



# Delta Dental Smiles for Kids

## Member Handbook

*Delta Dental of Arkansas*







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## 1.0 Welcome to Delta Dental of Arkansas!

We are proud to serve your child. Our goal is to give your child access to quality dental care. Delta Dental Smiles for Kids benefits will help to keep your child's teeth healthy.

Delta Dental of Arkansas' role is to:

- Give you access to care through a Primary Care Dentist
- Help you understand your child's 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 for Kids, such as:

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

### 1.3 Using this Handbook

This handbook explains the following:

- Delta Dental Smiles for Kids benefits
- How to use benefits
- Rights and responsibilities

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

This handbook cannot 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 just a guide, not a contract.
- Call us at **1-866-864-2499** if you have questions.

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

- **Your Child or Member.** A person enrolled in Delta Dental Smiles for Kids.
- **We, Us, or Our.** Delta Dental of Arkansas.
- **Primary Care Dentist.** The dentist you pick for your child's 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 Your Child See A Dentist?

Babies should see a dentist:

At 12 months old. If your child does not have teeth at 12 months, schedule your child's first dentist appointment as soon as their teeth break through.

Children should see a dentist:

Within 90 days of enrollment in Delta Dental Smiles for Kids.

After the first appointment, your child should see the dentist every 6 months (twice a year). Regular dental visits can prevent major problems that cause children to miss school and parents to miss work.

Be sure to schedule the next dental visit before leaving the dentist's office.

### 2.2 What to Expect at the Dentist for Children

(Recommended by the American Association of Pediatric Dentists)

When you take your child to the dentist, here is what you can expect to happen:

**6-12 months:** At your baby's first dentist visit, your baby will sit in your lap and the dentist will:

- Look in your baby's mouth
- Check to make sure teeth are healthy
- Ask you about what your baby eats, bottle/sippy cup use, and family history
- Talk to you about any risks your baby might have for cavities
- Show you how to take care of baby teeth

The dentist might also clean your baby's teeth, apply fluoride, and/or take X-rays of your baby's teeth.

**12-24 months:** The dentist will examine your child's mouth and teeth, clean teeth, and apply fluoride. The dentist will ask questions and let you know about any risks your child has for cavities. The dentist may also take X-rays.

**2+ years:** The dentist will examine your child's mouth and teeth, clean teeth, and apply fluoride. The dentist will ask questions and let you know about any risks your child has for cavities. The dentist may also take X-rays. The dentist will check to see if your child's permanent teeth are coming in straight or crooked. They will also talk to you about sealants. **Sealants** are a clear, plastic coating painted on back teeth to prevent cavities.

## 2.3 Taking Care of Teeth at Home

It's important to see the dentist! But taking care of teeth at home by brushing and flossing is key to keeping teeth healthy.

### Tooth Brushing and Flossing

- It is important to brush teeth twice a day (after breakfast and before bed). Use a soft-bristled toothbrush and toothpaste that has fluoride. **Fluoride** is a natural chemical that helps teeth stay strong.
- Your child doesn't need to rinse after brushing. The toothpaste left in their mouth helps protect teeth against cavities.
- Floss teeth once a day. The best time for flossing is at the bedtime brushing. This will get food out from between their teeth, so it doesn't stay there all night.

Replace toothbrushes every 4 months. If your child has been sick, replace their toothbrush so it isn't passing germs.

Sharing toothbrushes means sharing germs! You can label toothbrushes with a permanent marker to prevent using the wrong one.

Toothbrushes should be kept upright with the bristles on top. Don't cover toothbrushes - they need to dry out.

## 2.4 Babies and Toddlers

### Before Teeth Erupt

Helping your baby have healthy teeth starts at birth. Baby's gums should be wiped twice a day. Use a wet gauze pad or a clean, damp cloth. Gently wipe all the surfaces of your baby's gums.

### After Teeth Erupt

When your baby has teeth, start brushing using a soft infant toothbrush. Use just a smear of fluoride toothpaste (about the size of a grain of rice). Don't worry about your baby not

being able to spit out the toothpaste. The toothpaste left in your baby's mouth helps to protect teeth.

