help us prevent anyone other than you from using your ID card to get benefits.
- Treat provider and their staff with respect.
- Dental hygienists may work with you and your dentist to help meet your dental health needs.

FRAUD WASTE AND ABUSE

Health care fraud, waste and abuse affects us all. It can result in unnecessary costs to the health care system, improper payments or services that are not medically necessary. Here are some examples of possible fraud, waste, and abuse:

- A dentist bills for a service that you have not received
- Someone uses your identification to get dental services
- A member sharing his or her ID card with another person
- A member obtaining unnecessary equipment and supplies
- Changing information on a prescription

If you suspect someone of committing fraud, waste, or abuse, contact us immediately. You do not have to give your name. You may remain anonymous. Your report will be kept confidential to the extent allowed by law.

Report your concerns in one of these ways:

- Call Customer Service at 844-698-6825, Monday through Friday from 9 a.m. to 5 p.m.
- Call the State of Michigan toll-free at 855-MI-FRAUD (855-643-7283).
- Use the online complaint form at the Michigan.gov website.

- Write to:

Office of Inspector General

PO Box 30062

Lansing, MI 48909

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