



# DELTA DENTAL OF IOWA DENTAL WELLNESS PLAN MEMBER HANDBOOK

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

FORM NUMBER: DWP072024

## 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>.

# Member Handbook

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# Welcome

## A Special Note from Delta Dental of Iowa

Welcome to Delta Dental of Iowa! Taking care of your teeth is important to your health. Delta Dental's goal is to give you access to quality dental care and your Dental Wellness Plan (DWP) benefits will help you keep your teeth healthy.

Delta Dental has over 45 years of experience and is proud to be part of the Dental Wellness Plan. As the largest dental insurance company in Iowa, we cover more Iowans and have more DWP dentists than any other carrier. Our goal is to give you a healthy smile.

The Dental Wellness Plan is for adults enrolled in the Medicaid program.

This handbook explains the following:

- Dental Wellness Plan 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 a person enrolled in the Dental Wellness Plan.
- **We, Us, Our** -- Refers to Delta Dental of Iowa.
- **Dentist** -- Refers to the dentist you pick to provide services to you.
- **Dental Wellness Plan 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 the DWP works. Please read it before you call your dentist. **Please keep it for future use.**

# Important Contact Information

## Delta Dental of Iowa Member Services

Phone: 1-888-472-2793

Hours: Monday to Friday 7:30 AM – 6:00 PM

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

## State Contact Information

### Iowa Medicaid Member Services

Phone: 1-800-338-8366

Email: [IMEMemberServices@dhs.state.ia.us](mailto:IMEMemberServices@dhs.state.ia.us).

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

Contact Iowa Medicaid Member Services for information about choosing a dental carrier and enrollment for Dental Wellness Plan members. Iowa Medicaid Member Services can also help with accessing any additional benefits, such as counseling or referral services, as well as premium payments and financial hardship requests.

### Iowa Health & Human Services (HHS) Customer Service Call Center

Phone: 1-855-889-7985

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

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

### Iowa Health & Human Services (HHS) Income Maintenance Customer Service Center

Phone: 1-877-347-5678

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

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

Call this number to report changes in Medicaid eligibility, such as when employment starts and ends.

## **Managed Care Organization Contact Information**

### **Wellpoint**

Phone: 833-731-2140 (TTY 711)

Website: <https://www.wellpoint.com/ia/medicaid>

Contact if Wellpoint is your assigned managed care organization and you have questions about your medical benefits or if you qualify for transportation services and need help arranging them.

### **Iowa Total Care**

Phone: 1-833-404-1061

Website: <http://www.iowatotalcare.com>

Contact if Iowa Total Care is your assigned managed care organization and you have questions about your medical benefits or if you qualify for transportation services and need help arranging them.

### **Molina Healthcare**

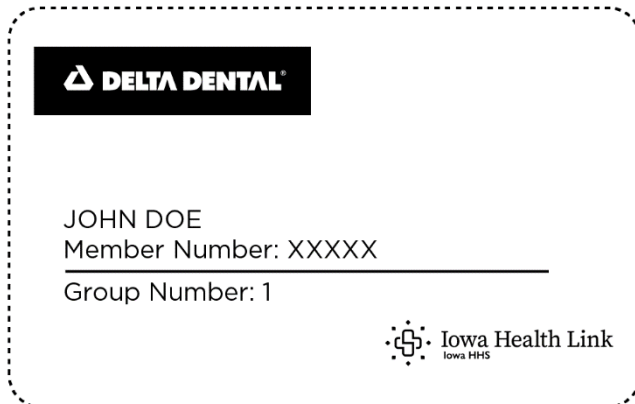
Phone: 1-844-236-0894

Website: <https://www.welcometomolina.com/ia>

Contact if Molina Healthcare is your assigned managed care organization and you have questions about your medical benefits or if you qualify for transportation services and need help arranging them.

# Your ID Cards

We mail each new member a Dental Wellness Plan ID Card in the New Member Packet. The card will look like this:



***The Dental Wellness Plan ID card is for dental services only.***

This card has important information about your dental benefits. Please show this card to your dentist every time you visit 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

You have access to the following dental benefits when you are enrolled with the Dental Wellness Plan.