## Protecting Teeth

- Visit the dentist every 6 months (twice a year).
- Children should never be put to bed with juice or milk. This can cause severe tooth decay (rot the teeth). Only water should be given after brushing at bedtime.
- Use soap and water to clean baby bottles, sippy cups, pacifiers, and teething toys. Don't clean them by putting them in your mouth, because they may pass bacteria causing tooth decay to the baby.
- It is natural during teething for children to suck fingers, thumbs, or pacifiers. Sucking can make the permanent teeth come in crooked, so be sure to talk to your dentist about this.
- Drink fluoridated water and use fluoride toothpaste. **Fluoride** is a natural chemical that helps teeth stay strong.
- Eat a well-balanced diet and avoid sugary foods and drinks.

## 2.5 Children age 3 and over

To keep your child's teeth healthy:

- Brush teeth twice a day (after breakfast and before bed). Use a soft-bristled toothbrush and toothpaste that has fluoride.
- Use an amount of toothpaste about the size of a pea. Brush all the teeth on the top and the bottom, and in the front and back of teeth.
- Floss teeth once a day. The best time for flossing is at the bedtime brushing. This will get food out from between their teeth, so it doesn't stay there all night.
- Limit snacking and sippy cups. Have regular mealtimes and regular snack times. All-day snacking and drinking can lead to cavities.

Talk to your child's dentist about ways to protect your child's teeth, including:

- Putting fluoride on teeth.
- Dental sealants. **Sealants** are a clear, plastic coating painted on back teeth to prevent cavities.

Tell your dentist about any habits your child may have (such as thumb-sucking) that could affect their teeth.

## 3.0 Primary Care Dentist (PCD)

### 3.1 What is a Primary Care Dentist?

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

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



### 3.2 Choosing a PCD

Once your child is signed up with Delta Dental, you have 30 days to select your child's PCD. If you do not choose one, Delta Dental will choose one for you.

To find a Delta Dental Smiles for Kids 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, such as their office hours or languages spoken in the 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 Child's PCD

We hope you will always try to use your child's PCD when getting dental treatment. But it is not required to only have dental treatment from your child's PCD. Your child can have dental treatment from any Delta Dental Smiles for Kids Network dentist.

### 3.4 Changing Your PCD

You can change your child's PCD at any time. Call us at **1-866-864-2499** to let us know you want to change your child's PCD. 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 for Kids Network, you may have to pay for services provided by this dentist.

If you think your child may need to see a dentist that is not part of the Delta Dental Smiles for Kids 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 your child's PCD leaves the Delta Dental Smiles for Kids Network, we will let you know. We will also send you information on how to select a new dentist.

### 3.7 Scheduling an Appointment

After you pick a PCD:

- Call your PCD to make an appointment
- Make sure the dentist is a part of the Network
- Make sure they know you have Delta Dental Smiles for Kids
- Call us for help making an appointment
- Be sure to take your child's Delta Dental ID card to the appointment

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

If you cannot keep the appointment, be sure to call the dental office to cancel the appointment. When possible, please try to cancel the appointment at least 48 hours before the appointment. This helps the dentist find someone else for your appointment time. 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. There will be delays in improving your child's dental health.

The dentist holds appointment times just for you. Please value your dental appointments!

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 Smiles for Kids Member an ID card.

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 your child whose name is on the ID card can use it for dental services. If someone else uses the ID card to get services, that person will have to pay for the services. Letting someone use your child's 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 child's card is missing
- Print one on the Member Portal at [www.deltadentalsmiles.com](http://www.deltadentalsmiles.com)

