



HEALTHY KIDS DENTAL

MEMBER HANDBOOK



**Blue Cross
Blue Shield**
of Michigan

A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

Questions? Call Member Services at 1-800-936-0935 (TTY:711)
Visit our website at bcbsm.com/healthykids



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WELCOME TO BLUE CROSS BLUE SHIELD OF MICHIGAN HEALTHY KIDS DENTAL

Blue Cross Blue Shield of Michigan has a contract with the Michigan Department of Health and Human Services to provide dental services to people under 21 with Medicaid. This is called the Healthy Kids Dental Program. You are enrolled in Healthy Kids Dental with Blue Cross Blue Shield of Michigan. We work with a group of dental care providers to help meet your needs.

This handbook is your guide to the services we offer. It will also give you helpful tips about Blue Cross Blue Shield of Michigan. Please read this book and keep it in a safe place in case you need it again. If you need another copy, it is available upon request and free of charge by contacting 1-800-936-0935 (TTY:711). You can also access this handbook on our website at bcbsm.com/healthykids.

*In this handbook we will use the words “you” and “your” to refer to the enrollee and/or the parent or guardian of the enrollee.

INTERPRETER SERVICES

We can get an interpreter to help you speak with us or your dentist in any language. We also offer our materials in other languages. Interpreter services and translated materials are free for our members. Call 1-800-936-0935 (TTY:711) for help getting an interpreter or to ask for our materials in another language or format to meet your needs. Blue Cross Blue Shield of Michigan complies with all applicable federal and state laws with this matter.

Si usted no habla inglés, llámenos al 1-800-936-0935 (TTY:711). Ofrecemos servicios de interpretación y podemos ayudarle a responder preguntas en su idioma. También podemos ayudarle a encontrar un proveedor de salud que pueda comunicarse con usted en su idioma.

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HEARING AND VISION IMPAIRMENT

TTY/TDD services are available free of charge if you have hearing problems. The TTY/TDD line is open 24/7 by calling 711.

We provide free auxiliary aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, transcription services, and assistive listening devices. We offer the Member Handbook and other materials in Braille and large print upon request and free of charge. Call 1-800-936-0935 (TTY:711) at Blue Cross Blue Shield of Michigan to request materials in a different format to meet your needs.

Blue Cross makes sure services are provided in a culturally competent manner to all members:

- With limited English proficiency
- Of diverse cultural and ethnic backgrounds
- With a disability
- Regardless of gender, sexual orientation, or gender identity

IMPORTANT NUMBERS AND CONTACT INFORMATION

Member Services Help Line	1-800-936-0935 8 a.m. to 5 p.m. Eastern Standard Time (EST)
Member Services Help Line TTY/TDD	1-800-936-0935 (TTY:711)
Website	bcbsm.com/healthykids
Address	11100 W. Liberty Drive Milwaukee, WI 53224
24 Hour Dental Emergency Line	1-800-936-0935 (TTY:711)
Michigan ENROLLS	1-888-367-6557

Questions? Call Member Services at 1-800-936-0935 (TTY:711)
Visit our website at bcbsm.com/healthykids

Michigan Beneficiary Help Line	1-800-642-3195 or TTY: 866-501-5656.
MiChild Program	1-888-988-6300
Transportation Services (non-emergency)	<p>Members enrolled in a Medicaid Health Plan should contact their health plan for transportation services.</p> <p>Aetna Better Health of MI: 1-844-610-7437</p> <p>Blue Cross Complete of MI: 1-888-803-4947</p> <p>HAP CareSource: 1-833-230-2053</p> <p>McLaren Health Plan: 1-855-251-7100</p> <p>Meridian Health Plan of MI: 1-888-437-0606</p> <p>Molina Healthcare of MI: 1-888-898-7969</p> <p>Priority Health Choice: 1-888-975-8102</p> <p>UnitedHealthcare Community Plan: 1-877-892-3995</p> <p>Upper Peninsula Health Plan: 1-800-835-2556</p> <p>If you are not in a Medicaid Health Plan and are a resident of Wayne, Oakland, or Macomb counties, contact ModivCare at: 866-569-1902.</p> <p>If you are not in a Medicaid Health Plan and do not live in Wayne, Oakland, or Macomb counties, contact your local MDHHS office. MDHHS office locations and phone numbers may be found at https://mdhhs.michigan.gov/CompositeDirPub/CountyCompositeDirectory.aspx</p>

Questions? Call Member Services at 1-800-936-0935 (TTY:711)
Visit our website at bcbsm.com/healthykids

