

Healthy Michigan Plan Dental Handbook

Healthy Michigan Plan (HMP) is a Michigan Department of Health and Human Services (MDHHS) program that is based on an agreement with your health plan. This handbook, which follows Medicaid guidelines, tells you more about Healthy Michigan Plan administered by Delta Dental and what services are covered. **If there are changes to your coverage, you will be told.**

You must go to a dentist participating with Healthy Michigan Plan. **Services will not be covered unless your dentist participates in the Healthy Michigan Plan network.** Dental emergencies that happen when you are outside the state of Michigan may also be covered. Please see *“What should I do in case of a dental emergency?”* on Page 6.

Let Us Help You Find a Dentist!

For help finding a **Delta Dental Healthy Michigan Plan dentist** in your area, call customer service at 866-558-0280 (TTY users call 711). This call is free. You may also visit www.deltadentalmi.com/HMP.

Questions?



Call us: 866-558-0280

Make sure you have the following when you call:

- Your name
- The ID number from your Delta Dental ID card
- Your daytime phone number
- Tell us that your question is about Healthy Michigan Plan



Write us: Delta Dental Customer Service

ATTN: Medicaid

PO Box 9230

Farmington Hills, MI 48333-9230

- In your letter, please tell us the same information in the list above, along with your question.



Visit: www.deltadentalmi.com/HMP

If you have a change of address, call your MDHHS specialist.

Table of Contents

About Healthy Michigan Plan page 2

Using This Handbook page 2

How to Use Your Delta Dental HMP Benefits page 3

Translation Services page 3

Transportation Assistance page 4

What Delta Dental HMP Benefits Cover pages 4–5

Early Periodic Screening, Diagnosis and Treatment Program (EPSDT) page 5

Questions and Answers pages 5–7

Grievances and Appeals..... pages 7–10

Termination of Coveragepage 10

Pregnancy Care Informationpage 10

Transition of Care pages 10–11

Community-Based Support and Servicespage 11

Your Rights..... pages 11–13

Your Responsibilities page 13

Fraud, Waste and Abuse pages 13–14

General Conditions pages 14–15

Definitions pages 15–17

About Healthy Michigan Plan

Healthy Michigan Plan is based on an agreement between the Michigan Department of Health and Human Services (MDHHS) and your health plan.

You may go to any Michigan dentist who has agreed to be in the Delta Dental Healthy Michigan Plan network. Delta Dental does not pay for any services from a dentist who is not in the Delta Dental Healthy Michigan Plan network.

Using This Handbook

This handbook explains the following:

- Your dental benefits.
- How to use your dental benefits.
- Your rights and responsibilities.

This handbook also helps to answer some questions people often ask.

How to Use Your Delta Dental HMP Benefits

To use your benefits, follow these steps:

1. Read this handbook carefully to learn how the dental benefits administered by Delta Dental work and what is covered.
2. Schedule a visit with a Delta Dental Healthy Michigan Plan dentist. You will find a list of dentists in the provider directory. The provider directory can be found by visiting www.providers4you.com/Choice/HMP. You can also call customer service to review a list of dentists in your area or have the provider directory sent to you at no charge.
3. **Make sure you tell your dentist you are covered by Healthy Michigan Plan administered by Delta Dental. It is important to be sure that your dentist participates in the Delta Dental Healthy Michigan Plan network, or Delta Dental will not pay for the services and you may have to pay for them.**
4. Be on time for your appointment, or call your dentist before your appointment if you must cancel. Delta Dental does not pay for missed appointments.
5. Show your Delta Dental ID card at each visit. If you lose the card, call Delta Dental at 866-558-0280 for a replacement card at no charge.
6. The dental office staff will need to know:
 - Your full name and address.
 - Your Delta Dental ID number.
 - Your date of birth.
7. If your dentist has any questions about the HMP program, ask him or her to call Delta Dental at 866-558-0280.

Translation Services

If you need translation or language services, Delta Dental has the following options:

- On-demand access to our interpretation line.
- In-office interpretation services during appointments with 72 hours advance notice.
- Translation of any significant materials in any language.
- Translation of any significant materials in an alternative format for enrollees with special needs.

You should tell your Delta Dental HMP dentist or call Delta Dental at 866-558-0280 if you need interpretive services. Delta Dental will arrange for services at no cost to you or your dentist.

Transportation Assistance

You can get help with a free ride if you do not have a way to get to and from your dentist.