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

- Diagnostic/Preventive Dental Services
  - Comprehensive Oral Evaluation – Limit one time per dental practice every three years (when you have not been seen by any dentist in the practice during the three-year period)
  - Annual Exams – Limit 2 every 12 months
  - Limited Exams (emergency) – will be payable when the evaluation is for a specific problem and documentation is received from dentist
  - Cleanings
    - Cleaning – Limit 1 every 6 months
    - Periodontal cleaning – Limit 4 every 12 months
  - X-rays
    - Bitewings, occlusal – Limit 1 every 12 months
    - Full mouth/panoramic – Limit 1 every 5 years
  - Fluoride – Limit service every 90 days
- Restorative Services
  - Crowns
  - Fillings
- Non-surgical Periodontal
  - Scaling and root planning
  - Debridement
- Endodontic Care
  - Retreatment of previous root canal therapy
- 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
- Periodontal Surgery
- Orthodontia (only when medically necessary for 19- and 20-year-old DWP members)

## Annual Benefit Maximum

Many health and dental plans have an annual benefit maximum (ABM). The ABM for DWP is \$1,000 per benefit year. This is the maximum dollar amount the Dental Wellness Plan will pay toward the cost of dental care during the benefit year (July 1-June 30). You are personally responsible for paying costs above the annual maximum. The annual benefit maximum does not apply to DWP members 19 and 20 years old.



Services that do NOT count towards your Annual Benefit Maximum include:

- Routine Cleanings, Exams, and X-ray Services
- Dentures and Partial
- Sedation Services related to Oral Surgery
- Emergency Dental Services

If you have reached your \$1,000 Annual Benefit Maximum and the services are not in the excluded list, you will be responsible for paying for the service.

## Services Not Covered

The list below shows some of the services that are never covered by the Dental Wellness Plan. You can agree with your dentist in writing to have these services done. If you have these services, you are responsible for paying your dentist.

**Please note:** Even if a service is not specifically 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
- Nitrous oxide, unless in the instance of a member's physical or mental condition
- 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

## Exception to Policy

An exception to policy (ETP) is for an item or service that is not covered by Iowa Health & Human Services (HHS). The criteria for granting an exception to policy can be found in 441 Iowa Administrative Code 1.8(2). Criteria includes:

- Is there an extreme need for an item or service?
- Are there exceptional circumstances that justify an exception to policy?
- Would an exception to policy result in net savings to the state?
- Have all other possible sources been exhausted?
- What is the cost to the state and are there funds in the HHS budget?

If you feel you are eligible for an ETP, you should work with your dentist to have the proper forms and documentation completed. You can find this form and instructions for completion on Delta Dental's website on the DWP Resources and Forms page: [www.deltadentalia.com/dwp/about-dwp/resources--forms/](http://www.deltadentalia.com/dwp/about-dwp/resources--forms/)

## Early Periodic Screening Diagnosis and Treatment (EPSDT) Services

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 services, as well as developmental and specialty services.

Members 19 and 20 years old are eligible to receive covered benefits and services under the Dental Wellness Plan as long as the service meets clinical criteria.

Members that are 19 and 20 years old do not have an annual benefit maximum. You should see a DWP 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.

# Going to the Dentist

## Picking Your Dentist

To find a Dental Wellness Plan Network Dentist visit our website at:

[www.deltadentalia.com/find-a-provider/dwp/](http://www.deltadentalia.com/find-a-provider/dwp/)

The online dentist search will help you find a dentist near you. You can also search for specialists (for example: oral surgeons). 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 Dental Wellness Plan 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 will pay the provider is \$70, the provider cannot bill you for the remaining \$30.

### **What if I Choose a Dentist Who is Not in the Network?**

If you choose to see a dentist that is not part of the Dental Wellness Plan 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, even in an emergency. Please call us toll-free at 1-888-472-2793 if you have questions about emergency services and seeing a dentist who is not in network.

### **How do I Find a Specialist?**

For some dental services, your dentist or medical doctor may recommend you see a specialist. Specialists in dentistry include oral surgeons, periodontists, orthodontists, and prosthodontists (see the Glossary of Terms on page 38 for information about what each specialist does). You can find a specialist by visiting [www.deltadentalia.com/find-a-provider/dwp/](http://www.deltadentalia.com/find-a-provider/dwp/) and searching by the specialty you need.

You may see any specialist in the Dental Wellness Plan Network. You do not need to contact Delta Dental before seeing an in-network specialist. Some specialists may require a referral and records from a dentist or doctor to make an appointment. You are responsible for making sure the referral and needed records are sent to the specialist. It is normal for specialists to have longer wait times or a wait list to get an appointment.

Please call us toll-free at 1-888-472-2793 if you need help finding a specialist or getting a referral and records.

### **What if my Dentist Leaves the Network?**

If the dentist you are seeing leaves the Dental Wellness Plan Network, we will send you a letter in the mail to let you know. We will also send you information on how to pick a new dentist.

### **What if I Want to see a Different Dentist?**

You may see any Dental Wellness Plan Network 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 Dental Wellness Plan dentist, you are responsible for getting your current dentist to send a copy of your records to your new dentist. All DWP network 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 Dental Plan and Seeing a Dentist Who Does Not Take the Dental Wellness Plan with Delta Dental?**

If you have been on a different dental plan or if you have been seeing a dentist that is not part of the DWP 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.