## 5.0 Non-Emergency Transportation

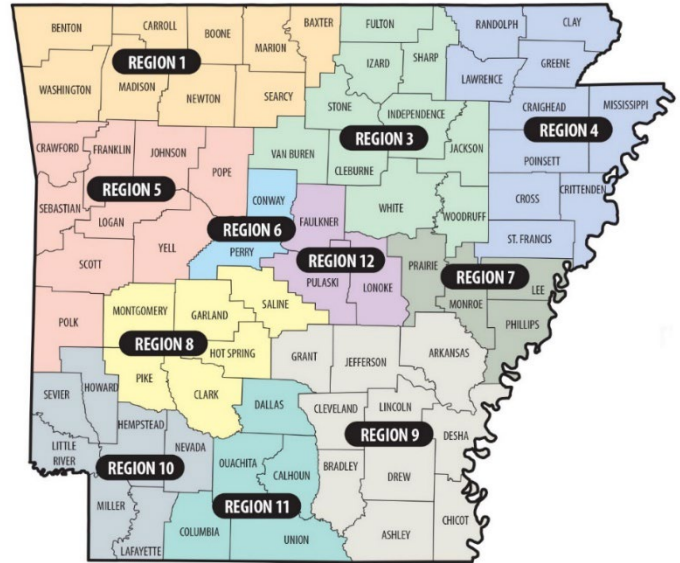
### 5.1 Need a Ride to Your Dentist Visit?

You can call between 8 a.m. - 5 p.m. Monday through Friday (except on holidays) to schedule a ride to your child’s 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	Southeastrans	1-888-833-4136
Region B	Southeastrans	1-888-833-4128
Region C	Southeastrans	1-888-833-4130
Region D	Southeastrans	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	Southeastrans	1-888-833-4135

Always call your transportation broker first. If there is a problem, then 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.

If your child is covered under ARKids First B, you will not have NET benefits.

## 6.0 Billing Information

### 6.1 How much do I pay when my child sees a dentist?

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

If your child has ARKids First B, a co-pay is sometimes required. For questions regarding your copay that your dentist cannot answer, please call us at **1-866-864-2499** for help.

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 for your child that is part of the Delta Dental Smiles for Kids Network, you may have to pay the bill.

If your child doesn't have Delta Dental Smiles for Kids when they 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 for Kids 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 for Kids 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?

No. There is no annual maximum amount under Delta Dental Smiles for Kids.

### 6.5 If You Have Other Dental Insurance

If you have other dental insurance, that insurance will pay before we pay. We will not 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 your child is hurt in 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 child's 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 your child is hurt on the job, we will not 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 child's life is in danger. You don't need approval from us for your child to receive emergency dental services. You have the right to use any dentist in an emergency.
- During normal business hours, call your child's 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 child's 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. and 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 your child's 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 for Kids 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 do not understand. You can also call us toll-free at **1-866-864-2499** for help.

## 8.1 Covered Early Periodic Screening, Diagnosis, and Treatment (EPSDT)

**Early Periodic Screening, Diagnosis, and Treatment (EPSDT).** A program under Medicaid. EPSDT has a goal of preventing childhood illnesses or treating them early.

The EPSDT program helps your child get important health care services. Your child may receive all medically needed dental services covered under the Delta Dental Smiles for Kids plan if clinical criteria for the service are met.

All medically needed EPSDT services such as medical care, vision, hearing, and more that are not covered by Delta Dental Smiles for Kids may be covered by the Medicaid program. Call DHS to find out what other services you are eligible for at 1-800-482-8988.

## 8.2 Covered Services for Children

Regular dental care helps keep children’s teeth healthy. Covered dental services are available at no cost if your child sees a Delta Dental Smiles for Kids Network dentist. If your child is covered by ARKids First B, you may have to pay a co-pay. A **co-pay** is your share of the cost for a dental service.

If you agree with your child’s dentist for services Delta Dental Smiles for Kids does not cover, you will have to pay for those services.

