



# DENTAL WELLNESS PLAN KIDS (DWP KIDS) MEMBER HANDBOOK

SI TIENE ALGUNA PREGUNTA O LE GUSATRIA OBTENER UNA COPIA GRATIUTA DE ESTE MANUA EN ESPANOL, COMUNIQUEST CON DELTA DENTAL OF IOWA AL 1-888-472-2793.

FORM NUMBER: DWPKIDS072022

## **Notice of Nondiscrimination and Accessibility**

Delta Dental of Iowa complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Delta Dental of Iowa does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Delta Dental of Iowa:

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, other formats)

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, contact Member and Provider Services at 1-888-472-2793.

If you believe Delta Dental of Iowa has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a discrimination complaint with:

Delta Dental of Iowa  
Director of Compliance  
9000 Northpark Drive  
Johnston, IA 50131

1-515-261-5500  
Hearing Impaired Toll Free: 1-888-287-7312  
Fax: 515-875-4163  
Email: [compliance@deltadentalia.com](mailto:compliance@deltadentalia.com)

You can file a discrimination complaint by mail, fax, or email. If you need help filing the complaint, the Director of Compliance is available to help you at the contact information listed above.

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 509 F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019  
1-800-537-7697 (TDD)

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

## Required Federal Notice-Nondiscrimination and Accessibility

Delta Dental of Iowa complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. To review our full nondiscrimination notice go to [www.deltadentalia.com/nondiscrimination](http://www.deltadentalia.com/nondiscrimination).

Delta Dental of Iowa provides free language services to people who's primary language is not English. In addition, Delta Dental provides free services for people with disabilities such as auxiliary aids, written communication in other formats such as large print, audio or other formats. If you need these services, call 1-888-472-2793, hearing impaired (TYY) call 1-888-287-7312.

### Language Access Service

If you, or someone you're helping, has questions about Delta Dental of Iowa, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-888-472-2793.

### Arabic –

إن كان لديك أو لدى شخص تساعدُه أسئلة بخصوص Iowa Delta Dental of والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-888-472-2793.

**Chinese –** 如果您，或是您正在協助的對象，有關於 Delta Dental of Iowa 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請致電 1-888-472-2793

**French –** Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Delta Dental of Iowa, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-888-472-2793.

**German –** Falls Sie oder jemand, dem Sie helfen, Fragen zum Delta Dental of Iowa haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-888-472-2793 an.

**Hindi –** यदि आपके, या आप द्वारा सहायता किए जा रहे किसी व्यक्ति के Delta Dental of Iowa के बारे में प्रश्न हैं, तो आपके पास अपनी भाषा में मुफ्त में सहायता और सूचना प्राप्त करने का अधिकार है। किसी दुभाषिण से बात करने के लिए 1-888-472-2793 पर कॉल करें।

**Karen –** ၵုၼ်, မှတမ့ၢ် ပုၤတဂၢၤလၢၤနမၤတၢၤအိၣ်ဒီး တၢ်သံက့ၢ်တဖၣ်ဘၣ်လးဒီး Delta Dental of Iowa န့ၣ်န့ၣ်ဒီး တၢ်ခွဲးတၢ်ယၢ်လၢၤနကဒီးန့ၢ်ဘၣ်တၢ်မၤတၢၤဒီး တၢ်ဂ့ၢ်တၢ်ကျိၤလၢၤနက့ၢ်ဒၣ်န့ၣ်လၢ တလိၣ်ဟ့ၣ်အပူၤဘၣ်န့ၣ်လီၤ. လၢနက တၢ်တၢ်ဒီး ပုၤကတၢ်ကျိၢ်ထံတၢ်အဂီၢ်, ကိး 1-888-472-2793 တက့ၢ်.

**Korean –** 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Delta Dental of Iowa에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담 없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-888-472-2793로 전화하십시오.

**Laotian –** ຖ້າທ່ານ ຫຼືຄົນທີ່ທ່ານກຳລັງຊ່ວຍເຫຼືອ, ມີຄຳ ຖາມກ່ຽວກັບ Delta Dental of Iowa, ທ່ານມີສິດທີ່ຈະໄດ້ ຮັບການຊ່ວຍເຫຼືອແລະຂໍ້ມູນຂ່າວສານທີ່ເປັນພາສາຂອງ ທ່ານບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ເພື່ອໄວ້ລົມກັບນາຍພາສາ, ໃຫ້ໂທຫາ 1-888-472-2793.

**Pennsylvania Dutch:** Wann du hoscht en Froog, odder ebber, wu du helfscht, hot en Froog baut Delta Dental of Iowa, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du 1-888-472-2793 uffrufe.

**Russian –** Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Delta Dental of Iowa, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-888-472-2793.

**Serbo-Croatian –** Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Delta Dental of Iowa, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 1-888-472-2793.

**Spanish –** Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Delta Dental of Iowa, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-888-472-2793.

**Tagalog –** Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa Delta Dental of Iowa, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-888-472-2793.

