Frequently Asked Questions

Dental Wellness Plan Background Information

What is the Dental Wellness Plan?
The Dental Wellness Plan provides dental coverage for adult Iowa Medicaid members, age 19 and older. Dental Wellness Plan members have two dental carrier options to choose from. You can choose Delta Dental or MCNA Dental to provide your dental coverage.

All Dental Wellness Plan members will receive full dental benefits in their first year of eligibility. Members who complete their Dental Healthy Behaviors each year will continue to receive full benefits. Members who do not complete their Dental Healthy Behaviors may be charged a monthly premium.

Will I still receive Iowa Medicaid dental coverage before I transition to a dental carrier?
You will receive coverage through the Iowa Medicaid Fee-for-Service (FFS) dental program during your transition period.

To verify when you will begin coverage with a dental carrier, please contact Iowa Medicaid Member Services at 1-800-338-8366 or 515-256-4606 (when calling from within the Des Moines area), Monday through Friday, 8 a.m. to 5 p.m. For telephone accessibility assistance if you are deaf, hard-of-hearing, deaf-blind, or have difficulty speaking call Relay Iowa TTY at 1-800-735-2942.

Who is included in the Dental Wellness Plan?
Most adult Medicaid members age 19 and over.

Who is excluded from the Dental Wellness Plan?
Some adult members will not transition to the Dental Wellness Plan and will receive their dental benefits through the Iowa Medicaid Fee-for-Service (FFS) dental program. Members in the following programs will not transition to the Dental Wellness Plan:

- Program of All-Inclusive Care for the Elderly (PACE)
- Health Insurance Premium Payment Program (HIPP)
- Presumptive Eligible
- Persons eligible only for the Medicare Savings Program
- Medically Needy
- Periods of retroactive eligibility
- Nonqualified immigrants receiving time-limited coverage for certain emergency medical conditions
My child is on *hawk-i*, will they be enrolled in the Dental Wellness Plan program?
No. Children in the *hawk-i* dental program will continue to receive their dental benefits as they do today.

My child is Fee-for-Service, will they be enrolled in the Dental Wellness Plan program?
No. Children in the Fee-for-Service program who are under the age of 19 will continue to receive their dental benefits as they do today.

I have a senior dental plan. What is the difference between a senior dental plan and the Dental Wellness plan?
Senior dental plans are commercial dental insurance options that require a monthly payment for dental coverage. The Dental Wellness Plan provides dental coverage for most adult Iowa Medicaid members at no cost to the member. Dental coverage under the Dental Wellness Plan is a benefit that is included in Iowa’s adult Medicaid program.

It is your decision if you would like to continue paying for your dental coverage through a commercial senior dental plan. However, you will also have coverage through the Dental Wellness Plan.

For additional information about your available dental benefits through the Dental Wellness Plan, you may contact the appropriate plan below:

- Delta Dental of Iowa Member Services at 1-888-472-2793 or DWPmembers@deltadentia.com.
- MCNA Dental Member Services at 1-855-247-6262 or www.MCNAIA.net
Dental Wellness Enrollment

I received an enrollment packet / enrollment letter, what do I need to do now?
If you are happy with the randomly assigned dental carrier listed on your enrollment letter, you do not need to do anything.

If you would like to change your dental carrier, please notify Iowa Medicaid Member Services.

Contact Iowa Medicaid Member Services directly at 1-800-338-8366 or 515-256-4606 (when calling from within the Des Moines area), Monday through Friday, 8 a.m. to 5 p.m. For telephone accessibility assistance if you are deaf, hard-of-hearing, deaf-blind, or have difficulty speaking call Relay Iowa TTY at 1-800-735-2942.

Why does it say that I've already been assigned to a dental carrier?
Newly eligible Dental Wellness Plan members are tentatively assigned to a dental carrier in their Dental Wellness Plan enrollment packet. Tentative assignments are random and based on an algorithm that aims to keep families together. Each newly eligible member has the opportunity to choose the dental carrier that best fits their dental healthcare needs and/or the needs of their family member(s). If you do not like the dental carrier that has been tentatively assigned to you, you have 90 days from your choice period end date to change your dental carrier for any reason, and for ‘Good Cause’ reasons after that.

How do I know which dental carrier is best for me?
Both dental carriers offer the same benefits and have their own network of dentists and dental providers. When selecting a provider, you will need to ensure that the provider is within your dental carrier’s provider network and participates in the Dental Wellness Plan. To find out which providers are enrolled with your dental carrier, please go to the Find a Provider webpage.

