DOCUMENT HISTORY LOG

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| --- | --- | --- | --- |
| **STATUS**1 | **DOCUMENT REVISION**2 | **EFFECTIVE DATE** | **DESCRIPTION**3 |
| Baseline | 2.0 | March 1, 2012 | Revision 2.0 applies to contracts issued as a result of HHSC RFP number 529-12-0003.  Initial version Uniform Managed Care Manual Chapter 3.26, “Medicaid Managed Care (MMC) Dental Member Handbook Required Critical Elements.” |
| Revision | 2.1 | March 1, 2012 | Attachment A “Directions for what to do in an emergency” is modified to add 911.  Attachment J “How do I get dental care for my child after the Main Dentist’s office is closed?” is modified to add 911.  Attachment K “What if I want to change my child’s dental plan?” is modified to add requirements regarding HHSC’s lock-in policy.  Attachment O “How do I get emergency dental care for my child and who do I call?” is modified to add 911.  Attachment U “What if my child needs routine dental care or emergency dental services when he or she is out of town or out of Texas?” is modified to add 911. |
| Revision | 2.2 | August 15, 2012 | Section II. is modified to remove the name of the Dental Contractor’s parent company from the front cover.  Section III. M. is modified make the question match the required language “Do you want to report Waste, Abuse, or Fraud?”  Attachment K “What if I want to change my child’s dental plan?” is modified to remove requirements regarding HHSC’s lock-in policy.  Attachment T “Who do I call for a ride to a dental appointment?” is modified to match the question in Section III.H. “Who do I call for a ride to my child’s dentist office?”  Attachment Y “Member Rights and Responsibilities” is modified to change “MEMBERS HAVE THE RIGHT TO:” to “MEMBER RIGHTS” |
| Revision | 2.3 | October 15, 2013 | Section III. C. is modified to update the directions for calling after-hours.  Attachment CC, “Report Medicaid Waste, Abuse, and Fraud” is modified to change “Click Here to Report Waste, Abuse, and Fraud” to “Under the box “I WANT TO” click “Report Waste, Abuse, and Fraud”” to conform to language on the OIG website. |
| Revision | 2.4 | April 1, 2015 | Section III.H. is modified to change the question from “Does Medicaid cover emergency dental services?” to “What dental services are covered by the Medicaid medical plan or HHSC?”  Attachment N “Does Medicaid cover emergency dental services?” is modified to change the question to “What dental services are covered by the Medicaid medical plan or HHSC?”, to remove the word “limited”, to clarify that treatment and devices for craniofacial anomalies are not emergency dental services, and that Medicaid medical plans will pay for services provided in an ambulatory surgical center. |
| Revision | 2.5 | November 1, 2016 | Section III. C. is modified to add other important quick reference phone numbers.  Section III.H. is modified to clarify language regarding the Medical Transportation Program. The question "Who do I call for a ride to my child's dentist office" including its required language (Attachment T) is deleted and all subsequent attachments are re-lettered.  Attachment S "If I do not have a ride, how can I get my child to the dentist’s office?" is renamed "What is HHSC's Medical Transportation Program?" and the language is updated.  Attachment T "Who do I call for a ride to my child's dentist office" is deleted and all subsequent attachments are re-lettered. |
| Revision | 2.6 | February 22, 2019 | Attachment Y “Complaints” is modified to update the MCCO Research and Resolution address. |
| Revision | 2.7 | September 1, 2019 | Administrative change made as follows:  Attachment Y “Complaints” is modified to update the HHSC toll free number and change the complaint address and email address for Members to send written complaints to the Ombudsman Managed Care Assistance team effective September 1, 2019. |
| Revision | 2.7.1 | October 1, 2019 | Accessibility approved version. |
| Revision | 2.8 | May 1, 2021 | Section II. C. is modified to remove the reference to Medical Transportation Program Services from the other important phone numbers information bullet.  Section II. H. is modified to change the Medical Transportation Program (MTP) information bullet to Nonemergency Medical Transportation (NEMT).  Attachment S is modified to change MTP required language to NEMT required language.  Attachment X is modified to add member responsibilities while using NEMT Services. |
| Revision | 2.8.1 | June 25, 2021 | Chapter modified to add the Spanish translation of the NEMT language in Attachments S and X. |
| Revision | 2.9 | January 1, 2022 | Section I. Addition of MDCP/DBMD Escalation Help Line  Attachment CC is added to include description of MDCP/DBMD Escalation Help Line and when to utilize. |
| Revision | 2.10 | May 1. 2022 | ‘General Instructions’ added explaining the use of terms ‘emergency’ and ‘expedited’ throughout the chapter.  Section II (I): Addition of MDCP/DBMD escalation help line Information.  Section II(J)(K)(M) modified to add External Medical Review language.  Attachment Y: Added MDCP-DBMD escalation help line language  Attachment AA: Revised timeframe guidelines to match policy and language revisions for clarity  Attachment CC: Added to include description of MDCP/DBMD escalation help line and when to utilize  Attachment DD added to include External Medical Review information. |
| Revision | 2.11 | May 2, 2022 | Spanish Language Update. |
| Revision | 2.12 | May 3, 2022 | Administrative Update – Language deleted from ATTACHMENT DD (English and Spanish versions) that reads, “Go in-person to a local HHSC office”. |
| Revision | 2.13 | July 17, 2023 | Attachment DD is modified to remove the language that the Member may request an IRO be present at the State Fair Hearing.  Attachment DD is modified to clarify who the Member must contact for a State Fair Hearing withdrawal. |

**1** Status should be represented as “Baseline” for initial issuances, “Revision” for changes to the Baseline version, and “Cancellation” for withdrawn versions.

2  Revisions should be numbered according to the version of the issuance and sequential numbering of the revision—e.g., “1.2” refers to the first version of the document and the second revision.

3 Brief description of the changes to the document made in the revision.

# Applicability of Chapter 3.26

This chapter applies to Dental Contractors providing Texas Medicaid Dental Services to members through a dental plan.

## GENERAL INSTRUCTIONS

As used in this chapter, “emergency appeal” and “emergency State Fair Hearing” have the same meaning as “Expedited Appeal” or “expedited State Fair Hearing,” respectively.

Member Handbook must be written at or below a 6th grade reading level in English and in Spanish. The handbook must also be written using the style and preferred terms of the Consumer Information Tool Kit which can be found at <http://www.hhsc.state.tx.us/medicaid/CommunicationsResources.shtml>.

This table is to be completed and attached to the Member Handbook when submitted for approval. Include the page number of the location for each required critical element.

The following items must be included in the handbook but not necessarily in this order (unless specified):