**Thai –** หากคุณ หรือคนที่คุณกำลังช่วยเหลือมีคำถามเกี่ยวกับ Delta Dental of Iowa คุณมีสิทธิที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของคุณได้โดยไม่มีค่าใช้จ่าย พูดคุยกับล่าม โทร 1-888-472-2793

**Vietnamese –** Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Delta Dental of Iowa, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-888-472-2793.

For telephone accessibility assistance if you are deaf, hard-of-hearing, deaf, blind, or have difficulty speaking, call 1-888-287-7312.

Llame al 1-888-287-7312, (teléfono de texto para personas con problemas de audición, del habla y ceguera) si necesita asistencia telefónicamente.

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# Welcome

## A Special Note from Delta Dental of Iowa

Welcome to Delta Dental of Iowa! Delta Dental has over 45 years of experience and is proud to be one of the administrators for the Dental Wellness Plan Kids (DWP Kids) program. As the largest dental insurance company in Iowa, we cover more Iowans than any other carrier. Our goal is to give you a healthy smile.

DWP Kids is for children aged 0-18 in the Medicaid program and allows you to get dental services when you see a DWP Kids Delta Dental dentist.

### Using this Handbook

This handbook explains the following:

- DWP Kids benefits
- How to use your benefits
- Your rights and responsibilities

It also helps to answer some questions people often ask. This handbook uses some terms you should understand:

- **You, Your, Member** -- Refers to the child enrolled in DWP Kids.
- **We, Us, Our** -- Refers to Delta Dental of Iowa.
- **Dentist** -- Refers to the dentist you pick to provide services to you.
- **DWP Kids Network Dentist** -- Refers to a dentist who has signed an agreement with Delta Dental to provide services to you.

This handbook will help you understand how DWP Kids dental works. Please read it before you call your dentist. Please keep it for future use.

# Important Contact Information

## Delta Dental of Iowa Member Services

1-888-472-2793

Call this number with questions about your benefits or if you need help finding a dentist.

Hours: Monday to Friday 7:30 AM - 5:00 PM

## State Contact Information

### Iowa Medicaid Enterprise (IME) Member Services

1-800-338-8366

Call this number for Dental Carrier choice counseling and enrollment for Dental Wellness Plan Kids members. IME Member Services can also help with accessing any additional benefits, such as counseling or referral services.

Hours: Monday to Friday, 8 a.m. to 5 p.m.

You can also email IME Member Services at [IMEMemberServices@dhs.state.ia.us](mailto:IMEMemberServices@dhs.state.ia.us).

### Iowa Department of Human Services (DHS) Contact Center

1-855 -889-7985

Call this number if you are new to DWP Kids and have application questions.

Hours: Monday to Friday, 8 a.m. to 5 p.m.

### Iowa Department of Human Services (DHS) Income Maintenance Customer Service Center

1-877-347-5678

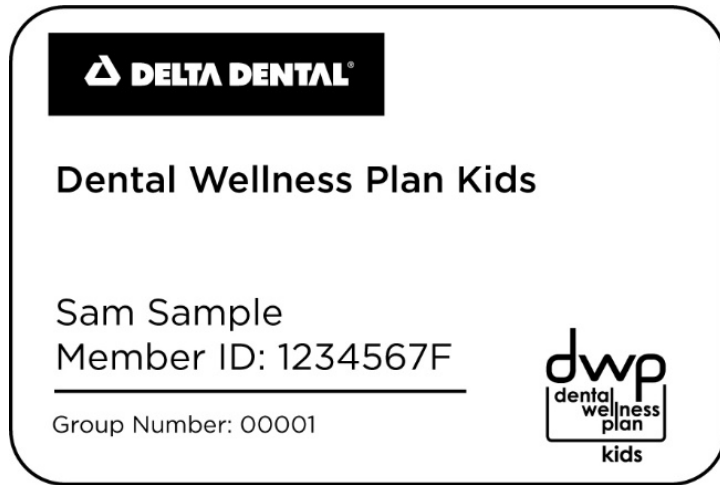
Call this number to report changes in DWP Kids eligibility, such as beginning employment, ending employment, you have had an increase or decrease in income, or someone moves into or out of your home.

Find your local DHS office: [https://dhs.iowa.gov/dhs\\_office\\_locator](https://dhs.iowa.gov/dhs_office_locator)

Hours: Monday to Friday, 7 a.m. to 6 p.m.

# Your ID Cards

We mail each new member a DWP Kids ID Card. The card will look like this:



***The Delta Dental DWP Kids ID card is for dental services only.***

This card has important information about your dental benefits. Please take this card to your dentist every time you go to their office.

Only you can use your ID Card for dental services. If someone else uses your ID card to get services, that person may be charged for the services. Delta Dental may not be able to keep you in the plan if you allow someone else to use your ID card. Letting someone else use your ID card is considered fraud and can be punishable by law.

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

If you lose your ID card and need to get a replacement you can do one of the following:

- Call us toll-free at 1-888-472-2793
- Visit our website at [www.dwpiowa.com](http://www.dwpiowa.com)



# Covered Benefits and Services

Many health plans have a maximum dollar amount they will pay toward the cost of dental care during a benefit year, which is referred to as an annual benefit maximum. DWP Kids does not have an annual benefit maximum for members. The benefit year for DWP Kids is July 1 to June 30. You have access to the following dental benefits when you are enrolled with DWP Kids.