## 8.3 Covered dental services are:

<p>Oral Exams</p> <ul style="list-style-type: none"> <li>• Regular exam (periodic exam)               <ul style="list-style-type: none"> <li>○ No more than 2 per year</li> </ul> </li> <li>• Limited exam (problem-focused)               <ul style="list-style-type: none"> <li>○ No more than 2 per year</li> </ul> </li> </ul>	<p>Preventive Services</p> <ul style="list-style-type: none"> <li>• Risk assessment               <ul style="list-style-type: none"> <li>○ No more than 1 per year</li> </ul> </li> <li>• Teeth cleaning               <ul style="list-style-type: none"> <li>○ No more than 2 per year</li> </ul> </li> <li>• Topical fluoride/fluoride varnish               <ul style="list-style-type: none"> <li>○ No more than 2 per year</li> </ul> </li> <li>• Dental sealants               <ul style="list-style-type: none"> <li>○ 1<sup>st</sup> &amp; 2<sup>nd</sup> Permanent Molars: 1 per tooth</li> </ul> </li> <li>• Silver diamine fluoride               <ul style="list-style-type: none"> <li>○ No more than 2 per year per tooth</li> <li>○ Limited to 4 per lifetime of the tooth</li> </ul> </li> <li>• Gum maintenance               <ul style="list-style-type: none"> <li>○ No more than 1 per year</li> </ul> </li> </ul>
<p>X-Rays</p> <ul style="list-style-type: none"> <li>• Bitewings               <ul style="list-style-type: none"> <li>○ No more than 2 bitewings, 2 times a year</li> </ul> </li> <li>• Full mouth/panoramic X-ray</li> </ul>	<p>Restorations</p> <ul style="list-style-type: none"> <li>• Silver filling               <ul style="list-style-type: none"> <li>○ No more than 1 per tooth, per surface, every 2 years</li> </ul> </li> <li>• Composite resin (tooth-colored filling) on the front teeth</li> </ul>

<ul style="list-style-type: none"> <li>○ No more than 1 every 5 years</li> <li>● X-rays taken inside and outside of the mouth</li> </ul>	<ul style="list-style-type: none"> <li>○ No more than 1 per tooth, per surface, every 2 years</li> <li>● Stainless steel crown - primary <ul style="list-style-type: none"> <li>○ No more than 1 every 2 years</li> </ul> </li> <li>● Stainless steel crown - permanent <ul style="list-style-type: none"> <li>○ No more than 1 every 2 years</li> </ul> </li> </ul>
<p>Surgery</p> <ul style="list-style-type: none"> <li>● Extractions</li> <li>● Tooth re-implantation/stabilization or displaced tooth <ul style="list-style-type: none"> <li>○ No more than 1 per tooth</li> </ul> </li> <li>● Biopsies</li> <li>● Surgical treatment of diseases, injuries, deformities, and defects</li> <li>● Incision and drainage of abscesses</li> </ul>	<p>Other Services</p> <ul style="list-style-type: none"> <li>● Root canals</li> <li>● Dentures, partials</li> <li>● Braces</li> <li>● Space maintainers</li> <li>● Additional gum maintenance</li> <li>● Removable and fixed appliance (thumb sucking and tongue thrusts).</li> </ul>
<p>Emergency Services</p> <p>Emergency dental services are used 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>● Tooth reimplantation/stabilization</li> <li>● Biopsy</li> <li>● Surgical incision and drainage</li> <li>● Anesthesia</li> <li>● Treatment to relieve symptoms</li> <li>● Tooth root/panoramic X-ray</li> <li>● Treat tooth nerve and pulp</li> <li>● Office visit after regularly scheduled hours</li> </ul>	<p>Stabilization Services</p> <p>The following services help your child keep basic functions, such as talking or eating. Talk to your dentist to make sure these services are covered before any work being done.</p> <ul style="list-style-type: none"> <li>● Fillings for large cavities</li> <li>● Re-cement crown</li> <li>● Scaling and root planing</li> <li>● Crowns <ul style="list-style-type: none"> <li>○ Stainless steel for back tooth</li> <li>○ Resin for a front tooth</li> </ul> </li> <li>● Extractions/tuberosity reduction</li> <li>● Complete dentures <ul style="list-style-type: none"> <li>○ No more than 1 per lifetime</li> </ul> </li> <li>● Repairs to dentures or partials</li> <li>● Re-cement bridge</li> </ul>

### 8.4 Lifetime Benefits

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

### 8.5 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.

## 9.0 Services Not Covered

The list below shows some of the services that are never covered by Delta Dental Smiles for Kids unless medically necessary. You can agree with your child's 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
- Implants
- Provisional services
- Splinting
- Teeth whitening
- Experimental services