| **Required Critical Elements** | **Page Number** |
| --- | --- |
| **I. FRONT COVER** |  |
| The front cover must include, at a minimum: |  |
| * Dental Contractor NAME |  |
| * Dental Contractor LOGO |  |
| * The words “Texas Medicaid Dental Services” |  |
| * HHSC Logo |  |
| * The words “MEMBER HANDBOOK” |  |
| * Member Services toll-free telephone number |  |
| * Month/year (may be placed on front or back cover or first page of the handbook) |  |
| **II. CONTENTS** |  |
| **A. Table of Contents** |  |
| The Member Handbook must include a table of contents. |  |
| 1. **Introduction** |  |
| This includes information the Dental Contractor would like to share with its Members about its dental plan (benefits and eligibility information). Inform the Member that Member Services is available for help. In addition, explain that the Member Handbook will be made available in audio, larger print, Braille, other language, etc. when a Member requests it or when the dental plan identifies a Member who needs it. This information should be located within the first three pages of the Member Handbook. |  |
| 1. **Phone Numbers** |  |
| This information should be located within the first three pages of the Member Handbook. |  |
| * Toll-free Member Services Line. Information should include the following explanations: |  |
| * Regular business hours (Example: 8:00 a.m. to 7:00 p.m. Central Time, Monday to Friday. Member Services Line may be closed on state-approved holidays.); and |  |
| * If you call after regular business hours or during a weekend, you will get an answering service or a recording with operating hours and what to do in case of an emergency. If you don’t have an emergency, call your Main Dentist during regular business hours. |  |
| * Requirements of the Members Services Line include: |  |
| * + Availability of information in English and Spanish |  |
| * + Availability of interpreter services |  |
| * + TTY Line for hearing-impaired |  |
| * Other Important Quick Reference Phone Numbers and what they are used for (The items below are a minimum; Dental Contractor may also want to include other phone numbers unique to its plan): |  |
| * + Ombudsman Managed Care Assistance Team 1-866-566-8989 |  |
| 1. **Member Identification (ID) Cards** |  |
| * + Information about (insert Dental Contractor name) ID card, including |  |
| * + Sample ID card |  |
| * + How to read it |  |
| * + How to use it |  |
| * + How to replace it if lost |  |
| * + Who to call in an emergency (Dental Contractor will use HHSC’s provided language – **Attachment A**) |  |
| 1. **Dental Providers** |  |
| The following questions must be included and answered in the handbook: |  |
| * What do I need to bring when I take my child to the dentist? |  |
| * What is a Main Dentist? (Dental Contractor will use HHSC’s provided language – **Attachment B**) |  |
| * Can a clinic be my child’s Main Dentist? (Rural Health Clinic/Federally Qualified Health Center) |  |
| * How many times can I change my child’s Main Dentist? (Dental Contractor will use HHSC’s provided language – **Attachment C**) |  |
| * How can I change my child’s Main Dentist? (Dental Contractor will use HHSC’s provided language – **Attachment D**) |  |
| * If I change my child’s Main Dentist, when can we start getting services from that provider? |  |
| * Is there a reason I might be denied if I ask to change my child’s Main Dentist? (Dental Contractor will use HHSC’s provided language – **Attachment E**) |  |
| * Can a Main Dentist ask to move my child to another Main Dentist? (Dental Contractor will use HHSC’s provided language – **Attachment F**) |  |
| * What if I choose to take my child to another dentist who is not my child’s Main Dentist? (Dental Contractor will use HHSC’s provided language – **Attachment G**) |  |
| * + What if I choose to take my child to a dentist that is out of network? (Dental Contractor will use HHSC’s provided language – **Attachment H**) |  |
| * + What if I choose to take my child to a dentist that does not accept CHIP? (Dental Contractor will use HHSC’s provided language – **Attachment I**) |  |
| * How do I get dental care for my child after the Main Dentist’s office is closed? (Dental Contractor will use HHSC’s provided language – **Attachment J**) |  |
| 1. **Changing Dental Plans** |  |
| The following questions must be included and answered in the handbook: |  |
| * What if I want to change my child’s dental plan? (Dental Contractor will use HHSC’s provided language – **Attachment K**) |  |
| * + Who do I call? |  |
| * + How many times can I change my child’s dental plan? |  |
| * If I change my child’s dental plan, when will we be able to start using the new dental plan? (Dental Contractor will use HHSC’s provided language – **Attachment L**) |  |
| * Can (insert Dental Contractor name) ask that my child get dropped from their dental plan? (Dental Contractor will use HHSC’s provided language – **Attachment M**) |  |
| **G. Benefits** |  |
| The following questions must be included and answered in the handbook: |  |
| * What are my child’s dental benefits with Medicaid? |  |
| * + How do I get these services for my child? |  |
| * + What services are not covered? |  |
| * How do I get drugs the dentist has ordered for my child (prescriptions)? |  |
| * Who do I call if I have problems getting drugs the dentist ordered for my child (prescriptions)? |  |
| **H. Dental Care And Other Services** |  |
| The following questions must be included and answered in the handbook: |  |
| * What is routine dental care? |  |
| * + How soon can I or my child expect to be seen? |  |
| * What dental services are covered by the Medicaid medical plan? (Dental Contractor will use HHSC’s provided language – **Attachment N**) |  |
| * How do I get emergency dental care for my child and who do I call? (Dental Contractor will use HHSC’s provided language – **Attachment O**) |  |
| * How soon can I expect my child to be seen? (Dental Contractor will use HHSC’s provided language – **Attachment P**) |  |
| * What does Medically Necessary mean? (Dental Contractor will use HHSC’s provided language – **Attachment Q*)*** |  |
| * What is Texas Health Steps |  |
| * + What services are offered by Texas Health Steps? |  |
| * + How and when do I get Texas Health Steps dental checkups for my child? |  |
| * + Does my child’s Dentist have to be part of the (insert Dental Contractor name) network? |  |
| * + What if I need to cancel my child’s dental visit? |  |
| * + What if I am out of town and my child is due for a Texas Health Steps dental checkup? |  |
| * + What if I am a Migrant Farmworker? (Dental Contractor will use HHSC’s provided language – **Attachment R**) |  |
| * What Nonemergency Medical Transportation (NEMT) Services are available to me?(Dental Contractor will use HHSC’s provided language – **Attachment S**) |  |
| * What if my child needs routine dental care or emergency dental services when he or she is out of town or out of Texas? (Dental Contractor will use HHSC’s provided language – **Attachment T**) |  |
| * + - What if my child needs dental services when he or she is out of the country? (Dental Contractor will use HHSC’s provided language – **Attachment U**) |  |
| * What if my child needs to see a special dentist (specialist)? (Dental Contractor will use HHSC’s provided language – **Attachment V**) |  |
| * + - How soon can I expect my child to be seen by a specialist? (Dental Contractor will use HHSC’s provided language – **Attachment W**) |  |
| * + - * What dental services do not need a referral? |  |
| * + - * + Can someone interpret for me when I talk with my child’s dentist? |  |
| Who do I call for an interpreter? |  |
| How far in advance do I need to call? |  |
| * How can I get a face-to-face interpreter in the dentist’s office? |  |
| * What if I get a bill from my child’s dentist? |  |
| * Who do I call? |  |
| * What information will they need? |  |
| * What do I have to do if I move? |  |
| * What are my child’s rights and responsibilities? (Dental Contractor will use HHSC’s provided language – **Attachment X**) |  |
| **I. Complaint Process** |  |
| The following questions must be included and answered in the handbook: |  |
| * What should I do if I have a complaint? (Optional HHSC provided language – **Attachment Y**) |  |
| Who do I call? (Include at least one toll-free telephone number) |  |
| Can someone from (insert Dental Contractor name) help me file a complaint? |  |
| * What do I need to do to file a complaint and how long will the process take? |  |
| If I don’t like what happens with my complaint, who else can I call? |  |
| How can I file a complaint with HHSC after I have gone through the (insert Dental Contractor name) complaint process?   * MDCP/DBMD Escalation Help Line   + What should I do if I have a complaint or inquiry about MDCP/DBMD dental services? (Dental contractor will use HHSC’s provided language - Attachment CC) |  |
| **J. Appeal Process** |  |
| The following questions must be included and answered in the handbook: |  |
| * What can I do if (insert Dental Contractor name) denies or limits a service for my child that the dentist has asked for? |  |
| * How will I find out if services for my child are denied? |  |
| * What are the timeframes for the appeal process? The Dental Contractor must complete the entire standard Appeal process within 30 Days after receipt of the initial written or oral request for Appeal. This deadline may be extended for up to 14 Days at the request of a Member; or the Dental Contractor shows that there is a need for more information and how the delay is in the Member’s interest. If the Dental Contractor needs to extend, the Member must receive written notice of the reason for delay. |  |
| * When can I ask for an appeal? (Include option for the request of an appeal for denial of payment for services in whole or in part. Include notification to Member that in order to ensure continuity of current authorized services, the Member must file the appeal on or before the later of: 10 calendar days following the Dental Contractor’s mailing of the notice of the action or the intended effective date of the proposed action.) |  |
| * Member or his or her representative may request a standard appeal or an emergency appeal either in written or oral form |  |
| * Can someone from (insert Dental Contractor name) help me file an appeal? |  |
| * ~~What else can I do if I’m still not happy? (Include information informing Members that they can request a State Fair Hearing any time during or after the dental plan’s appeals process.)~~ * Information telling Members that they can request an External Medical Review with a State Fair Hearing no later than 120 days after the date the Dental Contractor mails the internal appeal decision notice~~.~~ * Member or his or her representative may request a standard External Medical Review with a State Fair Hearing or an emergency External Medical Review with State Fair Hearing either in written or oral form. * Information telling Members that they can request a State Fair Hearing without requesting an External Medical Review no later than 120 days during or after the Dental Contractor mails the internal appeal decision notice. |  |
| **K. Expedited Dental Plan Appeal** |  |
| The following questions must be included and answered in the handbook: |  |
| * What is an Expedited Appeal? (Dental Contractor will use HHSC’s provided language - **Attachment Z**) |  |
| * How do I ask for an expedited appeal? (Include information that an expedited appeal must be accepted whether spoken or in writing.) |  |
| * How long does an expedited appeal take? (Timeframes) |  |
| * What happens if [insert Dental Contractor’s Name] says it won’t give me an expedited appeal? |  |
| * Who can help me file an emergency Appeal? |  |
| * Can someone from (insert Dental Contractor’s name) help me file an Appeal? * Information informing Members that they can request an emergency External Medical Review with a State Fair Hearing. |  |
| * Information informing Members that they can request an emergency State Fair Hearing without an External Medical Review.   **L. State Fair Hearing** (Dental Contractor will use HHSC’s provided language – **Attachment AA**) |  |
| **M.** External Medical Review (Dental Contractor will use HHSC’s provided language – Attachment DD. |  |
| **~~M~~. N. Fraud Information** |  |
| The following questions must be included and answered in the handbook: |  |
| * + Do you want to report Waste, Abuse, or Fraud? (Dental Contractor will use HHSC’s provided language – **Attachment BB**) |  |
| * + How do I report a dentist that I think is misusing or cheating the system (committing fraud)? |  |
| **III. Back Cover** |  |
| * Inventory Code: MMC Plan # (space) CSA (space) Print Date (on back cover, lower right corner) |  |
| If the Member Handbook does not have a back cover, both items may be placed on the first page of the handbook. |  |