Please Note: Some dentists may take the Dental Wellness Plan with another Dental Carrier, but not with Delta Dental. If you switch to Delta Dental or another Dental Carrier, please check with your dentist before your appointment to make sure they take your insurance plan.

## **Scheduling an Appointment**

After you pick a dentist, it is time to schedule an appointment. For your first appointment, most dentists will want to see you for an exam. The exam helps dentists understand your oral health and create a treatment plan to best help you.

### **Calling to Make an Appointment:**

When you call dental offices, make sure you tell them you have the Dental Wellness Plan with Delta Dental. Confirm with the office they are in the Dental Wellness Plan Network.

### **When you call dental offices, make sure you have:**

- Your Delta Dental Member ID Card
- Your Medicaid ID Number (found on your Member ID Card)
- ID Cards for Other Dental Insurance Plans you have
- Your Date of Birth
- A schedule of when you can go to the dentist

Note: It is normal for dentists to have wait times or wait lists for appointments. Sometimes it may take 6-8 weeks to get your first appointment with a dentist. If you are having a dental emergency and need to see a dentist right away, visit our website: <https://www.deltadentalia.com/dwp/virtual/>

### **What to Bring to Your Visit**

Bring the items listed below to your dental appointment:

- Your Delta Dental Wellness Plan ID Card
- If you have other dental coverage, bring that information to show your dentist
- Have your dental records sent over to your new dental office before your appointment
- Information about your medical and oral health history to your appointment. It is important you tell your dentist this information!

### **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 as soon as possible. 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 is a problem for both you and the provider. It may cause longer wait times for appointments and services.

The dentist holds that appointment time just for you. Your appointments are important! Most offices require at least a 48-hour notice for any appointment changes. It is best to cancel and reschedule your appointment as soon as you know you need to!

Many offices have missed appointment policies and will not see a patient who misses their appointments. You will then need to find a new dentist.

Dentists will have different rules about cancelling appointments and missed appointments. Please talk to your dentist's office about their specific appointment rules and policies!

### **Can my Dentist Bill me if I Miss an Appointment?**

Your dentist may choose to charge a fee when you miss an appointment, do not cancel ahead of time, or if you break any of the dental office's policies or rules. The office will have you sign a form saying you agree to their rules and the fees. The Dental Wellness Plan does not cover any fees for missing appointments, cancelling without enough notice, or breaking any other office rules. You will be responsible for these fees. Please talk to your dentist's office about their rules and if they will charge you a fee.

### **What if I Need Help with Transportation for my Dental Appointments?**

You may be eligible for help with transportation at no cost to you. You may be

able to arrange for a ride to and from your appointment or mileage reimbursement. If you are eligible, transportation services will go through your medical managed care organization (MCO), Wellpoint, Iowa Total Care, or Molina Healthcare. If you do not know who your MCO is, you can call Iowa Medicaid Member Services at 1-800-338-8366. Please contact your MCO (see page 4 for contact information) for more information about if you are eligible for transportation services and how to set up services.

## **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. Your dentist will often need to send in dental records and information to tell Delta Dental why you need this service. Please talk to your dentist if you have any questions about why you need a service.

There are often clinical rules and criteria the service must meet. If the services are not approved by Delta Dental, you and your dentist will receive written notices in the mail. If Delta Dental denied the prior authorization and the services are still done, you may be responsible for paying the dentist.

If your prior authorization is denied, you have the right to file an appeal if you think the service should be covered. You, your dentist, your legal counsel, or someone you name to act for you may file an appeal. Please see page 19 for more information about how to file an appeal.

If you have a prior authorization from another dentist before being enrolled with the Dental Wellness Plan, 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 Dental Wellness Plan 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 the Dental Wellness Plan, you will have to pay for those services. Always call us before your appointment if you have questions about if a provider is in-network and what services are covered.

You will also need to pay for certain services after you have gone above your annual benefit maximum. Please see page 6 for more information about your annual benefit maximum.

## What if I Have Two Dental Insurance Plans?

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

You should always let your dentist and Iowa Medicaid know about the other dental insurance plans you have. You can notify Iowa Medicaid by calling Iowa Medicaid Member Services toll free: 1-800-338-8366.

## What if I Get a Bill?

Your Dental Wellness Plan Network Dentist should only bill you for services related to the reasons in the “When Do I Pay for Services” below or after you have reached your annual benefit maximum of \$1,000. Your dentist is not allowed to bill you if the Dental Wellness Plan pays less than what they charge. If you have questions, call us for help, toll free at 1-888-472-2793.

