



# Delta Dental Smiles

## Member Handbook

*Delta Dental of Arkansas*

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## 1.0 Welcome to Delta Dental of Arkansas!

We are proud to serve you. Our goal is to give you access to quality dental care. Delta Dental Smiles will help to keep your teeth healthy.

Delta Dental of Arkansas' role is to:

- Give you access to care through a Primary Care Dentist
- Help you understand your benefits

We are here to help if you need us!

Toll-Free Number	1-866-864-2499
Relay Arkansas*	711
Days/Hours (Excluding Holidays)	Monday to Friday, 7 a.m. – 7 p.m.
Website	DeltaDentalSmiles.com
Mail	Delta Dental of Arkansas P.O. Box 6247 Sherwood, Arkansas 72124

*\*For hearing impaired services, please use the Relay Arkansas number. You will need to tell them our toll-free number.*

### 1.1 Eligibility

Eligibility is determined by the Arkansas Department of Human Services (DHS). For more information, see the DHS Medicaid Handbook.

### 1.2 If You Need Us

Please contact us if you have any questions about Delta Dental Smiles, such as:

- How do I find a dentist?
- How do I make a dentist appointment?

### 1.3 Using this Handbook

With this handbook, you will learn about:

- Delta Dental Smiles benefits
- How to use your benefits
- Your rights and responsibilities

This handbook will also help answer your questions.

This handbook can't tell you everything.

- Laws and rules change. Some things might have changed since this book was printed.
- This handbook is not a legal document. It's a guide, not a contract.
- Call us at **1-866-864-2499** if you have questions.

There are some words used in this handbook you should understand:

- **You, Your, or Member.** A person enrolled in Delta Dental Smiles.
- **We, Us, or Our.** Delta Dental of Arkansas.

- **Primary Care Dentist.** The dentist you pick for your dental care needs. See section 3.0 for more information.
- **Network Dentist.** A dentist who has agreed to provide services to our members.
- **Network.** All the dentists who have agreed to provide services to our members.
- **Non-participating Dentist** or **Out-of-Network Dentist.** A dentist who has not agreed to provide services to our members.
- **Medically Necessary.** A product or service that prevents, diagnoses, or treats an illness, injury, or condition. A dentist must provide the service by accepted standards of dental practice.
- **Practice Guidelines** – Available to enrollee upon request free of charge.

## 1.4 When There Are Changes

Sometimes we need to update this handbook. If we do, we will let you know in writing 30 days before the changes happen.

## 2.0 Dental Care

### 2.1 When Should You See a Dentist?

- See your dentist at least once a year to get your teeth cleaned.
- Make your next dental appointment before leaving the office.
- Brush your teeth twice a day (after breakfast and before bed). Use toothpaste that has fluoride. **Fluoride** is a natural chemical that helps teeth stay strong.
- Don't share toothbrushes! Keep them in the open air with the bristles up so they get dry between uses.
- You don't need to rinse your mouth after brushing! The leftover toothpaste helps stop cavities.
- Floss once a day (before bed). Flossing gets out food from between your teeth that toothbrushing missed.

### 2.2 If You Are Pregnant

Pregnant women need to see the dentist as part of their prenatal care. Infection in your mouth, especially gum disease, can affect your baby. Some studies show that gum disease may be the cause of more than 15% of preterm births. Preterm birth can cause low birth weight, problems with learning, and a higher risk of cerebral palsy.

Keeping babies healthy is why we support extra teeth cleanings for pregnant women. Call our Customer Service Department and tell us if you are pregnant. Your Delta Dental Smiles plan offers an extra cleaning FOR FREE.

### 2.3 If You Have Heart Disease

Teeth cleanings can lower the risk of heart attack and stroke. Studies show infection in the mouth may be linked to heart issues. Cleaning the teeth gets rid of the bacteria in the mouth that can lead to infection. This prevents mouth infections from spreading to other parts of the body. Tell your dentist if you have heart disease.

## 2.4 If You Have Diabetes

People with diabetes are more likely to get gum disease. A diabetic person may have less saliva (spit), which causes a dry mouth. Saliva protects teeth, so people with a dry mouth often get more cavities. Gums can become swollen and bleed, which can cause mouth infections.

Gum disease and infections can cause blood sugar to rise. This makes it harder to control blood sugar. Regular dental visits can help control blood sugar. This can also slow down the worsening of diabetes. Let your dentist know you have diabetes.

## 2.5 If You Have Periodontal Disease

**Periodontal disease** is another way of saying gum disease. It requires special dental care. Skipping dental care lets **plaque** (a sticky substance made of germs on teeth) build up and get below the gum line. A toothbrush can't reach below the gum line. Gums become swollen, may bleed, and can lead to other problems in your mouth and body. Talk to your dentist about periodontal disease regularly once you know you have it.

Your Delta Dental Smiles plan offers an extra cleaning for people diagnosed and treated for gum disease.

## 3.0 Primary Care Dentist (PCD)

### 3.1 What is a PCD?

**A Primary Care Dentist (PCD).** A dentist who will be your regular dentist.

It's important to have a dentist you regularly see. Your PCD will help you stay healthy and keep track of your dental needs. If you have special needs outside of regular dental care, your PCD can help arrange for care.