Required Language

ATTACHMENT A

## Directions for what to do in an emergency.

During normal business hours, call your child’s Main Dentist to find out how to get emergency services. If your child needs emergency dental services after the Main Dentist’s office has closed, do one of the following:

* If your child gets medical services through a Medicaid health plan, call that medical plan.
* If your child does not have a Medicaid health plan, call 1-800-252-8263 or call 911.

## Instrucciones sobre qué hacer en caso de emergencia.

Durante las horas normales de operación, llame al dentista primario del niño para saber cómo obtener servicios de emergencia. Si su hijo necesita servicios dentales de emergencia después de que el consultorio del dentista primario haya cerrado, haga lo siguiente:

* Si su hijo recibe atención médica por medio de un plan de salud de Medicaid, llame a ese plan.
* Si su hijo no tiene un plan de salud de Medicaid, llámenos al 1-800-252-8263 o llame al 911.

REQUIRED LANGUAGE

ATTACHMENT B

## What is a Main Dentist?

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

## ¿Qué es un dentista primario?

Un dentista primario puede ser un dentista general o un dentista que trata solo a niños. Es el dentista que le brinda servicios a su hijo para prevenir problemas dentales. Este dentista también puede tratar la mayoría de los problemas dentales. El dentista primario de su hijo también puede enviarlo a un especialista para problemas que sean más difíciles de tratar, si es necesario ese tipo de tratamiento.

REQUIRED LANGUAGE

ATTACHMENT C

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

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

## ¿Cuántas veces puedo cambiar al dentista primario de mi hijo?

Puede cambiar al dentista primario de su hijo todas las veces que quiera.

REQUIRED LANGUAGE

ATTACHMENT D

## How can I change my child’s Main Dentist?

You can change Main Dentists by calling us at (insert Dental Contractor’s toll-free Member Hotline phone number) (toll-free). Or you can write to (insert Dental Contractor’s contact information.)

[Note:  if the Dental Contractor allows members to submit Main Dentist change requests through its website, please add language regarding this process.]

## ¿Cómo cambio al dentista primario de mi hijo?

Puede cambiar de dentista primario llamándonos gratis al (insert Dental Contractor’s toll-free Member Hotline phone number). O puede escribir a (insert Dental Contractor’s contact information.)

[Note: if the Dental Contractor allows members to submit Main Dentist change requests through its website, please add language regarding this process.]

REQUIRED LANGUAGE

ATTACHMENT E

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

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

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

## ¿Hay alguna razón por la cual me nieguen la solicitud de cambiar de dentista primario?

Es posible que neguemos su solicitud por uno de los siguientes motivos:

* El dentista primario que usted quiere no acepta a nuevos pacientes.
* El dentista primario que usted quiere no brinda el tipo de servicios dentales que su hijo necesita.

REQUIRED LANGUAGE

ATTACHMENT F

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

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

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

## ¿Puede un dentista primario pedir que cambien a mi hijo a otro dentista primario?

Puede cambiar el dentista primario de su hijo por uno de los siguientes motivos:

* Usted o su hijo no sigue los consejos del dentista.
* Usted o su hijo es problemático o grita repetidamente mientras está en la sala de espera o la zona de tratamientos del dentista.
* Su relación con el dentista primario de su hijo no es satisfactoria para usted o el dentista.

REQUIRED LANGUAGE

ATTACHMENT G

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

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

## ¿Y si decido llevar a mi hijo a otro dentista que no sea el dentista primario de mi hijo?

El dentista primario le brindará atención preventiva y lo enviará a un especialista si es necesario. Usted necesitará un envío a servicios de su dentista primario para ver a otro dentista.

REQUIRED LANGUAGE

ATTACHMENT H

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

You will have to pay for any out-of-network services not authorized by [insert Dental Contractor’s name], except for emergency care.

## ¿Y si decido llevar a mi hijo a un dentista fuera de la red?

Usted tendrá que pagar cualquier servicio fuera de la red que no esté autorizado por [insert Dental Contractor’s name], excepto para la atención de emergencia.

REQUIRED LANGUAGE

ATTACHMENT I

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

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

## ¿Y si decido llevar a mi hijo a un dentista que no acepta Medicaid?

Usted tendrá que pagar cualquier servicio dental prestado por dentistas que no aceptan Medicaid.

REQUIRED LANGUAGE

ATTACHMENT J

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

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

If your child needs emergency dental work after the office has closed, do one of the following:

* If your child gets medical services through a Medicaid medical health plan, call that medical plan.
* If your child does not have a Medicaid medical health plan, call 1-800-252-8263 or call 911.

## ¿Cómo recibo atención dental para mi hijo cuando el consultorio del dentista primario está cerrado?

Si su hijo necesita atención dental cuando el consultorio está cerrado y no es una emergencia, puede llamar al consultorio del dentista primario y dejar un mensaje en el servicio de mensajería. El personal del consultorio del dentista le regresará la llamada cuando el consultorio vuelva abrir.

Si su hijo necesita servicios dentales de emergencia después de que el consultorio haya cerrado, haga lo siguiente:

* Si su hijo recibe atención médica por medio de un plan de salud de Medicaid, llame a ese plan.
* Si su hijo no tiene un plan de salud de Medicaid, llámenos al 1-800-252-8263 o llame al 911.

REQUIRED LANGUAGE

ATTACHMENT K

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

You can change your child’s dental plan by contacting the Medicaid Enrollment Broker’s toll-free telephone number at 1-800-964-2777. This is a free call.

There is no limit to the number of times you can change your child’s dental plan, but you cannot change plans more than once a month.

## ¿Y si quiero cambiar el plan dental de mi hijo?

Puede cambiar el plan dental de su hijo llamando gratis a la línea de Medicaid Enrollment Broker al 1-800-964-2777. Es una llamada gratis.