To report suspected cases of abuse, neglect, abandonment, or exploitation of children or vulnerable adults	1-855-444-3911
To report Medicaid fraud and/or abuse	1-855-MI-Fraud (643-7283) Fraud hotline: 1-800-237-9139 Anonymous hotline: 1-866-654-3433
To file a complaint about a dental care facility	1-800-936-0935 (TTY:711) (bcbsm.com/healthykids)
To request a Medicaid Fair Hearing	Michigan Office of Administrative Hearings and Rules (MOAHR) Michigan Department of Health and Human Services P.O. Box 30763 Lansing, MI 48909 Fax: 517-763-0146
To file a complaint about Medicaid dental services	Blue Cross Blue Shield of Michigan Grievance and Appeals Department PO Box 491 Milwaukee, WI 53201-0491 Fax: 262-834-3452 1-800-936-0935 (TTY:711)
Grievance and Appeals	Blue Cross Blue Shield of Michigan Grievance and Appeals Department PO Box 491 Milwaukee, WI 53201-0491 Fax: 262-834-3452 1-800-936-0935 (TTY:711)
To find information about urgent care	1-800-936-0935 (TTY:711) or bcbsm.com/healthykids
Women, Infants and Children (WIC)	1-800-942-1636
Free service to find local resources. Available 24/7	2-1-1
In an emergency	911

Questions? Call Member Services at 1-800-936-0935 (TTY:711)
Visit our website at bcbsm.com/healthykids

YOUR STATE ISSUED MEDICAID ID CARD

When you have Medicaid, the Michigan Department of Health and Human Services will send you a mihealth card in the mail. The mihealth card does not guarantee you have coverage. Your provider will check that you have coverage at each visit. You may need your mihealth card to get services that Blue Cross Healthy Kids Dental does not cover. Always keep this card even if your Medicaid coverage ends. You will need this card if you get coverage again.





If you have questions about this coverage or need a new mihealth card, you should call the Beneficiary Help Line at 800-642-3195. This number is located on the back of your mihealth card.

It is important to keep your contact information up to date so you don't lose any benefits. Any changes in phone number, email, or address should be reported to MDHHS. You can do this by calling your local MDHHS office or by visiting www.michigan.gov/mibridges. If you do not have an account, you can create one by selecting "Register". Once in your account, when reporting changes, please make sure you do so in both the profile section and the report changes area.

Questions? Call Member Services at 1-800-936-0935 (TTY:711)
Visit our website at bcbsm.com/healthykids

YOUR BLUE CROSS MEMBER ID CARD

You should have received your Blue Cross Healthy Kids 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 Member ID card.

	
Member Name: JAMES SMITH	Plan Name: Healthy Kids Dental
Member ID: 1234567890	Effective Date: 10/01/24
<small>Blue Cross Blue Shield of Michigan has hired DentaQuest to handle member claims and customer service. See back for contact information.</small>	

If you have questions about this coverage or need a new Blue Cross Healthy Kids Dental Member ID card, you should call Member Services at 1-800-936-0935 (TTY:711). Remember to bring your ID card to all dental visits. Keep the ID card in your wallet or take and store a picture of it on your smartphone so you will always have it with you.

IMPORTANT ID CARD NOTES

- Carry both your mihealth card and Member ID card with you at all times and show them each time you go for care.
- Make sure all of your information is correct on both cards
- Call your local MDHHS office or visit www.michigan.gov/mibridges to change your records if your name or address changes
- When getting care you may be asked to show a picture ID. This is to make sure the right person is using the card
- Do not let anyone else use your cards

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Visit our website at bcbsm.com/healthykids

GETTING HELP FROM MEMBER SERVICES

Our Member Services Department can answer all of your questions. We can help you choose or change your Dentist, find out if a service is covered, replace a lost ID card, find out how to appeal something we denied, find out how to file a grievance when you are unhappy with your care, help you understand written materials, and more. You can call us anytime.

CONTACT US

You may call us at 1-800-936-0935, or TTY:711, 8 a.m. to 5 p.m. Eastern Standard Time (EST).

Care coordination

If you have any chronic medical or dental condition, special needs or need help with care coordination, call 1-800-936-0935 (TTY:711).

Eligibility: 1-844-876-7917

For **urgent** dental concerns regarding you or your child's health after hours, we can connect you to our Dental Emergency Help Line for assistance. Call 1-800-936-0935 (TTY:711).

OUR WEBSITE

You can visit our website at bcbsm.com/healthykids to access online services such as:

- Find a Dentist
- Certificate of coverage
- Find Transportation
- Benefits Summary

Questions? Call Member Services at 1-800-936-0935 (TTY:711)
Visit our website at bcbsm.com/healthykids

HEALTHY KIDS DENTAL HANDBOOK

CONFIDENTIALITY

Your privacy is important to us. You have rights when it comes to protecting your health information. Blue Cross recognizes the trust needed between you, your family, and your providers. Blue Cross staff have been trained in keeping strict member confidentiality.

Notice of Privacy Practices:

If applicable, based on your benefit plan, we have posted information at **bcbsm.com/importantinfo** that will help you understand your benefits and services, including: plan restrictions; how to obtain language assistance, privacy practices, service when traveling, during emergencies and after-hours; information about drug coverage and pharmacy policies; how to file a claim for payment, submit a complaint, appeal an adverse decision and independent external review rights; information about practitioners, primary care, specialty, behavioral health or hospital services; how Blue Cross Blue Shield of Michigan evaluates new technology; and member rights and responsibilities. For a written copy of this information or the notice of privacy practices, call the number on the back of your ID card.

