



TEXAS CHIP DENTAL SERVICES MEMBER HANDBOOK

SEPTEMBER 2024

Member Services Toll-Free Number
1-800-508-6775



DentaQuest[®]
a Sun Life company

Underwritten by DentaQuest, USA Insurance Company
DQ1368 (09.24)

PHONE NUMBERS TO REMEMBER

English and Spanish speaking telephone representatives are available in our member call center and will help you to:

- Choose a dentist.
- Change to another dentist.
- Get information on dental health.
- Get information on health fairs and health education classes.
- Get help and information on all your dental plan services.
- Get translation and interpreter services.
- Get help with filing complaints and appeals.

Toll-free telephone number:

1-800-508-6775

Spanish speaking representatives are available.

Interpreter services are available in other languages.

Toll-free number for the hearing impaired:

711 (TDD/TTY)

Regular business hours:

Monday - Friday

(excluding state-approved holidays)

8:00 a.m. - 6:00 p.m. Central Time

Automated System is available

24 hrs a day/7 days a week.

For questions about CHIP:

(Change of Address, Annual Renewal Information)

Texas Department of Insurance (TDI):

Toll-free telephone number: 1-800-252-3439

If you call after regular business hours or during a weekend, you will get an answering service or a recording with operating hours and what to do in case of an emergency.

If you don't have an emergency, call your Main Dentist during regular business hours.

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WELCOME TO YOUR NEW DENTAL PLAN!

DentaQuest's goal is to give you quality dental care. We are here to help you keep your teeth healthy. DentaQuest is proud to be chosen by you for the Texas CHIP Dental Services program.

We hope you will see a dentist regularly:

- Please choose a dentist from the directory that came with this handbook.
- That dentist will give you any services you need that are covered under this plan.
- Go to your dentist even if you don't have a problem with your teeth.

Using This Handbook

This handbook, called the Member Handbook, gives you information about:

- Your benefits.
- How to use your benefits.
- Your rights and responsibilities as a plan member.

This handbook will help you know how the program works. Please read it before you call your dentist.

This handbook uses some terms you should know:

- **“You,” “Your,” “My,” “I” and “Member”** — Refers to the child or children who have joined the Texas CHIP Dental Services program.
- **“We,” “Us,” and “Our”** — Refers to DentaQuest.
- **“Dental Home” or “Main Dentist”** — Refers to the dentist you choose to give you Texas CHIP Dental Services.
- **“Texas CHIP Dental Services”** — Refers to the Texas Health and Human Services Commission Dental Services Program.
- **“My Child”** — Refers to the parent or legal guardian of the child or children enrolled in the Texas CHIP Dental Services program.

Keep this handbook for future use. To keep you informed about the dental plan, we will sometimes send you information such as:

- Updates to the provider directory.
- The complaint process.
- How to get translator services.
- Other important information on Texas CHIP Dental Services.

This handbook is an outline of your DentaQuest dental plan. Our contract with the Texas Health and Human Services Commission (HHSC) has the complete information.

You have the right to get this Handbook in:

- Audio
- Braille
- Larger print
- Other languages

To request this Handbook in a different format or language, please call us. Our member call center toll-free number is 1-800-508-6775.

A copy of this handbook can be requested at anytime. You will be provided a copy, in paper form, without charge within 5 business days upon request.

In the case of a counseling or referral service that DentaQuest does not cover because of moral or religious objections, DentaQuest must inform Members that the service is not covered by DentaQuest. DentaQuest will inform Members how they can obtain information from the State about how to access these services that are not covered due to moral or religious objections. At this time, DentaQuest does not have any services that would be denied due to moral or religious objections.

This and other materials are available for written and oral interpretation, as well as other formats such as Braille and large print. Translated materials or other auxiliary services and aids are available at no cost to you and can be received by calling us at 1-800-508-6775 (TTY: 7-1-1).

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/TXMember.

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.*



Change your
Main Dentist
now!



 www.dentaquest.com/texas

2. Create an account in our online member portal.

Go to dentaquest.com/member-login/.

3. Call our member call center.

Children's Health Insurance Program (CHIP) dental plan:
Call 1-800-508-6775 (toll-free); 7-1-1 (TDD/TTY toll-free).

Stay up to date and receive the latest news and information about your plan at <https://www.facebook.com/dentaquesttexasmembers>.

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MEMBER IDENTIFICATION (ID) CARD

All members are given a member ID card:

- This card has important information about your dental benefits.
- Only the member can use his or her member ID card for dental services.

No one else can use the member ID card to get services. If so:

- That person will be charged for the services he or she receives
- DentaQuest may not be able to keep you in the plan if someone else uses your member ID card.

How to Read Your Card

The following tells you how to read your member ID card:

- **Member's Name** - is the person the card is for.
- **CHIP Member ID Number** - is the member's Texas CHIP Dental Services ID number.
- **Effective Date** - is the date the member's Texas CHIP Dental Services coverage started.
- **Date of Birth** - is the member's birth date.
- **Plan Name/Co-Pay** - shows that you are enrolled in Texas CHIP Dental Services and your co-pay amount.
- **Main Dentist Name/Phone Number** - is the Main Dentist you are assigned to and their phone number.

How to Use Your Card

To use your card:

1. Have the Member's ID card with you when calling our member call center.
2. Bring the Member's ID card with you when you go to the dentist.