No hay límite al número de veces que puede cambiar el plan dental de su hijo, pero no puede cambiar de plan más de una vez al mes.

REQUIRED LANGUAGE

ATTACHMENT L

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

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

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

## Si cambio de plan dental de mi hijo, ¿cuándo podremos empezar a usar el nuevo plan dental?

Si llama para cambiar el plan dental de su hijo el día 15 del mes o antes, el cambio entrará en vigor el día primero del mes siguiente. Si llama después del 15 del mes, el cambio entrará en vigor el día primero del segundo mes siguiente. Por ejemplo:

* Si llama el día 15 de abril o antes, el cambio entrará en vigor el 1 de mayo.
* Si llama después del 15 de abril, el cambio entrará en vigor el 1 de junio.

REQUIRED LANGUAGE

ATTACHMENT M

## Can (insert Contractor name) ask that my child get dropped from their dental plan?

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

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

## ¿Puede (insert Contractor name) pedir que cancelen a mi hijo la membresía en el plan dental?

Un plan dental puede pedir que cancelen a un niño la membresía en el plan por uno de los siguientes motivos:

* El niño o el cuidador del niño abusa de la tarjeta de miembro del niño o se la presta a otra persona.
* El niño o el cuidador del niño tiene una conducta problemática o no se muestra dispuesto a cooperar en el consultorio del dentista, o
* El niño o el cuidador del niño se niega a seguir las normas y limitaciones del plan dental.

REQUIRED LANGUAGE

ATTACHMENT N

## What dental services are covered by the Medicaid medical plan?

The Medicaid medical plan covers emergency dental services in a hospital or ambulatory surgical center, including payment for the following:

* Treatment for dislocated jaw
* Treatment for traumatic damage to teeth and supporting structures
* Removal of cysts
* Treatment of oral abscess of tooth or gum origin

The Medicaid medical plan covers hospital, physician, and related medical services for the above conditions. This includes services the doctor provides and other services your child might need, like anesthesia or other drugs.

The Medicaid medical plan is also responsible for paying for treatment and devices for craniofacial anomalies.

If your child is not in Medicaid medical plan, HHSC will pay for these services.

[Insert Dental Contractor’s name] provides all other dental services. Call [Insert Dental Contractor’s name] to learn more about the dental services we offer.

## ¿Qué servicios dentales cubre el plan de salud de Medicaid?

El Medicaid plan de salud cubre servicios dentales de emergencia en un hospital o en un centro quirúrgico ambulatorio, lo cual incluye el pago para lo siguiente:

* Tratamiento para luxación mandibular
* Tratamiento para traumatismo de los dientes y estructuras de soporte
* Extracción de quistes
* Tratamiento de abscesos bucales provenientes de los dientes o las encías

El Medicaid plan de salud cubre el hospital, doctores y servicios médicos relacionados de los padecimientos anteriores. Esto incluye servicios que el doctor brinda y otros servicios que su hijo necesite, como la anestesia u otros medicamentos.

El Medicaid plan de salud también es responsable de pagar el tratamiento y dispositivos para anomalías craneofaciales.

Si su hijo no está en un plan de Medicaid, la HHSC pagará esos servicios.

[Insert Dental Contractor’s name] ofrece todos los servicios dentales. Llame a [Insert Dental Contractor’s name] para obtener más información acerca de los servicios dentales que ofrecemos.

REQUIRED LANGUAGE

ATTACHMENT O

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

Call your child’s Main Dentist to find out how your child can get emergency dental services. If the office is closed, do one of the following:

* If your child gets medical services through a Medicaid medical health plan, call that medical plan.
* If your child does not have a Medicaid medical health plan, call 1-800-252-8263 or call 911.

## ¿Cómo obtengo atención dental de emergencia para mi hijo y a quién llamo?

Llame al dentista primario de su hijo para saber cómo obtener servicios dentales de emergencia. Si el consultorio está cerrado, haga lo siguiente:

* Si su hijo recibe atención médica por medio de un plan de salud de Medicaid, llame a ese plan.
* Si su hijo no tiene un plan de salud de Medicaid, llámenos al 1-800-252-8263 o llame al 911.

REQUIRED LANGUAGE

ATTACHMENT P

## How soon can I expect my child to be seen?

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

## ¿Qué tan pronto verán a mi hijo?

Su hijo debe recibir servicios dentales de emergencia a más tardar 24 horas después de que usted llame.

REQUIRED LANGUAGE

ATTACHMENT Q

## What does Medically Necessary mean?

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

## ¿Qué significa “médicamente necesario”?

Son las normas para decidir si Medicaid cubre un servicio dental para su hijo. Para los servicios o productos que se prestan, la prueba es si un dentista prudente prestaría el servicio o producto a un paciente para diagnosticar, prevenir o tratar dolor, infección, enfermedad, disfunción o desfiguración dental de acuerdo con los procedimientos generalmente aceptados en la comunidad profesional dental.

REQUIRED LANGUAGE

ATTACHMENT R

## What if I am a Migrant Farmworker?

Tell your Main Dentist and the office staff will work with you to set up your child’s checkup before you leave the area.

## ¿Y si soy un trabajador de campo migrante?

Dígaselo al dentista primario, y el personal del consultorio le ayudará a hacer una cita para el examen de su hijo antes de que salgan de la región.

REQUIRED LANGUAGE

ATTACHMENT S

## NONEMERGENCY MEDICAL TRANSPORTATION (NEMT) SERVICES

### What are NEMT services?

NEMT services provide transportation to nonemergency dental appointments for Members who have no other transportation options. These trips include rides to the doctor, dentist, hospital, pharmacy, and other places you get Medicaid services.

### What services are part of NEMT Services?

* Passes or tickets for transportation such as mass transit within and between cities or states, including by rail or bus.
* Commercial airline transportation services.
* Demand response transportation services, which is curb-to-curb transportation in private buses, vans, or sedans, including wheelchair-accessible vans, if necessary.
* Mileage reimbursement for an individual transportation participant (ITP) to a covered health care service. The ITP can be you, a responsible party, a family member, a friend, or a neighbor.
* If you are 20 years old or younger, you may be able to receive the cost of meals associated with a long-distance trip to obtain health care services. The daily rate for meals is $25 per day, per person.
* If you are 20 years old or younger, you may be able to receive the cost of lodging associated with a long-distance trip to obtain health care services. Lodging services are limited to the overnight stay and do not include any amenities used during your stay, such as phone calls, room service, or laundry service.
* If you are 20 years old or younger, you may be able to receive funds in advance of a trip to pay for authorized NEMT services.

If you need an attendant to travel to your dental appointment with you, NEMT services will cover the transportation costs of your attendant.

Children 14 years old and younger must be accompanied by a parent, guardian, or other authorized adult. Children 15-17 years old must be accompanied by a parent, guardian, or other authorized adult or have consent from a parent, guardian, or other authorized adults on file to travel alone.

### How to get a ride?

Your MCO will provide you with information on how to request NEMT services to get to your dental appointment. You should request NEMT services as early as possible, and at least 48 hours before you need the NEMT service. In certain circumstances you may request the NEMT service with less than 48 hours’ notice. These circumstances include being picked up after being discharged from a hospital; trips to the pharmacy to pick up medication or approved medical supplies; and trips for urgent conditions. An urgent condition is a health condition that is not an emergency but is severe or painful enough to require treatment within 24 hours.

You must notify your MCO prior to the approved and scheduled trip if your dental appointment is cancelled.

## SERVICIOS DE TRANSPORTE MÉDICO QUE NO ES DE EMERGENCIA (NEMT)

### ¿Qué son servicios de NEMT?

NEMT proporciona transporte a las citas médicas que no son de emergencia para los miembros que no tienen otras opciones de transporte. Estos viajes incluyen los traslados al médico, al dentista, al hospital, a la farmacia y a otros lugares en los que recibe servicios de Medicaid.

