



DentaQuest[®]

a Sun Life company

FLORIDA MEDICAID DENTAL PROGRAM

**MEMBER HANDBOOK
APRIL 2025**

INTERPRETATION AND TRANSLATION SERVICES

ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-888-468-5509 (TTY: 711) or speak to your provider.

This information is available for free in other languages. Please contact our customer service number at 1-888-468-5509 (TTY/TTD: 711) from 8:00am – 7:00pm ET.

Esta información está disponible gratuitamente en otros idiomas. Póngase en contacto con nuestro número de atención al cliente en el 1-888-468-5509 (TTY/TTD: 711) de 8:00 a 19:00 ET.

Ces informations sont disponibles gratuitement dans d'autres langues. Veuillez contacter notre service clientèle au 1-888-468-5509 (TTY/TTD : 711) de 8h00 à 19h00 (heure de l'Est).

Enfòmasyon sa a disponib gratis nan lòt lang. Tanpri kontakte nimewo sèvis kliyan nou an nan 1-888-468-5509 (TTY/TTD: 711) ant 8:00am ak 7:00pm ET.

Queste informazioni sono disponibili gratuitamente in altre lingue. Contattare il nostro servizio clienti al numero 1-888-468-5509 (TTY/TTD: 711) dalle 8:00 alle 19:00 ET.

Эту информацию можно бесплатно получить на других языках. Пожалуйста, свяжитесь с нашей службой поддержки по телефону 1-888-468-5509 (TTY/TTD: 711) с 8:00 утра до 7:00 вечера по восточному времени.

NON-DISCRIMINATION NOTICE

Notice of Nondiscrimination

Discrimination is Against the Law

DentaQuest complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)), **DentaQuest** does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

DentaQuest:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the **Civil Rights Coordinator**.

If you believe that **DentaQuest** has failed to provide these services or discriminated in another way on the basis race, color, national origin, age, disability, or sex, you can file a grievance with the **Civil Rights Coordinator** at **DentaQuest** by:

Mail: Civil Rights Coordinator
Compliance Department
96 Worcester Street
Wellesley Hills, MA 02481

Phone: 888-278-7310 (for TTY/TDD services, call 711)

Fax: 617-886-1390

Email: FairTreatment@greatdentalplans.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the **Civil Rights Coordinator** at **DentaQuest** is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

Mail: U.S. Department of Health and Human Services
200 Independence Avenue, SW., Room 509F, HHH Building
Washington, D.C. 20201

Phone: 1-800-368-1019 (TTY/TDD 800-537-7697)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Important:

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

24/7 Emergency Care Available via Teledentistry
bit.ly/FL-teledentistry
866-302-0905

IMPORTANT CONTACT INFORMATION

You can contact	Where	Times
Member Services Help Line	1-888-468-5509	Available 24 hours
TTY	TTY 1-800-466-7566	
Secure Member Website	MemberAccess.DentaQuest.com	Available 24 hours
Website	DentaQuest.com	Available 24 hours
Find-A-Dentist	<p>Go to DentaQuest.com</p> <ul style="list-style-type: none"> • Select "Find-a-Dentist" • You can 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 and select Statewide Medicaid Dental Health Program plans (Adult, Child or Pregnant Adult). • 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. 	Available 24 hours
Office Address	11100 W. Liberty Drive Milwaukee, WI 53224	Monday-Friday 8 a.m. to 7 p.m.

You can contact	Where	Times
Office Telephone Number	1-888-468-5509 TTY 1-800-466-7566	Monday-Friday 8 a.m. to 7 p.m.
Secure Member Website	MemberAccess.DentaQuest.com	
To report suspected cases of abuse, neglect, abandonment, or exploitation of children or vulnerable adults	1-800-96-ABUSE (1-800-962-2873) TTY: 711 or 1-800-955-8771 http://www.myflfamilies.com/service-programs/abuse-hotline	
For Medicaid Eligibility	1-866-762-2237 TTY: 711 or 1-800-955-8771 http://www.myflfamilies.com/service-programs/access-florida-food-medical-assistance-cash/medicaid	
To report Medicaid Fraud and/or Abuse	1-888-419-3456 https://apps.ahca.myflorida.com/mpi-complaintform/	
To file a complaint about a health care facility	1-888-419-3450 http://ahca.myflorida.com/MCHQ/Field_Ops/CAU.shtml	
To file a complaint about Medicaid services	1-877-254-1055 TDD: 1-866-467-4970 http://ahca.myflorida.com/Medicaid/complaints	
To request a Medicaid Fair Hearing	1-877-254-1055 1-239-338-2642 (fax) MedicaidHearingUnit@ahca.myflorida.com	
To find information about urgent care- after hours	1-888-468-5509, TTY 1-800-466-7566	
For an emergency	9-1-1 Or go to the nearest emergency room	

Contact your Health Plan if you have questions about your medical benefits.

You can find your Health Plan information here:

https://ahca.myflorida.com/medicaid/statewide_mc/pdf/mma/SMMC_Provider_Plan_Contacts_2018-08-06.pdf

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 MAIN DENTIST 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.

1-888-468-5509, TTY 1-800-466-7566

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WELCOME TO DENTAQUEST'S DENTAL PLAN

DentaQuest has a contract with the Florida Agency for Health Care Administration to provide dental services to people with Medicaid. This is called the **Florida Dental Program (DHP)**. You are enrolled in our dental plan. This means we will offer you Medicaid dental services. We work with a group of dental providers to help meet your dental needs.

This handbook will be your guide for all dental services available to you. You can ask us any questions, or get help making appointments. If you need to speak with us, just call us at 1-888-468-5509, TTY 1-800-466-7566.

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 household sees every six months. The dentist at your Dental Home will provide the care your family needs to stay healthy.

Your household'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

Call DentaQuest if you have questions about your Dental Home. You can change your household's Dental Home by logging on to MemberAccess. DentaQuest.com or by calling Member Services at 1-888-468-5509, TTY: 1-800-466-7566.

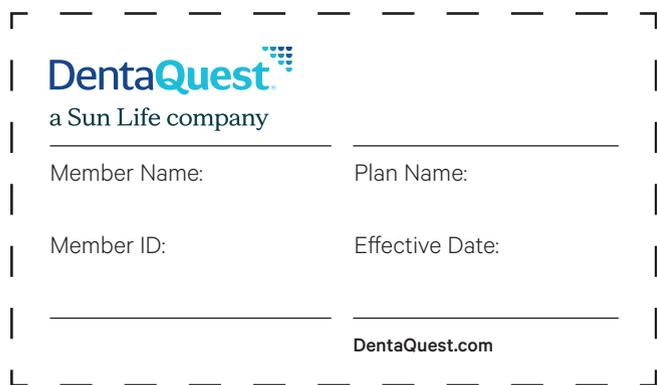
Section 1

YOUR DENTAL PLAN IDENTIFICATION CARD (ID CARD)

You should have received your dental ID card in the mail. Call us if you have not received your card or if the information on your card is wrong. Each member of your family in our plan should have their own dental ID card.