### 3.2 Choosing a PCD

When you sign up with Delta Dental, you have 30 days to select your PCD. If you don't choose one, Delta Dental will choose one for you.

To find a Delta Dental Smiles Network dentist, visit [www.deltadentalsmiles.com](http://www.deltadentalsmiles.com). The search will help you find a dentist near you. It can also tell you things about each dentist, like their office hours or languages spoken in their office.

Call us for help finding a dentist or with questions, toll-free at **1-866-864-2499**.

### 3.3 Using a Dentist Who Is Not Your PCD

We hope you will always try to use your PCD when getting dental treatment. But you can have dental treatment from any Delta Dental Smiles Network dentist.

### 3.4 Changing Your PCD

You can change your PCD at any time. Call us at **1-866-864-2499** to let us know you want to change. We can help you find a new PCD.

### 3.5 Choosing an Out-of-Network Dentist

If you choose to see a dentist that is not part of the Delta Dental Smiles Network, you may have to pay for any services provided by this dentist.

If you think you may need to see a dentist that is not part of the Delta Dental Smiles Network, contact us first. We may be able to help you decide if a Network dentist can provide the services.

### 3.6 What if My PCD Leaves the Network?

If the dentist you see leaves the Delta Dental Smiles Network, we will let you know. We will also send you information on how to find a new dentist.

### 3.7 Scheduling an Appointment

After you pick a PCD:

- Make sure the dentist is a part of the Network.
- Call your PCD to make an appointment.
- Call us for help making an appointment.
- Let the office know you have Delta Dental Smiles.
- Take your Delta Dental ID card to the appointment.

### 3.8 What if I Need to Cancel My Dental Visit?

If you can't keep your appointment, call the dental office to cancel it. When possible, please try to cancel the appointment at least 48 hours before the appointment. Try to reschedule your visit for another day.

### 3.9 What if I Miss an Appointment?

A missed dental appointment causes issues for both you and the dentist. You will have delays in improving your dental health.

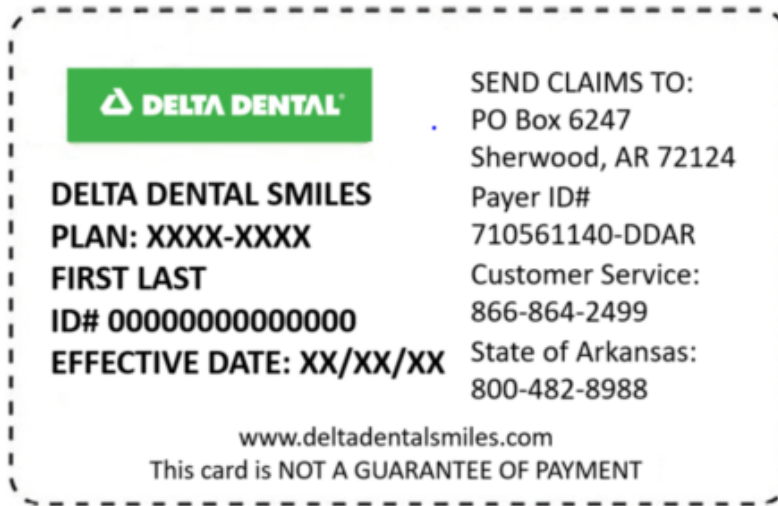
The dentist holds appointment times just for you. Please value your dentist's time!

Many offices have missed appointment policies. Ask about your PCD's policy. Your PCD may decide to not see you if you miss appointments without calling.

## 4.0 ID Cards

We mail each new Delta Dental Member an ID card. The card will look like this:





The ID card is for dental services only.

This card has essential information about your dental benefits. Please present this card to your dentist every time you visit their office.

Only you can use your ID card. If someone else uses the ID card, that person will have to pay for the services they receive. Letting someone use your ID card is fraud and can be punishable by law.

#### 4.1 How to Replace a Lost ID Card

If you lose the ID card and need to get a new card you can:

- Call us toll-free at **1-866-864-2499** as soon as you know your card is missing.
- Print one on the Member Portal at [www.deltadentalsmiles.com](http://www.deltadentalsmiles.com).

## 5.0 Non-Emergency Transportation

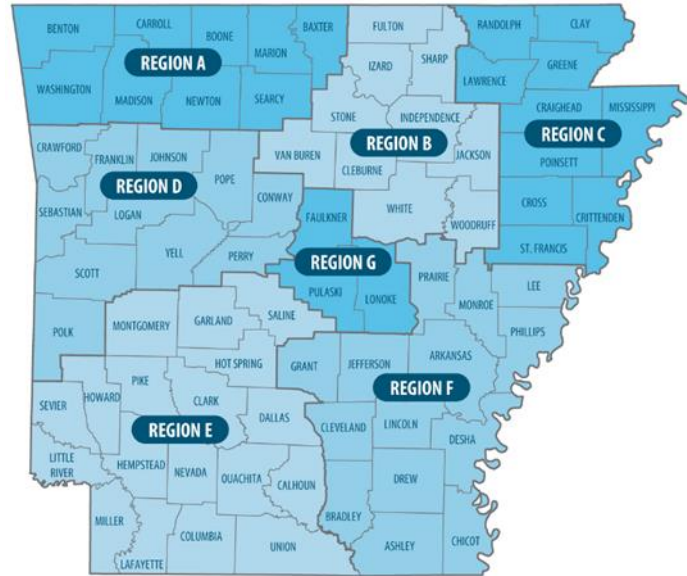
### 5.1 Need a Ride to Your Dental Visit?