TRANSITION OF CARE

If you're new to Blue Cross Healthy Kids Dental and were receiving covered services from regular Medicaid or another Healthy Kids Dental Health Plan in the last 6 months, we can help you continue your care. You can continue to access and receive services that you have been receiving, if without these continued services, you would suffer serious harm to your oral health. This is called continuity of care.

- You, your provider, or your appointed representative may ask for continuity of care for you.
- Requests can be made by contacting Member Services at 1-800-936-0935 (TTY:711).

Questions? Call Member Services at 1-800-936-0935 (TTY:711)
Visit our website at bcbsm.com/healthykids

- Requests can be made verbally or in writing. Please include the name of the provider, contact person, phone number, service type and appointment date, if applicable.
- Visit our website www.bcbsm.com/healthykids or call 1-800-936-0935 (TTY:711) for more information. We can help to make sure you receive continued services throughout your transition.

CHOOSING A HKD DENTIST

You may choose any Blue Cross HKD dentist. You can choose a different HKD dentist for each family member or you can choose one HKD dentist for the entire family. You may switch to a different HKD dentist at any time. You may choose to see a pediatric dentist for routine and preventive health services. You can also get dental care from these types of dental providers: Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHCs), Indian Health Care Providers (IHCPs) (as applicable), mobile dental facilities, and through the SEAL! program.

Make sure you ask the dental office if they participate in the Blue Cross HKD network. If they do not, you may be responsible to pay for the services provided. Contact Member Services at 1-800-936-0935 (TTY:711) for more information.

You can use our Provider Directory to find HKD dentists and dental specialists that are in our network. The Provider Directory lists addresses, office hours, languages spoken, and information about accessibility. It is located at bcbsm.com/healthykids. You can also request a paper copy of our provider directory, free of charge by calling 1-800-936-0935 (TTY:711). Call Member Services if you need help finding a HKD dentist.

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GETTING CARE FROM YOUR HKD DENTIST

Your general dentist office should be your primary care for oral health. You should see your dentist at least twice a year for cleanings and checkups. Call your dentist office to make an appointment or if you have questions about your dental care. If you need help setting up an appointment, please call us at 1-800-936-0935 (TTY:711).

Your visit is important. Please be on time. Call the office as soon as you can if you cannot make it to your visit. You can set up a new visit when you call to cancel. Some offices will not see you again if you do not call to cancel.

SPECIALIST REFERRALS AND OUT-OF-NETWORK SERVICES

If you need care that a general dentist cannot give, they will refer you to a dental specialist who can. Your HKD dentist works with you to choose a specialist and arrange your care. Talk with your dentist or call Member Services if you have any questions about how referrals work.

If you think a specialist does not meet your needs, you can talk to your dentist or call Member Services 1-800-936-0935 (TTY:711) to help you find a different specialist.

[There are some treatments and services that your dentist must ask Blue Cross to approve before you can get them. Your dentist will be able to tell you what they are.]

If you are having trouble getting a referral you think you need, contact 1-800-936-0935 (TTY:711).

If there are no dentists or specialists in our provider network in your area who can give you the care you need, we will get you the care you need from a dentist or specialist outside our plan. This is called

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an out-of-network referral. It is important that you get approval from Blue Cross before you see an out-of-network provider. We will only cover the services by an out-of-network dental provider if you have approval before your appointment. You may have to pay for any out-of-network services not authorized by Blue Cross. [All services out of the state require prior authorization except in cases of emergency.] Prior authorization is not required for emergency dental services. If you need help or have any questions, please call 1-800-936-0935 (TTY:711).

COVERED SERVICES

It is important you understand the benefits covered under your plan. As a Healthy Kids Dental member, you do not have to pay co-pays for covered services.

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 date the change takes place.

Your Certificate of Coverage (COC) has the complete list of covered care. The COC is available on our website. If you want a printed copy of the COC or have questions regarding your benefits, contact 1-800-936-0935 (TTY:711).

Blue Cross Healthy Kids Dental does not deny reimbursement or coverage for services on any moral or religious grounds.

Covered services include:

Cost-Sharing and Co-Pays

You do not have to pay a co-pay or other costs for services covered by the Blue Cross Healthy Kids Dental program. You must go to a dentist in the Healthy Kids Dental network.

- Oral exams (1 in 6 months) Note: Children should have a first dental visit when the tooth comes in, or by age1. Then, your child should have a dental exam every 6 months

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- Screening
- Assessment (1 in 6 months)
- X-rays
- Bitewing X-rays (1 in 12 months)
- Full mouth or panoramic (1 in 5 years after age 5)
- Teeth cleaning (1 in 6 months)
- Fluoride treatment (4 in 12 months under age 3; 1 in 6 months age 3 up to age 16)
- Sealant (1 in 3 years for 1st and 2nd primary and permanent molars and premolars under age 21)
- Space maintainers (1 in 2 years per quadrant under age 14)
- Filling of cavities
- Crowns
- Stainless steel crown (prefabricated)
- Sedative filling
- Crown buildup, including pins
- Root canals
- 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 in 2 years, not covered within 6 months of replacement)
- Temporary partial denture (only to replace front teeth)
- Re-cement crowns, bridges, space maintainers

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Be sure to ask your dentist if a service is covered before the service is done. You must pay for services not covered by Blue Cross Blue Shield of Michigan under the Healthy Kids Dental program.

