FREQUENTLY ASKED QUESTIONS

ON
DENTAL BENEFIT MANAGEMENT PLAN IMPLEMENTATION

Through a competitive procurement process, the Department of Health and Hospitals' (DHH) selected Managed Care of North America Dental (MCNA) to provide dental services for 1.2 million Medicaid and LaCHIP enrollees. The anticipated go-live date for the dental program is July 1, 2014.

Providers also can communicate with Medicaid staff via email at bayouhealth@la.gov. More information on the Medicaid Dental Benefit Management Program can be found online at www.MakingMedicaidBetter.com

- Which Dental Plan won the contract with DHH?
  Managed Care of North America Dental (MCNA) was selected as the Dental Benefit Management Program.

- When will the Dental Plan begin providing services?
  The Dental Plan will begin providing services on July 1, 2014.

- When should I start the credentialing process with the Dental Plan?
  The credentialing process should be started as soon as possible to delay payment once dental services are managed by the Dental Plan.

- Where should I go to get more information on credentialing?
  The documents that must be completed and submitted for credentialing are available on the MCNA Dental website http://www.mcnala.net or you may contact the Provider Hotline at 1-855-701-6262.

- If I am credentialed with the Bayou Health Plans, am I required to be credentialed with the Dental Plan?
  Yes, provider must be credentialed for the Dental Plan.

- What if I have claims that have not been submitted after the transition?
  All claims with dates of service before July 1, 2014 should be sent to Molina for processing.

- What if I received an approved prior authorization before July 1, 2014?
  All prior authorizations prior to July 1, 2014 will be honored until July 30, 2014 with the new Dental Plan.

- Will dental providers have to enroll in Medicaid and the Dental Plan?
  Beginning July 1, 2014, providers are only required to enroll with the Dental Plan. Please submit all credentialing materials to MCNA Dental, http://www.mcnala.net/.

- Will the dental rate change when the Dental Plan takes over?
  July 1, 2014, the dental reimbursement rates will change. The rates that were effective July 1, 2012 will become effective. Medicaid Dental rates can be found at www.LAMedicaid.com.

- Are all Louisiana Medicaid and LaCHIP recipients enrolled in the Dental Plan?
  Most but not all Medicaid/LaCHIP recipients will be enrolled in the Dental Plan. Recipients that are enrolled in the Dental Plan do not have the option to continue to receive dental services through legacy Medicaid, while some recipients are excluded from the Dental Plan.

- Which Medicaid recipients are excluded from participating in the Dental Plan?
  Recipients that reside in an Intermediate Care Facility for Individuals with Developmental Disabilities (ICFDD) are excluded from participating in the Dental Plan

- Will Medicaid recipients have the option to participate in the Dental Plan or remain in Medicaid fee-for-service?
  The option to participate in the Dental Plan is not voluntary.

- Do recipients enrolled in the Dental Plan still use the Medicaid/LaCHIP card?
  Yes. A new card will not be issued. All Medicaid recipients will continue to use their Health Network of Louisiana Medicaid card. If you have misplaced your card you may request a new one at http://www.dhh.la.gov/index.cfm/page/237 or by calling the Medicaid Hotline at1-888-345-6207.

- How do I determine if a recipient is enrolled in the Dental Plan or receiving dental benefits from legacy Medicaid?
  Providers are still required to verify recipient Medicaid eligibility using the Medicaid Eligibility Verification System (MEVS) or the Recipient Eligibility Verification System (REVS). If the recipient is enrolled in the Dental Plan the contractor's contact information will be displayed. If the recipient continues to receive dental benefits from legacy Medicaid, "Dental" will be shown in the Active Coverage section. More information can be obtained about MEVS at http://www.lamedicaid.com/provweb1/about_medicaid/mevs.htm or the provider can contact REVS at 1-800-776-6323 to verify eligibility.

- What is the difference between dental benefits provided by Medicaid and provided by the Dental Plan?
  The Dental Plan will offer the same services that are currently provided in the Medicaid EPSDT Dental and Adult Denture programs.

- Do I have to choose a Primary Care Dentist?
  Yes the recipient is required to choose a Primary Care Dentist. If the member does not select a primary care dentist and is auto assigned by the Dental Plan, the Dental Plan will allow the member to change primary care dentist.

- Can a recipient choose a pediatric dentist as their Primary Care Dentist?
  DHH's Contract with the Dental Plan includes language that Dental Plans can allow members to have a specialist as their PCD if the specialist is willing to perform the responsibilities of a PCD.

  The recipient should contact member services for the Dental Plan in which they are enrolled to request a specialist be assigned as their PCD.

- What if there isn't a particular type of specialist in my plan?
  The Dental Plan is required to have all specialties in their provider network

- Can each child have a separate Primary Care Dentist or do all minor children in the same Medicaid household have the same Primary Care Dentist.
  Each individual recipient can have a Primary Care Dentist.