Show your member ID card when you see the dentist. Your dentist needs your member ID card to see if you can get dental care.



a Sun Life company

DentaQuest Insurance Co., Inc

DentaQuest.com/TXMember

Texas CHIP Dental Services

Policy Holder:

John H. Doe

<Insert Plan Name>

Date of Birth:

XX/XX/XXXX

Effective Date:

January 1, 2024

CHIP Member ID:

1234567890

Main Dentist:

John H. Doe

XXX-XXX-XXXX

Cost Sharing

**based on family income*

Office Visit: \$5-25* Cost Sharing Cap: 5%*

No co-payment or cost sharing for CHIP Perinate Newborns

Important:

Don't forget to register at

MemberAccess.DentaQuest.com

You can manage your dental benefits and get your ID card online.

You can download your ID card at MemberAccess.DentaQuest.com

How to Replace Your Card if Lost

Please call us if you don't get your member ID card or if you have lost it. Call our member call center at:

- 1-800-508-6775 (toll-free)
- 711 (TDD/TTY for the hearing impaired)
- You can download your card at

MemberAccess.DentaQuest.com

Who to Call in an Emergency

During normal business hours, call your child's Main Dentist to find out how to get emergency services. If your child needs emergency dental services after the Main Dentist's office has closed, call your CHIP medical health plan.

DENTAL PROVIDERS

What do I need to bring when I take my child to the dentist?

Bring your Member ID card. If you have other dental coverage, bring that information to show your dentist.

What is a Main Dentist (Dental Home)?

A Main Dentist can be a general dentist or a dentist who only treats children. This is the dentist who gives your child services that prevent teeth problems. This dentist also can fix most teeth problems. Your child's Main Dentist also can send your child to a specialist for teeth problems that are harder to fix, if that kind of treatment is needed.

As a DentaQuest member you have a Main Dentist. A Main Dentist is a dentist you see regularly every six (6) months. This dentist will provide care for you whenever you need it.

Your Main Dentist will work with you so you can stay healthy. It is important to see your Main Dentist for each visit.

Your Dental Home will provide complete dental care including:

- A dental health plan designed for you.
- Information about growth and diet.
- How to care for your teeth.

Healthy teeth and gums are important for your health. For a longer healthier life, have regular checkups every six (6) months. Children should see the dentist starting at age six (6) months.

So don't wait! Call your Main Dentist and schedule a visit today.

If you have questions about your Main Dentist or benefits call toll free 1-800-508-6775 or visit our website at: www.DentaQuest.com/tx.

Remember: Once you choose a Main Dentist, it is important to keep all of your visits and always arrive on time. If you are moving or need to change your Main Dentist, please call customer service for help at 1-800-508-6775.

How to Find a Dentist Using Our Website:

Visit our website at www.DentaQuest.com/TXMember. Choose “Provider Directory” from the menu at the left. Once you are on that page, choose “Online Provider Directory.”

To get started, you need to tell the search where you are and what plan you have:

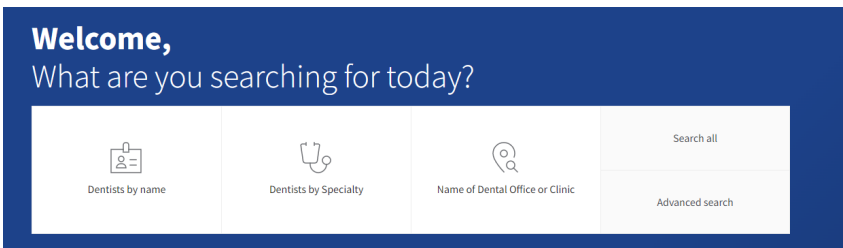
1. If you have not used the search before, it will ask you to choose a location. You can enter your address, city or zip code or click on “use your current location.”

Click on the All Plans link. If you don’t see your plan listed, click on Find a Different Plan. Then just pick your plan (Texas CHIP Children Dental Services) from the list.

Then you can look up dentist in three ways:

2. **Find a Dentist by Name** – If you know the name of the dentist you want, click on “Dentist by Name” and enter their last name in the search bar. Click on the name when it shows up below the search bar.
3. **Find a Dentist by Specialty** – If you want to find a specific kind of dentist, choose this option. Just start entering the type of dentist you want. The search bar will show suggestions to help as you type.
4. **Find Services by Name of Dental Office or Clinic** – Use this if you know the name of the dentist office or care center and would like to know the address, phone number, office hours and other information.

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 even get directions to their office!



Can a clinic be my child's Main Dentist (Rural Health Clinic/ Federally Qualified Health Center)?

Yes, a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) can be your Main Dentist if you choose. Give us a call with any questions at 1-800-508-6775.

How can I change my child's Main Dentist?

You can change Main Dentists by calling us at 1-800-508-6775, TDD/TTY 7-1-1. Or you can write to:

DentaQuest Texas CHIP Dental Services
P.O. Box 2906
Milwaukee, WI 53201-2906

You can also use our secure member portal at

MemberAccess.DentaQuest.com

If you still have work to be done and your dentist decides to not be your dentist anymore, call us. You can ask to keep seeing that dentist to finish the dental work.

How many times can I change my child's Main Dentist?

You can change your child's Main Dentist as many times as you like.

If I change my child's Main Dentist, when can we start getting services from that provider?

Once you have changed your child's dentist, this change will start the same day you ask.

Is there any reason I might be denied if I ask to change my child's Main Dentist?

We might turn down your request for one of the reasons listed below:

- The Main Dentist you want to change to is not accepting new patients.
- The Main Dentist you want to change to does not provide the types of dental services your child needs.

Can a Main Dentist ask to move my child to another Main Dentist?

Your child can be moved from one Main Dentist to another for one of the reasons listed below:

- If you or your child don't follow the dentist's advice.
- If you or your child are repeatedly loud or disruptive while in the dentist's waiting room or treatment area.
- If your relationship with your child's Main Dentist is not working for either you or the dentist.

What if my child's Main Dentist leaves the network?