Always carry your dental ID card and show it each time you go to a dental appointment or the hospital. Never give your dental ID card to anyone else to use. If your dental ID card is lost or stolen, log on to MemberAccess.DentaQuest.com to download a new card or call Member Services at 1-888-468-5509 and we'll send you a new card.

Your dental ID card will look like this:



Section 2

YOUR PRIVACY

Your privacy is important to us. You have rights when it comes to protecting your health information, such as your name, Plan identification number, race, ethnicity, and other things that identify you. We will not share any health information about you that is not allowed by law.

If you have any questions, call Member Services. Our privacy policies and protections are:

DentaQuest Privacy Notice

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Member Privacy

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 and discloses your health information to facilitate your treatment, coordinate payment for treatment, and for other related health care operations. Examples of these uses and disclosures include:

- **Treatment:** DentaQuest discloses your health information to dentists who are providing treatment to you or coordinating care with another dentist, such as a specialist, for the purposes of facilitating your treatment. For example, we may discuss your treatment plan with your dentist.
- **Payment:** DentaQuest uses and discloses your health information for payment purposes. For example, we pay claims submitted by dentists who provide treatment to you.
- **Health Care Operations:** DentaQuest discloses your health information for health care operations in the normal course of our business. For example, we may use or disclose your information for purposes of underwriting, enrollment, and other activities related to creating, renewing, or replacing a benefits plan. We may not, however, use or disclose genetic information for underwriting purposes.

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:

DentaQuest may also use or disclose your health information for other reasons. These include uses and disclosures that are:

- Required by law, including pursuant to a court order or to health oversight agencies or law enforcement agencies.

- For public health activities or to coroners and medical examiners in the event of death.
- For communications with family or friends or a legal guardian involved in your care or who is authorized by you or by law.
- To your employer (or other plan sponsor) for administration of the plan (unless you are covered by an individual policy).
- For workers compensation, as permitted by law.

Except as described in this notice, we may not use or disclose your information without your written authorization. You may give us written authorization to use your protected health information or to disclose it to anyone for any purpose. If you give us written authorization, you may revoke it at any time by notifying us of your revocation in writing. Your revocation will not affect any use or disclosure permitted by the authorization while it was in effect. We need your written authorization to sell information about you to a third party or, in most circumstances, to use or disclose your information to send you communications about products and services. We do not need your written authorization, however, to send you communications about health related products or services, as long as the products or services are associated with your coverage or are offered by us.

Your Right to Protection of Your Health Information

Below is a list of your rights with respect to your protected health information. You may exercise any of these rights by contacting the Privacy Officer using the contact information listed below.

- You have the right to request restrictions on certain uses and disclosures of protected health information. Please be aware that DentaQuest is not required to agree to the requested restriction.
- You have the right to receive communications of protected health information from DentaQuest at an alternative address or using alternative means (i.e., e-mail), provided that disclosure of all or part of the information using the current delivery method could not endanger you.

- You have the right to see or obtain a copy of the protected health information that we maintain about you in a designated record set (certain fees may apply).
- You have the right to amend the protected health information that we maintain about you in a designated record set if it is incorrect or outdated.
- You have the right to request a paper copy of this notice

DentaQuest's Obligations to Protect Your Health Information:

As your dental insurance company or the administrator of your dental benefits, DentaQuest is required by law and by its contractual obligations to:

- Maintain the privacy of your health information;
- Provide you with notice of our legal duties and a description of our privacy practices with respect to your protected health information; and
- Notify affected parties of a breach of unsecured protected health information.
- Notify Florida residents that their protected health information is subject to electronic disclosure.

DentaQuest is obligated to provide this notice to you and abide by the terms of the notice currently in effect. We reserve the right to change privacy practices and make new practices effective for all the information we maintain. We will notify you of a material change to our privacy notice. Revised notices will be available to you at our website www.DentaQuest.com/Florida and, upon request, we will mail a revised notice to you.

Contacting Us, Comments, Suggestions, or Complaints

If you would like to contact us regarding a claim or coverage, please contact us by

phone: 1-888-468-5509

or mail:

DentaQuest

Attn: Member Services

P.O. Box 2906

Milwaukee, WI 53201-2906

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 and you will not suffer retaliation 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.

Section 3 GETTING HELP FROM MEMBER SERVICES

Our Member Services Department can answer all of your questions. We can help you choose or change your Primary Dental Provider (PDP for short), find out if a service is covered, get referrals, find a provider, replace a lost ID card, and explain any changes that might affect you or your family's benefits.

Contacting Member Services

You may call us at 1-888-468-5509, TTY 1-800-466-7566 Monday to Friday, 8 am to 7 pm, but not on State approved holidays (like Christmas Day and Thanksgiving Day). When you call, make sure you have your identification card (ID card) with you so we can help you. (If you lose your ID card, or if it is stolen, call Member Services.)

Special Needs

If you have special needs that DentaQuest or your PDP need to know about, please contact Member Services. We can help!

Contacting Member Services after Hours

If you call when we are closed, please leave a message. We will call you back the next business day. If you have an urgent question, you may call our 24-7 enrollee services line at 1-888-468-5509, TTY 1-800-466-7566. Our nurses are available to help you 24 hours a day, 7 days a week.

Section 4 DO YOU NEED HELP COMMUNICATING?

If you do not speak English, we can help. We have people who help us talk to you in your language. We provide this help for free.

For people with disabilities: If you use a wheelchair, or are blind, or have trouble hearing or understanding, call us if you need extra help. We can tell you if a provider's office is wheelchair accessible or has devices for communication. Also, we have services like:

- Telecommunications Relay Service. This helps people who have trouble hearing or talking to make phone calls. Call 711 and give them our Member Services phone number. It is 1-888-468-5509, TTY 1-800-466-7566. They will connect you to us.
- Information and materials in large print, audio (sound); and braille
- Help in making or getting to appointments
- Names and addresses of providers who specialize in your disability

All of these services are provided free to you.

Section 5 WHEN YOUR INFORMATION CHANGES

If any of your personal information changes, let us know as soon as possible. You can do so by calling Member Services. We need to be able to reach you about your dental needs.