What is my ‘Choice Period End Date’?
Your choice period end date is listed on your enrollment letter within your enrollment packet. Members must change their dental carrier by this date for the change to take effect the following month. You will also have 90 days from the date your dental coverage begins to change your dental carrier for any reason.
How do I turn in my dental carrier choice?
Members can make their dental carrier choice one of the following ways:

- Return form in the postage paid envelope that is included in the member's enrollment packet.
- Call Iowa Medicaid Member Services at 1-800-338-8366 or 515-256-4606 (when calling from within the Des Moines area), Monday – Friday, 8 a.m. to 5 p.m.
  - For telephone accessibility assistance if you are deaf, hard-of-hearing, deaf-blind, or have difficulty speaking, call Relay Iowa TTY at 1-800-735-2942.
- Fax the enrollment form to 515-725-1351

What are the dates for making a dental carrier change?

- If you are happy with the dental carrier that has been assigned to you, you do not need to do anything.
- Members will have 90 days from the date their dental coverage begins to change their dental carrier for any reason.
- After the 90 days, and throughout the year, members may change their dental carrier for “Good Cause” reasons.
When will my dental carrier change take effect?

*Important*

Members who change their dental carrier after the choice cut-off date will continue to receive dental coverage from their current dental carrier until the change takes effect.

Members wishing to change their dental carrier will have the following choice cut-off dates for the 2017 year.

<table>
<thead>
<tr>
<th>Choice Cut-Off Date</th>
<th>Effective Coverage Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 19, 2017</td>
<td>August 1, 2017</td>
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<tr>
<td>August 17, 2017</td>
<td>September 1, 2017</td>
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<tr>
<td>September 18, 2017</td>
<td>October 1, 2017</td>
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<tr>
<td>October 19, 2017</td>
<td>November 1, 2017</td>
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<tr>
<td>November 16, 2017</td>
<td>December 1, 2017</td>
</tr>
<tr>
<td>December 19, 2017</td>
<td>January 1, 2018</td>
</tr>
</tbody>
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How to read this chart:

Choice Cut-Off Date: Members must change their dental carrier by this date for the change to take effect by the Effective Coverage Date.

Effective Coverage Date: Date that the dental carrier change will take effect.

Example: The last day to make a dental carrier choice for coverage effective August 1, 2017, is July 19, 2017. If a member changes their dental carrier between July 20, 2017, and August 17, 2017, the change will not take effect until September 1, 2017.

What if I don't make a change by my Choice Period End Date but I want to later?

You have 90 days from your Choice Period End Date listed on your enrollment letter to change your dental carrier for any reason. You may also change your dental carrier at any time for reasons of ‘Good Cause,’ such as your dentist not being in your dental carrier’s provider network.

What is a ‘Good Cause’ reason?

1. Your dentist or dental provider is not in your dental carrier’s network.
2. Insufficient quality of care given by your dental carrier:
   a. Inadequate treatment given for your medical diagnosis.
   b. Inadequate use of referrals/specialty care providers.
   c. Refusal to give referrals for second opinions.
   d. Deviations from the Standards of Treatment guidelines.
3. Availability of a new, previously unavailable provider, who is enrolled with the alternate dental carrier.
What happens if I don’t choose a dental carrier?
If you don’t choose a dental carrier from the options provided, the state will assign you to one of the two dental carriers. If you would like to select a different dental carrier, you have 90 days from the date your dental coverage begins to change your dental carrier for any reason.

Will I get a new ID card?
Dental Wellness Plan members will have two or three ID cards:

1. You will keep your current Iowa Medicaid ID card for Fee-for-Service.
2. You will receive a dental carrier ID card from your selected dental carrier.
3. If you are in the IA Health Link program you will keep your current IA Health Link MCO ID card for medical services.

Members receive their dental carrier cards around the time that they receive their dental carrier enrollment packets.

When will I receive an ID card from my dental carrier?
You will receive an ID card from your dental carrier before your coverage begins. If you (do not/did not) make a choice, you will receive an ID card from the dental carrier assigned to you in your enrollment mailing.

If your dental coverage has begun and you have not yet received your dental carrier ID card, please reach out to your dental carrier immediately for assistance.
Benefits and Services

What are my dental benefits?
All Dental Wellness Plan members will receive full dental benefits in their first year of eligibility.

Comprehensive / full benefits:
- Diagnostic / Preventive Dental Services
- Exams
  - Cleanings
  - X-rays
  - Fluoride
- Restorative Services
- Non-Surgical Periodontal
- Endodontic Care
- Crowns
- Tooth Replacement
- Periodontal Surgery

How do I know if a service is covered or not?
All Dental Wellness Plan members will receive full dental benefits in their first year of eligibility. Members who complete their Dental Healthy Behaviors each year will continue to receive full benefits. Members who do not complete their Dental Healthy Behaviors may be charged a $3.00 monthly premium. Members who do not pay their monthly premium after 90 days, depending on their income, will have reduced benefits only.

Your provider will work with the dental carriers to determine if the service is covered.