### ¿Qué servicios forman parte de los servicios de NEMT?

* Pases o boletos para transporte, como el transporte público en y entre ciudades o estados, incluyendo el tren o el autobús
* Servicios de transporte aéreo comercial.
* Servicios de transporte a la demanda, que es el transporte desde su casa al lugar de la cita en autobús privado, minivan o automóvil, incluidos los vehículos accesibles para sillas de ruedas, si es necesario.
* Reembolso del millaje para un participante individual a cargo del transporte (ITP) a un servicio médico cubierto. El ITP puede ser usted, un responsable, un familiar, un amigo o un vecino.
* Si tiene 20 años o menos, podría recibir el costo de las comidas relacionadas con un viaje de larga distancia para obtener servicios médicos. La tarifa diaria de las comidas es de $25 por día, por persona.
* Si tiene 20 años o menos, podría recibir el costo del alojamiento relacionado con un viaje de larga distancia para obtener servicios médicos. Los servicios de alojamiento se limitan a la estancia de una noche y no incluyen los servicios utilizados durante la estancia, como llamadas telefónicas, servicio de habitaciones o servicio de lavandería.
* Si tiene 20 años o menos, podría recibir fondos antes de un viaje para cubrir los servicios de NEMT autorizados.

Si necesita que un acompañante viaje con usted a su cita dental, los servicios de NEMT cubrirán los gastos de transporte de su acompañante.

Los niños de 14 años o menos deben ir acompañados por un padre, tutor u otro adulto autorizado. Los jóvenes de 15 a 17 años deben ir acompañados por un padre, tutor u otro adulto autorizado o tener el consentimiento de un padre, tutor u otro adulto autorizado en los archivos para viajar solos.

### Cómo obtener transporte

Su MCO le proporcionará información sobre cómo solicitar los servicios de NEMT para acudir a su cita con el dentista. Debe solicitar los servicios de NEMT con la mayor anticipación posible, y al menos 48 horas antes de necesitar el servicio de NEMT. Solo en determinadas circunstancias, podrá solicitar el servicio NEMT con menos de 48 horas de antelación. Estas circunstancias incluyen la recogida después de recibir el alta de un hospital; los viajes a la farmacia para recoger medicamentos o suministros médicos aprobados; y los viajes por problemas de salud urgentes. Un problema de salud urgente es aquel que no es una emergencia, pero que es lo suficientemente grave o doloroso como para requerir tratamiento en un plazo de 24 horas.

En caso de cancelación de la cita dental, deberá notificar a su MCO antes del viaje aprobado y programado.

REQUIRED LANGUAGE

ATTACHMENT T

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

* If your child needs routine dental care when traveling, call us toll-free at (insert Dental Contractor’s toll-free Member Hotline phone number) and we will help you find a dentist.

If your child needs emergency dental services while travelling, go to a nearby hospital, then call your Medicaid medical health plan. If your child does not have a Medicaid Medical health plan, call 1-800-252-8263 or call 911.

## ¿Y si mi hijo necesita atención dental periódica o servicios dentales de emergencia cuando está fuera de la ciudad o de Texas?

* Si su hijo necesita atención dental periódica mientras está de viaje, llámenos gratis al (insert Dental Contractor’s toll-free Member Hotline phone number) y le ayudaremos a encontrar a un dentista.

Si su hijo necesita servicios dentales de emergencia mientras está de viaje, vaya a un hospital cercano y luego llame al plan de salud de Medicaid. Si su hijo no tiene un plan de salud de Medicaid, llámenos al 1-800-252-8263 o llame al 911.

REQUIRED LANGUAGE

ATTACHMENT U

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

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

## ¿Y si mi hijo necesita servicios dentales cuando está fuera del país?

Medicaid no cubre los servicios dentales prestados fuera del país.

REQUIRED LANGUAGE

ATTACHMENT V

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

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

## ¿Y si mi hijo necesita ver a un dentista especialista?

El dentista primario de su hijo le dará un envío a servicios para que pueda ver a un especialista.

REQUIRED LANGUAGE

ATTACHMENT W

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

* If the specialist is providing urgent care your child will be seen no later than 24 hours from the time you ask for the referral from your Main Dentist.
* If the specialist is providing therapy or your child needs to see the specialist to get a diagnosis, your child will be seen no later than 14 Days from the time you ask for the referral.
* If the specialist is providing services to prevent teeth problems, your child will be seen no later than 30 Days from the time you ask for the referral.

## ¿Qué tan pronto podrá ver a mi hijo el especialista?

* Si el especialista es para atención urgente, verá a su hijo a más tardar 24 horas después de que usted pida el envío a servicios al dentista primario.
* Si el especialista es para terapia o para dar un diagnóstico, verá a su hijo a más tardar 14 días después de que usted pida el envío a servicios.
* Si el especialista es para prestar servicios de prevención de problemas dentales, verá a su hijo a más tardar 30 días después de que usted pida el envío a servicios.

REQUIRED LANGUAGE

ATTACHMENT X

## MEMBER RIGHTS AND RESPONSIBILITIES

**MEMBER RIGHTS**

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

**MEMBER RESPONSIBILITIES**

You and *[*insert name of the Dental Contractor*]* both have an interest in seeing your child's dental health improve. You can help by assuming these responsibilities.

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

Additional Member Responsibilities while using NEMT Services

1. When requesting NEMT Services, you must provide the information requested by the person arranging or verifying your transportation.
2. You must follow all rules and regulations affecting your NEMT services.
3. You must return unused advanced funds. You must provide proof that you kept your dental appointment prior to receiving future advanced funds.
4. You must not verbally, sexually, or physically abuse or harass anyone while requesting or receiving NEMT services.
5. You must not lose bus tickets or tokens and must return any bus tickets or tokens that you do not use. You must use the bus tickets o tokens only to go to your dental appointment.
6. You must only use NEMT Services to travel to and from your dental appointments.
7. If you have arranged for an NEMT service but something changes, and you no longer need the service, you must contact the person who helped you arrange your transportation as soon as possible.

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

## DERECHOS Y RESPONSABILIDADES DEL MIEMBRO

**EL MIEMBRO TIENE LOS SIGUIENTES DERECHOS.**

1. Usted tiene el derecho de obtener información correcta y fácil de entender para ayudarle a tomar mejores decisiones sobre los dentistas u otros proveedores suyos o de su hijo.
2. Usted tiene el derecho de saber cómo se paga a los dentistas de su hijo. Usted tiene el derecho de saber qué son esos pagos y cómo funcionan.
3. Usted tiene el derecho de saber cómo *[insert name of the Dental Contractor]* decide si un servicio está cubierto o si es médicamente necesario. Usted tiene el derecho de saber qué personas en el consultorio de *[insert name of the Dental Contractor]* deciden esas cosas.
4. Usted tiene el derecho de saber el nombre de los dentistas y otros proveedores que trabajan con *[insert name of the Dental Contractor]* y sus direcciones.
5. Usted tiene el derecho de escoger de una lista de dentistas que sea lo suficientemente larga para que su hijo pueda obtener la atención adecuada cuando la necesita.
6. Usted tiene el derecho de participar en todas las decisiones sobre la atención dental de su hijo.
7. Usted tiene el derecho de hablar en nombre de su hijo en todas las decisiones de tratamiento.
8. Usted tiene el derecho de recibir una segunda opinión de otro dentista que trabaje con *[insert name of the Dental Contractor]* sobre qué tipo de tratamiento necesita su hijo.
9. Usted tiene el derecho de que los dentistas y otros proveedores de *[insert name of the Dental Contractor]* lo traten de manera justa.
10. Usted tiene el derecho de hablar en privado con los dentistas y otros proveedores de su hijo, y de que los expedientes dentales de su hijo se mantengan confidenciales. Usted tiene el derecho de revisar y copiar los expedientes dentales de su hijo y de pedir que se hagan cambios a esos expedientes.
11. Usted tiene el derecho de saber que los dentistas, hospitales y otras personas que atienden a su hijo pueden aconsejarle sobre el estado de salud, atención médica y tratamiento de su hijo. El plan dental de su hijo no puede impedir que ellos le den esta información, aunque la atención o tratamiento no sea un servicio cubierto.
12. Usted tiene el derecho de saber que no es responsable de pagar los servicios cubiertos que recibe su hijo. Los dentistas, hospitales y otros proveedores no pueden exigirle que pague ninguna cantidad adicional por los servicios cubiertos.