The Department of Children and Families (DCF) needs to know when your name, address, county, or telephone number changes as well. Call DCF toll free at 1-866-762-2237 (TTY 1-800-955-8771) Monday through Friday from 8 a.m. to 5:30 p.m. You can also go online and make the changes in your Automated Community Connection to Economic Self Sufficiency (MyACCESS) account at <https://myaccess.myflfamilies.com/>.

If you receive Supplemental Security Income (SSI), you must also contact the Social Security Administration (SSA) to report changes. Call SSA toll free at 1-800-772-1213 (TTY 1-800-325-0778), Monday through Friday from 8 a.m. to 7 p.m. You may also contact your local Social Security office or go online and make changes in your Social Security account at <https://secure.ssa.gov/RIL/SiView.do>.

Section 6 CHANGES TO YOUR DENTAL PLAN

If your dental plan experiences a significant change that affects you as an enrollee, it is the plan's responsibility to inform you (the enrollee) at least 30 days before the intended effective date of the change.

Section 7 YOUR MEDICAID ELIGIBILITY

You must be covered by Medicaid and enrolled in our plan for DentaQuest to pay for your dental services and dental care appointments. This is called having **Medicaid eligibility**. If you receive SSI, you qualify for Medicaid. If you do not receive SSI you must apply for Medicaid with DCF.

Sometimes things in your life might change, and these changes can affect whether you can still have Medicaid. It is very important to make sure that you have Medicaid before you go to any appointments. Just because you have a Plan ID Card does not mean you still have Medicaid. Do not worry! If you think your Medicaid has changed or if you have any questions about your Medicaid, call our Member Services Department. We can help you check on your coverage.

If you Lose your Medicaid Eligibility

If you lose your Medicaid and get it back within 180 days, you will be enrolled back into our plan.

Section 8 ENROLLMENT IN OUR PLAN

Initial Enrollment

When you first join our plan, you have 120 days to try our plan. If you do not like it for any reason, you can enroll in another dental plan. Once those 120 days are over, you are enrolled in our plan for the rest of the year. This is called being **locked-in** to a plan. Every year you have Medicaid and are in the dental program, you will have an open enrollment period.

Open Enrollment Period

Each year, you will have 60 days when you can change your plan if you want. This is called your **open enrollment period**. The State's Enrollment Broker will send you a letter to tell you when your open enrollment period is.

You do not have to change plans during your open enrollment period. If you do choose to leave our plan and enroll in a new one, you will start with your new plan at the end of your open enrollment period. Once you are enrolled in the new plan, you are locked-in until your next open enrollment period. You can call the Enrollment Broker at 1-877-711-3662 (TDD 1-866-467-4970) to change plans.

Section 9 LEAVING OUR PLAN (DISENROLLMENT)

Leaving a plan is called **disenrolling**. By law, people cannot leave or change plans while they are locked-in except for specific reasons. If you want to leave our plan while you are locked-in, call the State's Enrollment Broker to see if you would be allowed to change plans.

You can leave our plan at any time for the following reason (also known as **For Cause Disenrollment** reason)¹:

- We do not cover a service for moral or religious reasons.

You can also leave our plan for the following reasons, if you have completed our appeal process² :

- You receive poor quality of care, and the Agency for Health Care Administration agrees with you after they have looked at your medical records.
- You cannot get the services you need through our plan, but you can get the services you need through another plan.
- Your services were delayed without a good reason.

If you have any questions about whether you can change plans, call Member Services at 1-888-468-5509 or the State's Enrollment Broker at 1-877-711-3662 (TDD 1-866-467-4970).

Removal from Our Plan (Involuntary Disenrollment)

The Agency for Health Care Administration can remove you from our plan (and sometimes the SMMC program entirely) for certain reasons. This is called **involuntary disenrollment**. These reasons include:

- You lose your Medicaid.
- You move outside of where we operate, or outside the state of Florida.
- You knowingly use your plan ID card incorrectly or let someone else use your plan ID card.
- You fake or forge prescriptions.
- You or your caregivers behave in a way that makes it hard for us to provide you with care.

If the Agency for Health Care Administration removes you from our plan because you broke the law or for your behavior, you cannot come back to the SMMC program.

Section 10 MANAGING YOUR CARE

If you have a dental condition that requires extra support and coordination, you may have a case manager with us. If you have a

¹For the full list of For Cause Disenrollment reasons, please see Florida Administrative Rule 59G-8.600: https://www.firules.org/gateway/RuleNo.asp?title=MANAGED_CARE&ID=59G-8.600

²To learn how to ask for an appeal, please turn to page Section 15, Member Satisfaction, on page 30.

medical condition or illness that requires extra support and coordination, you may have a case manager with your Medicaid health plan. Whether you have a dental case manager or a health plan case manager, your health plan case manager can help you get the services you need. Your health plan case manager may work with us to coordinate your dental care with your other health care services. If you have a case manager assigned by your Medicaid health plan, call Member Services and ask to speak to Case Management.

Your dental plan case manager is your go-to person. They will help you figure out how to get the dental services you need.

Changing Case Managers

You can change case managers at any time. To change case managers, call Member Services.

There may be a time when we need to change your case manager. If we do, we will send a letter to let you know and we may give you a call.

Important Things to Tell Your Case Manger

If you don't like a service or provider, tell your case manager. You should tell your case manager if:

- You don't like a service
- You have concerns about a service provider
- Your services aren't right
- You get new health insurance
- You go to the hospital or emergency room
- Your name, telephone number, address, or county changes

Section 11 ACCESSING SERVICES

Before you get a service or go to some dental appointments, we have to make sure that you need the service and that it is medically right for you. This is called **prior authorization**. To do this, we look at your medical history and information from your dentist, doctor, or other health care

providers. Then we will decide if that service can help you. We use rules from the Agency for Health Care Administration to make these decisions.

Continuing Your Care

When you first enroll in our plan, you may already be receiving services from a provider(s). We will make sure you keep getting the care your providers give you. You can keep getting your care from that provider for up to 90 days.

Before 60 days, your provider must check with us to keep giving your services to you. If your provider is not in our plan, we will help you find a new provider that is in our plan, schedule an appointment, and move your health records to the new provider. If you have questions, call Member Services.

Providers in Our Plan

For the most part, you must use dentists and other dental providers that are in our provider network. Our **provider network** is the group of dentists and other dental providers that we work with. You can choose from any provider in our provider network. This is called your **freedom of choice**. If you use a dental provider that is not in our network, you may have to pay for that appointment or service.

You will find a list of providers that are in our network in our provider directory. If you do not have a provider directory, call 1-888-468-5509, TTY 1-800-466-7566 to get a copy or visit our website at www.DentaQuest.com.