We may send you a letter 30 days before they leave the network or 15 calendar days after we receive the notice from the dentist. We will assign your child to a new Main Dentist. In some cases, if your child is getting care for a dental condition, we will allow your child to keep seeing that dentist for 90 days or until the care is finished.

What if I choose to take my child to another dentist who is not my child's Main Dentist?

Your Main Dentist will provide you preventative care and will refer you to specialists as needed. You will need a referral from your Main Dentist to see another dentist.

What if I choose to take my child to a dentist that is out of network?

You will have to pay for any out-of-network services not authorized by DentaQuest, except for emergency care.

What if I choose to take my child to a dentist that does not accept CHIP?

You will have to pay for any dental services that are done by dentists that do not accept CHIP.

How do I get dental care for my child after the Main Dentist office is closed?

If your child needs dental care after the office is closed and it is not an emergency, you can call your child's Main Dentist's office and leave a message with the answering service. The dentist's staff will call you back when the office reopens.

If your child needs emergency dental work after the office has closed, call your CHIP medical health plan.

CHANGING CHIP DENTAL PLANS

What if I want to change my child's dental plan?

If your child has been in a CHIP dental plan less than 90 days, you can change dental plans. Call CHIP toll-free at 1-800-647-6558.

Your child cannot change dental plans after being in the plan for 90 days, unless your child is given an exception for a "good cause." You also cannot change dental plans if your child has reached his or her yearly dental benefit limit.

Who do I call?

Call CHIP toll-free at 1-800-647-6558.

How many times can I change my child's dental plan?

You can change your child's dental plan within the first 90 days as many times as you would like and during yearly renewal.

If I change my child's dental plan, when will we be able to start using the new dental plan?

If you call to change your or your child's dental plan on or before the 15th of the month, the change will take place on the first day of the following month. If you call after the 15th of the month, the change will take place the first day of the second month after that.

For example:

- If you call on or before April 15, your change will take place on May 1.
- If you call after April 15, your change will take place on June 1.

Can DentaQuest ask that my child get dropped from their dental plan?

A CHIP dental health plan can ask that a child be removed from their plan for the following reasons:

- The child or the child's caregiver misuses the child's membership card or loans it to another person.
- The child or the child's caregiver is disruptive, unruly, or uncooperative at the dentist's office, or
- The child or the child's caregiver refuses to follow the dental plan's rules and restrictions.

BENEFITS

What is CHIP?

The Children's Health Insurance Program (CHIP) offers low-cost health coverage for children 18 and under.

What are my child's dental benefits with CHIP?

CHIP members have a yearly maximum benefit of \$564. This amount can be applied to the following services and will be depleted by the cost of the services:

- Exam and cleaning every six (6) months.
- X-rays every six (6) months.
- Fillings, extractions and other treatments that are needed.

CHIP members who deplete the \$564 annual benefit maximum can continue to receive:

- Preventive and diagnostic services.
- Medically necessary services (fillings, crowns, extractions) that are generally covered under the plan and submitted by the member's dentist for prior authorization. If the requested services are approved, the member may exceed the \$564 maximum for these services.

How do I get these services for my child?

You have selected DentaQuest as your child's dental health plan through the CHIP program.

Call your Main Dentist listed on the front of your child's DentaQuest member ID card. You can also call DentaQuest at 1-800- 508-6775 for answers to any questions you may have.

You will get the most from your dental coverage by:

- Seeing only your child's DentaQuest CHIP contracted Main Dentist
- Visiting your Main Dentist regularly for checkups
- Following your Main Dentist's advice about regular brushing and flossing
- Getting treatment before you have a toothache

What services are not covered?

- Services that are not needed for dental health
- Cosmetic dental care
- General anesthesia or intravenous/conscious sedation
- Orthodontia (braces)
- Experimental procedures
- If your service is covered by another insurance or health plan, DentaQuest will seek reimbursement.

How much do I have to pay for my child's dental care?

You must pay for:

- Services given before your child's dental coverage starts
- Non-covered or optional dental services that you choose to have done
- Services that you have done more often than is allowed by the plan
- Services given by a non-contracted dentist unless a network provider is unavailable in your area
- Non-preventive services given after the member has reached their yearly maximum

CHIP members must pay a co-payment for each dental visit when non-preventive services are given. Examples of these services are listed above. Your Main Dentist can tell you what other services are non-preventive. Co-pays do not apply to initial and periodic exams, x-rays, cleanings or sealants.

Co-pays are based on the federal poverty level (FPL). The federal government sets the FPL every year. Below are examples of the copay that is set for each level. Your child's member ID card will tell you what co-pay you will need to pay for each non-preventive visit.

Effective January 1, 2014			
Enrollment Fees (for 12-month enrollment period):		Charge	
At or below 151% of FPL*		\$0	
Above 151% up to and including 186% of FPL		\$35	
Above 186% up to and including 201% of FPL		\$50	
Federal Poverty Levels (FPL)	At or Below 151%	Above 151% up to and including 186%	Above 186% up to and including 201%
Office Visits (non-preventive)	\$5	\$20	\$25
Non-Emergency ER	\$5	\$75	\$75
Generic Drug	\$0	\$10	\$10
Brand Drug	\$5	\$35	\$35
Facility Co-pay, Inpatient (per admission)	\$35	\$75	\$125
Cost-sharing Cap	5% of family income**	5% of family income**	5% of family income**

* The federal poverty level (FPL) refers to income guidelines established annually by the federal government.

** Per 12-month term of coverage.

Contact the DentaQuest Member Call Center for information about benefit limits and frequency by calling toll-free 1-800-508-6775.

How much do I have to pay for services not covered by CHIP or services that are over the annual cap?