Please note: We will let you know in writing when there are changes in your covered benefits and services.

## Diagnostic/Preventive Dental Services—checkups and teeth cleanings

- Annual Exams - Limit 1 every 6 months
- Limited Exams (emergency) - Limit 2 every 12 months
- Cleanings - Limit 1 every 6 months

## X-rays

- Bitewings, occlusal - Limit 1 every 12 months
- Full mouth/panoramic - Limit 1 every 5 years

Fluoride - Limit 4 every 12 months

Sealants - Limit 1 per permanent molar every 3 years

Space maintainers - 1 per arch per lifetime

## Restorative Services—tooth repair and removal

- Extractions
- Fillings
- Root Canals
- Crowns

## Periodontal Care

- Scaling and root planing
- Debridement (deep cleaning)
- Periodontal Surgery—Limit 1 every 12 months

## Tooth Replacements

- Complete denture - Limit 1 every 5 years
- Partial denture - Limit 1 every 5 years
- Denture adjustments, relines, and repairs - Limit 2 repairs per arch every 12 months

## Oral Surgery

- General Anesthesia/Sedation

## Orthodontia

- Only approved when medically necessary

## **Orthodontia**

Orthodontia care is only available if it is considered medically necessary for members. Orthodontia treatment for cosmetic reason is not covered. Orthodontia requires our clinical review and approval before they are performed. Delta Dental uses the Salzmann scoring index and treatment can be approved with scores of 26 or above.

Orthodontia benefits are only available if received from a provider who is a member of the DWP Kids Provider Network. There are no benefits when you seek services from a provider who is not a DWP Kids Provider.

If orthodontic treatment is stopped for any reason before it is completed, Delta Dental of Iowa will pay only for covered services and supplies actually received.

No benefits are available for charges made after treatment stops or after the termination of coverage. Delta Dental of Iowa payment for treatment in progress extends only to the months of treatment received while covered under the plan.

# Services Not Covered

The list below shows some of the services that are never covered by DWP Kids. You can agree with your dentist in writing to have these services done. If you choose to get any of these services, you will be responsible for paying your dentist.

Please note: Even if a service is not listed below, it may not be covered under this plan. If you are unsure if a service is covered, please call us toll-free at 1-888-472-2793.

- Bridges, unless in the instance of a member's physical or mental condition that precludes the use of a partial denture or replacement is needed due to breakage or extensive, recurrent decay
- Removable partial dentures replacing posterior teeth, unless member has fewer than eight posterior teeth that fit together between top and bottom teeth, excluding third molars. Or unless a member has a full denture in one arch and a partial denture replacing posterior teeth.
- Implants and related services, unless in the instance of a member with cancer, traumatic injury, or developmental defects, such as cleft palate
- Cosmetic procedures
- Gold foils, inlays and onlays
- Teeth whitening
- Interim partial
- Treatment by anyone other than a licensed dentist or dental hygienist
- Services which are eligible for reimbursement by any other insurance or medical health plan
- Missed appointments
- Temporary bridges or dentures
- Services over the benefit frequency
- Experimental procedures
- Dental expenses related to any dental service:
  - Started after the member's coverage ended
  - Received before the member became eligible for the services

## Early Periodic Screening Diagnosis and Treatment (EPSDT)

EPSDT is a benefit of the Medicaid Program for children under the age of 21. EPSDT is key to making sure that children and adolescents get appropriate preventive, dental, and mental health as well as developmental and specialty services.

You should see a DWP Kids dentist every six months for a regular EPSDT dental checkup. For help finding a dentist, call us at 1-888-472-2793. If you have questions about other EPSDT benefits, contact your medical managed care organization.

## Care Coordination

### I-Smile™

I-Smile™ is a program that connects Iowa families with dental, medical, and local resources for a lifetime of health and wellness. Dental hygienists are located across the state to help children get dental care.

This program helps in so many areas to get Iowa children access to dental care and good oral health. Delta Dental of Iowa works with all of the local coordinators and can connect you with a local program if you have any questions.

- Provide dental screenings, sealants, and fluoride in schools.
- Help families find a dentist, make appointments, and connect with local resources.
- Provide oral health education for children and parents.

For more information about the I-Smile™ program and to find your local Coordinator, visit <https://ismile.idph.iowa.gov/>.

# Going to the Dentist

## Picking Your Dentist

To find a DWP Kids Dentist, visit our website at [www.dwpiowa.com](http://www.dwpiowa.com). The online dentist search will help you find a dentist near you. It can also tell you things about each dentist, such as their office hours, if they are accepting new patients, or languages spoken in the office.

We recommend you visit a dentist that is part of the DWP Kids Network or you may have to pay for your dental services. If you need help finding a dentist in the network or have questions, call us toll-free at 1-888-472-2793.

If Delta Dental pays your dentist less than the amount he or she charges for a covered service, your dentist cannot ask you to pay the rest of the bill. For example, if the provider's charge is \$100 and the amount that DWP Kids will pay the provider is \$70, the provider cannot bill you for the remaining \$30.