Some services NOT covered are:

- Orthodontic Services
- Full mouth or panoramic X-rays under age 5
- Bridges, inlays and onlays
- Bite Splints, mouthguards, sports appliances
- Bite Guards
- Removal of healthy third molars (wisdom teeth)
- Implants
- Cosmetic dentistry
- Treatment of TMJ
- Nitrous Oxide
- Cone Beam CTs
- Services covered under a hospital, surgical/medical, or prescription drug program

*NOTE: If your child has certain medical or dental conditions, some services may be covered under the Children's Special Health Care Services (CSHCS) program. Contact your local health department regarding CSHCS eligibility.

INFORMATION ABOUT YOUR COVERED SERVICES

Prior Authorization

Some services may need to be approved before you or your child can get them. This is called Prior Authorization (PA). Your dentist needs to fill out a Prior Authorization Request Form and send it to us if you need care that requires PA. We must approve the PA request before you can get the care. If we do not approve the service, we will notify the dentist and send you a written notice of the decision.

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Transportation Services

Non-Emergency

Your Healthy Kids Dental benefit provides options for transportation to and from dental office visits. If you need transportation to or from an appointment, and are also enrolled in a Medicaid Health Plan (MHP), call your MHP to arrange for a ride (see page 4 for a list of non-emergency transportation phone numbers based on the MHP you are enrolled in). If you are not enrolled in a MHP and live in Wayne, Oakland and Macomb counties, call ModivCare at (866) 569-1902 to arrange a ride. If you are not enrolled in a MHP and do not live in Wayne, Oakland, or Macomb counties, contact your local MDHHS office. MDHHS office locations and phone numbers may be found at: www.michigan.gov/dhs-countyoffices

Emergency

If you need emergency transportation, call 911

Pregnant Women

Oral care is important for you and your baby while you are pregnant. Routine dental care can be done during pregnancy. Please call Member Services and your local MDHHS office as soon as you find out you are pregnant.

Early Periodic Screening, Diagnosis and Treatment (EPSDT)

EPSDT is a special healthcare program for children under 21 years of age who are covered by Medicaid. Under EPSDT, children and teens enrolled in Medicaid receive all recommended preventive services and any medical treatment needed to promote healthy growth and development.

All infants, children and teens should receive regular well-child check-ups of their physical and mental health, growth, development, and nutritional status. PCPs should provide an oral health screening and caries risk assessment for beneficiaries at each well-child visit as recommended by the American Academy of Pediatrics periodicity schedule.

For children's oral health, coverage includes regular preventive dental care and treatment to relieve pain and infections, restore teeth, and maintain dental health and emergency, preventive, and therapeutic services for

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dental disease that, if left untreated, may become acute dental problems, or cause irreversible damage to the teeth or supporting structures.

Children's Health

Helping your child have healthy teeth starts at birth. Your baby's gums should be wiped twice a day. Use a wet gauze pad or a clean, damp cloth. Gently wipe all the surfaces of your baby's gums. The first dental visit should occur within six months after your baby's first tooth appears, but no later than the child's first birthday.

When your baby has teeth, start using a soft infant toothbrush and a smear of fluoride toothpaste (about the size of a grain of rice). Do not worry about your baby not being able to spit out the toothpaste. The toothpaste left in your baby's mouth helps to protect teeth.

A visit to the dentist can keep you or your children from getting cavities, gum disease, and other problems. Children should see a dentist within 90 days of enrollment in the HKD program. After the first appointment, your child should see the dentist once every 6 months or sooner if a dental problem arises. Regular dental visits can prevent major problems that cause children to miss school and parents to miss work. Be sure to schedule the next dental visit before leaving the dentist's office.

Keep your teeth healthy with these tips:

- Brush twice a day
- Floss daily
- Do not share toothbrushes
- Replace toothbrushes every three to four months
- Store toothbrushes with bristles on top
- Do not cover toothbrushes- they need to dry out
- Children should never be put to bed with juice or milk. This can rot the teeth
- Only water should be given after brushing at bedtime
- Use soap and water to clean baby bottles, sippy cups, pacifiers, and teething toys

Questions? Call Member Services at 1-800-936-0935 (TTY:711)
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- Talk to your dentist if your child uses a pacifier or sucks their fingers or thumbs
- Babies and toddlers should drink fluoridated water and use fluoride toothpaste
- Eat a well-balanced diet and avoid sugary foods and drinks

Dental Emergency Care

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 you have a dental emergency, call your dental office, and ask what you should do. If you need help finding a dentist, call Member Services at 1-800-936-0935 (TTY:711). We will give you a list of dentists, including after-hours dentists available in your area.

You have the right to use any provider, hospital, or other setting for emergency dental services.

If you are not in Michigan when a dental emergency happens, you can call Member Services at 1-800-936-0935 (TTY:711) for help finding a dentist. The HKD program will cover the service even if it is not a Blue Cross HKD dentist. A prior authorization is not needed for emergency services.