You will be responsible for any services not covered or for items over the annual cap. Your dentist will be able to explain these charges.

How do I get drugs the dentist has ordered for my child (prescriptions)?

Prescriptions are not covered under this dental program. You may contact your CHIP health plan to see if they can help cover your prescriptions.

Who do I call if I have problems getting drugs the dentist ordered for my child (prescriptions)?

Call your CHIP medical health plan or you can contact the toll-free CHIP Managed Care helpline at 1-866-566-8989.

DENTAL CARE AND OTHER SERVICES

What is routine dental care?

Routine dental services include:

- Diagnostic and preventive visits.
- Services to help your child such as fillings, crowns, root canals and/or extractions.

How soon can I expect my child to be seen?

Members should be scheduled for visits within three (3) weeks for routine services.

What dental services are covered by the CHIP medical plan?

Your child's CHIP medical plan covers limited emergency dental services in a hospital or ambulatory surgical center. The CHIP medical plan will pay for the following:

- Dislocated jaw.

- Traumatic damage to teeth and supporting structures.
- Removal of cysts.
- Treatment of oral abscess of tooth or gum origin.

CHIP medical plans pay for hospital, physician, and related medical services for the above conditions. This includes services the doctor provides and other services your child might need, like anesthesia or other drugs.

CHIP medical plans are also responsible for paying for treatment and devices for craniofacial anomalies. DentaQuest provides all other dental services. Call DentaQuest to learn more about the dental services we offer.

How do I get emergency dental care for my child and who do I call?

Call your child's Main Dentist to find out how your child can get emergency dental services. If the office is closed, call your child's CHIP medical plan.

How soon can I expect my child to be seen?

Your child should get emergency dental services no later than 24 hours after you call.

What does medically necessary mean?

That's the standard for deciding whether CHIP will cover a dental service for your child. For dental services or products provided, the test is whether a prudent dentist would provide the service or product to a patient to diagnose, prevent, or treat dental pain, infection, disease, dysfunction, or disfiguration in accordance with generally accepted procedures of the professional dental community.

What if my child needs routine dental care or emergency dental services when he or she is out of town or out of Texas?

If your child needs routine dental care when traveling, call us toll-free at 1-800-508-6775 and we will help you find a dentist. If your child needs emergency dental services while traveling, go to a nearby hospital, then call your CHIP medical health plan.

What if my child needs dental services when he or she is out of the country?

Dental services performed out of the country are not covered by CHIP.

What if my child needs to see a special dentist (specialist)?

Your child's Main Dentist will give you a referral so your child can go to a specialist.

How soon can I expect my child to be seen by a specialist?

If the specialist is providing urgent care, your child will be seen no later than 24 hours from the time you ask for the referral from your Main Dentist.

If the specialist is providing therapy or your child needs to see the specialist to get a diagnosis, your child will be seen no later than 14 Days from the time you ask for the referral.

If the specialist is providing services to prevent teeth problems, your child will be seen no later than 30 Days from the time you ask for the referral.

Please contact us for help in locating a specialist. Call us toll-free at 1-800-508-6775.

What services do not need a referral?

Your child does not need a referral for services that are done by your child's Main Dentist. You can also call our Member Call Center toll-free at 1-800-508-6775 and we can help you find a dentist.

Can someone interpret for me when I talk with my child's dentist?

Our member call center staff can help you find a dentist who speaks your language or arrange for interpreter services. You do not have to use family members or friends as interpreters.

Who do I call for an interpreter?

To ask for an interpreter, call our member call center toll-free at 1-800-508-6775.

How far ahead of time do I need to call?

In most cases, we need at least forty-eight (48) hours notice. However, you should call us as soon as you have scheduled a visit with your child's dentist.

How can I get a face to face interpreter in the dentist's office?

If you need an interpreter to go to the dentist with you, call us. You can also ask to have an interpreter talk to you about dental information. There are no charges for these services. Call us if you would like to have an interpreter with you in the dental office during your child's visit. We will:

- Ask what language you speak.
- Ask you for the dentist's information.
- Schedule an interpreter for your visit (the interpreter will meet you at the dental office).
- Call you back to confirm that an interpreter has been scheduled.

Here is information on our member call center:

Toll-free telephone number:	1-800-508-6775
Toll-free number for the hearing impaired:	711 (TDD/TTY)
Days/hours:	Monday-Friday (excluding holidays) 8:00 a.m. - 6:00 p.m. Central Time Automated System is available 24 hrs a day/ 7 days a week

What if I get a bill from my child's dentist? Who do I call? What information do I need?

Please call us if you get a bill from your child's dentist. Our toll-free number is 1-800-508-6775. Please have your child's member ID card and the bill you got from your child's dentist when you call.

What do I have to do if I move?

If you move, contact CHIP/Medicaid toll free at 1-877-543-7669 to update your address.

MEMBER RIGHTS AND RESPONSIBILITIES

What are my child's rights and responsibilities?

Members have the right to:

1. You have the right to get accurate, easy-to-understand information to help you make good choices about your child's dentists and other providers.
2. You have the right to know how your child's dentists are paid. You have the right to know about what those payments are and how they work.
3. You have the right to know how DentaQuest decides about whether a service is covered and/or medically necessary. You have the right to know about the people in DentaQuest's office who decide those things.
4. You have the right to know the names of the dentists and other providers enrolled with DentaQuest and their addresses.
5. You have the right to pick from a list of dentists that is large enough so that your child can get the right kind of care when your child needs it.
6. You have the right to take part in all the choices about your child's dental care.
7. You have the right to speak for your child in all treatment choices.
8. You have the right to get a second opinion from another dentist enrolled with DentaQuest about what kind of treatment your child needs.
9. You have the right to be treated fairly by DentaQuest, dentists and other providers.
10. You have the right to talk to your child's dentists and other providers in private, and to have your child's dental records kept private. You have the right to look over and copy your child's dental records and to ask for changes to those records.
11. You have a right to know that dentists, hospitals, and others who care for your child can advise you about your child's health status, medical care, and treatment. Your child's dental plan cannot stop them from giving you this information, even if the care or treatment is not a covered service.