## Choosing a Dentist Not in the Network

If you choose to see a dentist that is not part of the DWP Kids Network, you may have to pay for any services provided by the dentist, except for some emergency services. An out of network dentist is not required to bill your insurance for services.

## What if my Dentist Leaves the Network?

If the dentist you are seeing leaves the DWP Kids Network, we will let you know. We will also send you information on how to select a new dentist.

## What if I want to see a different Dentist?

You may see any DWP Kids dentist or specialist that you choose. You do not need to contact us to change dentists. If you move or decide to switch to a new DWP Kids dentist, you are responsible for getting a copy of your dental records from your current dentist to your new dentist. All DWP Kids dentists must provide you copies of your records, free of charge. If you would like help with this process, you may call us at 1-888-472-2793.

## What if I was on a different plan?

If you have been on a different dental plan or if you have been seeing a dentist that is not part of the DWP Kids Network, we will help you find a dentist. During this transition, you can continue to see your current dental provider for 90 days if that provider is enrolled in Iowa Medicaid. We will work with you and the office to get your dental records sent to your new provider. If you would like help with this, you may call us at 1-888-472-2793.

# Scheduling an Appointment

After you pick a dentist:

- Call the dental office to make an appointment.
- Let the office know you have DWP Kids insurance through Delta Dental of Iowa and confirm the dentist is part of the DWP Kids Network.

Please note: If you are getting orthodontic services, make sure you are seeing a DWP Kids orthodontic provider.

## What to Bring to Your Visit:

Bring the items listed below to your dental appointment:

- Your DWP Kids ID Card
- If you have other dental coverage, bring that information to show your dentist

## What Can I Expect When I go to the Dentist?

The dentist will look at your mouth to ensure that your gums and teeth are healthy and growing as they should. There are nationally approved guidelines and services that are recommended based on your age to make sure you get the best care. If you would like a copy of these guidelines, you can get one by calling us at 1-888-472-2793. Ask your dentist about fluoride, sealants, and doing an oral cancer screening.

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

If you cannot keep your dental appointment, be sure to call the dental office to cancel the appointment. When possible, please try to cancel your appointment at least 48 hours prior to the appointment. Try to reschedule your visit for another day.

## What if I Miss an Appointment?

A missed dental appointment presents a problem for both you and the provider. It causes a delay in improving your dental health. The dentist holds that appointment time just for you. Please value your dental appointments! Most offices require at least a 48 hour notice for any appointment changes. Many offices have missed appointment policies and will not see a patient who misses their appointments.

## **Prior Authorization**

Certain services or benefits require Delta Dental's approval to do. Your dentist is responsible for getting the prior authorization (approval) from us. If the services are not approved by Delta Dental, you and your dentist will receive written notices. If the services are still done, you may be responsible for paying the dentist. If you have a prior authorization from another provider before being enrolled with DWP Kids, we will approve that authorization for up to 90 days.

# Payment for Services

## How Much do I Pay?

For covered dental services, you pay nothing as long as you see a DWP Kids Network Dentist. If you receive services from a provider that is not a network provider, you may have to pay for these services. If you agree to receive services that are not covered by DWP Kids, you will have to pay for those services.

## What if I Have Two Dental Insurance Plans?

DWP Kids is always the payer of last resort. This means that DWP Kids will pay only after the other insurance you have has paid.

You should always let your dentist and IME know about the other dental insurance plans you have.

## What if I Get a Bill?

Your DWP Kids Network Dentist should only bill you for services related to the reasons in the “When Do I Pay for Services” section below. If you have questions, call us for help, toll-free at 1-888-472-2793.

## When do I Pay for Services?

Members sometimes have to pay for services due to frequency limitations, non-covered services, services provided by an out of network provider, and/or if the member has agreed to pay for services that are covered. Providers are not allowed to charge you for personal protective equipment.

As a member, your dentist must tell you and you must sign a Patient Financial Responsibility Form stating you agree to pay for these services before anything is done. Any agreement with your dentist should include the services and the amount you will have to pay.

In addition, if you become ineligible for DWP Kids during the time the services were provided you will be responsible for the charges for those services.



# Emergencies

## What is an Emergency Dental Condition?

Emergency dental services addresses an urgent clinical dental issue or problem where care is needed immediately.

## What to do in a Dental Emergency

- During normal business hours, call your dentist's office to find out how to get emergency services.
- After regular office hours, call your dentist's after hours line, if available.
- If the office is closed, go to the nearest Emergency Room.
- Call 911 if you think your life is in danger.

You do NOT need approval to receive emergency dental services. You have the right to use any dentist for emergency care.

## What if I'm Out of Iowa and have a Dental Emergency?

If you need emergency dental services while traveling, call us toll-free at 1-888-472-2793. We will try to help you locate a dentist or seek assistance from a dentist in the area you are visiting. Or you can go to a nearby emergency room. If your life is in danger, call 911.

# Grievances and Appeals

You can take action if you are not happy about any part of DWP Kids by filing either an appeal or grievance (complaint).