## When do I Pay for Services?

Members may pay for services due to frequency limitations, non-covered services, services provided by an out of network dentist, services that are over your Annual Benefit Maximum limitations, and/or if the member has agreed to pay for services that are covered. Dentists are not allowed to charge you for personal protective equipment.

As a member, your dentist must inform you and you must sign a Patient Financial Responsibility Form stating you agree to pay for these services prior to the services being performed. Any agreement with your dentist should include the services and the amount to be paid by you.

In addition, if you become ineligible for the Dental Wellness Plan during the time the services were provided you will be responsible for the charges for those services. If you have questions about your eligibility, you can contact Delta Dental at 1-888-472-2793 or Iowa Medicaid Member Services at 1-800-338-8366.

## **How to File a Claim**

A dentist who is part of the Dental Wellness Plan Network will file your claim for you. Be sure to let your dentist know about other dental insurance plans you have to ensure proper coordination of benefits. If you have questions about a claim being filed, please call Delta Dental for help at 1-888-472-2793.



# Emergencies

## What is an Emergency Dental Condition?

This means you have a very serious dental problem or illness. Most people think you need help right away or your health could be in danger. This may include having pain or an infection. A few examples of a dental emergency are toothaches, a lost tooth, or broken or fractured jaw. If you think you are having a dental emergency, try to keep calm and get to the nearest dentist or medical doctor immediately.

## What to do in a Dental Emergency:

1. If you have a dentist and it is during normal business hours: call your dentist's office to find out how to get emergency services.
2. If you have a dentist and it is after normal business hours: call your dentist's after hours line (if available).
3. If it is during normal business hours and you do not have a dentist: call Delta Dental at 1-888-472-2793 for help finding a dentist who can see you. Ask member services about additional emergent benefits that may be available to you.
4. Make an appointment with [teledentistry.com](http://teledentistry.com) (see below for more information).
5. If you cannot contact a dentist or Delta Dental, go to the nearest Emergency Room.
6. 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. Please contact Delta Dental at 1-888-472-2793 if you have any questions about what a dental emergency is and dental benefits.

## What is Teledentistry and how can it Help me in a Dental Emergency?

Delta Dental of Iowa DWP members can access [TeleDentistry.com](http://TeleDentistry.com). You can see an Iowa licensed dentist virtually from your phone or computer. Teledentistry is a safe way to receive dental care when you cannot find a dentist. Virtual dentists can do a limited exam to tell you what the dental problem is and help treat the problem until you can see a dentist in-person.

## You can use [TeleDentistry.com](http://TeleDentistry.com) when you:

- Have a dental emergency and do not have a regular dentist
- Need access to a dentist after hours if your dentist is not available

Visit our Website for More Information About Making an Appointment with Teledentistry: [www.deltadentalia.com/dwp/virtual/](http://www.deltadentalia.com/dwp/virtual/)

## 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.

# Oral Health Self-Assessment

The better your oral health is, the healthier you are. Delta Dental has an online survey called Previser. The survey will help you learn more about your oral health and you will get access to resources to help you. You can gain access to resources about your oral health, housing, childcare, making an appointment with a dentist, and more. It is important for all members to complete the survey! To complete the oral health survey, follow these steps:

## Complete Your Oral Health Self-Assessment:

- Go to <https://survey.previser.com/ddia>
- OR go to [www.dwpiowa.com](http://www.dwpiowa.com)
- Click on “Complete Self-Assessment”
- Complete the questions
- Select the resources you would like more information about
- Click on “Submit”
- You will be led to a page with resources selected by you
- You will also get an email with follow up information
- Our Member Services team may also call or email you with more information and to make sure you get the resources you need
- If you need help finishing your survey, don’t have access to a computer, or have any questions, please call 1-888-472-2793 and member services will do the survey with you over the phone

## What Will you Need?

- First and last name as it appears on your DWP card
- Date of birth
- Medicaid ID—located on your DWP card (this will be 7 numbers followed by 1 letter)

# Grievances and Appeals

You can take action if you are not happy about any part of the Dental Wellness Plan 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. If you choose to have someone file 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. Delta Dental representatives are also available to help you file a grievance or appeal. 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 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. You should try to file a complaint as soon as possible. When you file a complaint, make sure you give us an address where you can receive mail and a phone number where we can call you. Most communication you get from us about a complaint will be sent in the mail.

We will tell you in writing when we get your grievance, no later than three business days after the grievance is made. Then we send you a written decision in the mail 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. We will send you a written notice in the mail and call you to let you know. It will explain why the extension is in your best interest. You also have the right to file a grievance if you disagree.

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, we will send you a written notice in the mail and call you to let you know. It will explain why the extension is in your best interest. You also have the right to file a grievance if you disagree.