12. You have a right to know that you are only responsible for paying allowable copayments for covered services for your child, up to benefit maximum limits. Dentists, hospitals, and others cannot require you to pay any other amounts for covered services.
13. You have the right not to be secluded or restrained as a punishment or to make things easier for your provider.

Member's Responsibilities

You and DentaQuest both have an interest in seeing your child's dental health improve. You can help by assuming these responsibilities:

1. You must try to follow healthy habits, such as encouraging your child to exercise, to stay away from tobacco, and to eat a healthy diet.
2. You must become involved in the dentist's decisions about your child's treatments.
3. You must work together with DentaQuest's dentists and other providers to pick treatments for your child that you have all agreed upon.
4. If you have a disagreement with DentaQuest, you must try first to resolve it using DentaQuest's complaint process.
5. You must learn about what DentaQuest does and does not cover. You must read your Member Handbook to understand how the rules work.
6. If you make an appointment for your child, you must try to get to the dentist's office on time. If you cannot keep the appointment, be sure to call and cancel it.
7. You must report misuse by dental and health care providers, other CHIP members, DentaQuest, or other dental or medical plans.

If you think you have been treated unfairly or discriminated against, call the U.S. Department of Health and Human Services (HHS) toll-free at 1-800-368-1019. You can also view information concerning the HHS Office of Civil Rights online at www.hhs.gov/ocr.

COMPLAINT PROCESS

What should I do if I have a complaint?

We want to help. If you have a complaint, please call us at 1-800-508-6775 (toll-free) to tell us about your problem. A DentaQuest Member Services Advocate can help you file a complaint. Most of the time, we can help you right away or within a few days at the most. You can also file a complaint on MemberAccess.DentaQuest.com.

If you still have a complaint after you've gone through the DentaQuest complaint process, call the Texas Department of Insurance at 1-800-252-3439 (toll-free). If you want to make your complaint in writing, please send it to the following address:

Texas Department of Insurance
P.O. Box 149091
Austin, TX 78741-9091

Who can I call?

Call the DentaQuest customer service line at 1-800-508-6775 (toll-free).

Can someone from DentaQuest help me file a complaint?

A DentaQuest Member Services Advocate can help you file a complaint. Please call us at 1-800-508-6775 (toll-free). We will send you a one-page form that you must sign and return to us. The form will tell us that you give permission to the person you name to represent you and your child during the complaint process.

What do I need to do to file a complaint, and how long will the process take?

We will process your complaint within thirty (30) calendar days from the day we get it. Here is what will happen:

- You send us a written complaint.
- We will send you a letter within five (5) business days. Our letter will say that we got your written complaint.
- We will review the details of your complaint.
- We will send you an answer within thirty (30) calendar days.

Our response to your complaint will be in a letter. That letter will give:

- Our decision about your complaint.
- The reasons for our decision.
- The specialty area of any dentist we asked to help us with your complaint.
- Information about filing an appeal.

We will send you a one-page form that you must sign and return to us. The form will tell us that you give permission to the person you name to represent you and your child during the complaint process. Call our Member Call Center toll free at 1-800-508-6775.

If I don't like what happens with my complaint, who else can I call?

You may file an appeal if you are not satisfied with our response to your complaint. You can also file a complaint with the Texas Department of Insurance.

How can I file a complaint with the Texas Department of Insurance after I have gone through the DentaQuest complaint process?

If you still have a complaint after you've gone through the DentaQuest complaint process, call the Texas Department of Insurance at 1-800-252-3439 (toll-free). If you want to make your complaint in writing, please send it to the following address:

**Texas Department of Insurance
P.O. Box 149091
Austin, Texas 78714-9091**

You may file an appeal if you are not satisfied with our response to your complaint.

APPEAL PROCESS

What can I do if DentaQuest denies or limits a service for my child that the dentist has asked for? How do I ask for an appeal? Can I just ask for an appeal or does it have to be in writing?

You can contact DentaQuest to ask for an appeal these ways:

- File an appeal on MemberAccess.DentaQuest.com.
 - Once you log in, click on “Create Help Request”.
 - Select “File an Appeal” under “Requested Help With”.
 - Complete the rest of the required fields.
 - A pop-up box will appear when the appeal request has been submitted.
- Call DentaQuest to ask for an appeal. The toll-free number is 1-800-508-6775. We will send you a one-page appeal from that you, your child’s dentist or someone else representing you can fill out and return to us.
 - Mail your appeal form to DentaQuest:

DentaQuest-TX

Attn: Appeal Department

P.O. Box 2906

Milwaukee, WI 53201-2906

How will I find out if services are denied?

We will send you and your dentist a letter. You can also call our member call center and we can tell you the status of your authorization. Call us at 1-800-508-6775.

What are the timeframes for the appeal process?

You must ask for an appeal within 60 calendar days after DentaQuest sends you a decision or action about your original denied or reduced service. To make sure you or your child continues to get current dental services, you must file your appeal within 10 business days after you get DentaQuest’s decision. This ensures that DentaQuest gets your appeal before the effective date of their decision or action to your original denied or reduced services.

When can I ask for an appeal?