We will review your request and provide a written response that we received your request and when our review is final.

You, your dentist, your legal counsel, or someone you name to act for you may file an appeal, grievance, or request a state fair hearing for you. We will send you a one-page form that you must sign and return to us. This form will tell us that you give permission to the person you name to represent you during the process. Call us at 1-888-472-2793 if you need help or have questions.

## Grievance (Complaint)

A complaint is an expression of dissatisfaction about any matter other than an adverse benefit determination. A complaint may be about any of the following:

- Quality of or access to care
- Quality of or access to services
- Inappropriate actions or behavior of a dentist
- Inappropriate action or behavior of Delta Dental
- Failure to respect your rights
- Potential fraud, waste or abuse
- Dissatisfaction with a complaint or appeal resolution or disenrollment request
- Dispute an extension of time DWP Kids requests to make an authorized decision

A complaint may be filed at any time, verbal or written, and we will tell you in writing when we get your complaint. Then we send you a written decision within 30 days. This time may be extended by up to 14 additional days if 1) you request more time or 2) we need more information and it is in your best interest. We will let you know if an extension is needed in writing and orally.

If your grievance is urgent or emergent, we'll respond within 72 hours of when you tell us about it. You may ask us to extend the grievance process for an extra 14 calendar days if you have more details we should see. We may also request an extension by 14 calendar days if it is in the enrollee's best interest and the state allows it. If we extend the grievance process, a written notice explaining the reason and the time frame for resolution will be mailed to you. It will explain why the extension is in your best interest. You also have the right to file a grievance if you disagree.

## Appeal

An appeal is a request for a review of an adverse benefit determination by Delta Dental.

An appeal can be for any of the following:

- The denial or limited authorization of a requested service, including the type of level of service.
- The reduction, suspension or termination of a previously authorized service.
- The denial, in whole or in part, of payment for a service.
- The failure to provide services in a timely manner, as defined by the State.
- The failure of Delta Dental of Iowa's DWP Kids program to act within the required time frames for the standard resolution of appeals.
- Denial of a rural area resident's request to obtain services outside the provider network.
- The denial of enrollee's request to dispute financial liability.

Below are some things to do when you file an appeal.

- File within 60 days of the date on your adverse benefit determination.
- Tell us you want an appeal. You can mail, email, fax, or telephone us.

We will tell you when we get your written appeal request. You then have the opportunity, in writing and in person, to present evidence and make your argument. You have a limited time available to submit additional information to us before we make a decision. We will send you a written decision within 30 days of receiving your appeal request. This time may be extended by up to 14 additional days if 1) you request more time or 2) we need more information and it is in your best interest. We will let you know if an extension is needed in writing and orally. If you have additional information that may help us review your appeal, please promptly provide it in person or in writing. If we fail to meet the notice and timeline requirements for an appeal, you may then request a state fair hearing.

Before and during the appeal process you can ask for an external, or outside, review of your clinical records. You or your personal representative can ask us for a complete copy of your case file. This includes medical records, Delta Dental's criteria, and other documents and records, used by Delta Dental for your appeal. These can be provided in writing at no charge to you. If you would like a copy of your appeal case file, please call us at 1-888-472-2793.

## Expedited Appeal

You or your dentist can ask for a faster appeal. Call us if taking time for a standard appeal jeopardizes your life, your health or your ability to regain or maintain maximum functions. You have the opportunity, in writing and in person, to present additional information that may help us review your appeal. You have a limited time available to submit this to us before a decision is made.

We will return a decision within 72 hours of the request. This time may be extended by up to 14 additional days if 1) you request more time or 2) we need more information and it is in your best interest. We will let you know if an extension is needed in writing and verbally.

### How do I file an Appeal or Complaint?

You can file an appeal or complaint at any time directly with us by doing one of the following:

- Call us toll-free at 1-888-472-2793
- Send an email at [DWPmembers@deltadentalia.com](mailto:DWPmembers@deltadentalia.com)
- Send us a fax to 1-888-264-0195
- Write us at:

Delta Dental of Iowa  
Attn: Appeals and Complaints  
P.O. Box 9040  
Johnston, IA 50131-9040

## State Fair Hearing

If you are not happy with our appeal decision, the next step is to ask for a state fair hearing. You must ask for this within 120 days of receiving your appeal resolution notice. You cannot ask for a state fair hearing unless you have completed the appeal process and received our decision.

To request a state fair hearing do one of the following:

- Complete a state fair hearing request electronically at <http://dhs.iowa.gov/node/966> or
- Write a letter telling the Iowa Department of Human Services stating why you think Delta Dental of Iowa's decision is wrong.

Call the Department of Human Services Appeals Section at 1-515-281-3094 if you want to appeal by telephone. Or mail, fax, or take your appeal to:

Iowa Department of Human Services  
Attn: Appeals Section  
1305 E. Walnut, 5th Floor  
Des Moines, IA 50319  
Fax: 1-515-564-4044  
Email: [appeals@dhs.state.ia.us](mailto:appeals@dhs.state.ia.us)

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

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

Your dentist may also ask for a state fair hearing for you. You need to give your okay in writing first by signing a form. This form will say that you know your health information may be shared publicly during the State Fair Hearing Process.