Providers Not in Our Plan

There are times when you can get services from providers who are not in our plan when the services are reviewed and approved by DentaQuest. If you need a service and we cannot find a provider in our plan for these services, we will help you find another provider that is not in our plan. Remember to check with us first before you use a provider that is not in our provider network. If you have questions, call Member Services.

When We Pay for Your Services

We will cover most of your dental services, but some services may be covered by your medical plan. The table on page 13 will help you to understand which plan pays for a service.

Type of Dental Services(s):	Dental Plan Covers	Medical Plan Covers:
Dental Services	Covered when you see your dentist or dental hygienist	Covered when you see your doctor or nurse
Scheduled dental services in a hospital or surgery center	Covered for dental services by your dentist	Covered for doctors, nurses, hospitals, and surgery centers
Hospital visit for a dental problem	<i>Not Covered</i>	Covered
Prescription drugs for a dental visit or problem	<i>Not Covered</i>	Covered
Transportation to your dental service or appointment	<i>Not Covered</i>	Covered

Contact Member Services at 1-888-468-5509, TTY1-800-466-7566 for help with arranging these services.

What Do I Have To Pay For?

You may have to pay for appointments or dental services that are not covered. A **covered service** is a service we must provide in the Medicaid program. All of the services listed in this handbook are covered services. Remember, just because a service is covered, does not mean you will need it. You may have to pay for services if we did not approve it first.

If you get a bill from a provider, call Member Services. Do not pay the bill until you have spoken to us. We will help you.

Services for Children³

We must provide all medically necessary dental services for our members who are ages 0 – 20 years old. This is the law. This is true even if we do not cover a service or the service has a limit. As long as your child’s dental services are medically necessary, dental services have:

- No dollar limits; or
- No time limits, like hourly or daily limits

³Also known as “Early and Periodic Screening, Diagnosis, and Treatment” or “EPSDT” requirements.

Your dental provider may need to ask us for approval before giving your child the service. Call Member Services if you want to know how to ask for these services.

Moral or Religious Objections

If we do not cover a service because of a religious or moral reason, we will tell you that the service is not covered. In these cases, you must call the State's Enrollment Broker at 1-877-711-3662 (TDD 1-866-467-4970). The Enrollment Broker will help you find a provider for these services.

Section 12

HELPFUL INFORMATION ABOUT YOUR BENEFITS

Choosing a Primary Dental Provider (PDP)

One of the first things you will need to do when you enroll in our plan is choose a primary dental provider (PDP). This is a general dentist or pediatric dentist. You will contact your PDP to make an appointment for services such as regular dental visits, or when you have a dental problem. Your PDP will also help you get care from other providers or specialists. This is called a **referral**. You can choose your PDP by calling Member Services.

You can choose a different PDP for each family member or you can choose one PDP for the entire family. If you do not choose a PDP, we will assign a PDP for you and your family.

You can change your PDP at any time. To change your PDP, call Member Services.

Choosing a PDP for Your Child

It is important that you select a PDP for your child to make sure they get their well-child dental screenings each year. These visits are regular check-ups that help keep your child's teeth healthy. These visits can help find problems and keep your child healthy.⁴

You can take your child to a pediatric dentist or dentist.

Preventive Care

You do not need a referral for dental services to prevent dental problems and keep your child's mouth healthy. Dental services to prevent dental problems and keep your child's mouth healthy can be a review of your child's mouth by a dental provider (screenings or exams), teeth cleanings, and thin plastic coatings painted onto the grooves of your child's back chewing teeth (sealants). These services are free.

Specialist Care and Referrals

Sometimes, you may need to see a provider other than your PDP for dental problems like special conditions, injuries, or illnesses. Talk to your PDP first. Your PDP will refer you to a **specialist**. A specialist is a provider that focuses on one type of dental service.

If you have a case manager, make sure you tell your case manager about your **referrals**. The case manager will work with the specialist to get you care.

Second Opinions

You have the right to get a **second opinion** about your care. This means talking to a different provider to see what they have to say about your care. The second provider will give you their point of view. This may help you decide if certain services or treatments are best for you. There is no cost to you to get a second opinion.

Your PDP, case manager or Member Services can help find a provider to give you a second opinion. You can pick any of our providers. If you are unable to find a provider with us, we will help you find a provider that is not in our provider network. If you need to see a provider that is not in our provider network for the second opinion, we must approve it before you see them.

Hospital Care

If you need to go to the hospital for an appointment, surgery or overnight stay, your PDP will help to request approval for dental services. We must approve a dental provider's services in the hospital before you go, except for emergencies. We will not pay for a dental provider's services in a hospital unless we approve them ahead of time or it is an emergency.

⁴For more information about the screenings and assessments that are recommended for children, please refer to the "Recommendations for Preventive Pediatric Health Care – Periodicity Schedule" at Periodicity Schedule (aap.org).

If you have a case manager they will work with you and your dental provider to get services in place for after you leave the hospital.

Emergency Care

You have a dental **emergency** when you need immediate attention to stop bleeding, relieve severe pain, or save a tooth. Some examples are:

- Abscess
- Bleeding that will not stop
- Infection

Emergency services are what you get when you are very ill or injured. These services try to keep you alive or to keep you from getting worse. They are usually delivered in an emergency room.

If your condition is severe, call 911 or go to the closest emergency facility right away. You can go to any hospital or emergency facility.

If you are not sure if it is an emergency, call your PDP. Your PDP will tell you what to do.

We pay for emergency services that are provided by a dental provider, even if they are not part of our plan or in our service area. Medicaid or your Medicaid health plan pays the cost of the hospital or emergency facility and for any care not provided by a dental provider. You do not need to get approval ahead of time to get emergency care or for the services that you receive in an emergency room to treat your condition.

If you have an emergency when you are away from home, get the medical care you need. Be sure to call Member Services when you are able and let us know.

Urgent Care

Urgent Care is not Emergency Care. Urgent Care is needed when you have an injury or illness that must be treated within 48 hours. Your health or life are not usually in danger, but you cannot wait to see your PDP or it is after your PDP's office has closed. Be sure to ask us before you use an Urgent Care center, or you may have to pay for those services.

If you need Urgent Care after office hours and you cannot reach your PDP, 1-888-468-5509, TTY 1-800-466-7566.

You may also find the closest Urgent Care center to you by calling 1-888-468-5509, TTY 1-800-466-7566.

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

Providers with extended hours

- Some providers offer evening or weekend office hours.
- Call your PDP 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.