- If you live in Wayne, Oakland or Macomb counties, call Logisticare Solutions at 866-569-1902 to schedule your ride.
- If you live in any other county, call your MDHHS specialist for help. Contact information for MDHHS County Offices can be found at www.michigan.gov/mdhhs.

What Delta Dental HMP Benefits Cover

Covered services include:

- **Oral exams** (1 in 6 months)
- **Assessment** (1 in 6 months)
- **X-rays**
 - Bitewing X-rays (1 in 12 months)
 - Full mouth or panoramic X-rays (1 in 5 years)
- **Teeth cleaning** (1 in 6 months)
- **Fillings**
- **Sedative filling**
- **Extractions, simple and surgical**
- **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 adjustments and repairs**
- **Denture rebase and reline** (1 time in 2 years)
- **Re-cement crowns and bridges**

In addition, if you are under age 21, the services listed below are also covered for you:

- **Crown buildup, including pins**
- **Resin crown** (1 in 5 years)
- **Root canals** (1 in 2 years on same tooth)
- **Stainless steel crown (prefabricated)** (1 in 2 years on same tooth)
- **Temporary partial denture** (only to replace front teeth)

If your dentist decides you need more dental services than those listed above, those services may be covered if approved by Delta Dental.

Some services are **NOT** covered. Excluded services are:

- **Bite guards**
- **Removal of healthy third molars** (wisdom teeth)
- **Bridges, inlays and crowns** (except for resin and stainless steel crowns listed above)
- **Implants**
- **Cosmetic dentistry**

- **Removable space maintainers**
- **Services covered under a hospital, surgical/medical, or prescription drug program**
- **Treatment of TMJ** (*TMJ is a problem that can cause pain in your jaw joint and can also cause pain in the muscles that control jaw movement.*)

Be sure to ask your dentist if a service is covered before the service is done. You must pay for services that are not covered.

HMP administered by Delta Dental does not limit its payment on services based on moral or religious grounds.

Early Periodic Screening, Diagnosis and Treatment Program (EPSDT)

To make sure children and young adults who qualify get the medical care they need, Medicaid created the Early Periodic Screening, Diagnosis and Treatment program (EPSDT). Talk to your Delta Dental HMP dentist to learn more about EPSDT.

Questions and Answers

May I choose any dentist?

No. You must choose a Delta Dental Healthy Michigan Plan dentist, but you may change to another Delta Dental Healthy Michigan Plan dentist at any time. You can use Delta Dental’s

online HMP dentist directory located at www.providers4you.com/Choice/HMP to find a Delta Dental HMP dentist near you. Make sure you ask the dental office if they participate in the Delta Dental Healthy Michigan Plan network when you call.

When do I have to pay for dental services?

There are no copayments in HMP administered by Delta Dental. You do not have to pay for covered services. If Delta Dental HMP benefits do not cover a service and you would like your dentist to provide this service to you, you must pay for that service.

What should I do at the dentist?

Before you receive treatment, tell the dental office you are in the Healthy Michigan Plan administered by Delta Dental. The office needs to call customer service at 866-558-0280 for information and billing help. This is very important.

Do Delta Dental HMP benefits cover all dental services?

No. Delta Dental benefits only include the covered services listed in this handbook.

Do I need a prior authorization before receiving services?

No. Prior authorizations are not required for any covered

services for a Delta Dental HMP enrollee.

What should I do in case of a dental emergency?

A dental emergency is a service needed to control bleeding, relieve pain, get rid of acute infection, prevent loss of teeth, and treat injuries.

If a dental emergency happens, call your dental office and ask what you should do. If you currently do not have a regular dentist, call Delta Dental's customer service at 866-558-0280 to receive a list of dentists, including after-hours dentists available in your area.

If you are not in Michigan when a dental emergency happens, you can call Delta Dental's customer service toll-free at 866-558-0280 for help finding a dentist. If you have a dental emergency outside of Michigan, the HMP program will cover the service even if the dentist is not a Delta Dental HMP dentist. A prior authorization is not needed for emergency services.

If the emergency is life threatening, call 911.

What if I need specialty dental care?

Delta Dental HMP benefits cover some specialty care. If you need

a specialist, your regular dentist can help you find specialty care or you can contact customer service for help. A referral is not required for any specialty dental care. Before visiting a specialist, be sure he or she is a Delta Dental HMP dentist or the services will not be covered, and you may have to pay for them.

What if there is not a Delta Dental HMP dentist in my area?