## 10.0 Member Rights and Responsibilities

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

### 10.1 Member Rights

As part of being with Delta Dental Smiles for Kids, you and your child have these rights:

1. Your child has the right to be treated with respect, dignity, and privacy.
2. Your child has the right to receive care no matter how they identify their 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 a 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 a right to know:



- a. Why Delta Dental decides whether 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 for Kids Network dentists.
8. You have the right to pick from a list of dentists to get the right kind of care for your child.
9. You have the right to take part in all your child's 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 for Kids 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 for Kids 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 a right to know dentists who can inform you about your child's:
  - a. Health status.
  - b. Dental care.
  - c. Treatment.
14. You have a right to know you are not responsible for paying for covered services. Delta Dental Smiles for Kids Network dentists can't require you to pay for your child's 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 a 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 for Kids. Write us or call toll-free at **1-866-864-2499**.
18. You have the right to receive detailed information on emergency and after-hours coverage. This includes, but is not limited to:
  - 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 child's medical records and to request that they be amended or corrected. You get one free of charge.
20. You have a 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. Your child has 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 for Kids Network provider that can offer services.

## 10.2 Member Responsibilities

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

1. You should try to follow healthy habits for you and your child.
2. You should work with your dentist to pick a treatment that you agree on for your child.
3. If you disagree with Delta Dental, you should try first to resolve it using Delta Dental's Grievance process (later in this handbook).
4. You should learn what Delta Dental Smiles for Kids does and does not cover.
5. You should read this Handbook to understand how the rules work.
6. If you make an appointment for your child, you should try to get to the dentist's office on time. If you can't keep the appointment, call to cancel it.
7. You should be active in decisions about your child's health care.
8. You should present your child's 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 child's health problems and participate in developing treatment goals that you and their dentist agree on.
11. You should inform DHS of any change of address or any changes to enrollment that could affect your child's eligibility.

## 10.3 Use Your Benefits Wisely

1. Don't get services for your child they don't need.
2. Follow your dentist's advice for your child. This will help with your child's dental and overall health.
3. Do not try to get prescription drugs you and your child 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 for Kids
- Delta Dental of Arkansas
- A dentist
- The services your child 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 for Kids
- 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 a minor or 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
- Provide 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?

Filing

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 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 provide you with 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 are: 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 a decision on the appeal is made.
- 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.
- If 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 your child or have someone else speak for them. This could be:

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

Your dentist may ask for a State Fair Hearing for your child. 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 child's health information may be shared publicly during the State Fair Hearing process.

## 11.9 Continuing Your Child's 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 child's benefits to continue during the Appeal and Fair Hearing processes. All the following must apply:

- Your appeal has to do with 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 child's 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 a minor or 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 that 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 for Kids.
- **Fraud.** A false action used to get something of value.
- **Waste.** The misuse of services.
- **Overpayments.** Any amount that Delta Dental Smiles for Kids does 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 child's 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. Dentists can be penalized for unpaid overpayments
- Giving or ordering services and tests that are not needed
- Submitting claims for services ordered by a dentist 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@oif.hhs.gov](mailto:HHSTips@oif.hhs.gov)

## 13.0 Your Child's Privacy

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

### 13.1 Your Child's 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 Child's PHI?

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

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

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

#### What Privacy Rights Do You Have?

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

### How Does Delta Dental Protect Your Child's 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 on our computers by using firewalls and passwords

### What Must Delta Dental Do by Law?

- Keep your child's PHI private
- Give you written information on our duties and privacy practices about your child's 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 child's PHI

### What Can You do if You Feel Your Child's Privacy Rights Have Not Been Protected?

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

We will not 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



### HELPFUL INFORMATION - FILL IN

#### Your Child's 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

1-866-864-2499

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

#### 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

Humanservices.arkansas.gov

Arkansas Relay Service

711

## 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 ʘok wōñāān. Kaalok **1-866-864-2499** (TTY: 711).

## Appendix C - Member Handbook Revision History

<b>Section</b>	<b>Revision Summary</b>	<b>Effective Date</b>
	Annual Review. Changed title from Beneficiary to Member Handbook.	08/25/22