If your dentist is leaving our network and you request to switch plans, we will expedite your grievance. In these cases, we will 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, we will send you a written notice in the mail and call you to let you know. It will explain why the extension is in your best interest. You also have the right to file a grievance if you disagree.

## **Disenrollment**

To disenroll with Delta Dental, you (or your representative) must submit an oral or written request to us through our grievance process. Iowa Medicaid will make the final decision and process your request.

Members have the right to disenroll from Delta Dental without filing a disenrollment and without cause during:

- Ninety (90) days after initial enrollment or during the ninety (90) days following notification of enrollment, whichever is later.
- At least once every twelve (12) months (You will be notified by Iowa Medicaid when it is your Open Choice period).
- Upon reenrollment if a temporary loss of enrollment caused you to miss the annual disenrollment period.

Members may also request disenrollment at any time if:

- If you move out of the service area.
- Delta Dental does not provide the services you seek due to moral or religious objections.
- If you need services to be performed at the same time and not all related services are available within our network. Your dentist must determine that receiving the services separately would subject you to unnecessary risk.
- Other reasons, including poor quality of care, lack of access to services covered, or a lack of access to providers.

# Appeal

An appeal is a request for a review of an adverse benefit determination by Delta Dental. 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. You can also call us at 1-888-472-2793 to check if a service has been paid for. We recommend you try to file your appeal as soon as possible, and you must file within 60 days of the date on your adverse benefit determination.

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 Dental Wellness Plan 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 an 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 within three business days. 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 and will send you a written notice in the mail and call you to let you know. It will explain why the extension is in your best interest. 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, your personal representative, your legal counsel, 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 we will send you a written notice in the mail and call you to let you know. It will explain why the extension is in your best interest.

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

You can file an appeal or complaint at any time 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: DWP 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 cannot request a state fair hearing in response to a grievance decision. 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 <https://hhs.iowa.gov/programs/appeals> 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 Health and  
Human Services Attn: Appeals  
Section  
1305 E. Walnut St  
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 friend
- A relative
- 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.
- The services are ordered by an approved dentist.
- The allowed time of service has not expired.
- 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.

# Application Programming Interface (API) Information

The Interoperability and Patient Access rule (CMS-9115-F) makes it easier for members to get their health records. Delta Dental of Iowa can connect with special third-party apps to provide you your health records. These applications are available on your mobile devices, such as a mobile phone or tablet. Third-party apps are not affiliated with Delta Dental, and we encourage you to read their notice of privacy practices. If they do not have a notice of privacy practices, we suggest you choose another app.

If you would like access to this information, please call Delta Dental's Member Services: 888-472-2793.

You can find the most up-to-date information about API on our website: [www.deltadentalia.com/dwp/api/](http://www.deltadentalia.com/dwp/api/)

## **The following information may be accessed by members:**

- Your demographic information
- Dental services received
- Claims (paid and denied)
- Dental Provider Directories
- Specific parts of your clinical data

## **How many years will my health information go back?**

You will have access to health information from January 1<sup>st</sup>, 2016 or later.

## **Why is this information important?**

- To have a better understanding of your health.
- To help you make decisions.
- Helps you communicate with your dental and health providers.
- You have access to your information if you switch dental plans or carriers.

## **Keeping your Protected Health Information (PHI) safe:**

Delta Dental prioritizes the privacy and security of your PHI. Your health records and information are only available to you (the member), your responsible parties or guardians, and those you have authorized may have access. Please contact us if you have questions about your PHI privacy with Delta Dental: 888-472-2793.

Most of the time, third-party applications are not covered by HIPAA. When applications are not covered by HIPAA, they are covered by the Federal Trade Commission (FTC). The FTC Act helps protect your information. For example, it protects your information from being shared without your permission.



You can find more information about applications covered by HIPPA here: [HIPAA FAQs for Individuals | HHS.gov](#)

You can find more information from the FTC about keeping your information safe here: [How Websites and Apps Collect and Use Your Information | Consumer Advice \(ftc.gov\)](#)

These applications are not affiliated with Delta Dental. We suggest you review the privacy policy for the application before you choose to use it.

If you feel your information or privacy has not been protected by an application you are using, you have the right to file a complaint with the Federal Trade Commission and/or the Office of Civil Rights.

Learn more about filing a complaint with the Federal Trade Commission: [File A Complaint | Federal Trade Commission \(ftc.gov\)](#)

Learn more about filing a complaint with the Office of Civil Rights: [Civil Rights Office | Filing a Civil Rights Complaint | Office of Justice Programs \(ojp.gov\)](#)

# 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 the Dental Wellness Plan. These rights are listed below. You have the right to:

1. Be treated with respect, dignity, 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 Dental Wellness Plan Network.
8. Pick from a list of dentists 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 and receive information to make these choices.
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 Dental Wellness Plan Network 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. Dental Wellness Plan Network Dentists cannot require you to pay any other amount for covered services. See "When Do I Pay for Services" on Page 13 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 receive this information and get a spoken translation in most languages at no cost.