If you or your child is having a life-threatening emergency, call 911 or go to the emergency room. You do not need approval from Blue Cross or your dentist before getting emergency care.

If you or your child have gone to the emergency room or a dentist outside of your area for a dental emergency, call your dentist for a follow-up appointment.

Cost Sharing and Copayments

You do not have to pay a co-pay or other costs for covered services under the HKD program. You must go to a dentist in Blue Cross Blue Shield of Michigan HKD network, unless otherwise approved. If you go to a dentist that is not in Blue Cross HKD network and did not get approval to do so, you may have to pay for those services.

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RIGHTS AND RESPONSIBILITIES

You have rights and responsibilities as our member. Our staff will respect your rights. We will not discriminate against you for using your rights. This Medicaid Dental Health Plan and any of its network providers will comply with the requirements concerning your rights.

You have the Right to:

- Receive information about your dental care services
- Be treated with dignity and respect
- Receive Culturally and Linguistically Appropriate Services (CLAS)
- Have your personal and medical information kept private
- Participate in decisions regarding your health care, including the right to refuse treatment and express preferences about treatment options
- 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 amended or corrected
- Be furnished dental services consistent with this Contract and State and federal regulations
- Be free to exercise your rights without adversely affecting the way the Dental Health Plan, providers, or the State treats you
- Be free from other discrimination prohibited by State and federal regulations
- Receive information on available treatment options and alternatives, presented in a manner appropriate to your condition and your ability to understand

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- Receive Federally Qualified Health Center, Rural Health Center, Indian Health Coverage Program (as applicable) and mobile dental facility, and SEAL! Services
- To request information regarding provider incentive arrangements including those that cover referral services that place the dental provider at significant financial risk (more than 25%), other types of incentive arrangements, and whether stop-loss coverage is provided
- To request information on the structure and operation of the Blue Cross Blue Shield of Michigan HKD plan

You have the Responsibility to:

- Review this handbook and the Blue Cross Healthy Kids Dental Certificate of Coverage
- Make and keep appointments with your Blue Cross HKD dentist
- Treat dentists and their staff with respect
- Protect your Medicaid and Healthy Kids Dental ID cards against misuse
- Contact us if you suspect fraud, waste, or abuse
- Give your Dental Plan and your dentists as much info about your health as possible
- Learn about your health status
- Work with your dentist to set care plans and goals
- Follow the plans for care that you have agreed upon with your dentist
- Live a healthy lifestyle
- Make responsible care decisions
- Tell your local MDHHS office if your contact info (like your address or phone number) changes

Questions? Call Member Services at 1-800-936-0935 (TTY:711)
Visit our website at bcbsm.com/healthykids

GRIEVANCES AND APPEALS

We want you to be happy with the services you get from Blue Cross Healthy Kids Dental and our providers. If you are not happy, you can file a grievance or appeal.

Grievances are complaints that you may have if you are unhappy with our plan or if you are unhappy with the way a staff person or provider treated you. Appeals are complaints related to your medical coverage, such as a treatment decision or a service that is not covered or denied. If you have a problem related to your care, talk to your dentist. Your dentist can often handle the problem. If you have questions or need help, call Member Services at 1-800-936-0935 (TTY:711).

Grievance Process

We want to know what is wrong so we can make our services better. If you have a grievance about a provider or about the quality of care or services you have received, let us know right away. If you aren't happy with us or your dentist, you can file a grievance at any time. Blue Cross Healthy Kids Dental has special procedures in place to help members who file grievances. We will do our best to answer your questions or help to resolve your concern. Filing a grievance will not affect your health care services or your benefits. These are examples of when you might want to file a grievance.

- Your provider or a(n) Blue Cross Healthy Kids Dental staff member did not respect your rights
- You had trouble getting an appointment with your provider in an appropriate amount of time
- You were unhappy with the quality of care or treatment you received
- Your provider or a(n) Blue Cross Healthy Kids Dental staff member was rude to you
- Your provider or a(n) Blue Cross Healthy Kids Dental staff member was insensitive to your cultural needs or other special needs you may have

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You can file your grievance on the phone by calling Blue Cross Healthy Kids Dental at 1-800-936-0935 (TTY:711). You can also file your grievance in writing via mail or fax at:

Blue Cross Blue Shield of Michigan
Grievance and Appeals Department
PO Box 491
Milwaukee, WI 53201-0491
Fax: 262-834-3452

In the grievance letter, give us as much information as you can. For example, include the date and place the incident happened, the names of the people involved and details about what happened. Be sure to include your name and your Medicaid member ID number. You can ask us to help you file your grievance by calling 1-800-936-0935 (TTY:711). We will let you know when we have received your grievance. We may contact you for more information.

At any time during the grievance process, you can have someone you know represent you or act on your behalf. This person will be your “representative.” If you decide to have someone represent you or act for you, inform Blue Cross Healthy Kids Dental in writing the name of your representative and their contact information. Your grievance will be resolved within 90 calendar days of submission. We will send you a letter of our decision.