Filling Prescriptions

We do not pay for prescription drugs. If your PDP orders a drug for you, we can help you get that drug through Medicaid or your Medicaid health plan. You can call Member Services or your dental case manager 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 programs:

DentaQuest Healthy Behaviors Incentive Program

DENTAQUEST WANTS TO REWARD YOU!

Visiting your dentist and having good oral health habits are important. We want to reward you for having good oral health habits. You and your family could receive a gift card or other reward when you visit the dentist! As an added benefit we have a series of incentives available. The added quality enhancement programs are to help guide you to good dental and overall health.

- **Smiling Stork** pregnancy care
- **Opioid Risk Awareness**
- **Preventative Dental**
- **Sealants** for child molars
- **Emergency Department Redirect** for dental emergencies

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

To get any of the rewards listed above, you'll need to do a little more after getting the dental care you need. This could mean watching a short video or filling out a survey online. To learn more about what you need to do for each reward, visit our website at <http://www.DentaQuest.com>.

If you have questions or want to join any of these programs, please call us at 1-888-468-5509.

Section 13

YOUR PLAN BENEFITS: DENTAL SERVICES

The following tables list the dental services that we cover. Remember, you may need a referral from your doctor, dentist, or approval from us before you go to an appointment or use a service. Services must be medically necessary in order for us to pay for them⁵. You may have a **\$3.00 copayment** per day for a non-emergency dental visit in a federally qualified health center.

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 medical services, please call Member Services at 1-888-468-5509, TTY 1-800-466-7566. You can also review your benefits by logging on to MemberAccess.DentaQuest.com

Service	Description	Coverage/Limitations		
		Children (ages 0-20)	Adults (ages 21+)	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 	<ul style="list-style-type: none"> Complete exams for dentures are covered 1 time every 3 years 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 be done in a school or Head Start program 		No
Dental X-rays	Internal pictures of teeth with different views	All types of dental x-rays are covered	<p>Only some types of dental x-rays are covered:</p> <ul style="list-style-type: none"> 1 full mouth set of x-rays every 3 years 1 view of the whole mouth (panoramic) x-ray every 3 years Other single tooth x-rays as needed 	No

SMDPH = Statewide Medicaid Dental Health Plan

Service	Description	Coverage/Limitations		
		Children (ages 0-20)	Adults (ages 21+)	Prior Authorization
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 be done in a school or Head Start program 		No
Fluoride	A medicine put on teeth to make them stronger	<ul style="list-style-type: none"> Fluoride is covered: <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 6-20 years old May be done in a school or Head Start program 		No

SMDPH = Statewide Medicaid Dental Health Plan

Service	Description	Coverage/Limitations		
		Children (ages 0-20)	Adults (ages 21+)	Prior Authorization
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 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 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	Covered as medically necessary		No
Fillings and Crowns	A dental service to fix or repair teeth	Covered as medically necessary		No
Root Canals	A dental service to fix the inside part of a tooth (nerve)	Covered as medically necessary		No

SMDPH = Statewide Medicaid Dental Health Plan

Service	Description	Coverage/Limitations		
		Children (ages 0-20)	Adults (ages 21+)	Prior Authorization
Periodontics	Deep cleanings that may involve both your teeth and gums	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 	<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 improvement for denture fit and comfort (reline) for each denture every year 	No
Orthodontics	Braces or other ways to correct teeth location	Covered as medically necessary		Yes
Extractions	Tooth removal	Covered as medically necessary	Covered as medically necessary	No

SMDPH = Statewide Medicaid Dental Health Plan

Service	Description	Coverage/Limitations		
		Children (ages 0-20)	Adults (ages 21+)	Prior Authorization
Sedation	A way to provide dental services where a patient is asleep or partially asleep	Covered as medically necessary	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	Covered as medically necessary for any dental services needed	Covered as medically necessary for extractions	No

Section 14

COST SHARING FOR SERVICES

Cost sharing means the portion of costs for certain covered services that is your responsibility to pay. Cost sharing can include coinsurance, copayments, and deductibles. If you have questions about your cost sharing requirements, please contact Member Services.

Your Plan Benefits: Expanded Benefits

Expanded benefits are extra goods or services we provide to you, free of charge. Call Member Services at 1-888-468-5509, TTY: 1-800-466-7566 to ask about getting details on the expanded benefits.

Benefit	Description	Coverage/Limitations	
		All Ages	Prior Authorization
Hydroxyapatite (Calcium) Application	Remineralization of tooth structure	1 per tooth per 3 years	No
Over-The-Counter Dental Products		You can receive \$10 per individual (\$30 per family) every quarter to buy over the counter oral health related products online. Any unused benefit dollars at the end of the quarter will expire and does not carry over.	Yes

Benefit	Description	Coverage/Limitations	
		Ages 20 and Under	Prior Authorization
Surgical Placement and Maintenance of Implant Body, Abutment and Crown	A dental service to replace a missing tooth and keep the replacement tooth healthy.	1 tooth per year. 1 per tooth per lifetime. Only where a maxillary incisor tooth is missing (teeth # 7, 8, 9, 10) Only if EPSDT does not cover.	Yes

Benefit	Description	Coverage/Limitations	
		Ages 21 and Over	Prior Authorization
Amalgam Restorations (Dental Fillings)	A dental service to fix or repair teeth	1 per [tooth + surface(s)] per 3 years	No
Cavity Medicament	Application of medicine to stop the growth of a cavity.	1 per tooth per 3 years	No
Debridement (Removal of Damaged Tissue or Foreign Objects)	The dentist cleans out bad stuff from your mouth to help it heal.	1 per year	Yes
Diagnostic X-rays	Internal pictures of teeth with different views	Extraoral posterior image: 1 per 36 months; Bitewing images 1 per year	No
Oral Hygiene Instruction	Education on how to brush, floss, and keep your teeth healthy	2 per year	No
Oral Screenings and Evaluation	A review of your mouth by a dental hygienist	2 per year	No
Periodontal Maintenance	Cleaning and checking of gums and teeth to keep them healthy after gum disease treatment.	2 times (D1110 or D4910) per year	No
Periodontal Scaling	A deep cleaning of the gums and bone surrounding the teeth for members who have gum disease.	4 units every 24 months	Yes

Benefit	Description	Coverage/Limitations	
		Ages 21 and Over	Prior Authorization
Prophylaxis (Cleaning Treatment)	Cleaning Basic cleanings that may include brushing, flossing, scrubbing, and polishing teeth	2 per year	No
Sealants	Thin, plastic coatings painted into the grooves of adult chewing surface teeth to help prevent cavities	1 per tooth per 3 years	No
Topical Fluoride and Fluoride Varnish	A medicine put on teeth to make them stronger	2 per year	No