For further information on your available benefits, you may:
1. Go to the Dental Wellness Plan ‘Benefits’ webpage
2. Speak with your provider directly
3. Contact your dental carrier by phone or email (Dental carrier contact information)

Do I have a copay?
Iowa Medicaid adults do not have dental copays for services.
Can I receive Non-Emergency Medical Transportation (NEMT) for my upcoming dentist appointment?

Non-Emergent Medical Transportation (NEMT) services to dental appointments are available to eligible members.

Eligible
- Traditional Medicaid
- Medically Exempt
- Home- and Community-Based Waiver

Not Eligible
- Iowa Health and Wellness Plan
How do I arrange a ride for a dental appointment?

**Iowa Medicaid Fee-for-Service (FFS) Members:**
Access2Care  
525 SW 5th Street, Ste. E  
Des Moines, IA 50309-4501  
**Phone:** 866-572-7662 (Toll Free)  
**Fax:** 866-584-7601  
**Website:** [https://www.access2care.net/](https://www.access2care.net/)

**IA Health Link Members:**
Even though your MCO does not cover your dental services, they will cover transportation for your dental services. Each of the MCOS has selected an NEMT transportation vendor. Members may contact the NEMT transportation vendor of their assigned MCO at the numbers listed below to schedule their NEMT services:

- **Amerigroup Iowa, Inc.**  
  Contact Information:  
  Logisticare  
  **Phone:** 1-844-544-1389

- **AmeriHealth Caritas Iowa, Inc.**  
  Contact Information:  
  Access2Care  
  **Phone:** 1-855-346-9760

- **UnitedHealthcare Plan of the River Valley, Inc.**  
  Contact Information:  
  MTM  
  **Phone:** 1-888-513-1613

If a member has a Prior Authorization for services, will it be honored by the dental carriers? If so, how long will it be honored?
Prior Authorizations will be honored for the first 90 days of the transition as long as the service is covered by the dental carrier.
Healthy Behaviors

What are the required Dental Healthy Behaviors?
Healthy Behaviors include completion of both:

- **An Oral Health Self-Assessment**
  o This is a short survey that asks questions about your dental health. You will want to contact your dental carrier to complete the assessment (Delta Dental or MCNA Dental).

- **A Preventive Dental Service**
  o Go to the dentist and get a dental wellness exam. This may include an exam or teeth cleaning.

For further information on Healthy Behaviors, please see the [Dental Wellness Plan Healthy Behaviors](#) webpage.

Is there a paper copy or printable copy version of the Oral Health Self-Assessment that members can mail in?
Not at this time. You are able to contact your dental plan and complete the survey over the phone.

Why do I have to complete both Dental Healthy Behaviors?
An Oral Health Self-Assessment and Preventive Dental Service help you prevent dental problems and maintain a healthy mouth.

What happens if I don’t complete my Healthy Behaviors?
If you do not complete your Healthy Behaviors each year, you *may* be charged a monthly premium.

**Members who will not be charged a monthly premium**
- Members with individual earnings less than 50 percent of the Federal Poverty Level ($5,832 per year for an individual, or $7,865 for a family of two)
- Pregnant women
- Members in an institutional facility
- Home- and Community-Based Services (HCBS) Waiver members
- Members receiving hospice care
- American Indians who are eligible to receive or have received an item or service:
  o From an Indian Healthcare provider
  o Through referral under contract health services
- Breast and cervical cancer treatment program members
- Medically Exempt
- Members who claim hardship

8/1/2017
How much is the monthly premium?
   Monthly premiums are $3 per month.

What if I can’t afford the monthly premium? Will I lose my dental benefits?
   If you are not able to make your monthly premium payment, you may claim financial hardship. To claim hardship, you can check the hardship box on your monthly statement and return the payment coupon or call Iowa Medicaid Member Services.

   Members who do not complete their Healthy Behaviors and do not pay their monthly premium after 90 days, depending on their income, will have reduced benefits only.

   Contact Iowa Medicaid Member Services directly at 1-800-338-8366 or 515-256-4606 (when calling from within the Des Moines area), Monday through Friday, 8 a.m. to 5 p.m. For telephone accessibility assistance if you are deaf, hard-of-hearing, deaf-blind, or have difficulty speaking call Relay Iowa TTY at 1-800-735-2942.

What if I don’t claim financial hardship? Will I lose my dental benefits?
   Members who do not complete their Healthy Behaviors and do not pay their monthly premium after 90 days, depending on their income, will have Basic (reduced) benefits only.

   Members who do not complete their Healthy Behaviors and do not pay their monthly premium will receive reduced benefits only. Can the member pay their current month’s premium to start receiving full benefits the following month?
      No. Once benefits have been reduced, with the completion of Healthy Behaviors, members have the opportunity for full benefits the following year.

