

INFORMATIONAL LETTER NO. 2217-FFS-D

DATE: February 25, 2021

TO: All Iowa Medicaid Dentists, Federally Qualified Health Centers (FQHC), Indian Health Services (IHS)

APPLIES TO: Fee-for-Service (FFS), Dental (D)

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

RE: Transition of Children’s Medicaid Dental Benefit to Prepaid Ambulatory Health Plan (PAHP)

EFFECTIVE: July 1, 2021

As announced in [Informational Letter \(IL\) 2189-FFS-D¹](#), the IME is transitioning the administration of children’s Medicaid dental benefits from FFS to a PAHP beginning July 1, 2021. Included in that IL was an initial list of [Frequently Asked Questions²](#) (FAQs) about the upcoming transition.

Since IL 2189-FFS-D was published, the IME has received several follow-up questions from dentists regarding the transition. This IL answers the FAQs the IME has recently received. Future FAQs will be posted on the [Department’s website³](#).

Why did the IME decide to move children to managed care?

The IME believes that all Iowa Medicaid members deserve high quality dental coverage and care. The transition of children to dental managed care will help provide a more effective care management system and efficient administration of services, benefiting both families and dental providers. Children will now have a choice in a dental plan, allowing all family members to have the same dental benefit administrator. This will eliminate confusion for members and streamline administrative processes for providers.

¹ https://dhs.iowa.gov/sites/default/files/2189-FFS-D_Child_Dental_Transitioning_to_PAHP.pdf

² https://dhs.iowa.gov/sites/default/files/Childrens_Dental_Benefits_Managed-Care_FAQ.pdf

³ <https://dhs.iowa.gov/dental-wellness-plan/faqs/kids>

What does this transition mean for providers?

Essentially, this transition is a change in administration. The processing of prior authorizations and claims will now be the responsibility of the dental plan administrators. The benefit package will remain the same. However, it will require providers to be enrolled with one or both dental plans in order to receive reimbursement. The dental plan administrators will determine their own reimbursement rates.

Will the benefit change when children transition to dental benefit administrators?

The benefit package will stay the same. While this program will be referred to as Dental Wellness Plan (DWP) Kids, there will be no annual benefit maximum or any Healthy Behavior requirements that apply to the adults enrolled in DWP.

How will members be made aware of this change to their dental benefit?

The Department is finalizing its plans for member outreach. The Department plans to notify all families by mail of their dental plan assignment for July 1, 2021, in June 2021. Members will be assigned to either Delta Dental of Iowa (DDIA) or Managed Care of North America Inc. (MCNA) Dental effective July 1, 2021, and will have until September 30, 2021, to switch dental plans if they want.

Starting October 1, 2021, a member must meet “good cause” criteria (determined by the IME) in order to switch to a different dental plan. Members also have the opportunity to change dental plans for any reason during their annual choice period.

Will members be informed if their current dentist is not enrolled with MCNA or DDIA?

The IME will not be notifying members if their current provider is in network with the dental plan they have been assigned to. Providers may notify members which dental plans they will be participating in but Federal law prohibits “steering” a member (making recommendations for or against enrollment with a specific dental plan).

Can providers choose which dental plan administrator(s) to participate with?

Yes, providers can choose to participate with one or both of the dental plan administrators.

Can providers limit the number of members they accept into their practice? Along the same lines, can providers only accept adults or children or must they now accept all members?

Providers can limit the number of members they accept into their practice. While providers are held to a non-discrimination obligation, it does not require a provider to accept every Medicaid patient seeking services. Providers have the ability to make

decisions to sustain their businesses. There is no state or federal law that requires a practice to take every patient that seeks their services.

Will existing FFS prior authorizations (PAs) be honored by the dental plan administrators?

Yes. To ensure continuity of care for members, PAs will be honored by both dental plan administrators for the first 90 days of the transition (July 1, 2021, through September 30, 2021.) The codes requiring a PA have been streamlined across all Medicaid programs and can be found on the Department's [website](#)⁴.

Will claims be honored if a member receives services by a provider not enrolled in the dental plan the member is assigned to?

For the first 90 days (services received July 1, 2021, through September 30, 2021), all claims will process as "in network" for both dental plan administrators. Following the end of the 90-day continuity of care provision, providers may not receive reimbursement if not enrolled with the member's assigned dental plan administrator. An exception would be non-enrolled providers who see a Medicaid member in an emergency. These services will be reimbursed at the plans established rate(s).

Are training sessions scheduled for providers to learn more about this transition and ask questions?

Yes. The IME has a virtual training session for dentists scheduled for February 26, 2021, where the upcoming transition will be discussed in more detail. The IME is currently scheduling an additional training session for this spring. Details will be released in a future IL.

How will providers check a member's eligibility and plan assignment?

The IME offers two options for providers to confirm member eligibility and plan assignment, a web portal and a phone line. The Eligibility Verification System (ELVS) is available 24 hours a day, 7 days a week:

- Portal: <https://ime-ediss5010.noridian.com/iowaxchange5010>
- Telephone: **1-800-338-7752** (toll free) or **515-323-9639** (local Des Moines)

In addition, DDIA and MCNA have similar resources to verify member information:

4

https://dhs.iowa.gov/sites/default/files/Iowa_Medicaid_Dental_Wellness_Codes_Requiring_Prior_Authorization.pdf

- Delta Dental: <https://deltadental.com/dwp/> or by calling Provider Services at **1-888-472-2793**
- MCNA: <http://portal.mcna.net> or by calling Provider Services at **1-855-856-6262**

Please send additional questions regarding this transition to imedental@dhs.state.ia.us.