17. To get care coordination from Delta Dental. We can help you find a dentist or specialist, make an appointment, and find resources to make sure you can get to your appointment. If you need help with any of these things, please call us at 1-888-472-2793.
18. Recommend changes in policies and services under the Dental Wellness Plan. You can write us or call toll-free 1-888-472-2793.
19. Receive services free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
20. Exercise any of these rights without negative consequences from your provider(s) or Delta Dental.

## **Member Responsibilities:**

There are things you need to do as a Dental Wellness Plan 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 Dental Wellness Plan member ID card at every dentist appointment.
- Keep your contact information (address and phone number) up to date. You can update your address with Delta Dental Member Services or Iowa Medicaid Member Services.
- 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. You should get information from your dentist to make informed choices about your treatment.
- If you have a disagreement with Delta Dental, you should try first to resolve it using Delta Dental's Grievance Process beginning on Page 17 of this handbook.
- You should learn about what the Dental Wellness Plan 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 26 of this handbook on how to report waste, abuse or fraud.

# Fraud, Waste and Abuse

## Fraud, Waste, Abuse and Overpayments

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 the Dental Wellness Plan.

**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 the Dental Wellness Plan. 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 Dental Wellness Plan 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 dental ID card.
- Using someone else's dental 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.
- A dentist offers you valuable gifts or favors to become their patient.

# Report Fraud, Waste and Abuse and Overpayments

## 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, 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

Online: <https://tips.oig.hhs.gov>

# DELTA DENTAL OF IOWA

## Dental Wellness Plan Privacy Practice

### NOTICE OF PRIVACY PRACTICES

#### **Your Information. Your Rights. Our Responsibilities.**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

Updated: September 2023

Delta Dental of Iowa  
Privacy Official  
P.O. Box 9040  
Johnston, IA 50131-9040  
1-888-472-2793



## Our Uses and Disclosures

Your health information can be used or shared at different times without you agreeing to it being shared. This section lists the following ways we can use or share your health information without your permission or authorization:

<b>Help manage the health care treatment you receive:</b>	<ul style="list-style-type: none"><li>• 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.</li><li>• 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.</li></ul>
<b>Health care operations:</b>	<ul style="list-style-type: none"><li>• We can use and disclose your information for health care options and contact you when necessary.</li><li>• 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.</li></ul>
<b>Payment for your health services:</b>	<ul style="list-style-type: none"><li>• 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.</li></ul>

<b>Help with public health and safety issues:</b>	<ul style="list-style-type: none"> <li>• We can share health information about you for certain situations such as: <ul style="list-style-type: none"> <li>– Preventing or controlling disease</li> <li>– Helping with product recalls</li> <li>– Reporting adverse reactions to medications</li> <li>– Reporting suspected abuse, neglect, or domestic violence</li> <li>– Helping with a work-related injury</li> <li>– Proof of immunization records</li> <li>– Preventing or reducing a serious threat to anyone's health or safety</li> </ul> </li> </ul>
<b>For research purposes:</b>	<ul style="list-style-type: none"> <li>• We can use or share your information for health research.</li> </ul>
<b>Comply with the law:</b>	<ul style="list-style-type: none"> <li>• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if the Department wants to see that we're complying with federal privacy law.</li> </ul>
<b>Respond to requests and work with a medical examiner or funeral director and requests for organ, eye or tissue donation purposes:</b>	<ul style="list-style-type: none"> <li>• We can share health information with a coroner, medical examiner, or funeral director when an individual dies. Also, your information may be shared with an organ procurement organization for organ donation purposes.</li> </ul>
<b>Address workers' compensation, law enforcement, and other government requests:</b>	<ul style="list-style-type: none"> <li>• We can use or share health information about you: <ul style="list-style-type: none"> <li>– For workers' compensation claims</li> <li>– For law enforcement purposes or with law enforcement officials</li> <li>– With health oversight agencies for activities authorized by law</li> <li>– For special government functions such as military, national security, and presidential protective services</li> <li>– With correctional institutions, if you are an inmate</li> </ul> </li> </ul>
<b>Respond to lawsuits and legal actions:</b>	<ul style="list-style-type: none"> <li>• We can share health information about you in response to court or administrative orders, or in response to a subpoena.</li> </ul>



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**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, administering your plan, and research. We have to meet many conditions in the law before we can share your information for these purposes.
  - These additional ways may relate to the following:
    - Fundraising Activities: we may disclose your health information for fundraising activities, such as raising money for a charitable foundation. If we contact you for use of your information, you will have the chance to opt-out or stop receiving these communications if you wish.
    - Administering Your Plan: We may disclose your health information to your health plan sponsor for plan administration. For example, the Iowa Department of Health and Human Services contracts with us to provide dental benefits, and we provide them information regarding the services you received.
    - Underwriting Purposes: If we use your health information for underwriting purposes, such as to make a determination about coverage application, we are unable to using any health information that relates to genetic information during the process.
  - For more information see: <https://www.hhs.gov/hipaa/for-professionals/privacy/index.html>
-

## Your Choices

For certain health information, you can tell us your choices with what we share. This is your right. 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.