With Delta Dental's large dental network, there should be a Delta Dental HMP dentist in your area. In the unlikely event there is not one, please contact customer service to receive information on how to receive dental services from a local dentist. If you receive services from a dentist who does not participate in the Delta Dental HMP network when a Delta Dental HMP dentist is in your area, services will not be covered. It is important to first contact customer service prior to receiving services from a dentist who does not participate in the Delta Dental HMP network or you may have to pay for any services provided by the nonparticipating dentist.

What is an Explanation of Benefits?

Delta Dental will make an Explanation of Benefits (EOB)

available to you online at www.consumertoolkit.com. This is not a bill. This shows which services were performed and how much Delta Dental paid for your services. Please review the EOB and let us know if you think a dentist has billed for services that you did not receive. This could be fraud and against the law. Please see our fraud reporting section for more information.

Grievances and Appeals

What should I do if I have questions about a claim?

If you have questions about a claim, call customer service at 866-558-0280.

What should I do if I would like to file a grievance?

If you would like to file a grievance (also called a complaint), you can call customer service at 866-558-0280, or send your grievance in writing to:

Delta Dental
Attn: Medicaid Grievances
PO Box 9230
Farmington Hills, MI 48333-9230
Fax: 517-706-3513

Please be sure to include a full explanation of your grievance in your letter. Delta Dental will investigate your grievance and respond to you within 90 days of receiving your letter.

If your complaint involves the

quality of care provided by a Delta Dental dentist, Delta Dental may refer the problem to the Michigan Dental Association Peer Review Committee.

What should I do if I would like to appeal an adverse benefit determination?

You have the right to ask Delta Dental to review our decision by asking for an internal appeal. You can ask for an internal appeal within **60 calendar days** of the date on the adverse benefit determination. We can give you more time if you have a good reason for missing the deadline. If your internal appeal is made orally over the phone by calling customer service at 866-558-0280, we must receive your internal appeal in writing before we are able to process your appeal.

If we are stopping or reducing a service, you can keep getting the service while your case is being reviewed. If you want to continue while your case is under review, you must ask for an internal appeal within **10 calendar days** of the date of the adverse benefit determination or before the service is stopped or reduced, whichever is later. You could be responsible for the cost of services if our decision is upheld. You can ask for this internal appeal by calling customer service at 866-558-0280 or

following the steps below to send your appeal in writing.

Step 1: You, your representative, or your dentist (provider) must ask for an internal appeal. Your written request must include:

- Your name
- Address
- Delta Dental ID number
- Reasons for appealing
- Any evidence you want Delta Dental to review, such as medical records, dentists' letters, or other information that explains why you need the item or service. Call your dentist if you need this information.

We recommend keeping a copy of everything you send with your appeal for your records.

You can ask to see, free of charge, all documents, records, and other information used to make our decision before or during the appeal. At no cost to you, you can also ask for a copy of the guidelines we used to make our decision.

Step 2: Mail or fax your appeal to:
Delta Dental
Attn: Medicaid Appeals
PO Box 9230
Farmington Hills, MI 48333-9230
Fax: 517-706-3513

What happens next? If you ask for an internal appeal, we

will give you a written decision within **30 calendar days**. If we uphold our decision or you do not receive a timely decision, you can ask for a State Fair Hearing from the Michigan Office of Administrative Hearings and Rules (MOAHR). You can also ask for an external review under the Patient Right to Independent Review Act (PRIRA) from the Michigan Department of Insurance and Financial Services. Your written decision will give you instructions on how to request a State Fair Hearing and external review.

How do I ask for an expedited appeal?

If you have an urgent situation where taking the time for a standard internal appeal could seriously jeopardize your life, health, or ability to attain, maintain, or regain maximum function, you can request an expedited (fast) appeal by calling our customer service number. If the situation is urgent and requires an expedited appeal, we will respond within 72 hours.

How do I ask for a State Fair Hearing?

You must file an internal appeal with us before asking for a State Fair Hearing. You have **120 calendar days** from the date of your appeal denial notice to ask for the State Fair Hearing. A Request

for Hearing form will be included with the notice of appeal decision that you receive from Delta Dental. It also has instructions that you should review.

Step 1: You, your representative, or your dentist (provider) must ask for a State Fair Hearing after you have appealed to us and received the notice of appeal decision. You can also ask for a State Fair Hearing if you do not receive a decision from us within the required time frame. Your written request must include:

- Your name
- Address
- Delta Dental ID number
- Reasons for requesting a State Fair Hearing
- Any evidence you want the administrative law judge to review, such as medical records, dentists' letters, or other information that explains why you need the item or service. Call your dentist if you need this information.