You have the right to ask for an appeal if you disagree with the DentaQuest’s decision or action. You can also ask for an appeal for partial or complete denial of payment for services. You must ask for an appeal within 60 calendar days after DentaQuest sends you a decision

or action. To make sure you or your child continues to get his/her current dental services, you must file your appeal on or before the later of: 10 business days following DentaQuest's mailing of the notice of action or the intended effective date of the proposed action. Either you or DentaQuest can request one, 14 calendar day extension.

If DentaQuest requests an extension, it will do so in writing and must show the need for more information and how the delay is in your interest.

Can I just ask for an appeal or does it have to be in writing?

You can ask for an appeal in writing, or you can call and ask DentaQuest for an appeal. We will send you a one-page appeal form that you, your child's dentist, or someone else representing you can fill out and return to us. Our address to mail your appeal to is:

**DentaQuest-TX
Attn: Appeal Department
P.O. Box 2906
Milwaukee, WI 53201-2906**

Or call us toll-free: 1-800-508-6775.

You may call our member call center to ask for an appeal. Within five (5) business days after you call, we will send you an appeal form. We must get your completed, signed appeal form to confirm your appeal request. (If your appeal request is related to a dental emergency, we do not need a completed, signed form to process the appeal).

We will send you a letter to let you know we got your appeal. We will make a decision no later than the 30th calendar day after the date we get the appeal.

Can someone from DentaQuest help me file an appeal?

A DentaQuest Member Services Advocate can help you file an appeal. Please call our member call center for help. The toll-free number is 1-800-508-6775. Tell us that you want to file an appeal and one of our Member Services Advocates will help you file the appeal.

What else can I do if I'm still not happy?

You or someone you name to act for you may file a request for external review within four months of receiving our appeal resolution letter. To ask for an IRO, you must fill out the "HHS Administered Federal External Review Request Form" that will be included with the appeal resolution letter. If you want to send more information to include in the review, you can send it with your request. You don't have to pay for this review or any filing fees. If you would like to have another person make an external review request on your behalf, both you and your authorized representative will need to complete and sign the Appointment of Representative Form (under the "Forms" heading).

Mail: **MAXIMUS Federal Services**
3750 Monroe Avenue, Suite 705
Pittsford, NY 14534
Fax: 1-888-866-6190

Online: **externalappeal.com** (under the "Request a Review Online" heading)

If you believe your case is urgent and should be expedited, you can select "expedited" if submitting the review request online, or by emailing FERP@maximus.com, or calling Federal External Review Process at 1-888-866-6205, ext. 3326. MAXIMUS Federal Services will provide notice of the final external review decision as expeditiously as your medical conditions or circumstances require, but in no event more than 72 hours after the they receive a request for an expedited external review. When MAXIMUS Federal Services receives your request, they will notify us, and we'll send them all the case information for review. If you send them any more information they'll share it with us. We may change our decision. If not, the IRO will continue the review. You'll receive a letter with their decision for a standard request no later than 45 days after they receive the request for the external review. If MAXIMUS Federal Services decides to overturn our decision, we will provide coverage or payment for your health care items or services.

If you have questions or concerns about your external review, call 1-888-866-6205.

EXPEDITED DENTAL PLAN APPEAL

What is an expedited appeal?

Ask for an expedited appeal when you don't have time for a standard appeal – when your child's life or health is in danger. When you ask for an expedited appeal, DentaQuest has to make a decision quickly based on the condition of your child's health.

How do I ask for an expedited appeal?

You can call us to file an expedited appeal. We do not need your appeal in writing for an expedited appeal. If you need help in filing an expedited appeal, call our member call center for help. The toll-free number is 1-800-508-6775. Tell us that you want to file an expedited appeal.

How long does an expedited appeal take (timeframe)?

We will make a decision within 72 hours after we get your expedited appeal. We will call you with the decision. We will also send you a letter within two (2) business days of the decision.

What happens if DentaQuest says it won't do an expedited appeal?

If DentaQuest does not think your appeal is life-threatening, we will let you know the same day that the decision is made. DentaQuest will make the decision within 72 hours. Your appeal will still be worked on, but the decision may take up to 30 days.

Who can help me file an expedited appeal?

If you or your representative need help in filing an expedited appeal, call our member call center and one of our Member Services Advocates can help. The toll-free number is 1-800-508-6775. Tell us that you want to file an expedited appeal.

FRAUD INFORMATION

How do I report someone who is misusing/abusing CHIP dental benefits?

Do you want to report CHIP Waste, Abuse, or Fraud? Let us know if you think a doctor, dentist, pharmacist at a drug store, other health-care provider, or a person getting benefits is doing something wrong. Doing something wrong could be waste, abuse, or fraud, which is against the law. For example, tell us if you think someone is:

- Getting paid for CHIP services that weren't given or necessary.
- Not telling the truth about a medical condition to get medical treatment.
- Letting someone else use a CHIP Dental ID.
- Using someone else's CHIP Dental ID.
- Not telling the truth about the amount of money or resources he or she has to get benefits.

To report waste, abuse, or fraud, choose one of the following:

- Call the OIG Hotline at 1-800-436-6184 or
- Visit <https://oig.hhsc.state.tx.us/> click red "Report Fraud" button. Then click on the blue "IG's Fraud Reporting Form" button to complete the online form.
- You can report directly to DentaQuest:

DentaQuest-TX CHIP Dental Services
Attention: Utilization Review Department
11100 W. Liberty Drive
Milwaukee, WI 53224
Toll free at 1-800-237-9139

To report waste, abuse or fraud, gather as much information as possible.

- When reporting about a provider (a doctor, dentist, counselor, etc.) include:
 - Name, address, and phone number of provider.