You can call between 8 a.m. - 5 p.m., Monday through Friday (except on holidays) to schedule a ride to your dentist and back home. Each region of the state has a different transportation broker.

To schedule a ride, at no cost, you must call at least 48 hours before your appointment. Weekends and holidays don't count.

Examples:

- For Monday, call by Thursday
- For Tuesday, call by Friday
- For Wednesday, call by Monday
- For Thursday, call by Tuesday
- For Friday, call by Wednesday



Region	Transportation Broker	Telephone
Region A	Verida	1-888-833-4136
Region B	Verida	1-888-833-4128
Region C	Verida	1-888-833-4130
Region D	Verida	1-888-822-6155
Region E	Central Arkansas Development Council	1-800-385-9992
Region F	Area Agency on Aging of Southeast Arkansas	1-844-683-2300
Region G	Verida	1-888-833-4135

Always call your transportation broker first. If there is a problem, call the Medicaid Non-Emergency Transportation Help Line at 1-888-987-1200, option 1.

This is just a summary of NET benefits and services. Read your Arkansas Medicaid Member Handbook from the Department of Human Services for more information about transportation benefits and services.

## 6.0 Billing Information

### 6.1 How Much Do I Pay?

Delta Dental pays for covered services. You pay nothing for your covered dental services if you see a Delta Dental Smiles Network dentist. There may be times when you agree to services that Delta Dental Smiles does not cover. You will have to pay for those services. Ask your dentist what services you may have to pay for.

Delta Dental may pay the dentist less than the amount charged for a covered service. In that case, your dentist cannot ask you to pay the rest of the bill.

If you don't use a dentist or clinic that is part of the Delta Dental Smiles Network, you may have to pay the bill.

If you don't have Delta Dental Smiles when you receive services, you will be responsible for paying for those services.

## 6.2 How to File a Claim

A dentist who is part of the Delta Dental Smiles Network should file your claim for you. However, if you need to file a claim, call us toll-free at 1-866-864- 2499.

## 6.3 What if I Get a Bill?

Your Delta Dental Smiles dentist should only bill you for non-covered services that you agreed to pay for while in the office. If you receive a bill and don't know why, call us for help, toll-free at **1-866-864-2499**.

## 6.4 Is There a Maximum Amount Delta Dental Will Pay Each Year?

Yes. Delta Dental will pay for up to \$500 in dental services per year.

## 6.5 What if I Have Other Dental Insurance?

If you have other dental insurance, that insurance will pay before we pay. We won't pay co-payments for other insurance. Your dentist must bill your other insurance before billing us. Tell your dentist that you have other insurance. We may not pay anything after your other insurance pays.

## 6.6 Other Times We May Not Pay for Services

If you have an accident, we may not pay until other insurance pays or denies payment. If you get money from a lawsuit because of the accident, use that money to pay for your dental bills. If the money you receive runs out and you still have dental bills to pay, contact us to see if we will pay these bills. If you are hurt on the job, we won't pay until workers' compensation pays or denies payment.

## 7.0 Dental Emergency

### 7.1 What is an Emergency Dental Condition?

Examples of emergency dental conditions are:

- Severe pain
- Infection
- An injury where your health could be in danger
- Severe bleeding
- Uncommon swelling

### 7.2 What to Do in a Dental Emergency

In case of an emergency, do one of the following:

- Call 911 if you think your life is in danger. You don't need approval from us to receive emergency dental services. You have the right to use any dentist in an emergency.
- During normal business hours, call your Primary Care Dentist first.
- If they are unable to help, call Delta Dental at **1-866-864-2499**.
  - We will help find a dentist near you and get an appointment set up.
  - You should get an appointment within 24 hours.
- After normal business hours, call your dentist's after-hours line, if available.
- If the dentist's office does not have an after-hours line, call Delta Dental at **1-866-864-2499** to speak to a healthcare professional.
- Go to the emergency room closest to you, if needed.

### 7.3 What if I'm Out of Arkansas and Have a Dental Emergency?

If your life is in danger, call 911.

If you need emergency dental services while traveling, call us toll-free at **1-866-864-2499** between 7 a.m. - 7 p.m. We will help you find a dentist in the area you are visiting.

After 7 p.m., a healthcare professional will be available to speak with you about the dental emergency. Call us toll-free at **1-866-864-2499**.

## 8.0 Covered Services

For us to pay for a product or service, it must be:

- A medically necessary dental service
- Done by a Delta Dental Smiles Network dentist
- Covered under the Arkansas Medicaid dental program, including any limits

We know it can be hard to understand dental language. Feel free to talk to your dentist about any benefits you don't understand. You can also call us toll-free at **1-866-864-2499** for help.