Benefit	Description	Coverage/Limitations	
		Seniors 65 and Over	Prior Authorization
Crowns - Porcelain Ceramic and Resin Based	Special caps made of strong materials that cover and protect damaged teeth	1 per year or maximum 1 per tooth per lifetime	Yes
Endodontic Therapies, including Root Canals (Anterior, Premolar, Molar)	A dental service to remove infection that is inside the tooth and/ or the roots of the tooth.	1 per year	Yes
Therapeutic Parenteral Drugs	The administration of medications through an injection ("shot").	Up to 4 units per year	Yes

Benefit	Description	Coverage/Limitations	
		Individuals with Developmental Disabilities	Prior Authorization
Acclimation Visits	Dental office visit to get comfortable with the office and the dentist before dental work is done	4 per year	No
Adjunctive Dental Services - Behavioral Management	Dentist help scared or nervous patients feel calm during their visit.	As necessary	No
Adjunctive Dental Services - Denture Cleaning and Inspections	Cleaning and checking of dentures	1 per year	Yes
Crowns - Porcelain Ceramic and Resin-Based	Special caps made of strong materials that cover and protect damaged teeth	1 per year or maximum 1 per tooth per lifetime	Yes
Endodontic Therapies, including Root Canals (Anterior, Premolar, Molar)	A dental service to remove infection that is inside the tooth and/ or the roots of the tooth.	1 per year	Yes
Periodontal Maintenance	Cleaning and checking of gums and teeth to keep them healthy after gum disease treatment.	3 times (D1110 or D4910) per year	No
Prophylaxis (Extra Cleanings)	Cleaning Basic cleanings that may include brushing, flossing, scrubbing, and polishing teeth	3 times (D1110 or D4910) per year	No

Benefit	Description	Coverage/Limitations	
		Pregnant Women	Prior Authorization
Periodontal Maintenance	Cleaning and checking of gums and teeth to keep them healthy after gum disease treatment.	3 times (D1110 or D4910) per year	No
Prophylaxis (Extra Cleanings)	Cleaning Basic cleanings that may include brushing, flossing, scrubbing, and polishing teeth	3 per year, no limit on timing between services	No

Benefit	Description	Coverage/Limitations	
		Adults with Chronic Illness	Prior Authorization
Periodontal Maintenance	Cleaning and checking of gums and teeth to keep them healthy after gum disease treatment.	3 times (D1110 or D4910) per year	No
Prophylaxis (Extra Cleanings)	Cleaning Basic cleanings that may include brushing, flossing, scrubbing, and polishing teeth	3 times (D1110 or D4910) per year	No
Treatment of Complications		History of a chronic condition	Yes

Your Plan Benefits: Pathways to Prosperity

The Plan shall assess members who may be experiencing barriers to employment, economic self-sufficiency, and independence gain access to care coordination/case management services and health-related social needs, such as housing assistance, food sustainability, vocational training, and educational support services.

Family Matters

Project: Dentists Care Inc. (PDC), started by the Florida Dental Association, has a dental access-to-care program that helps kids and adults find dental care and coverage in Florida. To learn more and to view the Access to Care Resource Guide (called the PDC Guide), visit <http://www.FDACARES.org>.

Dental Wellness

Good oral health care is important for all members of your family. Your teeth and smile are the first things that people notice. But, many people think they don't need to visit the dentist unless they feel pain in their mouth.

Let us fill you in. A visit to the dentist can keep you or your child from getting cavities, gum disease and other problems. **In fact, most dental diseases are 100 percent preventable with regular care.**

EPSDT (Early Periodic Screening, Diagnosis and Treatment) is Medicaid's health coverage for children and teens. Florida Medicaid provides EPSDT services for members under age 21. Examples of some of the dental services are:

- Exam and cleaning every 6 months
- X-rays
- Fluoride treatments and some dental sealants
- Fillings, extractions and other treatments as medically necessary

Make an appointment for a checkup with the dentist today. This is especially important if you or your child have medical conditions like diabetes or heart disease that impact your dental health, too.

The best part is you can visit the dentist for FREE. As a Florida Medicaid Statewide Plan member, you or your child are eligible for a free dental checkup every six months. Don't miss out.

Section 15 MEMBER SATISFACTION

Complaints, Grievances, and Plan Appeals

We want you to be happy with us and the care you receive from our providers. Let us know right away if at any time you are not happy with anything about us or our provider(s). This includes if you do not agree with a decision we have made.

	What you Can Do:	What We Will Do:
If you are not happy with us or our providers, you can file a Complaint	You can: <ul style="list-style-type: none"> • Call us at any time. 1-888-468-5509 • TTY 1-800-466-7566 	We will: <ul style="list-style-type: none"> • Try to solve your issue within one business day.
If you are not happy with us or our providers, you can file a Grievance	You can: <ul style="list-style-type: none"> • Write us or call us at any time. • Call us to ask for more time to solve your grievance if you think more time will help. DentaQuest Attn: Complaints & Grievances Department P.O. Box 2906 Milwaukee, WI 53201-2906 Fax: 1-262-834-3452 1-888-468-5509 TTY 1-800-466-7566	We will: <ul style="list-style-type: none"> • Review your grievance and send you a letter with our decision within 30 days. If we need more time to solve your grievance, we will: <ul style="list-style-type: none"> • Send you a letter with our reason and tell you about your rights if you disagree.

	What you Can Do:	What We Will Do:
If you do not agree with a decision we made about your services, you can ask for an Appeal	<p>You can:</p> <ul style="list-style-type: none"> • Write us, or call us and follow up in writing, within 60 days of our decision about your services. • Ask for your services to continue within 10 days of receiving our letter, if needed. Some rules may apply. <p>DentaQuest - Provider Appeals P.O. Box 2906 Milwaukee, WI 53201-2906</p> <p>Fax: 1-262-834-3452 1-888-468-5509 TTY 1-800-466-7566</p>	<p>We will:</p> <ul style="list-style-type: none"> • Send you a letter within 5 business days to tell you we received your appeal. • Help you complete any forms. • Review your appeal and send you a letter within 30 days to answer you.