<b>Here are examples where you can tell us your choice with whether information is shared or not:</b>	<ul style="list-style-type: none"><li>• Share information with your family, or others involved in payment or your care.</li><li>• Share information in a disaster relief situation.</li></ul>
<b>Here are examples of when you would not be able to share your choice, and we would have to decide:</b>	<ul style="list-style-type: none"><li>• If you are not able to tell us your preference, for example you are unconscious, we may go ahead and share your information if we believe it is in your best interest.</li><li>• We may also share your information when needed to lessen a serious and imminent threat to health or safety.</li></ul>
<b>Here are examples of when we would never share your information unless you give us written permission:</b>	<ul style="list-style-type: none"><li>- Marketing purposes.</li><li>- Sale of your information.</li><li>- Psychotherapy notes.</li><li>• If you provide authorization for any of the above, you may revoke that authorization at any time.</li></ul>

## 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.

<b>Right to ask for a copy of health and claims records:</b>	<ul style="list-style-type: none"><li>You can ask to see or get a copy of your health and claims records and other health information we have about you. Your request must be in writing. It must include a reason to support the request.</li><li>We will provide a copy or a summary of your health and claims records, within 30 days of your request. We may charge a reasonable, cost-based fee.</li><li>To review 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</li><li>We may say “no” to your request but will tell you why in writing within 30 days of your request. If we say “no”, you may have the denied request reviewed and/or submit a complaint.</li></ul>
<b>Right to ask us to correct health and claims records:</b>	<ul style="list-style-type: none"><li>You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Your request must be in writing. It must include a reason to support the request. We will respond to your request within 60 days.</li><li>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</li><li>We may say “no” to your request but will tell you why in writing within 30 days of your request. If we say “no”, you may have the denied request reviewed and/or submit a complaint.</li></ul>

<p><b>Right to request confidential communications:</b></p>	<ul style="list-style-type: none"> <li>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.</li> <li>We will consider all reasonable requests. We must say “yes” if you tell us you would be in danger if we do not say “yes”. Your request must be in writing. It must include how or where you wish to be contacted.</li> <li>Send your written request to: <p style="margin-left: 40px;">Delta Dental of Iowa Privacy Official P.O. Box 9040 Johnston, IA 50131-9040</p> </li> </ul>
<p><b>Right to ask us to limit what we use or share:</b></p>	<ul style="list-style-type: none"> <li>You can ask us not to use or share certain health information for treatment, payment, or our operations.</li> <li>Your request must be in writing. It should tell us: <ul style="list-style-type: none"> <li>What information to limit</li> <li>If we are to limit our use, disclosure, or both</li> <li>To whom you want the limits applied to. For example, disclosures to your spouse.</li> </ul> </li> <li>Send your written request to: <p style="margin-left: 40px;">Delta Dental of Iowa Privacy Official P.O. Box 9040 Johnston, IA 50131-9040</p> </li> <li>We are not required to agree to your request, and we may say “no” if it would affect your care and/or the need of emergency treatment.</li> </ul>

**Right to 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 the last six years prior to the date you ask. You can also request a list for a period of time less than six years prior to the date you ask. Your request must be in writing. The list you will receive from us will include the following information:
  - The date the information was shared
  - The name and address of who we shared the information with
  - A summary of what information was shared, and
  - A summary of why the information was shared.
- 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).
- Send your written request to:

Delta Dental of Iowa  
Privacy Official  
P.O. Box 9040  
Johnston, IA 50131-9040
- We will provide a list within 60 days of your request. We will provide one list within a 12-month period for free. We may charge a reasonable, cost-based fee if you ask for another list within the 12-month period.
- We will notify you of this cost. You may choose to withdraw or modify your request before you are charged.