Appeal Process

An appeal is a way for you to ask for a review of our actions. If we decide that a requested service or item cannot be approved, or if a service is reduced or stopped, you will get an “Adverse Benefit Determination” letter from us. This letter will tell you the following:

- The adverse benefit determination the Dental Health Plan has made or intends to make
- Your right to be provided upon request and free of charge, copies of all documents, records, and other information used to make our decision

Questions? Call Member Services at 1-800-936-0935 (TTY:711)
Visit our website at bcbsm.com/healthykids

- What action was taken and the reason for it
- Your right to file an appeal and how to do it
- Your right to ask for a State Fair Hearing and how to do it
- Your right in some circumstances to ask for an expedited appeal and how to do it
- Your right to ask to have benefits continue during your appeal, how to do it, and when you may have to pay for the services

You may appeal within 60 calendar days of the date on the Adverse Benefit Determination letter. If you want your services to stay the same while you appeal, you must say so when you appeal, and you must file your appeal no later than 10 calendar days from the date on the Adverse Benefit Determination. The list below includes examples of when you might want to file an appeal.

- Not approving or paying for a service or item your provider asks for
- Stopping a service that was approved before
- Not giving you the service or items in a timely manner
- Not telling you of your right to freedom of choice of providers
- Not approving a service for you because it was not in our network

You can file your appeal on the phone by calling Blue Cross Healthy Kids Dental at 1-800-936-0935 (TTY:711). You can also file your appeal in writing via mail or fax at:

Blue Cross Blue Shield of Michigan
Grievance and Appeals Department
PO Box 491
Milwaukee, WI 53201-0491
Fax: 262-834-3452

You have several options for assistance. You may:

- Call 1-800-936-0935 (TTY:711) and we will assist you in the filing process
- Ask someone you know to assist in representing you. This could be your dentist or a family member, for example.

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- Choose to be represented by a legal professional.

To appoint someone to represent you, either: 1) send us a letter informing us that you want someone else to represent you and include in the letter their contact information or, 2) fill out the Authorized Representative Appeals form. You may call and request the form or find this form on our website at bcbsm.com/healthykids.

We will send you a notice saying we received your appeal. We will tell you if we need more information and how to give us such information in person or in writing. A provider with the same or similar specialty as your treating provider will review your appeal. It will not be the same provider who made the original decision to deny, reduce, or stop the medical service.

Blue Cross Healthy Kids Dental will send our decision in writing to you within 30 calendar days of the date we received your appeal request. Blue Cross may request an extension up to 14 more days in order to get more information before we make a decision. You can also ask us for an extension if you need more time to get additional documents to support your appeal.

We will call you to tell you our decision and send you and your authorized representative the Notice of Internal Appeal Decision. The Notice of Internal Appeal Decision will tell you what we will do and why.

If Blue Cross Healthy Kids Dental's decision agrees with the Notice of Adverse Benefit Determination, you may have to pay for the cost of the services you got during the appeal review. If Blue Cross's decision does not agree with the Notice of Adverse Benefit Determination, we will approve the services to start right away.

Things to keep in mind during the appeal process:

- At any time, you can provide us with more information about your appeal, if needed.
- You have the option to see your appeal file.
- You have the option to be there when Blue Cross Healthy Kids Dental reviews your appeal.

Questions? Call Member Services at 1-800-936-0935 (TTY:711)
Visit our website at bcbsm.com/healthykids

How Can You Expedite Your Appeal?

If you or your provider believes our standard timeframe of 30 calendar days to make a decision on your appeal will seriously jeopardize your life or health, you can ask for an expedited appeal by writing or calling us. If you write to us, please include your name, member ID number, the date of your Notice of Adverse Benefit Determination letter, information about your case, and why you are asking for the expedited appeal. We will let you know within 24 hours if we need more information. Once all information is provided, we will call you within 72 hours from the time of your request to inform you of our decision and will also send you and your authorized representative the Notice of Internal Appeal Decision.

How Can You Withdraw an Appeal?

You have the right to withdraw your appeal for any reason, at any time, during the appeal process. However, you or your authorized representative must do so in writing, using the same address as used for filing your appeal. Withdrawing your appeal will end the appeal process and no decision will be made by us on your appeal request. Blue Cross Healthy Kids Dental will acknowledge the withdrawal of your appeal by sending a notice to you or your authorized representative. If you need further information about withdrawing your appeal, call Blue Cross at 1-800-0936-0935 (TTY:711).

What Happens Next?

After you receive the Notice of Internal Appeal Decision in writing, you do not have to take any action and your appeal file will be closed. However, if you disagree with the decision made on your appeal, you can take action by asking for a State Fair Hearing from the Michigan Office of Administrative Hearings and Rules (MOAHR) and/or asking for an External Review under the Patient Right to Independent Review Act (PRIRA) from the Michigan Department of Insurance and Financial Services (DIFS). You can choose to ask for both a State Fair Hearing and an External Review or you may choose to ask for only one of them.