If you think waiting for 30 days will put your health in danger, you can ask for an Expedited or “Fast” Appeal	<p>You can:</p> <ul style="list-style-type: none"> • Write us or call us within 60 days of our decision about your services. <p>DentaQuest – Provider Appeals P.O. Box 2906 Milwaukee, WI 53201-2906</p> <p>Fax: 1-262-834-3452 1-888-468-5509 TTY 1-800-466-7566</p>	<p>We will:</p> <ul style="list-style-type: none"> • Give you an answer within 48 hours after we receive your request. • Call you the same day if we do not agree that you need fast appeal and send you a letter within two days.
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	What you Can Do:	What We Will Do:
If you do not agree with our appeal decision, you can ask for a Medicaid Fair Hearing	<p>You can:</p> <ul style="list-style-type: none"> • Write to the Agency for Health Care Administration Office of Fair Hearings. • Ask us for a copy of your medical record. • Ask for your services to continue within 10 days of receiving our letter, if needed. Some rules may apply. <p><i>**You must finish the appeal process before you can have a Medicaid Fair Hearing.</i></p>	<p>We will:</p> <ul style="list-style-type: none"> • Provide you with transportation to the Medicaid Fair Hearing, if needed. • Restart your services if the state agrees with you. <p>If you continued your services, we may ask you to pay for the services if the final decision is not in your favor.</p>

Fast Plan Appeal

If we deny your request for a fast appeal, we will transfer your appeal into the regular appeal time frame of 30 days. If you disagree with our decision not to give you a fast appeal, you can call us to file a grievance.

Medicaid Fair Hearings (for Medicaid Enrollees)

You may ask for a fair hearing at any time up to 120 days after you get a Notice of Plan Appeal Resolution by calling or writing to:

Agency for Health Care Administration
Medicaid Fair Hearing Unit
P.O. Box 7237
Tallahassee, FL 32314-7237

1-877-254-1055 (toll-free)
1-239-338-2642 (fax)
MedicaidFairHearingUnit@ahca.myflorida.com

If you request a fair hearing in writing, please include the following information:

- Your name
- Your member number
- Your Medicaid ID number
- A phone number where you or your representative can be reached

You may also include the following information, if you have it:

- Why you think the decision should be changed
- The services(s) you think you need
- Any medical information to support the request
- Who you would like to help with your fair hearing

After getting your fair hearing request, the Agency for Health Care Administration will tell you in writing that they got your fair hearing request. A hearing officer who works for the State will review the decision we made.

If you are a Title XXI MediKids enrollee, you are not allowed to have a Medicaid Fair Hearing.

Review by the State (for MediKids Enrollees)

When you ask for a review, a hearing officer who works for the state reviews the decision made during the plan appeal. You may ask for a review by the state up to 30 days after you get the notice. **You must finish your appeal process first.**

You may ask for a review by the state by calling or writing to:

Agency for Health Care Administration
P.O. Box 7237
Tallahassee, FL 32314-7237

1-877-254-1055 (toll-free)
1-239-338-2642 (fax)
MedicaidHearingUnit@ahca.myflorida.com

After getting your request, the Agency for Health Care Administration will tell you in writing that they got your request.

Continuation of Benefits for Medicaid Enrollees

If you are now getting a service that is going to be reduced, suspended or terminated, you have the right to keep getting those services until a final decision is made for your **Plan appeal or Medicaid fair hearing**. If your services are continued, there will be no change in your services until a final decision is made.

If your services are continued and our decision is not in your favor, we may ask that you pay for the cost of those services. We will not take away your Medicaid benefits. We cannot ask your family or legal representative to pay for the services.

To have your services continue during your appeal or fair hearing, you must file your appeal and ask to continue services within this timeframe, whichever is later:

- 10 days after you receive a Notice of Adverse Benefits Determination (NABD), or
- On or before the first day that your services will be reduced, suspended or terminated

Section 16

YOUR ENROLLEE RIGHTS

As a recipient of Medicaid and an enrollee in a plan, you also have certain rights. You have the right to:

- Be treated with courtesy and respect
- Always have your dignity and privacy respected
- Receive a quick and useful response to your questions and requests
- Know who is providing medical services and who is responsible for your care
- Know what member services are available, including whether an interpreter is available if you do not speak English

- Know what rules and laws apply to your conduct
- Be given information about your diagnosis, the treatment you need, and openly discuss choices of treatments, risks, and how these treatments will help you
- Participate in making choices with your provider about your dental care, including the right to say no to any treatment, except as otherwise provided by law
- Be given full information about other ways to help pay for your health care
- Know if the provider or facility accepts the Medicare assignment rate
- To be told prior to getting a service how much it may cost you
- Get a copy of a bill and have the charges explained to you
- Get medical treatment or special help for people with disabilities, regardless of race, national origin, religion, handicap, or source of payment
- Receive treatment for any health emergency that will get worse if you do not get treatment
- Know if medical treatment is for experimental research and to say yes or no to participating in such research
- Make a complaint when your rights are not respected
- Ask for another doctor when you do not agree with your doctor (second medical opinion)
- Get a copy of your medical record and ask to have information added or corrected in your record, if needed
- Have your medical records kept private and shared only when required by law or with your approval
- To file a grievance about any matter other than a plan's decision about your services.
- To appeal a plan's decision about your services
- Receive services from a provider that is not part of our plan (out-of-network) if we cannot find a provider for you that is part of our plan

- Speak freely about your health care and concerns without any bad results
- Freely exercise your rights without the Plan or its network providers treating you badly
- Get care without fear of any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation
- Request and receive a copy of your medical records and ask that they be amended or corrected

Section 17

YOUR ENROLLEE RESPONSIBILITIES

As a recipient of Medicaid and an enrollee in a dental plan, you also have certain responsibilities. You have the responsibility to:

- Give accurate information about your health to your plan and providers
- Tell your provider about unexpected changes in your health condition
- Talk to your provider to understand your dental problems and agree on a treatment plan. Make sure you understand a course of action and what is expected of you
- Listen to your provider, follow instructions for care and ask questions
- Keep your appointments, and notify your provider if you will not be able to keep an appointment
- Be responsible for your actions if treatment is refused or if you do not follow the health care provider's instructions
- Make sure payment is made for non-covered services you receive
- Follow health care facility conduct rules and regulations
- Treat health care staff and case manager with respect
- Tell us if you have problems with any health care staff
- Use the emergency room only for real emergencies

- Notify your case manager if you have a change in information (address, phone number, etc.)
- Have a plan for emergencies and access this plan if necessary for your safety
- Report fraud, abuse and overpayment
- Receive information on beneficiary and Plan information
- Obtain available and accessible services covered under the Plan

Section 18

OTHER IMPORTANT INFORMATION

Emergency Disaster Plan

Disasters can happen at any time. To protect yourself and your family, it is important to be prepared. There are three steps to preparing for a disaster:

1) Be informed; 2) Make a Plan and 3) Get a Kit. For help with your emergency disaster plan, call Member Services or your case manager. The Florida Division of Emergency Management can also help you with your plan. You can call them at 1-850-413-9969 or visit their website at www.floridadisaster.org

Tips on How to Prevent Medicaid Fraud and Abuse:

- DO NOT share personal information, including your Medicaid number, with anyone other than your trusted providers.
- Be cautious of anyone offering you money, free or low-cost medical services, or gifts in exchange for your Medicaid information.
- DentaQuest and Florida Medicaid do not use door-to-door visits or calls, such as telemarketing or robocalls, to provide information to enrollees or Medicaid beneficiaries.
- Be careful with links included in texts or emails you did not ask for, or on social media platforms.
- Review your Explanation of Medicaid Benefits (EOMB) statement for accuracy by paying close attention to the services and dates listed in the medical summary and verifying if you have received

those services; return only those EOMBs with services listed that you did not receive.