**RESPONSABILIDADES DEL MIEMBRO**

Usted y *[*insert name of the Dental Contractor*]* están interesados en que la salud dental de su hijo mejore. Usted puede ayudar asumiendo estas responsabilidades.

1. Usted y su hijo tienen que tratar de seguir hábitos saludables, como animar a su hijo a que haga ejercicio, se mantenga alejado del tabaco y coma una dieta saludable.
2. Usted tiene que participar en las decisiones del dentista sobre sus tratamientos y los de su hijo.
3. Usted tiene que colaborar con los dentistas y otros proveedores de *[insert name of the Dental Contractor]* para escoger tratamientos para su hijo con los que todos estén de acuerdo.
4. Si usted tiene algún desacuerdo con *[insert name of the Dental Contractor]*, primero tiene que tratar de resolverlo usando el trámite de quejas de *[insert name of the Dental Contractor]*.
5. Usted tiene que saber qué cubre y qué no cubre *[insert name of the Dental Contractor]*. Usted tiene que leer el Manual para Miembros para comprender cómo funcionan las reglas.
6. Si hace una cita para su hijo, tienen que tratar de llegar al consultorio del dentista a la hora debida. Si no puede ir a la cita, asegúrese de llamar y cancelarla.
7. Usted tiene que denunciar el abuso por parte de los proveedores dentales y médicos, otros miembros, *[insert name of the Dental Contractor],* u otros planes dentales o de salud.

Responsabilidades adicionales del miembro mientras usa los servicios de NEMT.

1. Cuando solicite los servicios de NEMT, deberá proporcionar la información solicitada por la persona que organice o verifique su transporte.
2. Debe seguir todas las normas y reglamentos que afectan a sus servicios de NEMT.
3. Debe devolver los fondos anticipados que no utilizó. Debe proporcionar un comprobante de que acudió a su cita con el dentista antes de recibir futuros fondos adelantados.
4. No debe agredir o acosar verbal, sexual o físicamente a nadie mientras solicite o reciba servicios de NEMT.
5. No debe perder los boletos de autobús o las fichas y debe devolver los boletos de autobús o las fichas que no utilice. Debe usar los boletos de autobús o las fichas solo para ir a su cita con el dentista.
6. Debe utilizar los servicios de NEMT únicamente para ir y volver de sus citas con el dentista.
7. Si ha hecho arreglos para un servicio de NEMT, pero algo cambia y ya no necesita el servicio, debe comunicarse lo antes posible con la persona que le ayudó a programar el transporte.

Si usted cree que lo han tratado injustamente o lo han discriminado, llame gratis al Departamento de Salud y Servicios Humanos (HHS) de EE. UU. al 1-800-368-1019. También puede ver información sobre la Oficina de Derechos Civiles del HHS en Internet en [www.hhs.gov/ocr](http://www.hhs.gov/ocr).

REQUIRED LANGUAGE

ATTACHMENT Y

## COMPLAINTS

### What should I do if I have a complaint?

We want to help. If you have a complaint, please call us at (insert Member Services hotline number) (toll-free) to tell us about your problem. A (insert Dental Contractor’s name) Member Services Advocate can help you file a complaint. Most of the time, we can help you right away or within a few days at the most.

If you still have a complaint after you’ve gone through the (insert Dental Contractor name) complaint process, call the Texas Health and Human Services Commission (HHSC) at 1-866-566-8989 (toll-free). If you want to make your complaint in writing, please send it to the following address:

Texas Health and Human Services Commission

Ombudsman Managed Care Assistance Team

P.O. Box 13247

Austin, Texas 78711-3247

If you are a Member of the Medially Dependent Children Program or the Deaf, Blind, Multiple Disability Waiver Programs, and you still have a complaint after you’ve gone through (insert Dental Contractor’s name) complaint process, call the Health and Human Services MDCP/DBMD escalation help line at 844-999-9543. (Attachment CC)

If you can get on the Internet, you can submit your complaint at:

hhs.texas.gov/managed-care-help

## QUEJAS

### ¿Qué hago si tengo una queja?

Queremos ayudar. Si tiene una queja, por favor, llámenos gratis al (insert Member Services hotline number) para explicarnos el problema. Un defensor de miembros de (insert Dental Contractor’s name) puede ayudarle a presentar una queja. Por lo general, podemos ayudarle de inmediato o como máximo en unos días.

Si todavía tiene una queja después de haber seguido el trámite de quejas de (insert Dental Contractor name), llame gratis a la Comisión de Salud y Servicios Humanos (HHSC) de Texas al 1-800-866-566-8989. Si quiere hacer su queja por escrito, por favor, envíela a la siguiente dirección:

Texas Health and Human Services Commission

Ombudsman Managed Care Assistance Team

P.O. Box 13247

Austin, Texas 78711-3247

Si usted es miembro del Programa para Menores Médicamente Dependientes o de los Programas Opcionales para Personas Sordociegas con Discapacidades Múltiples, y todavía tiene una queja después de haber pasado por el proceso de quejas de (insert Dental Contractor’s name), llame a la línea de ayuda de escalación del MDCP/DBMD de Salud y Servicios Humanos al 844-999-9543. (Anexo CC)

Si tiene acceso a Internet, puede enviar la queja a:

hhs.texas.gov/managed-care-help

REQUIRED LANGUAGE

ATTACHMENT Z

## What is an Emergency Appeal?

Ask for an ~~Expedited~~ Emergency Appeal when you don’t have time for a standard appeal – when your child’s life or health is in danger. When you ask for an expedited appeal, [insert Dental Contractor’s name] has to make a decision quickly based on the condition of your child’s health.

## ¿Qué es una apelación de emergencia?

Pida una apelación de emergencia cuando no tenga tiempo para una apelación estándar; si la vida o la salud de su hijo corre peligro. Cuando pida la apelación acelerada, [Insert Dental Contractor’s name] tiene que tomar una decisión rápidamente basándose en el estado de salud de su hijo.

**REQUIRED LANGUAGE**

ATTACHMENT AA

## STATE FAIR HEARING

### Can I ask for a State Fair Hearing?

If you, as a Member of the dental plan, disagree with the dental plan’s decision, you have the right to ask for a State Fair hearing. You may name someone to represent you by contacting the dental plan to name the person you want to represent you. A provider may be your representative. If you want to challenge a decision made by your dental plan, you or your representative must ask for the State Fair hearing within 120 days of the date on the dental plan’s letter of the decision being challenged. If you do not ask for the State Fair hearing within 120 days, you may lose your right to a State Fair hearing. To ask for a State Fair Hearing, you or your representative should either send a letter to the dental plan at (address for dental plan) or call (number for dental plan).

If you ask for a State Fair Hearing within 10 days from the time you get the hearing notice from the dental plan, you have the right to keep getting any service the dental plan denied, based on previously authorized services, at least until the final hearing decision is made. If you do not request a State Fair Hearing within 10 days from the time you get the hearing notice, the service the dental plan denied will be stopped.

If you ask for a State Fair Hearing, you will get a packet of information letting you know the date, time and location of the hearing. Most State Fair Hearings are held by telephone. At that time, you or your representative can tell why you need the service the dental plan denied.

HHSC will give you a final decision within 90 days from the date you asked for the hearing.

**Can I ask for an Emergency State Fair Hearing?**

If you believe that waiting for a fair hearing will seriously jeopardize your life or health, or your ability to attain, maintain, or regain maximum function, you or your representative may ask for an emergency fair hearing by writing or calling [insert Dental Contractor’s name]. To qualify for an emergency fair hearing through HHSC, you must first complete [insert Dental Contractor’s name]’s internal appeals process.