### 8.1 Covered Services for Adults

Regular dental care helps keep your teeth healthy. Covered dental services are available at no cost if you:

- See a Delta Dental Smiles Network dentist, or
- Have made plans to in advance with us to see an out-of-network provider, and
- Have not used your \$500 annual maximum.

If you agree with your dentist for services Delta Dental Smiles does not cover or are over your \$500 annual limit, you will have to pay for those services.

### 8.2 Covered Dental Services:

<p>Oral Exams</p> <ul style="list-style-type: none"> <li>• Regular exam           <ul style="list-style-type: none"> <li>○ No more than 1 per calendar year</li> </ul> </li> <li>• Limited exam (problem-focused)</li> </ul>	<p>Preventive Services</p> <ul style="list-style-type: none"> <li>• Teeth cleaning           <ul style="list-style-type: none"> <li>○ No more than 1 per calendar year</li> </ul> </li> </ul>
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<ul style="list-style-type: none"> <li>○ No more than 12 per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>○ 1 more cleaning during pregnancy or 3 months after delivery of the baby</li> <li>● Fluoride (put on teeth) <ul style="list-style-type: none"> <li>○ No more than 1 per calendar year</li> </ul> </li> </ul>
<p><b>X-Rays</b></p> <ul style="list-style-type: none"> <li>● Bitewings <ul style="list-style-type: none"> <li>○ No more than 1 in a calendar year</li> </ul> </li> <li>● Full-mouth X-ray <ul style="list-style-type: none"> <li>○ No more than 1 every 5 years</li> </ul> </li> </ul>	<p><b>Restorations</b></p> <ul style="list-style-type: none"> <li>● Silver filling <ul style="list-style-type: none"> <li>○ No more than 1 every 2 years per tooth surface</li> </ul> </li> <li>● Tooth-colored filling on front teeth <ul style="list-style-type: none"> <li>○ No more than 1 every 2 years per tooth surface</li> </ul> </li> <li>● Stainless steel crown (permanent) <ul style="list-style-type: none"> <li>○ No more than 1 every 5 years per adult tooth</li> </ul> </li> </ul>
<p><b>Surgery</b></p> <ul style="list-style-type: none"> <li>● Removing teeth <ul style="list-style-type: none"> <li>○ Does not apply to the \$500 yearly benefit</li> </ul> </li> <li>● Biopsies</li> <li>● Treating abscesses</li> <li>● Removal of bony protrusion on the roof of the mouth <ul style="list-style-type: none"> <li>○ No more than 1 per lifetime</li> </ul> </li> <li>● Removal of bony growth in the jaw along the surface near the tongue <ul style="list-style-type: none"> <li>○ No more than 1 per lifetime</li> </ul> </li> </ul>	<p><b>Other Services</b></p> <ul style="list-style-type: none"> <li>● Dentures, partials <ul style="list-style-type: none"> <li>○ Does not apply to the \$500 yearly benefit</li> </ul> </li> <li>● Gum maintenance <ul style="list-style-type: none"> <li>○ 1 per calendar year with prior history of gum therapy such as root planing and scaling</li> <li>○ 1 more cleaning per calendar year with prior history of gum therapy such as root planing and scaling</li> </ul> </li> </ul>
<p><b>Emergency Services</b> Use emergency dental services to stop severe pain or get rid of infections.</p> <ul style="list-style-type: none"> <li>● Problem-focused Exams</li> <li>● Tooth removal/oral surgery</li> <li>● Biopsy</li> <li>● Surgical incision and drainage</li> <li>● Treatment to improve quality of life</li> <li>● X-rays of the entire tooth or mouth</li> <li>● Office visit after regularly scheduled hours</li> </ul>	<p><b>Basic Function Services</b> The following services help you keep basic functions, such as talking or eating. Talk to your dentist to make sure your plan covers these services before you have any work done.</p> <ul style="list-style-type: none"> <li>● Fixing large cavities</li> <li>● Scaling and root planing <ul style="list-style-type: none"> <li>○ No more than 1 time per quadrant every 24 months</li> </ul> </li> <li>● Stainless steel crowns</li> <li>● Removing teeth/reshaping jawbone</li> <li>● Denture adjustments <ul style="list-style-type: none"> <li>○ No more than 3 per lifetime</li> </ul> </li> <li>● Denture repairs and relines <ul style="list-style-type: none"> <li>○ No more than 1 every 3 years</li> </ul> </li> <li>● Complete dentures <ul style="list-style-type: none"> <li>○ No more than 1 per lifetime</li> </ul> </li> </ul>

### 8.3 Lifetime Benefits

Some benefits are only covered one time in your life. For example, dentures. If Medicaid has already paid for you to have one of these services, you may not be able to have the service under our plan. Call us with your questions about these services.

### 8.4 Prior Authorizations (Approval)

Certain services or benefits require Delta Dental's approval ahead of time. Your dentist handles getting approval from us.

If Delta Dental does not approve the services, you and your dentist will receive written notices. You don't have to pay for services you did not need and did not choose to receive. If you choose to have a service you don't need, you will have to pay for it.

You may appeal Delta Dental's decision to not pay for a service by following the Grievance and Appeals Process section of this handbook.