Step 2: Call 800-648-3397 to have a hearing request (complaint) form sent to you. You may also call to ask questions about the hearing process.

What happens next? The MOAHR will schedule a hearing. You will get a written notice of hearing telling you the date and time. Most hearings are held by

telephone, but you can ask to have a hearing in person. During the hearing, you will be asked to tell an administrative law judge why you disagree with our decision. You can ask a friend, relative, advocate, provider, or lawyer to help you. You will get a written decision within 90 calendar days from the date your request for hearing was received by MOAHR. The written decision will explain if you have additional appeal rights.

If the standard time frame for review would jeopardize your life or health, you may be able to qualify for an expedited (fast) State Fair Hearing. If you qualify for an expedited State Fair Hearing, MOAHR must give you an answer within 72 hours. However, if MOAHR needs to gather more information that may help you, it can take up to 14 more calendar days.

If you have any questions about the State Fair Hearing process, including the expedited State Fair Hearing, you can call MOAHR at 800-648-3397.

How does someone else act on my behalf?

When you appeal, you can name a relative, friend, attorney, doctor, or someone else to act as your representative. Both you and the person you want to act for you must sign and date a statement

confirming this is what you want. You will need to mail or fax this statement to us with your appeal. Keep a copy for your records.

Get help and more information

If you need help filing a grievance or appeal, or need additional information about our decision and the appeal process, call Delta Dental's customer service toll-free at 866-558-0280 (TTY users call 711). Phones are open Monday through Friday, 8 a.m. to 8 p.m. ET. You can also visit our website, www.deltadentalmi.com.

Termination of Coverage

Enrollees will be disenrolled from HMP administered by Delta Dental if the enrollee:

- Loses Medicaid.
- Moves out of Michigan.
- Administrative reasons including, but not limited to, death and incarceration.

Delta Dental may ask the MDHHS to disenroll an enrollee if they act in a violent or threatening manner that does not result from the enrollee's special needs. Violent/threatening situations involve physical acts of violence; physical or verbal threats of violence made against Delta Dental dentists, staff, or the public at Delta Dental's locations, or stalking situations.

Delta Dental only pays for

services while you are covered by HMP. When you lose coverage, Delta Dental benefits cover dental services up to the last day of that month.

Sometimes you may start a service that can only be finished with a series of visits. If you lose coverage before the service is finished, Delta Dental will pay for the service if it is completed within 60 days from the date that you lost coverage.

Pregnancy Care Information

Continuing with dental visits and at-home oral health care is important while pregnant, especially because typical hormone changes during pregnancy may affect a woman's oral health. Research has shown that expectant mothers with high levels of cavity-causing bacteria may contribute to low infant birth weight.

Transition of Care

Should the source of your Medicaid dental benefits change and you are concerned that, in the absence of continued services, you would suffer serious detriment to your oral health or be hospitalized, please contact Delta Dental customer service at 866-558-0280. Delta Dental can assist in making sure you receive continued services throughout your transition.

Examples of changes in the source of your Medicaid dental benefits are:

- Going from Medicaid Fee-for-Service to HMP administered by Delta Dental.
- Going from a different dental plan to HMP administered by Delta Dental.
- Going from HMP administered by Delta Dental to a different dental plan.

Community-Based Support and Services

Local resources, health events, and community organizations are available to you. They provide great programs and convenient services. Best of all, most of them are free or at low cost to you.

- Dial 2-1-1. This is a free and confidential service that will help you find local resources. This is available 24/7.
- MDHHS Beneficiary Help Line 800-642-3195 (TTY 866-501-5656)
- Women, Infant, Children (WIC) 800-942-1636

Your Rights

You have the right to:

- Receive information on HMP administered by Delta Dental.
- Receive paper copies of this handbook and provider directory, free of charge.

- Be treated with respect and with due consideration for your dignity and privacy.
- Receive Culturally and Linguistically Appropriate Services (CLAS).
- Have your information kept confidential.
- Participate in decisions regarding your dental care, including the right to refuse treatment and express preferences about treatment options. (Be sure that the treatment is a covered service as defined in this handbook, and provided by a Delta Dental dentist.)
- A reasonable accommodation.
- To have your dental provider advise or advocate on your behalf for the following:
 - Your health status, medical care, or treatment options, including any alternative treatment that may be self-administered.
 - Any information you need to decide among all relevant treatment options.
 - The risks, benefits, and consequences of treatment or nontreatment.
 - Your right to participate in decisions regarding your health care, including the right to refuse treatment, and to express preferences about

future treatment decisions.

- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Request and receive a copy of your dental records, and request those be changed or corrected.
- Receive dental services consistent with this handbook and state and federal regulations.
- Be free to exercise your rights without negatively affecting the way Delta Dental, Delta Dental dentists, or the State of Michigan treats you.
- Be free from enrollment discrimination without restrictions regarding:
 - Your health status or the need for health and/or dental services.
 - Your race, color, national origin, age, disability, sex, sexual orientation, and religion.
- Be free from disenrollment discrimination. Delta Dental will not disenroll based on your:
 - Change in physical or mental health status.
 - Use of dental services.
 - Diminished mental capacity or uncooperative or disruptive behavior resulting from your special needs (except when your continued enrollment seriously impairs Delta Dental’s ability to furnish covered services to you or other enrollees).
- Be free from discrimination based on the following:
 - Age
 - Sexual orientation
 - Religion
 - Medical condition (including physical and mental illness)
 - Claims experience
 - Receipt of dental care
 - Medical/dental history
 - Genetic information
 - Disability
- Be free from other discrimination prohibited by state and federal regulations.
- To disenroll:
 - For cause, at any time
 - Without cause, at the following times:
 - During the 90 days following the date of your initial enrollment into HMP administered by Delta Dental or during the 90 days following the date the State sends you notice of that enrollment, whichever is later
 - At least once every 12 months thereafter
 - If the State imposes an

intermediate sanction on Delta Dental

- Receive information on available treatment options and alternatives, given in a manner appropriate to your condition and ability to understand.
- Receive dental services from a Federally Qualified Health Center, Rural Health Clinic and Indian Health Coverage Program (as applicable) and mobile dental facility, and SEAL! Michigan.
- To know if Delta Dental has any provider incentives, such as pay-for-performance.
- To ask about stop loss coverage.
- Request and receive MDHHS network adequacy standards.
- Request information on how HMP administered by Delta Dental operates.
- Seek out information in order to make best use of the dental services.
- Contribute toward your own oral health by taking responsibility for your oral health practices.
- Treat dentists and their staff with respect.
- Update family information. Tell your MDHHS case worker if there are changes in the following:
 - Change in your address
 - Get married
 - Get divorced
 - Have a baby
 - Adopt a child or gain legal guardianship of a child
- Protect your ID card against misuse.
- Contact Delta Dental if you suspect fraud.

Delta Dental and its Delta Dental dentists will comply with all requirements concerning your rights.

Your Responsibilities

As a Delta Dental HMP enrollee, it's your responsibility to:

- Review this handbook.
- Receive covered services from dentists in the Delta Dental HMP network.
- Make and keep appointments with your Delta Dental dentist.

Fraud, Waste and Abuse

Health care fraud, waste and abuse affects all of us. Health care fraud affects Medicaid programs by using up public funds needed to help vulnerable children and adults access health care. Everyone can take responsibility by reporting fraud and abuse. Together we can make sure taxpayer money is used for people who really need help.

Definitions

- Abuse refers to overused or unneeded services. Abuse also includes enrollee actions that result in unneeded costs to the HMP program.
- Fraud is a false action used to get something of value.
- Waste is the misuse of services.

Examples of Medicaid Fraud, Waste and Abuse

- Billing for dental services not actually performed
- Providing unnecessary services
- Billing for more expensive services
- Billing for services separately that should legitimately be one billing
- Billing more than once for the same dental service

Please call Delta Dental's anti-fraud hotline at 800-524-0147 if you suspect your dentist has committed fraud, waste or abuse.

To report suspected fraud, waste or abuse to the State of Michigan, contact the Office of Inspector General (OIG). The OIG audits and investigates suspected misuse of Michigan's Medicaid program.

Phone:

855-MI-FRAUD
(855-643-7283) (voicemail available after hours)

Send a letter to:

Office of Inspector General
PO Box 30062
Lansing, MI 48909

The following information is preferred when reporting suspected fraud or abuse:

- Nature of the complaint
- The names of those involved in the suspected fraud and/or abuse, including their address, phone number, Medicaid identification number, date of birth (for beneficiaries), and any other identifying information if available/applicable

General Conditions

These general rules apply to HMP administered by Delta Dental.

Other insurance or lawsuit settlement

If Delta Dental pays a claim for which another person or company is liable, Delta Dental has the right to recover its payment from the other person or company.