Questions? Call Member Services at 1-800-936-0935 (TTY:711)
Visit our website at bcbsm.com/healthykids

State Fair Hearing Process

You have the right to a State Fair Hearing with the state of Michigan. Your dentist or representative could also ask for a hearing. You must complete an appeal with us before you can ask for a State Fair Hearing. You must make your request for a State Fair Hearing within 120 calendar days from the date on the Notice of Internal Appeal Decision.

If you asked for services to continue in your health plan appeal and want to continue your services during the State Fair Hearing process, you must ask for a State Fair Hearing within 10 calendar days of the date on the Notice of Internal Appeal Decision. A Request for Hearing form will be included with the Notice that you receive from us.

Send your request per the instructions on the form to:

Michigan Department of Health and Human Services
Michigan Administrative Hearing System (MOAHR)
PO Box 30763
Lansing, MI 48909
Or call: 800-648-3397
Fax: 517-763-0146

Call Member Services at 1-800-0936-0935 (TTY:711) if you need a hearing request form sent to you or if you need help completing the request.

External Review of Appeals

Our decision on your appeal is final. If you do not agree with our final decision, you can ask for an external review from the Michigan Department of Insurance and Financial Services. You must complete an appeal with us before you can ask for an external review. You must make your request for an external review within 127 calendar days from the date on the Notice of Internal Appeal Decision.

Send your request to:

Department of Insurance and Financial Services (DIFS)
Office of Research, Rules, and Appeals – Appeals Section
P.O. Box 30220

Lansing, MI 48909-7720

Or call: 877-999-6442

Fax: 517-284-8838

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

COMMUNITY RESOURCES

For help finding community-based support services in your area, call 211 or visit www.mi211.org.

Women, Infants, and Children (WIC) is a free program that provides a combination of nutrition education, supplemental foods, breastfeeding promotion and support, and referrals to health care. Call 800-262-4784 to find a WIC clinic near you.

HELP IDENTIFY FRAUD, WASTE AND ABUSE

Medicaid pays dentists, doctors, hospitals, pharmacies, clinics, and other health care providers to take care of adults and children who need help getting medical care. Sometimes, providers and patients misuse Medicaid resources. Unfairly taking advantage of Medicaid resources leaves less money to help other people who need care. This is called fraud, waste, and abuse.

Fraud is purposefully misrepresenting facts and could be punishable by law. Examples:

- Getting paid for services covered by Blue Cross under the HKD program that weren't given or necessary

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Visit our website at bcbsm.com/healthykids

- Not telling the truth about a medical condition to get medical or dental treatment
- Letting someone else use a Blue Cross HKD program ID card
- Using someone else's HKD ID card
- Not telling the truth about the amount of money or resources a person has in order to get benefits

Waste is carelessly or ineffectively using resources. Examples:

- Dentists performing services that are not necessary
- Using transportation services for something other than your dental appointment

Abuse is excessively or improperly using those resources, Examples:

- Going to the emergency room for services that could have been performed in a dentist office
- Threatening or offensive behavior at a dental office

We work to find, investigate, and prevent health care fraud. You can help. Know what to look for when you get health care services. If you get a bill or statement from your doctor or an Explanation of Benefit Payments statement from us, make sure:

- The name of the dentist is the same dentist who treated you
- The type and date of service are the same type and date of service you received
- The diagnosis on your paperwork is the same as what your dentist told you

Health care fraud is a felony in Michigan. Some common ways fraud is committed include:

- Letting someone else use your HKD and/or Medicaid ID card. Only you have permission to use your card to get covered services.
- Falsifying medical bills, claims and other documents.

Questions? Call Member Services at 1-800-936-0935 (TTY:711)
Visit our website at bcbsm.com/healthykids

- Using an expired ID card to obtain products or services.
- Trying to get payment from multiple insurance policies for the same illness or injury.

Contact Blue Cross Healthy Kids Dental if you think a doctor, dentist, pharmacist at a drug store, other healthcare provider, or a person getting benefits is doing something wrong. This is likely fraud, waste, or abuse. Being involved in fraud or abuse can put your benefits at risk or make other legal problems. Help minimize fraud and abuse. If you suspect fraud, you can report it anonymously by calling our fraud hotline.

Anonymous hotline: 1-866-654-3433 (report fraud 24 hours a day, 7 days a week)

Fraud hotline: 1-800-237-9139

Fax: 262-241-7366

Or visit our website at bcbsm.com/healthykids and click on fraud, waste, and abuse at the bottom of the page. If you notice any problems or want to report fraud, waste, or abuse, you may also write:

Blue Cross Blue Shield of Michigan

PO Box 491

Milwaukee, WI 53201-0491

You may also report or get more information about health care fraud by writing:

Office of the Inspector General

P.O. Box 30062

Lansing, MI 48909

Or call toll-free: 1-855-MI-FRAUD (1-855-643-7283)

Or visit: **michigan.gov/fraud** Information may be left anonymously

Questions? Call Member Services at 1-800-936-0935 (TTY:711)
Visit our website at bcbsm.com/healthykids

HELPFUL DEFINITIONS

These managed care definitions will help you better understand certain actions and services throughout this handbook.