Section 8.5 shows some of the services that require prior authorization. Please note: This is not a complete list. Other services may require prior authorization. If you have questions about whether a service needs approval before your dentist does it, please call us at **1-866-864-2499**.

### 8.5 Services that Need Prior Authorization

- Diagnostic casts
- Immediate denture, not subject to \$500.00 cap per calendar year
- Removal of impacted tooth completely bony w/complications, not subject to \$500.00 cap per calendar year

## 9.0 Services Not Covered

The list below shows some of the services that are never covered by Delta Dental Smiles unless medically necessary. You can agree with your dentist in writing to have these services done. If you choose to receive these services, you must pay the dentist.

Please note: This is not a complete list. There may be other services we don't cover. If you have questions about whether your plan covers a service, call us at **1-866-864-2499**.

### 9.1 Services That Are NOT Covered

- Cosmetic Procedures
- Gold Foils and Inlays
- Braces
- Provisional Services
- Space Maintainers
- Splinting
- Teeth Whitening
- Experimental Services

## 10.0 Member Rights and Responsibilities

Getting your dental services is a private matter. We respect your right to privacy. You have the rights and duties listed below.

### 10.1 Member Rights

As part of being with Delta Dental Smiles, you have these rights:

1. You have the right to be treated with respect, dignity, and privacy.
2. You have the right to receive care no matter how you identify your race, color, nationality, disability, sex, religion, or age.
3. You have the right to get correct, easy-to-understand information to help you make healthy choices.
4. You have the right to file a complaint or grievance about us, a dentist, or the care you receive. This includes any abuse, neglect, or exploitation. For complaints, please call **1-800-482-8988**, or refer to the contact information in Appendix A.
5. You have the right to file an appeal about an action or decision we make.
6. You have the right to know:
  - a. Why Delta Dental decides to cover or not cover a service.
  - b. Why Delta Dental decides if a service is medically necessary.
  - c. Who in Delta Dental's office decides these things.
7. You have the right to know the names of Delta Dental Smiles Network dentists.
8. You have the right to pick from a list of dentists to get the right kind of care for you.
9. You have the right to take part in all your dental care decisions. This may include refusing treatment.
10. You have the right to get a second opinion, at no cost, from another Delta Dental Smiles Network dentist about what kind of treatment you need.
  - a. To request a second opinion, please call us at **1-866-864-2499**.
  - b. You must request your second opinion within 90 days of your original treatment plan.
11. You have the right to fair treatment from us, Delta Dental Smiles Network dentists, and other dentists.
12. You have the right to:
  - a. Talk to a dentist in private.
  - b. Have dental records kept private.
  - c. Request a copy of dental records.
  - d. Ask for changes to those records.
13. You have the right to know dentists who can inform you about:
  - a. Health status.
  - b. Dental care.
  - c. Treatment.
14. You have the right to know you are not responsible for paying for covered services. Delta Dental Smiles Network dentists can't require you to pay for your covered services.
15. You have the right to receive all information, including, but not limited to, informational materials, instructional materials, available treatment options, and alternatives in a manner and format that you can easily understand. Please contact us toll-free at **1-866-864-2499**.
16. You have the right to get a spoken translation at no cost for all non-English languages, not just those identified as prevalent.
17. You have the right to recommend changes in policies and services under Delta Dental Smiles. Write us or call toll-free at **1-866-864-2499**.

18. You have the right to get detailed information about emergency and after-hours coverage. This includes, but is not limited to, information about:
  - a. What counts as an emergency medical condition, emergency services, and services after you are stabilized.
  - b. Emergency services don't require prior approval.
  - c. The process and procedures for obtaining emergency services.
  - d. The locations of any providers and hospitals who provide emergency services and services after you are stabilized covered under the contract.
  - e. Your right to use any hospital or other setting for emergency care and services after you are stabilized care services.
19. You have the right to request and receive a copy of your medical records and to ask that they be amended or corrected. You get one free of charge.
20. You have the right to have your privacy protected following the privacy requirements in federal law to the extent that they apply.
21. You have the right to exercise these rights without changing the way Delta Dental, providers, or DHS treats you.
22. You have the right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation as specified in the federal regulations on the use of restraints and seclusion.
23. You have the right to make recommendations about these rights and responsibilities.
24. You have the right to obtain services from an out-of-network provider at no cost only if there is not a Delta Dental Smiles Network provider that can offer services.

## 10.2 Member Responsibilities

There are things you need to do as a Delta Dental Smiles Member. Doing these things helps you get the most out of your dental benefits. It also helps us work with you better. These responsibilities are:

1. You should try to follow healthy habits.
2. You should work with your dentist to pick a treatment that you agree on.
3. If you disagree with Delta Dental, you should try first to resolve it using Delta Dental's Grievance Process (described in this handbook).
4. You should learn what Delta Dental Smiles does and does not cover.
5. You should read this Handbook to understand how the rules work.
6. If you make an appointment, you should try to get to the dentist's office on time. If you can't keep the appointment, call and cancel it.
7. You should be active in decisions about your health care.
8. You should present your Delta Dental ID card when receiving dental care.
9. You should report any fraud or wrongdoing to Delta Dental or the proper authorities. This may be about Delta Dental or other dental or medical plans. See the Fraud, Waste, Abuse, and Overpayments section of this Handbook to see how to report this.
10. You should understand your health problems and take part in developing treatment goals that you and your dentist agree on.
11. You should inform DHS of any change of address or any changes to enrollment that could affect your eligibility.