## AUDIENCIA IMPARCIAL ESTATAL

¿Puedo pedir una audiencia imparcial estatal? Si como miembro del plan dental, usted no está de acuerdo con la decisión del plan, tiene el derecho de pedir una audiencia imparcial estatal. Puede nombrar a alguien para que lo represente comunicándose con el plan dental para darles el nombre de la persona que usted quiere que lo represente. Un proveedor puede ser su representante. Si quiere refutar una decisión tomada por el plan dental, usted o su representante tiene que solicitar una audiencia imparcial estatal a más tardar 120 días de la fecha de la carta de la decisión que se cuestiona. Si no pide la audiencia imparcial estatal en un plazo de 120 días, puede perder el derecho a una audiencia imparcial estatal. Para pedir una audiencia imparcial estatal, usted o su representante debe enviar una carta al plan dental a (address for dental plan) o llamar al (number for dental plan).

Si solicita una audiencia imparcial estatal en un plazo de 10 días del recibo del aviso de audiencia del plan dental, tiene el derecho de seguir recibiendo cualquier servicio que el plan dental haya denegado, basándose en los servicios previamente autorizados, al menos hasta que se tome la decisión final sobre la audiencia. Si no solicita una audiencia imparcial estatal en un plazo de 10 días a partir del momento en que reciba el aviso de audiencia, se suspenderá el servicio que el plan dental le denegó.

Si solicita una audiencia imparcial estatal, recibirá un paquete de información con la fecha, la hora y el lugar de la audiencia. La mayoría de las audiencias imparciales estatales se hacen por teléfono. En la audiencia, usted o su representante podrá explicar por qué necesita el servicio que el plan dental le denegó.

La HHSC le dará la decisión final a más tardar a los 90 días de la fecha en que solicitó la audiencia.

**¿Puedo pedir una audiencia imparcial estatal de emergencia?**

Si cree que esperar hasta que llegue la fecha de la audiencia imparcial estatal pondría en grave peligro su vida o salud, o su capacidad de lograr, mantener o recuperar el máximo funcionamiento, usted o su representante puede pedir una audiencia imparcial estatal de emergencia escribiendo o llamando al [insert Dental Contractor’s name]. Para llenar los requisitos para una audiencia imparcial estatal de emergencia por medio de la HHSC, primero tiene que completar el proceso de apelación interna del [insert Dental Contractor’s name].

REQUIRED LANGUAGE

ATTACHMENT BB

## REPORT MEDICAID WASTE, ABUSE, OR FRAUD

### Do you want to report Waste, Abuse, or Fraud?

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

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

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

* Call the OIG Hotline at 1-800-436-6184 or
* Visit <https://oig.hhsc.state.tx.us/> Under the box labeled “I WANT TO,” click “Report Fraud, Waste, or Abuse” to complete the online form.
* You can report directly to (insert Dental Contractor name):
  + (insert Dental Contractor name) name
  + (insert Dental Contractor name)’s office/director address
  + (insert Dental Contractor name)’s toll free phone number

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

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

## DENUNCIE EL MALGASTO, ABUSO O FRAUDE DE MEDICAID

### ¿Quiere denunciar el malgasto, abuso o fraude?

Avísenos si cree que un doctor, dentista, farmacéutico de una farmacia, otro proveedor de atención médica o una persona que recibe beneficios está cometiendo una infracción. Cometer una infracción puede incluir malgasto, abuso o fraude, lo cual va contra la ley. Por ejemplo, díganos si cree que alguien:

* Está recibiendo pago por servicios de Medicaid que no se prestaron o no eran necesarios.
* No está diciendo la verdad sobre su padecimiento médico para recibir tratamiento médico.
* Está dejando que otra persona use una tarjeta de identificación de un plan dental de Medicaid.
* Está usando la tarjeta de identificación de un plan dental de Medicaid de otra persona.
* No está diciendo la verdad sobre la cantidad de dinero o recursos que tiene para recibir beneficios.

**Para denunciar malgasto, abuso o fraude, escoja uno de los siguientes:**

* Llame a la Línea Directa de la Fiscalía General (OIG) al 1-800-436-6184 o
* Visite <https://oig.hhsc.state.tx.us/> debajo de la caja marcada “I WANT TO,” clic “Report Fraud, Waste, or Abuse” para llenar una forma en línea.
* Puede informar directamente a (insert Dental Contractor name):
  + (insert Dental Contractor name) nombre
  + (insert Dental Contractor name)’s oficina/ dirección de director
  + (insert Dental Contractor name)’s número de teléfono gratuito

**Para denunciar el malgasto, abuso o fraude, reúna toda la información posible.**

* Al denunciar a un proveedor (un doctor, dentista, terapeuta, etc.) incluya:
  + El nombre, la dirección y el teléfono del proveedor.
  + El nombre y la dirección del centro (hospital, centro para convalecientes, agencia de servicios de salud en casa, etc.).
  + El número de Medicaid del proveedor o centro, si lo sabe.
  + El tipo de proveedor (doctor, dentista, terapeuta, farmacéutico, etc.).
  + El nombre y teléfono de otros testigos que puedan ayudar en la investigación.
  + Las fechas de los sucesos.
  + Un resumen de lo ocurrido.
* Al denunciar a una persona que recibe beneficios, incluya:
  + El nombre de la persona.
  + La fecha de nacimiento de la persona, su número de Seguro Social o su número de caso, si los sabe.
  + La ciudad donde vive la persona.
  + Detalles específicos sobre el malgasto, abuso o fraude.

REQUIRED LANGUAGE

ATTACHMENT CC

**MDCP/DBMD Escalation Help Line**

**What is the MDCP/DBMD escalation help line?**

The MDCP/DBMD escalation help line assists people with Medicaid who get benefits through the Medically Dependent Children Program (MDCP) or the Deaf-Blind with Multiple Disabilities (DBMD) program.

The escalation help line can help solve issues related to the STAR Kids managed care program. Help can include answering questions about State Fair Hearings and continuing services during the appeal process.

**When should Members call the escalation help line?**

Call when you have tried to get help but have not been able to get the help you need. If you don’t know who to call, you can call **844-999-9543** and they will work to connect you with the right people.

**Is the escalation help line the same as the HHS Office of the Ombudsman?**

No. The MDCP/DBMD Escalation Help Line is part of the Medicaid program. The Ombudsman offers an independent review of concerns and can be reached at 866-566-8989 or go on the Internet (hhs.texas.gov/managed-care-help). The MDCP/DBMD escalation help line is dedicated to individuals and families that receive benefits from the MDCP or DBMD program.

**Who can call the help line?**

You, your authorized representatives or your legal representative can call.

**Can members call any time?**

The escalation help line is available Monday through Friday from 8 a.m.–8 p. After these hours, please leave a message and one of our trained on-call staff will call you back.

**¿Qué es la línea de escalamiento del MDCP/DBMD?**

**La línea de escalamiento del MDCP/DBMD** ayuda a las personas con Medicaid que reciben beneficios del Programa para Niños Médicamente Dependientes (MDCP) o del Programa para Personas Sordociegas con Discapacidades Múltiples (DBMD).

La línea de escalamiento le ayuda a resolver problemas relacionados con el programa de atención médica administrada STAR Kids. Esa ayuda puede consistir en darle respuesta a las dudas que pueda tener sobre las audiencias imparciales de Medicaid o sobre la continuación de los servicios mientras se lleva a cabo la apelación.

**¿Cuándo puedo llamar a la línea de escalamiento?**

Llámenos si ha tratado de obtener ayuda y no ha recibido el tipo de ayuda que necesitaba. Si no sabe a quién recurrir, puede llamarnos al **844-999-9543** y nosotros nos encargaremos de ponerlo en contacto con el personal adecuado.

**¿Es esta la misma oficina que la Oficina del Ombudsman de HHS?**

No. La línea de escalamiento del MDCP/DBMD forma parte del programa Medicaid. El Ombudsman le ofrece una revisión independiente de sus inquietudes. Para obtener ayuda del Ombudsman comuníquese al 866-566-8989, o visite el sitio de internet hhs.texas.gov/managed-care-help. La línea de escalamiento del MDCP/DBMD está dirigida a individuos y familias que reciben beneficios del programa MDCP o DBMD.