- Name and address of the facility (hospital, nursing home, home health agency, etc.)
- Medicaid number of the provider and facility, if you have it.
- Type of provider (doctor, dentist, therapist, pharmacist, etc.)
- Names and phone numbers of other witnesses who can help in the investigation.
- Dates of events.
- Summary of what happened.
- When reporting about someone who gets benefits, include:
 - The person's name.
 - The person's date of birth, Social Security number, or case number if you have it.
 - The city where the person lives.
 - Specific details about the waste, abuse or fraud.

How do I report a CHIP dentist that I think is misusing or cheating the system (committing fraud)?

- Call the OIG Hotline at 1-800-436-6184 or
- Visit <https://oig.hhsc.state.tx.us/> click red "Report Fraud" button. Then click on the blue "IG's Fraud Reporting Form" button to complete the online form.
- You can report directly to DentaQuest at 1-800-237-9139 or in writing at the address listed on page 32.

CHIP MEMBER EXTRA BENEFITS

Free Dental Care Kit for Child and Parent

Get off to the right start by receiving a preventative dental service within the first 90 days of when you sign up with us. When you do, you can get one zippered backpack and a dental kit that includes a toothbrush, a tube of toothpaste and a brushing chart and stickers. We will also include a spinning toothbrush, a timer and floss for the parent. That way you can brush along with your child! One reward per eligible member, per lifetime.

\$30 Amazon Gift Card for Preventative Visit

You can also get a \$30 Amazon gift card when your child gets a qualifying dental checkup. You can use the Amazon gift card to buy items such as healthy foods, baby care items and over the counter health products. One gift card per eligible member, per lifetime.

Here's what you need to do to get your \$30 Amazon gift card and/or dental kit:

1. Fill out your information on the Extra Benefits redemption form.
2. You can make copies of the Extra Benefits redemption form if you need more than one.
3. Mail the signed form to DentaQuest. You can use the postage-paid envelope included with this Member Handbook:

DentaQuest
P.O. Box 92765
Austin, TX 78709

If you have questions on the Extra Benefits, call DentaQuest customer service at 1-800-508-6775. You can also visit us online at www.DentaQuest.com/TXMember.

Additional Extra Benefits:

- **\$10 Amazon Card Emergency Room Visit (all ages)**
Members who have a follow-up visit with their Main Dentist within 30 days after visiting the ER for dental care AND completes the quiz.
- **\$10 Amazon Card Mobile App Registration (all ages)**
Members who registered in the mobile app within 30 days of enrollment with Dentaquest.
- **\$10 Amazon Card Case Management Program (all ages)**
Complete risk assessment and qualify and enroll in the DQ Case Management Program.
- **\$10 Amazon Card Fluoride Program (all ages)**
Two fluoride treatments within 12 months. Return the form within the last 60 days of service.
- **\$10 Amazon Sealant Program (age 9 and under)**
Sealant treatment on all four first molars within 12 month period.
- **Bluetooth Speaker Sealant Program (age 10-13)**
Sealant treatment on all four second molars within 12 month period.
- **Tooth Whitening Kit Sealant Program (age 14)**
Sealant treatment on all four second molars within 12 month period.
- **\$50 Gift Card Ongoing Oral Health Habits**
Four fluoride treatments (2 per year), four sealants (2 per year), and four oral evaluations (2 per year) within a 24-month period.

For additional information on Extra Benefits go to bit.ly/tx-chip-extra-benefits or scan the QR code.



TX CHIP Extra Benefits Redemption Form:

To claim your reward, fill out this form and mail it to DentaQuest. If you are requesting the reward for going to the dentist after the ER, you must also include the completed quiz.

- Dental Care Kit**
- \$30 Amazon Gift Card for Preventative Visit**
- \$10 Amazon Card Emergency Room Visit**
- \$10 Amazon Card Mobile App Registration**
- \$10 Amazon Card Case Management Program**
- \$10 Amazon Card Fluoride Program**
- \$10 Amazon Sealant Program**
- Bluetooth Speaker Sealant Program**
- Tooth Whitening Kit Sealant Program**
- \$50 Gift Card Ongoing Oral Health Habits**

Member Information

First Name Last Name Date of Birth

Mailing Address

City, State Zip Code Phone Number

Medicaid Member ID Number Date you received care

Guardian/Head of Household Name Signature

Mail the completed form to:

DentaQuest
P.O. Box 92765
Austin, TX 78709

If you have questions about any of your rewards, please call
DentaQuest toll free 1-800-508-6775, TDD/TTY 711.

TX CHIP Extra Benefits Quiz:

Your Child's Oral Health and the ER

Take this quiz and test your knowledge.

Date of ER Visit

1. Your child has a toothache. What should you do?

- A. Call your child's Main Dentist and schedule a visit as soon as possible.
- B. Wait and see if the toothache goes away on its own.
- C. Take your child to a hospital ER to be seen.

2. You took your child to a hospital ER for a toothache. What should you do next?

- A. Wait and see if the problem goes away.
- B. Call your child's Main Dentist and set up a follow-up visit.
- C. Plan on taking your child back to the hospital ER for additional care.

3. Your child has a toothache, but you don't have a Main Dentist. What should you do?

- A. Go to DentaQuest.com and log into the secure member Website to find a dentist online.
- B. Call DentaQuest member call center at 1-800-508-6775 and ask for help finding a dentist.
- C. A or B.

4. When should you call your dentist for an immediate visit?

- A. Your child has a broken tooth or a tooth that has been knocked out.
- B. Your child has pain from a cavity or lost filling.
- C. Both A and B.

5. When should you take your child to a hospital ER for oral care?

- A. Your child has a serious mouth injury or infection making it difficult to breathe or swallow.
- B. Your child may have a fractured or dislocated jaw.
- C. Both A and B.