## **Continuing Your Benefits**

You can ask to have your benefits cover you during the appeal or state fair hearing process.

All of the following must apply:

- The appeal was filed with us within 60 days following the adverse benefit determination AND
- The services are ordered by an approved dentist AND
- The allowed time of service has not expired AND
- The request is made by you or your representative on or before the later of:
  - 10 days from the notice date OR
  - The date of the adverse benefit determination we had planned to take.

Delta Dental of Iowa will pay for the services you asked to be continued if the appeal or state fair hearing decision is in your favor. If it is not in your favor, you may have to pay for all or part of the services used.

# Your Rights and Responsibilities

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

## Member Rights:

You have rights if you get services through DWP Kids. These rights are listed below. You have the right to:

1. Be treated with respect and privacy.
2. Receive care no matter your race, color, nationality, disability, sex, religion or age.
3. Get correct, easy to understand information.
4. File a grievance (complaint) about us, a dentist or the care you receive.
5. File an appeal about an action or decision we made. You can ask for a state fair hearing if you are not happy with the results of the appeal.
6. You have a right to know:
  - a) How Delta Dental decides whether a service is covered and/or dentally necessary.
  - b) Who in Delta Dental's office decides those things.
7. The names of the dentists in the DWP Kids Network.
8. Pick from a list of dentist that is large enough that you can get the right kind of care when you need it.
9. Take part in all the choices about your dental care.
10. Speak for yourself in all treatment choices including the right to refuse treatment.
11. Get a second opinion from another dentist about what kind of treatment you need at no cost to you.
12. Be treated fairly by DWP Kids dentists and other dentists.
13. You have the right to:
  - Talk to your dentist in private
  - Have your dental records kept private
  - Request a copy of your dental records
  - Ask for our changes to those records
14. Know that dentist who care for you can advise you about:
  - Health status
  - Dental care
  - Treatment
15. Know that you are not responsible for paying for covered services. DWP Kids Dentists cannot require you to pay any other amount for covered services. See "When Do I Pay for Services" on Page 16 of this handbook.
16. Receive information in other forms such as Spanish, larger font, Braille, etc. Please contact us toll-free at 1-888-472-2793. You can get a spoken translation for most languages at no cost.

17. Recommend changes in policies and services under the DWP Kids. You can write us or call toll-free 1-888-472-2793.
18. Receive services free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.

## **Member Responsibilities:**

There are things you need to do as a DWP Kids member. Agreeing to them helps you get the most out of your dental services. It also helps us work with you better.

- You must present your Delta Dental of Iowa issued DWP Kids member ID card when getting services from your dentist.
- You should try to follow healthy habits, such as exercising, staying away from tobacco, and eating a healthy diet.
- You should work together with your dentist to pick a treatment that you have agreed upon.
- If you have a disagreement with Delta Dental, you should try first to resolve it using Delta Dental's Grievance Process beginning on Page 18 of this handbook.
- You should learn about what DWP Kids does and does not cover.
- You should read your Member Handbook to understand how the rules work.
- If you make an appointment, you should try to get to the dentist's office on time. If you cannot keep the appointment, be sure to call and cancel it.
- You should report waste, abuse and fraud immediately. This may be about Delta Dental, or other dental or medical plans. See Page 25 of this handbook on how to report waste, abuse or fraud.

# Fraud, Waste and Abuse

## Fraud, Waste, Abuse and Overpayment

Let us know if you think a doctor, dentist, pharmacist at a drug store, other healthcare provider, or a person getting benefits is doing something wrong. Doing something wrong could be fraud, waste, abuse or overpayment, which is against the law. Delta Dental of Iowa is dedicated to conducting business in an ethical and legal manner.

### Definitions

**Abuse** refers to overused or unneeded services. Abuse also includes member actions that result in unneeded costs to DWP Kids.

**Fraud** is a false action used to get something of value.

**Waste** is the misuse of services.

**Overpayment** refers to any amount that is not approved to be paid by DWP Kids. This may be a result of:

- Wrong or improper cost reporting
- Improper claims
- Unacceptable practices
- Fraud
- Abuse
- Waste
- A mistake

Examples of Fraud, Waste, Abuse, and Overpayment:

- Getting paid for DWP Kids services that weren't given or necessary.
- Not telling the truth. Such as about a medical condition to get medical treatment.
- Letting someone use your DWP Kids ID card.
- Using someone else's DWP Kids ID card.
- Giving false or misleading information about services.
- Completing an enrollment application with false information.
- Enrolling as a member when you are not eligible for coverage.
- Dentist offers you valuable gifts or favors to become their patient.



## Report Fraud, Waste and Abuse and Overpayment

Report to Delta Dental

If you suspect fraud, waste, or abuse, immediately report it directly to Delta Dental of Iowa.