**¿Quiénes pueden llamar a la línea de ayuda?**

Usted, su representante autorizado o su representante legal.

**¿Puedo llamar a cualquier hora?**

La línea de escalamiento está disponible de lunes a viernes de 8:00 a.m. a 8:00 p.m. Si llama después de este horario, deje un mensaje y uno de nuestros empleados de guardia capacitado se comunicará con usted.

**ATTACHMENT DD**

**EXTERNAL MEDICAL REVIEW INFORMATION**

**Can I ask for an External Medical Review?**

If you, as a Member of the ~~health~~ dental plan, disagree with the Dental Contractor’s Internal Appeal decision, you have the right to ask for External Medical Review with fair hearing. An External Medical Review is an optional, extra step you can take to get your case reviewed for free before your state fair hearing. You, your parent, your authorized representative or your legally authorized representative (LAR) must ask for the External Medical Review within 120 days of the date the health plan mails the letter with the decision. If you do not ask for the External Medical Review within 120 days, you may lose your right to an External Medical Review. To ask for an External Medical Review, you, your parent, your representative or your legally authorized representative should eitherFill out the ‘State Fair Hearing and External Medical Review Request Form’ that came with the Member Notice of MCO Internal Appeal Decision letter and mail or fax it to <name> by using the address or fax number at the top of the form.;

• Call the Dental Contractor at < Dental Contractor telephone number>;

• Email the Dental Contractor at < Dental Contractor email address>; or

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You have the right to keep getting any service the health plan denied or reduced, based on previously authorized services, at least until the External Medical Review and final fair hearing decision is made if you ask for an External Medical Review with fair hearing by the later of: (1) 10 calendar days following the Dental Contractor’s mailing of the notice of the Action, or (2) the day the Dental Contractor’s letter says your service will be reduced or end. If you do not request continued benefits by this date, the service the dental plan denied will be stopped.

You may withdraw your request for an External Medical Review before it is assigned to an Independent Review Organization or while the Independent Review Organizationis reviewing your External Medical Review request. An External Medical Review cannot be withdrawn if an Independent Review Organization has already completed the review and made a decision.

Once the External Medical Review decision is received, you have the right to withdraw the State Fair Hearing request. You may withdraw your State Fair Hearing request orally or in writing by contacting the hearings officer listed on Form 4803, Notice of Hearing.

**Can I ask for an Emergency External Medical Review?**

If you believe that waiting for a standard External Medical Review will seriously jeopardize your life or health, or your ability to attain, maintain, or regain maximum function, you, your parent or your legally authorized representative may ask for an emergency External Medical Review and emergency State Fair Hearing by writing or calling [insert Dental Contractor’s name]. To qualify for an emergency External Medical Review and emergency State Fair Hearing review through HHSC, you must first complete [insert Dental Contractor’s name]’s internal appeals process.

**Can I Cancel My External Medical Review?**

You may cancel your request for an External Medical Review before it is assigned to an Independent Review Organization or while the Independent Review Organization is reviewing your External Medical Review request. An External Medical Review cannot be cancelled if an Independent Review Organization has already completed the External Medical Review and made a decision.

Once the External Medical Review decision is received, you have the right to withdraw your State Fair Hearing request. You may withdraw your State Fair Hearing request orally or in writing by contacting the hearings officer listed on Form 4803, Notice of Hearing.

**ANEXO DD**

**INFORMACIÓN SOBRE LA REVISIÓN MÉDICA EXTERNA**

**¿Puedo pedir una revisión médica externa?**

Si como miembro del plan dental, usted no está de acuerdo con la decisión de apelación interna del contratista dental, tiene el derecho de solicitar una revisión médica externa y una audiencia imparcial. Una revisión médica externa es un paso opcional y adicional que usted puede tomar para que se revise el caso sin costo antes de que se celebre la audiencia imparcial estatal. Usted, uno de sus padres, su representante autorizado o su representante legal autorizado (LAR) debe solicitar la revisión médica externa en un plazo de 120 días a partir de la fecha en que el plan médico envía la carta con la decisión. Si no solicita la revisión médica externa en un plazo de 120 días, puede perder su derecho a una revisión médica externa. Para solicitar una revisión médica externa, usted, uno de sus padres, su representante o su representante legalmente autorizado debe llenar la "Solicitud de una audiencia imparcial estatal y revisión médica externa" que se adjuntó a la Carta de notificación al miembro de la decisión de apelación interna de la MCO y enviarla por correo, o bien por fax a <name> usando la dirección o el número de fax que aparecen en la parte superior de la solicitud;

• Llamar al contratista dental al < Dental Contractor telephone number>;

• Enviar un correo electrónico al contratista dental en < Dental Contractor email address>; o bien

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Usted tiene el derecho de seguir recibiendo cualquier servicio que el plan médico denegó o redujo, basándose en los servicios previamente autorizados, al menos hasta que se tome la decisión final de la revisión médica externa y la audiencia imparcial, si solicita una audiencia imparcial y una revisión médica externa para la fecha que ocurra más tarde: (1) 10 días naturales después de la fecha en que usted recibió la carta del contratista dental con aviso sobre la acción, o (2) la fecha en que el servicio se reducirá o cancelará, según la carta del contratista dental. Si no pide que sus beneficios continúen antes de esta fecha, el servicio que el plan dental le denegó se cancelará.

Usted puede retirar su solicitud de una revisión médica externa antes de que se asigne a una Organización de Revisión Independiente o mientras esta organización esté tramitando su solicitud de revisión médica externa. Una revisión médica externa no se puede retirar si una Organización de Revisión Independiente ya ha terminado la revisión y tomado una decisión.

Una vez que se recibe la decisión de la revisión médica externa, usted tiene derecho a retirar su solicitud de una audiencia imparcial estatal. Si prosigue con el trámite de la audiencia imparcial, también puede solicitar que la Organización de Revisión Independiente esté presente en la audiencia imparcial. Puede hacer ambas solicitudes al comunicarse con su contratista dental en (specify Dental Contractor information) o con el equipo de admisión de la HHSC en EMR\_Intake\_Team@hhsc.state.tx.us.

**¿Puedo pedir una revisión médica externa de emergencia?**

Si cree que esperar la decisión de la revisión médica externa estándar pondría en grave peligro su vida o salud, o su capacidad de lograr, mantener o recuperar el máximo funcionamiento, usted, uno de sus padres o su representante legalmente autorizado puede solicitar una revisión médica externa de emergencia y una audiencia imparcial estatal de emergencia escribiendo o llamando a [insert Dental Contractor’s name]. Para llenar los requisitos para una revisión médica externa de emergencia y una audiencia imparcial estatal de emergencia por medio de la HHSC, primero tiene que completar el proceso de apelación interna de [insert Dental Contractor’s name].

**¿Puedo cancelar mi revisión médica externa?**

Usted puede cancelar su solicitud de una revisión médica externa antes de que sea asignada a una Organización de Revisión Independiente o mientras esta organización esté revisando la solicitud de la revisión médica externa del miembro. Una revisión médica externa no se puede cancelar si una Organización de Revisión Independiente ya terminó la revisión y tomó una decisión.

Una vez que se recibe la decisión de la revisión médica externa, usted tiene derecho de cancelar su solicitud de una audiencia imparcial estatal. Si prosigue con la audiencia imparcial estatal, también puede solicitar que la Organización de Revisión Independiente esté presente en la audiencia imparcial. Puede hacer ambas solicitudes al comunicarse con su MCO en [(specify MCO information) o con el equipo de admisión de la HHSC en EMR\_Intake\_Team@hhsc.state.tx.us.](mailto:(specify%20MCO%20information)%20o%20con%20el%20equipo%20de%20admisión%20de%20la%20HHSC%20en%20EMR_Intake_Team@hhsc.state.tx.us.%20)