The ER is not always the best option for mouth pain. You could be waiting for hours to be seen by a medical doctor—OR—you could go to a dentist who is an expert at treating mouth pain.

Going to see your Main Dentist at least twice a year has many perks:

- You will get to know them, and they will get to know you.
- You will avoid emergencies because you will have regular care.
- You will avoid the hassle that often comes with an ER visit.

Mail the completed quiz to:

**DentaQuest
P.O. Box 92765
Austin, TX 78709**

If you have questions about any of your rewards, please call DentaQuest toll free 1-800-508-6775, TDD/TTY 711.

Answer Key:

1. A; 2. B; 3. C; 4. C; 5. C

TERMS AND DEFINITIONS

Appeal - A request for your managed care organization to review a denial or a grievance again.

Complaint - A grievance that you communicate to your health insurer or plan.

Copayment - A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Durable Medical Equipment (DME) - Equipment and supplies ordered by a health care provider for everyday or extended use. Coverage for DME may include: oxygen equipment, wheelchairs, crutches, or blood testing strips for diabetics.

Emergency Medical Condition - An illness, injury, symptom, or condition so serious that a reasonable person would seek care right away to avoid harm.

Emergency Medical Transportation - Ground or air ambulance services for an emergency medical condition.

Emergency Room Care - Emergency services you get in an emergency room.

Emergency Services - Evaluation of an emergency medical condition and treatment to keep the condition from getting worse.

Excluded Services - Health care services that your health insurance or plan doesn't pay for or cover.

Grievance - A complaint to your health insurer or plan.

Habilitation Services and Devices - Health care services such as physical or occupational therapy that help a person keep, learn, or improve skills and functioning for daily living.

Health Insurance - A contract that requires your health insurer to pay your covered health care costs in exchange for a premium.

Home Health Care - Health care services a person receives in a home.

Hospice Services - Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

Hospitalization - Care in a hospital that requires admission as an inpatient and usually requires an overnight stay.

Hospital Outpatient Care - Care in a hospital that usually doesn't require an overnight stay.

Medically Necessary - Health care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

Network - The facilities, providers, and suppliers your health insurer or plan has contracted with to provide health care services.

Non-participating Provider - A provider who doesn't have a contract with your health insurer or plan to provide covered services to you. It may be more difficult to obtain authorization from your health insurer or plan to obtain services from a non-participating provider, instead of a participating provider. In limited cases such as there are no other providers, your health insurer can contract to pay a non-participating provider.

Participating Provider - A Provider who has a contract with your health insurer or plan to provide covered services to you.

Physician Services - Health care services a licensed medical physician (M.D. - Medical Doctor or D.O. - Doctor of Osteopathic Medicine) provides or coordinates.

Plan - A benefit, like CHIP, to pay for your health care services.

Pre-authorization - A decision by your health insurer or plan before you receive it that a health care service, treatment plan, prescription drug, or durable medical equipment is medically necessary. Sometimes called prior authorization, prior approval, or pre-certification. Pre-authorization isn't a promise your health insurance or plan will cover the cost.

Premium - The amount that must be paid for your health insurance or plan.

Prescription Drug Coverage - Health insurance or plan that helps pay for prescription drugs and medications.

Prescription Drugs - Drugs and medications that by law require a prescription.

Primary Care Physician - A physician (M.D. - Medical Doctor or D.O. - Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health care services for a patient.

Primary Care Provider - A physician (M.D. - Medical Doctor or D.O. - Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist, or physician assistant, as allowed under state law, who provides, coordinates, or helps a patient access a range of health care services.

Provider - A physician (M.D. - Medical Doctor or D.O. - Doctor of Osteopathic Medicine), health care professional, or health care facility licensed, certified, or accredited as required by state law.

Rehabilitation Services and Devices - Health care services such as physical or occupational therapy that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled.

Skilled Nursing Care - Services from licensed nurses in your own home or in a nursing home.

Specialist - A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions.

Urgent Care - Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.

NONDISCRIMINATION NOTICE

DentaQuest complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, religion, age, disability, sex, gender identity or sexual orientation. DentaQuest does not exclude people or treat them differently because of race, color, national origin, religion, age, disability, sex, gender identity or sexual orientation.

DentaQuest:

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

If you need these services, please call customer service at 1-800-508-6775 (TTY: 711).

If you believe that DentaQuest 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 with:

Civil Rights Coordinator	Fax: 617-886-1390
Compliance Department	Phone: 617-886-1683
96 Worcester Street	Email: FairTreatment@greatdentalplans.com
Wellesley Hills, MA 02481	TTY: 711

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator 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. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can file a complaint 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:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

AFFIRMATIVE STATEMENT ABOUT INCENTIVES

Health care professionals involved in the UM decision-making process base their decisions on the appropriateness of care and services and the existence of coverage. DentaQuest does not specifically reward practitioners or other individuals for issuing denials of coverage or care and does not provide financial incentives or other types of compensation to encourage decisions that result in under-utilization or barriers to care.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-508-6775 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-508-6775 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-508-6775 (TTY: 711)。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-508-6775 (TTY: 711) 번으로 전화해 주십시오.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 711-1 (رقم هاتف الصم والبكم: 1-800-508-6775).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں (TTY: 711) 1-800-508-6775

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-508-6775 (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-508-6775 (ATS : 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-508-6775 (TTY: 711) पर कॉल करें।

وجه: اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-508-6775 (TTY: 711) تماس بگیرید.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-508-6775 (TTY: 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-508-6775 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-507-6775 (телетайп: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-508-6775 (TTY:711) まで、お電話にてご連絡ください。

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-508-6775 (TTY: 711).



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