## 10.3 Use Your Benefits Wisely

1. Don't get services you don't need.
2. Follow your dentist's advice. This will help with your dental and overall health.



3. Don't try to get prescription drugs you don't need. This is tracked and Medicaid can restrict you to one drug store.

## 11.0 Grievance and Appeal

### 11.1 How to File a Grievance or Ask for an Appeal

You can tell us if you are not happy with:

- Any part of Delta Dental Smiles
- Delta Dental of Arkansas
- A dentist
- The services you received

You will get an answer if you file an appeal or grievance.

### 11.2 What is a Grievance?

A **grievance** is a complaint about:

- Delta Dental Smiles
- Delta Dental of Arkansas
- A dentist
- Services you received

### 11.3 How Do I File a Grievance?

You can file a grievance by doing one of the following:

- Call toll-free at **1-866-864-2499**, Monday – Friday, 8:00 am – 4:30 pm
- Send a fax to 833-866-4650, Monday – Friday, 8:00 am – 4:30 pm
- Write us at:  
Delta Dental  
Attn: Appeals and Grievances  
P.O. Box 6247  
Sherwood, AR 72124

We can help you complete any forms and answer your questions about filing a grievance.

### 11.4 Processes and Timeframes

We will let you know we received your grievance. We will provide you with a timeline for resolving the grievance.

The following people can file a grievance:

- The Member, or their parent(s)/legal guardian(s) if the Member is not legally competent
- A direct service provider, whether in-network or not
- An authorized representative on behalf of either of the above

We will resolve each grievance as fast as the Member's health condition requires. Grievances are not to take longer than 90 calendar days from the date that we receive the grievance, whether orally or in writing.

We may extend the timeframe by up to 14 days if:

- You or someone speaking for you requests the extension
- We think there is a need for more information, or a delay may be in your best interest

If we extend the timeframe, we will:

- Give you notice of the delay
- Give you notice that you may file a grievance about the decision to delay
- Resolve the grievance as fast as possible and no later than the date the extension expires

Delta Dental will respond to a grievance in writing within the timeframes described above.

A State Fair Hearing is not available for a grievance.

### 11.5 What is an Appeal?

An **appeal** is a request for a review of an action by Delta Dental. An appeal can be for any of the following:

- Denial of services or where we only approved part of a service
- Limiting or stopping services that Delta Dental had approved
- Denial of all/part of a payment for a service
- Not providing services fast enough
- Not acting within time limits for appeals and grievances

### 11.6 How Do I File an Appeal?

You can appeal by calling or writing to us within 60 calendar days after Delta Dental mails the denial, reduction, or failure to pay notice.

- You must follow up a call with a written appeal. The written appeal should include any evidence you want Delta Dental to review, such as medical records, dentists' letters, or other information. Call your dentist if you need this information.
- Expedited appeals received over the phone don't need to be followed up with a written appeal.

File an appeal by:

- Calling toll-free at **1-866-864-2499**, Monday – Friday, 8:00 am – 4:30 pm
- Sending a fax to 833-866-4650, Monday – Friday, 8:00 am – 4:30 pm
- Writing us at:  
Delta Dental  
Attn: Appeals and Grievances  
P.O. Box 6247  
Sherwood, AR 72124

We can help you complete any forms and answer your questions about filing an appeal.

### 11.7 Processes and Timeframes

Appeals can be filed by a Member or other authorized representative of the member. Authorized representatives may include:

- Representative of the member's estate if the Member is deceased
- A provider

- Another authorized representative to whom the Member has given written consent

Appeals are for when a member disagrees with an Adverse Benefit Determination made by us. An Adverse Benefit Determination is any denial, reduction, or termination of the benefit for which you filed a claim, or a failure to make payment of that benefit.

We will let you know we got your appeal, and we will give you the following information:

- When you can present testimony and make legal and factual arguments.
- Your right to request records from Delta Dental's file relating to your appeal. This may include dental records and other evidence used by Delta Dental or its representatives.
- The timeline we will follow until we send the final decision.

You have the right to get information in a format that is easy for you to understand. We provide:

- Informational materials
- Instructional materials
- Available treatment options

There may also be other information we can provide. This information is free. Please contact us toll-free at **1-866-864-2499**.

We will send written notice of significant changes to the appeal process to all Members and Network Providers at least thirty (30) calendar days before implementation.

### Timing

We will resolve each appeal as fast as the Member's health condition requires, not to exceed the outlined calendar days below. These dates are from the date that we receive the appeal, whether orally or in writing.

- Standard non-emergency appeals: Within 30 calendar days of receiving your appeal
- Expedited appeals related to ongoing issues involving emergency dental care: Within 24 hours of receiving your appeal or by the close of the next business day, but no later than 72 hours

### Extensions

We may extend these timeframes by up to 14 calendar days if:

- You or someone speaking for you requests an extension, or.
- We think there is a need for more information, or.
- A delay may be in your best interest.