- Call us toll-free at 1-888-472-2793
- Email: [DWPmembers@deltadentalia.com](mailto:DWPmembers@deltadentalia.com)

### Report to State Agencies

You can also report to the agencies listed below:

- Call Iowa Medicaid Enterprises (IME), Program Integrity Unit at 1-877-446-3787 (toll-free) or 515-256-4615

### 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 the 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: 1-800-337-4950

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

# Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. Please review it carefully.

## Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

### Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable fee.
- To inspect or request a copy of your records, send a written request to:

Delta Dental of Iowa

Privacy Official

P.O. Box 9040

Johnston, IA 50131-9040

- We may deny your request in very limited circumstances. If we do, you may request that the denial be reviewed.

### Ask us to correct health and claims records.

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- Send your written request with the reasons for the change to:

Delta Dental of Iowa

Privacy Official

P.O. Box 9040

Johnston, IA 50131-9040

- Your request must be in writing. It must include a reason to support the request.
- We may say “no” to your request, but we will tell you why in writing within 60 days.
- We may deny your request if it does not include the reason for the request.
- We may deny your request if you ask us to change information that:
  - Is not part of information kept by Delta Dental of Iowa
  - Was not created by us
  - Is not part of information you are allowed to inspect or copy or
  - Is accurate and complete

### **Request confidential communications**

- You can ask us to contact you in a specific way. For example, you can ask that we only contact you by home or office phone. Or send mail to a different address.
- We will consider all reasonable requests. We must say “yes” if you tell us you would be in danger if we do not. Your request must be in writing. It must include how or where you wish to be contacted.
- Send your written request to:

Delta Dental of Iowa Privacy Official  
P.O. Box 9040  
Johnston, IA 50131-9040

### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- Your request must be in writing. It should tell us:
  - What information to limit
  - If we are to limit our use, disclosure, or both
  - To whom you want the limits applied to. For example, disclosures to your spouse.

Send your written request to:

Delta Dental of Iowa Privacy Official  
P.O. Box 9040  
Johnston, IA 50131-9040

We are not required to agree to your request, and we may say “no” if it would affect your care.

### **Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).
- Your request for this list must be in writing. You must include a time period and the format you want the list in (paper or electronic).
- Your request can be no longer than 6 years and may not include dates prior to 5/1/2014.
- Send your written request to:

Delta Dental of Iowa Privacy Official  
P.O. Box 9040  
Johnston, IA 50131-9040

- We will provide one list within a 12 month period for free. We may charge a reasonable fee if you ask for another list within 12 months.

- We will notify you of this cost. You may choose to withdraw or modify your request before you are charged.

### **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

You may get a copy of this notice at our website, [www.dwpiowa.com](http://www.dwpiowa.com). To get a paper copy, contact:

Delta Dental of Iowa Privacy Official  
P.O. Box 9040  
Johnston IA 50131-9040

### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by sending a letter to:

Delta Dental of Iowa Privacy Official  
P.O. Box 9040  
Johnston, IA 50131, 9040

- You can file a complaint with the U.S. Department of Health and Human Services Offer for Civil Rights. Send a letter to:

U.S. Department of Health and Human Services  
Office of Civil Rights  
200 Independence Avenue, S.W. Washington, D.C. 20201  
Phone: 1-877-696-6775

or by visiting: [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)

- We will not retaliate against you for filing a complaint.

## Your Choices

For certain health information, you can tell us about your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, or others involved in payment or your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

## Our Uses and Disclosures

### How do we typically use or share your health information?

We typically use or share your health information in the following ways.

#### Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A dentist sends us information about your treatment plan to further explain why services are needed.

We can contact you to remind you of appointments. We may also provide recommendations for the other treatment options and additional benefits and services that may be of interest to you.

#### Operations

- We can use and disclose your information for health care options and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.  
Example: We use health information about you to develop better services for you.

### **Pay for your health services**

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dentist to coordinate payment for your dental work.

### **Administer your plan**

We may disclose your health information to your health plan sponsor for plan administration.

Example: Iowa Department of Health and Human Services contracts with us to provide dental benefits, and we provide them information regarding the services you received.

### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways -- usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### **Do research**

We can use or share your information for health research.

### **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

### **Respond to requests and work with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

## **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement officials
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services
- With correctional institutions, if you are an inmate

## **Respond to lawsuits and legal actions**

We can share health information about you in response to court or administrative orders, or in response to a subpoena.

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

## **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our website, and we will mail a copy to you. The notice will contain the effective date on the first page, in the bottom left-hand corner.

# Glossary of Terms

## **Adverse Benefit Determination (ABD)**

An adverse benefit determination is a statement sent by Delta Dental of Iowa to you. This explains what services were not paid for by Delta Dental of Iowa and you may be liable for.

## **Annual Benefit Maximum (ABM)**

This is the maximum dollar amount a dental benefit plan will pay toward the cost of dental care within a specific benefit period, usually a year. Most dental plans have an annual dollar maximum.

## **Appeal**

An appeal is a request for a review of an action. A member or member's authorized representative may request an appeal following a decision made by Delta Dental of Iowa.

Actions that a member may choose to appeal:

- Denial of or limits on a service.
- Reduction or termination of a service that had been authorized.
- Denial in whole or in part of payment for a service.
- Failure to provide services in a timely manner.
- Failure of Delta Dental of Iowa to act within required time frames.
- For a resident of a rural area with only one Dental Carrier, the denial of services Outside the network.