Information and dental records

While you are covered by the HMP program, you agree to give us any information we need to process your claims. This includes letting Delta Dental have access to your dental records.

Dentist-patient relationship

Decisions about your treatment plan are between you and your dentist.

Definitions

Adverse benefit determination

An adverse benefit determination is any denial, reduction, or termination of the benefit for which you filed a claim, or a failure to provide or to make payment (in whole or in part) of the benefit you sought.

Appeal

An appeal is the action you can take if you do not agree with a coverage or payment decision made by Delta Dental. You can appeal if your plan:

- Denies your request for:
 - A dental service
 - A dental appliance or device
- Reduces, limits, or denies coverage of:
 - A dental service
 - A dental appliance or device
- Your plan stops providing or paying for all or part of:
 - A dental service
 - A dental appliance or device
- Does not provide timely dental services

Care coordinator

A care coordinator helps assist the enrollee in coordinating

services. The care coordinator coordinates services between settings of care, services from another health plan or physician, and services the enrollee receives from community and social support providers.

Copayment

An amount you are required to pay as your share of the cost for a dental service or supply. Under this program, there are no copayments for covered services.

Claim

A request for payment for a covered service. Claims are not conditioned upon your seeking advance approval, certificate, or authorization to receive payment for any covered service.

Covered services

The unique dental services selected for benefits.

Dental insurance

Dental insurance is a type of coverage that pays for dental costs for people. It can pay the person back for costs from dental injury or treatment. It can also pay the provider directly. Dental insurance requires the payment of premiums (see premium) by the person getting the insurance.

Dental plan

A plan that offers dental services to members who

meet State eligibility rules. The State contracts with a dental plan (such as Delta Dental) to provide dental services for those who are eligible. The State pays the premium on behalf of the member.

Dental services

Oral health services provided by a person licensed under state law to practice dentistry.

Emergency dental condition

A dental injury or condition so serious that you would seek care right away to avoid harm.

Emergency room care

Care given for a dental emergency that requires dental treatment right away.

Emergency services

Review of an emergency dental condition and treatment to keep the condition from getting worse.

Enrollee

A Medicaid-eligible individual enrolled in HMP administered by Delta Dental.

Excluded services

Dental services that Delta Dental does not pay for or cover.

Grievance

A complaint that you let Delta Dental know about. You may file a grievance if you have a

problem calling Delta Dental or if you are unhappy with the way a staff person or provider treated you. A grievance is not the way to deal with a complaint about a treatment decision or a service that is not covered or denied (see definition of Appeal).

Medically necessary

Dental services or supplies that meet accepted standards of dental practices needed to diagnose or treat an oral health:

- Injury
- Condition
- Disease
- Symptom

Network

Dental providers contracted with Delta Dental to provide dental services to HMP enrollees. This includes dentists and dental specialists.

Network adequacy

The ability for Delta Dental to provide benefits by providing reasonable access to a sufficient number of Delta Dental HMP dentists.

Network provider/ participating provider

A dental provider that has a contract with Delta Dental as a provider of care in the Delta Dental HMP network.

**Nonparticipating provider/
out-of-network provider**

A dental provider that does not have a contract with Delta Dental as a provider of care in the Delta Dental HMP network.

Plan

A plan that offers dental services to members that pay a premium.

**Prior authorization/
preauthorization**

Approval from a plan that is required before the plan pays for certain dental services, appliances, or devices. This is also called prior approval or precertification. Delta Dental does not require preauthorization for services before you receive them.

Premium

The amount paid for dental benefits every month. Delta Dental HMP network premiums are paid by the State on behalf of enrollees.

Provider

A person, place or group that is licensed to provide dental services, like dentists.

Reasonable accommodation

Under the Americans with Disabilities Act, a federal law that prohibits discrimination in access to services and employment against persons who are disabled,

a disabled individual has a right to reasonable accommodation to facilitate access to a dental office and appropriate dental treatment. Reasonable accommodation may involve removing physical barriers, modifying an office policy or procedure that limits access to a disabled person, or providing auxiliary aids and services, such as sign language interpreters, assistive listening devices, large print materials, etc.

Specialist

A licensed dental specialist that focuses on a specific area of dentistry or a group of patients to diagnose, manage, prevent, or treat certain types of dental symptoms and conditions.

Urgent care

Care for a dental injury or condition bad enough to seek care soon but not bad enough that it needs emergency room care. Urgent dental care can be treated with a quick dental appointment.