- Report Any Suspicious Medicaid Fraud or Abuse Activity.
- Bureau of Medicaid Program Integrity at the Florida Agency for Health Care Administration online at: <https://apps.ahca.myflorida.com/mpi-complaintform>
- Florida Office of Attorney General Fraud complaint online at <http://myfloridalegal.com> Abuse/Neglect/Exploitation of People

Fraud/Abuse/Overpayment in the Medicaid Program

To report suspected fraud and/or abuse in Florida Medicaid, call the Consumer Complaint Hotline toll-free at 1-888-419-3456 or complete a Medicaid Fraud and Abuse Complaint Form, which is available online at: <https://apps.ahca.myflorida.com/mpi-complaintform/>

You can also report fraud and abuse to us directly by contacting DentaQuest's Member Services at 1-888-468-5509, TTY 1-800-466-7566, Monday through Friday from 8 am to 7 pm to report fraud or abuse.

Abuse/Neglect/Exploitation of People

You should never be treated badly. It is never okay for someone to hit you or make you feel afraid. You can talk to your PDP or case manager about your feelings.

If you feel that you are being mistreated or neglected, you can call the Abuse Hotline at 1-800-96-ABUSE (1-800-962-2873) or for TTY/TDD at 1-800-955-8771.

You can also call the hotline if you know of someone else that is being mistreated.

Domestic Violence is also abuse. Here are some safety tips:

- If you are hurt, call your primary care provider
- If you need emergency care, call 911 or go to the nearest hospital. For more information, see the section called EMERGENCY CARE
- Have a plan to get to a safe place (a friend's or relative's home)
- Pack a small bag, give it to a friend to keep for you

If you have questions or need help, please call the National Domestic Violence Hotline toll free at 1-800-799-7233 (TTY 1-800-787-3224).

Getting More Information

You have a right to ask for information. Call Member Services or talk to your case manager about what kinds of information you can receive for free. Some examples are:

- Your enrollee record;
- A description of how we operate;
- Quality performance ratings, including member satisfaction survey results at www.DentaQuest.com/Florida
- You can view DentaQuest's performance measures on our website at www.DentaQuest.com under <https://www.dentaquest.com/state-plans/regions/florida/member-page/member-documents/>

Section 19

ADDITIONAL RESOURCES

Florida Department of Health Information

The Public Health Dental Program leads the Department of Health's efforts to improve and maintain the oral health of all persons in Florida. You can find the following types of information on their website:

- Community Water Fluoridation
- Oral health related sites
- School-based sealant programs

To find more information on the Public Health Dental Program, please visit: www.flhealth.gov/dental

To find information on the quality of oral health in your county, please visit: <http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.OralHealthProfile>

MediKids Information

For information on MediKids coverage please visit: http://ahca.myflorida.com/medicaid/Policy_and_Quality/Policy/program_policy/FLKidCare/MediKids.shtml

ORAL HEALTH ASSESSMENT

Please fill out this form so we can give you the best care possible. Complete one form for each member of your household who is a DentaQuest Plan member. You have two easy ways to complete this form.

1. Use the QR code below or visit bit.ly/florida-member-survey to fill it out online; or
2. Mail the form(s) to DentaQuest using the postage paid pre-addressed return envelope.

Mail this form to:

DentaQuest
ATTN: Case Management
PO Box 2906
Milwaukee, WI 53201-9292



You can access the Florida Medicaid dental member site by scanning the QR code.

Name:

Today's Date: (mm/dd/yyyy): _____ / _____ / _____

Date of Birth: (mm/dd/yyyy): _____ / _____ / _____

Phone:

Home: _____ - _____ - _____

Cell: _____ - _____ - _____

DentaQuest Member ID Number:

1. Do you have tooth pain or a dental problem right now?

Yes No

2. Have you been to the Emergency Room for a dental problem in the past 12 months?

Yes No

3. Was your last visit to the dentist more than 12 months ago?

Yes No

4. Do you brush your teeth *less than* twice a day?

- Yes No

5. Do you have a special need that makes it hard for you to see the dentist?

- Yes No

If yes, which one? (select all that apply)

- I have an intellectual and/or physical disability
 I am nervous or afraid to visit the dentist
 I use a wheelchair or stretcher
 Other (please explain) _____

6. Are you pregnant?

- Yes No

7. Do you have a health problem or illness that makes it hard for you to see the dentist?

- Yes No

If yes, which one? (select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mental Illness or
Mental Health Problem |
| <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Drug or Alcohol use
or abuse |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Lung Disease | |
| <input type="checkbox"/> Cancer | |
| <input type="checkbox"/> Other (please explain) _____ | |

8. Do you have any other type of problem that makes it hard for you to see the dentist? (For example, "I don't have a way to get to the dentist.")

- Yes No

If yes, (please explain) _____

UPDATING YOUR CONTACT INFORMATION

If your contract information (your name, phone, address or county) has changed please let us know. You need to let the Florida Department of Children and Families (DCF) and DentaQuest know about it. We want to be able to send you information about your Medicaid dental benefits. You may also contact the Social Security Administration (SSA) to report changes.

If you have a change in your contact information, you need to follow these steps:

1. Call the Florida DCF at **1-866-762-2237**, Florida Relay 711. You can also visit their website at **<http://www.myflfamilies.com/>**.
2. Call SSA toll free at 1-800-772-1213 (TTY 1-800-325-0778), Monday through Friday from 7 a.m. to 7 p.m. You may also contact your local Social Security office or go online and make changes in your Social Security account at <https://secure.ssa.gov/RIL/SiView.do>.
3. Fill out the form on the following page and mail it to DentaQuest. The address is on the bottom of the form. You can also find this form online at **www.DentaQuest.com**.

DentaQuest 
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**11100 W. Liberty Drive
Milwaukee, WI 53224**

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