Members may file an appeal directly with Delta Dental of Iowa. If a member is not happy with the outcome of the appeal, they may file an appeal with the Department of Human Services (DHS). Or they may ask for a state fair hearing.

## **Benefit Period**

The length of time during which a benefit is paid, usually over one year. The benefit period for this program is July 1 to June 30. It begins on the day your insurance coverage goes into effect and starts over each July 1. This is true for as long as you have coverage.

## **Care Coordination**

Care Coordination helps to manage your care. Delta Dental of Iowa will work with you and your dental providers to make sure you get the care you need. We also work closely with local I-Smile coordinators across the state to help members find dentists.



## **Clinical Criteria**

Clinical Criteria is used to determine what services or supplies are needed for the diagnosis and treatment of a condition. They must meet the standards of good dental and medical practice.

## **Clinical Practice Guidelines**

Delta Dental of Iowa has adopted practice guidelines, which are recommendations intended to increase patient care that are based on a review of valid and reliable clinical evidence. These guidelines are reviewed and approved annually and are available, upon request.

## **Emergency Dental Condition**

A sudden and severe condition which needs immediate dental care. This may be to stop bleeding, relieve severe pain, or get rid of an infection. No prior authorization is required for emergency dental services.

## **Emergency Services**

Emergency Services are provided when you have an emergency dental condition.

## **Grievance**

You have the right to file a grievance with Delta Dental of Iowa. A grievance is an expression of dissatisfaction about any matter other than a decision. You, your representative or provider who is acting on your behalf and has your written consent may file a grievance.

Examples include, but are not limited to:

- You are unhappy with the quality of your care.
- The dentist who you want to see is not a Delta Dental of Iowa dentist.
- You are not able to receive culturally competent care.
- You got a bill from a provider for a service that should be covered by Delta Dental.
- Rights and dignity.
- Any other access to care issues.

## **“Medically Necessary” Orthodontic Services**

An orthodontic procedure that addresses a harmful habit that is causing deformative changes to the teeth and/or jaw structure, or is one of the automatically qualifying clinical conditions (cleft palate or craniofacial deformity), or is limited, interceptive, or comprehensive orthodontic treatment that treats a handicapping malocclusion and meets a Salzmann Index score of 26 or greater based on the documentation by the provider of the magnitude of teeth mal-alignment, missing teeth, angle classification, overjet and overbite, and crossbite. A Salzmann Index score of 26 or greater will be used as criteria for “medically necessary” orthodontic benefits.

### **Necessary Dental Services**

Necessary Dental Services are services which are needed to preserve and maintain your oral health.

### **Network**

Delta Dental of Iowa has a network of providers across Iowa who you may see for care. You don't need to call us before seeing one of these providers. Before getting services from your provider, please show them your DWP Kids ID card to ensure they are in our network. There may be times when you need to get services outside of our network. If a needed and covered service is not available in-network, it may be covered out-of-network.

### **Non-covered Services**

Non-covered services are services that the DWP Kids program does not cover. You may have to pay for these services.

### **Non-participating Provider**

A provider who does not have a contract with Delta Dental of Iowa to provide services to you. Before receiving services from your provider, please show them your DWP Kids ID card.

### **Participating Provider**

A Participating Provider has a contract with Delta Dental of Iowa to provide services to you.

### **Plan**

Delta Dental of Iowa is your dental plan which pays for and coordinates your dental services

### **Prior Authorization**

Some services require approval from Delta Dental of Iowa for them to be covered. This must be done before you get that service.

### **Provider**

A dental professional who offers dental services and support.

### **Salzmann Index**

An assessment tool used for diagnosing "medically necessary" orthodontics. This assessment tool was created by J. A. Salzmann, DDS, in 1968.

### **Transportation**

Transportation to dental appointments may be available depending on your Iowa Medicaid coverage. Most members have transportation covered by their Managed Care Organization (MCO). For more information contact your MCO.

**Urgent Care**

The treatment of an injury or illness that is not life threatening but needs to be treated within 24 hours.

# Appendix

## If You Need Us

Please contact us if you have any questions about DWP Kids. We are here to help if you need us.

Toll-Free Number	1-888-472-2793
Relay Iowa* Toll-Free Number	711
Regular days/hours (excluding holidays)	Monday to Friday 7:30 am - 5:00 PM
Website	<a href="http://www.dwpiowa.com">www.dwpiowa.com</a>
Email	<a href="mailto:DWPmembers@deltadentalia.com">DWPmembers@deltadentalia.com</a>
Mail	Delta Dental of Iowa Dental Wellness Plan P.O. Box 9040 Johnston, IA 50131-9040

\*For hearing impaired service, please use the Relay Iowa phone number. You will need to tell them Delta Dental's toll free number when you talk to them.

If you would like us to send you a copy of the Member Handbook, please call Member and Provider Services at 1-888-472-2793 or email [DWPmembers@deltadentalia.com](mailto:DWPmembers@deltadentalia.com).