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

Copayment: An amount you are required to pay as your share of the cost for a medical service or supply. This may include:

- A dental visit
- A dental appliance or device

Dental Health Plan: A plan that offers dental services to members who meet State eligibility rules. The State contracts with certain dental organizations to provide dental services for those who are eligible. The State pays the premium on behalf of the member.

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.

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 medical emergency when you think that your health is in danger.

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

Excluded Services: Dental services that your plan doesn't pay for or cover.

Grievance: A complaint that you let your plan know about. You may file a grievance if you have a problem calling the plan or if you're 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 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 or
- Symptom

Network: Dental providers contracted by your plan to provide health services. This includes:

- Dentists
- Dental Specialists

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Network Provider/Participating Provider: A dental provider that has a contract with the plan as a provider of care.

Non-Participating Provider/Out-of-Network Provider: A dental provider that *does not* have a contract with the Medicaid Dental Health Plan as a provider of care.

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

Preauthorization: Approval from a plan that is required before the plan pays for certain dental:

- Services
- Appliances or devices

This is also called prior authorization, prior approval or precertification. Your plan may require preauthorization for certain services before you receive them. This excludes an emergency.

Premium: The amount paid for dental benefits every month. Dental Plan premiums are paid by the State on behalf of eligible members.

Provider: A person, place or group that's licensed to provide dental services like dentists.

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.

ATTENTION: If you speak English, 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 877-469-2583 TTY: 711 or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También se ofrecen, sin costo alguno, ayuda y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 877-469-2583 TTY: 711 o hable con su proveedor.

تنبيه: إذا كنت تتحدث الإنجليزية، فإن خدمات المساعدة اللغوية المجانية متوفرة لك. تتوفر أيضاً المساعدات والخدمات المساعدة المناسبة لتوفير المعلومات بتنسيقات يسهل الوصول إليها مجاناً. اتصل برقم 711 TTY: 877-469-2583 أو تحدث إلى مزود الخدمة الخاص بك.

[illegible]

VËMENDJE: Nëse flisni shqip, shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndiham të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi 877-469-2583 TTY: 711 ose bisedoni me ofruesin tuaj të shërbimit.

৪৭৭-৪৬৭-২৫৪৪ TTY: ৭১১ বনরো জ্ঞাহাংনা দাদা গাংনা মনাংহাংসিও.
মনোযোগ দিন: যদি আপনি বাংলা বলেন তাহলে আপনার জন্য
বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য
ফরম্যাট তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং
পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। ৪৭৭-৪৬৭-২৫৪৪ TTY: ৭১১ নম্বরে
কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreie Formate stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 877-469-2583 TTY: 711 an oder sprechen Sie mit Ihrem Provider.

ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'877-469-2583 TTY: 711 o parla con il tuo fornitore.

注: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。情報をアクセスしやすい形式で提供するための適切な補助器具やサービスも無料でご利用いただけます。877-469-2583 TTY: 711 までお電話いただくか、ご利用の事業者にご相談ください。

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются.

PAŽNJA: Ako govorite srpsko-hrvatski, dostupne su vam besplatne usluge jezične pomoći. Odgovarajuća pomoćna pomagala i usluge za pružanje informacija u pristupačnim formatima također su dostupni besplatno. Nazovite 877-469-2583 TTY: 711 ili razgovarajte sa svojim pružateljem usluga.

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkon sa karagdagang tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 877-469-2583 TTY: 711 o makipag-usap sa iyong provider.

Blue Cross Blue Shield of Michigan and Blue Care Network comply with Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes). Blue Cross Blue Shield of Michigan and Blue Care Network does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

- Provide 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).
- Provide free language services to people whose primary language is not English, which may include qualified interpreters and information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call the Customer Service number on the back of your card. If you aren't already a member, call 877-469-2583 or, if you're 65 or older, call 888-563-3307, TTY: 711. Here's how you can file a civil right complaint if you believe that Blue Cross Blue Shield of Michigan or Blue Care Network has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex; you can file a grievance in person, by mail, fax, or email with:

If you need help filing a grievance, the Office of Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health & Human Services Office for Civil Rights electronically through the [Office for Civil Rights Complaint Portal website](#)

U.S. Department of Health & Human Services
200 Independence Ave, SW
Room 509, HHH Building
Washington, D.C. 20201
Phone: 800-368-1019, TTD: 800-537-7697
Email: OCRComplaint@hhs.gov

Complaint forms are available on the U.S. Department of Health & Human Services [Office for Civil Rights website](https://www.hhs.gov/ocr/complaints/index.html): <https://www.hhs.gov/ocr/complaints/index.html>.
[This notice is available at Blue Cross Blue Shield of Michigan and Blue Care Network's website: https://www.bcbcm.com/important-information/policies-practices/nondiscrimination-notice/](https://www.bcbcm.com/important-information/policies-practices/nondiscrimination-notice/)

Questions? Call Member Services at 1-800-936-0935 (TTY:711)
Visit our website at bcbsm.com/healthykids



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

Inventory number: DQ2877 (9.24) HB/EN