I need to complete Healthy Behaviors each year to receive full dental coverage the following year. If I am receiving reduced benefits only, will my dental exam be covered so that I can meet the Healthy Behavior requirement for full benefits the following year?
   Yes. All Healthy Behaviors are included in the reduced benefits package.

Are there premiums for both Iowa Health and Wellness Plan and IA Health Link members through the dental carriers?
   Yes.

I am in the Iowa Health and Wellness Plan. Does a dental exam still count toward Healthy Behaviors for medical benefits?
   Yes.

Are members who have only dentures required to complete both Healthy Behaviors?
   All members need to see a dentist. Members who have dentures need to be seeing a dentist annually to be screened for oral cancer and to ensure their dentures are fitting properly.
I have completed my Healthy Behaviors, why did I receive a statement?

It is possible that Iowa Medicaid does not have information on the completed activities. If you have completed your Healthy Behaviors, please call Iowa Medicaid Member Services at 1-800-338-8366, or 515-256-4606 (in the Des Moines area), Monday through Friday, 8 a.m. to 5 p.m. For telephone accessibility assistance if you are deaf, hard-of-hearing, deaf-blind, or have difficulty speaking call Relay Iowa TTY at 1-800-735-2942.
Providers

Is my provider in my dental carrier’s network?
To see if your provider is in your dental carrier’s network, please go to the Dental Wellness Plan ‘Find a Provider’ webpage.

My current dental provider is not in my dental carrier’s network, can I continue to see my dentist?
Each dental carrier has a list of providers in their network. You will want to make sure that your provider is within your dental carrier’s network once you are enrolled in the Dental Wellness Plan program. You do not have to pay for covered dental services as long as you see a dental provider in your dental carrier’s network who participates in the Dental Wellness Plan. If your provider is not enrolled with your dental carrier’s network and does not participate in the Dental Wellness Plan, you will be responsible for any charges associated with the services that are provided.

Before receiving services from your providers, please show them your dental carrier card to let them know your chosen dental carrier. If your provider is not in your dental carrier’s provider network, this is a “Good Cause” reason to change your dental carrier. If you do not wish to change your dental carrier, you may choose another provider within your dental carrier’s provider network.

What if I choose a dental carrier and my provider chooses a different dental carrier? Will my visit still be covered or will I have to pay out-of-pocket?
You do not have to pay for covered dental services as long as you see a dental provider in your dental carrier’s network who participates in the Dental Wellness Plan. If your provider is not enrolled with your dental carrier’s network and does not participate in the Dental Wellness Plan, you will be responsible for any charges associated with the services that are provided.

Before receiving services from your providers, please show them your dental carrier card to let them know your chosen dental carrier. If your provider is not in your dental carrier’s provider network, this is a “Good Cause” reason to change your dental carrier. If you do not wish to change your dental carrier, you may choose another provider within your dental carrier’s provider network.
If a Dental Wellness Plan member sees a provider who is a registered Fee-for-Service (FFS) provider with IME, but not signed with any dental carrier and not willing to work with the dental carriers, will the state pay?

No, the state will not pay. If your provider is not enrolled with your dental carrier’s network and does not participate in the Dental Wellness Plan, you will be responsible for any charges associated with the services that are provided.

Before receiving services from your providers, please show them your dental carrier card to let them know your chosen dental carrier. If your provider is not in your dental carrier’s provider network, this is a “Good Cause” reason to change your dental carrier. If you do not wish to change your dental carrier, you may choose another provider within your dental carrier’s provider network.

Can I be billed from providers who are not participating with Medicaid or the dental carriers?

Yes. If your provider is not enrolled with your dental carrier’s network and does not participate in the Dental Wellness Plan, you will be responsible for any charges associated with the services that are provided.

Before receiving services from your providers, please show them your dental carrier card to let them know your chosen dental carrier. If your provider is not in your dental carrier’s provider network, this is a “Good Cause” reason to change your dental carrier. If you do not wish to change your dental carrier, you may choose another provider within your dental carrier’s provider network.
Resources

How do I contact the dental carriers?

**Delta Dental**

**Member Services**
Phone: 1-888-472-2793
Website: [www.DWPlowa.com](http://www.DWPlowa.com)

**Provider Services**
Phone: 1-888-472-1205
Website: [www.DWPlowa.com](http://www.DWPlowa.com)

**MCNA Dental**

**Member Services**
Phone: 1-855-247-6262
Website: [www.MCNAIA.net](http://www.MCNAIA.net)

**Provider Services**
Phone: 1-855-856-6262
Website: [www.MCNAIA.net](http://www.MCNAIA.net)

Where can I find important documents?
You can find all Dental Wellness Plan documents on the DHS ‘Resources’ page at: [http://dhs.iowa.gov/dental-wellness-plan/resources](http://dhs.iowa.gov/dental-wellness-plan/resources)