If we extend the timeframe, we will:

- Try to contact the Member by phone to tell them we are extending their appeal.
- Give the Member written notice of the delay within two (2) calendar days of the decision.
- Give written notice that includes the reason for the extension and describe the Member's right to file a grievance if they disagree.
- Resolve the appeal as fast as required by your health condition, and no later than the date the extension expires.

## Opportunity to Request Hearing on Appeal

- If you want to give written or spoken testimony, we will give you a chance before we decide on the appeal.
- You may have an attorney or other representative to stand for you.
- You may also have a legal representative of a deceased Member's estate to represent you.

## Resolution of Appeal

- A decision on an appeal will be in writing. We will use our best efforts to call you to tell you about the results of an expedited appeal.
- We will send written notice of significant changes to the appeal process to all Members and Network Providers at least thirty (30) calendar days before implementation.

You have the right to receive all information, including, but not limited to, informational materials, instructional materials, available treatment options, and alternatives in a manner and format that you can easily understand. Please contact us toll-free at **1-866-864-2499**.

## 11.8 State Fair Hearing

There is another step after appeals if:

- You are not happy with our decision on your appeal, or
- Delta Dental does not follow the notice and/or timing requirements for your appeal

The second step in the appeal process is to ask for an Administrative Hearing known as a State Fair Hearing. This is an external review of our decision by State of Arkansas examiners. You must ask for this within 120 calendar days of the postmark date on the envelope that includes the appeal decision.

To request a hearing write to:

DHS Office of Appeals and Hearings  
P.O. Box 1437, Slot N401  
Little Rock, AR 72203-1437

Phone: 501-682-8622  
Fax: 501-404-4628

You can speak for yourself or have someone else speak for you. This could be:

- A friend
- A relative
- A spokesperson
- A lawyer

Your dentist may ask for a State Fair Hearing for you. You need to give your dentist approval in writing first. You need to sign a form. We will give you a form to sign if you ask us. This form will say that you know your health information may be shared publicly during the State Fair Hearing process.

## 11.9 Continuing Your Benefits

You can call Delta Dental at **1-866-864-2499** or mail a written request to P.O. Box 6247, Sherwood, AR 72124 and ask for your benefits to continue during the Appeal and Fair Hearing processes. All the following must apply:

- Your appeal is about a change in our approval of care already in place
- You filed your initial appeal within the time limits stated above
- The services were ordered by an approved dentist
- The approved time of service has not expired
- You made a request on or before the following dates, whichever date is later:
  - 10 calendar days from the date of our notice to you limiting your benefits, or
  - The intended effective date of the action stated in the notice

If you meet the above conditions, the Member's benefits will be reinstated promptly. The benefits will continue during the appeal until one of the following happens:

- The person appealing withdraws the appeal
- The Member, or their parent/legal guardian if they are not legally competent, withdraws the request for continuation of benefits
- The appeal decision is unfavorable to the Member and the person appealing does not request a Fair Hearing and continuation of benefits within ten (10) calendar days after the resolution of notice is sent

We will pay for the services you asked to be continued if the State Fair Hearing decision is in your favor. If it's not in your favor, you may have to pay for all, or part, of the services used.

## 12.0 Fraud, Waste, Abuse, and Overpayments

### 12.1 Fraud, Waste, Abuse, and Overpayments

We are dedicated to doing business ethically and legally. We want you to prevent and report fraud, waste, and abuse.

If you suspect fraud, you need to report it.

Let us know if you know someone who is doing something wrong. You can report it to Delta Dental of Arkansas at **1-866-864-2499**. You can also report it directly to the state or federal authorities. Those agencies are listed later in this section.

### 12.2 Definitions

- **Abuse.** Overused or unneeded services. Abuse also includes member actions that result in unneeded costs to Delta Dental Smiles.
- **Fraud.** A false action used to get something of value.
- **Waste.** The misuse of services.
- **Overpayments.** Any amount that Delta Dental Smiles does not approve to pay. This may be a result of:
  - Wrong or improper cost reporting
  - Improper claims
  - Unacceptable practices
  - Fraud
  - Abuse
  - Waste
  - A mistake

## 12.3 Examples of Fraud, Waste, Abuse, and Overpayments

- Giving your ID card to someone else to use
- Billing for health care services that are not needed
- Billing twice for the same service
- Using the wrong billing code to get extra payments
- Making false documents by changing:
  - The date of service for a claim
  - Medical records
- Paying or taking a bribe
- Billing for services done by others
- Giving false or misleading information about services
- Lying about the services that are done, such as changing a billing code to get extra payments
- Keeping overpayments or not reporting overpayments
- Giving or ordering services and tests that are not needed
- Submitting claims for services ordered by a dentist that are excluded from federal- and/or state-funded health care programs
- Lying about degrees and licenses

## 12.4 Report of Fraud, Waste, Abuse, and Overpayments

### Report to Delta Dental

You can report directly to Delta Dental of Arkansas. Call us toll-free at **1-866-864-2499**.

### Report to State Agencies

You can report to the Arkansas Department of Human Services at 1-800-482-8988.

### Report to the Federal Government

Contact the U.S. Department of Health and Human Services, Office of the Inspector General. Contact this office by phone, fax, email, or mail.

U.S. Department of Health and Human Services  
Office of Inspector General  
Attn: OIG HOTLINE OPERATIONS  
P.O. Box 23489  
Washington, D.C. 20026

Phone: 1-800-HHS-TIPS (1-800-447-8477)

Fax: 1-800-223-8164

TTY: 1-800-377-4950

Email: [HHSTips@oig.hhs.gov](mailto:HHSTips@oig.hhs.gov)

## 13.0 Your Privacy

Your privacy is important to us. We respect and protect your privacy. Delta Dental uses and shares information to provide you with dental benefits. We want to let you know how we use or share your information.

## 13.1 Your Protected Health Information (PHI)

**Protected health information (PHI)** includes your name, Member ID number, or other identifiers and is used or shared by Delta Dental.

### Why Does Delta Dental Use or Share Your PHI?

- To support your dental treatment
- To pay for your dental care
- To review the quality of the care you get
- To tell you about your choices for care
- To run the Delta Dental Smiles plan
- To use your PHI for other purposes as needed or allowed by law

### When Does Delta Dental Need Your Written Authorization (approval) to Use or Share Your PHI?

We need your written approval to use or share your PHI for purposes not listed above.

### What Privacy Rights Do You Have?

- To look at your PHI
- To get a copy of your PHI To amend your PHI
- To ask us not to use or share your PHI in certain ways
- To get a list of certain people or places to whom we have given your PHI

### How Does Delta Dental Protect Your PHI?

We use many ways to protect PHI across our company. This includes PHI in writing, spoken aloud, or on a computer. Below are some ways we do this.

- Policies and rules to protect PHI
- Limit who may see PHI to staff with a need-to-know PHI may use it
- Our staff is trained on how to protect and secure PHI
- Staff must agree in writing to follow the rules and policies that protect and secure PHI
- We keep PHI private in our computers by using firewalls and passwords

### What Must Delta Dental Do by Law?

- Keep your PHI private
- Give you written information on our duties and privacy practices about your PHI
- Follow the terms of our Notice of Privacy Practices
- Comply with HIPAA, which is a federal law protecting the privacy and security of your PHI

### What Can You Do if You Feel Your Privacy Rights Have Not Been Protected?

- Call or write us to report your suspicions
- Call or write to DHS to report your suspicions

We won't hold anything against you. Your action would not change how we treat you in any way.

The above is only a summary. Our Notice of Privacy Practices has more information about how we use and share PHI. Our Notice of Privacy Practices is on our website at [www.DeltaDentalSmiles.com](http://www.DeltaDentalSmiles.com). You may also get a copy of our Notice of Privacy Practices by calling us at **1-866-864-2499**.





## Appendix

### Appendix A. Helpful Information – Fill In document



### HELPFUL INFORMATION – FILL IN

#### Your Primary Care Dentist (PCD)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Non-Emergency Transportation (if needed)

Region: \_\_\_\_\_

Broker: \_\_\_\_\_

Phone Number: \_\_\_\_\_

*If there is a problem, call the Medicaid Non-Emergency Transportation Help Line at 1-888-987-1200 for FREE.*

#### Delta Dental of Arkansas

Customer Service	<b>1-866-864-2499</b>
Website	DeltaDentalSmiles.com
Mailing Address	P.O. Box 6247 Sherwood, AR 72124

**AFTER  
HOURS**

If the dentist office does not have an after-hours line,  
**call Delta Dental at 1-866-864-2499 to speak to a healthcare professional.**

#### Dental Services- Arkansas Department of Human Services

Customer Service Line	1-800-482-8988
Complaint Hotline	1-888-987-1200
Complaint Hotline, (TDD)	1-800-285-1131
Fraud Hotline	1-855-527-6644
Website	<a href="#">Dental Services - Arkansas Department of Human Services</a>



## Appendix B. Taglines and Non-Discrimination disclosure

This plan follows applicable federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, or sex. This plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

This plan 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, accessible electronic formats)

This plan 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, call 1-866-864-2499 (TTY users call 711).

If you believe that this plan has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, or sex, you can file a grievance with the civil rights coordinator by mail, phone, or fax:

Attn: Civil Rights Coordinator  
P.O. Box 6247  
Little Rock, AR 72124

Phone: 1-866-864-2499 (TTY users call 711)  
Fax: 1-501-992-1864

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, 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, DC 20201

Phone: 1-800-368-1019  
TDD: 1-800-537-7697

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

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-866-864-2499** (TTY: 711).

**LALE:** Ñe kwōj kōnono Kajin Majō I, kwomaroñ bōk jermal in jipañ ilo kajin ñe am ejje ļok wōñāān. Kaalok **1-866-864-2499** (TTY: 711).



Appendix C. Handbook Change History (copy from provider manual)

<b>Section</b>	<b>Revision Summary</b>	<b>Effective Date</b>
Entire manual	Annual Review.	07/01/2023
Section 5	Section 5: Updating the Transportation Broker Information	07/01/2023