<p><b>Right to get a copy of this privacy notice:</b></p>	<p>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.</p> <p>You may get a copy of this Notice at our website: <a href="https://www.deltadentalia.com/dwp/resources">https://www.deltadentalia.com/dwp/resources</a>.</p> <p>To get a paper copy, contact:</p> <p>Delta Dental of Iowa Privacy Official P.O. Box 9040 Johnston, IA 50131-9040</p>
<p><b>Choose someone to act for you:</b></p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• We will make sure the person has this authority and can act for you before we take any action.</li> </ul>
<p><b>File a complaint if you feel your rights are violated:</b></p>	<ul style="list-style-type: none"> <li>• You can complain if you feel we have violated your rights by sending a letter to: <p>Delta Dental of Iowa Privacy Official P.O. Box 9040 Johnston, IA 50131-9040</p> </li> <li>• You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. Send a letter to: <p>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: <a href="https://www.hhs.gov/hipaa/filing-a-complaint/index.html">https://www.hhs.gov/hipaa/filing-a-complaint/index.html</a></p> </li> <li>• WE WILL NOT RETALIATE AGAINST YOU FOR FILING A COMPLAINT.</li> </ul>

## Our Responsibilities

We are responsible and committed to protecting your health information. This Notice is available for your viewing at all times on our website. Here is our commitment to you:

- 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: <https://www.hhs.gov/hipaa/for-professionals/privacy/index.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.

## Contact Information

If you have any questions regarding this Notice or your rights to your health information, please contact us in writing or by phone using the information listed below.

Address:

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

Telephone: 1-888-472-2793

# 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. The patient is personally responsible for paying costs above the annual 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 the member is not happy with the outcome of the appeal, they may file an appeal with the Department of Health and Human Services 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 can also help you find a dentist, make an appointment, and find resources so you can get to your appointment.

## **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 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.

**Dental Home**

This is the dentist or dental office who provides a majority of your dental services. This includes cleanings and exams. You should contact your dental home first when you are having a dental emergency.

**Dental Plan**

Delta Dental is your dental plan, which pays for and coordinates your dental services.

**Dentist**

A person qualified to treat conditions that affect the teeth and gums.

**Emergency Dental Condition**

Emergency Dental Condition means 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.

**Endodontist**

A type of dentist who focuses on services related to the soft tissue inside of a tooth (dental pulp).

**Excluded Services**

Excluded services are services that Medicaid does not cover. The member may have to pay for these services.

**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.

### **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. These providers may be called DWP providers or in-network providers. You don't need to call us before seeing one of these providers. Before getting services from your providers, please show them your Dental Wellness Plan 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 Dental Wellness Plan 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 providers, please show them your Delta Dental of Iowa ID card.

### **Oral Health Survey**

The PreViser Oral Health Survey is a survey to gather oral health information about you. This is used to evaluate your health risks and connect you with resources and care coordination.

### **Oral Surgeon**

A type of dentist who focuses on surgery of the mouth and jaw. Oral Surgeons are specialists.

### **Orthodontist**

A type of dentist who focuses on dental and facial irregularities. Services may include braces. Orthodontists are specialists.

### **Participating Provider**

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

### **Pediatric Dentist**

A type of dentist who focuses on treating children from infancy through teenage years.

**Periodontist**

A type of dentist who focuses on the gums and jawbones. Periodontists are specialists.

**Plan**

Delta Dental of Iowa is your dental plan, or 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.

**Prosthodontist**

A type of dentist who focuses on making prostheses, including dentures, crowns, and bridges. Prosthodontists are specialists.

**Provider**

A Provider is a dental professional who offers dental services and support.

**Salzmann Index**

An assessment tool used for diagnosing “medically necessary” orthodontics. You must have a score of 26 or higher to show medical necessity. This assessment tool was created by J. A. Salzmann, DDS, in 1968.

**Specialist**

A dentist who has additional training in a specific area. This includes oral surgeons, orthodontists, prosthodontists, periodontists, endodontists, and pediatric dentists.

**Transportation**

Transportation to dental appointments may be available depending on your Iowa Medicaid coverage. Most Iowa Health Link members have transportation covered by their Managed Care Organization (MCO) (Wellpoint, Iowa Total Care, or Molina Healthcare). Transportation is not a covered service for members in the Iowa Health and Wellness Plan, unless they are medically exempt. Contact your MCO for more information about if you are eligible and what transportation services are available.

**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 the Dental Wellness Plan. 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 - 6:00 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 or if you would like the handbook in another format or language, please call Member and Provider Services at 1-888-472-2793 or email [dwpmembers@deltadentalia.com](mailto:dwpmembers@deltadentalia.com).

# **Delta Dental of Iowa Required Federal Notice- Nondiscrimination and Accessibility**

## **Nondiscrimination Notice**

Delta Dental of Iowa complies with all Federal civil rights laws that relate to healthcare services. We do not discriminate against people because of their race, color, national origin, age, disability, or sex. This means we will not treat you differently because of these things. To review our full nondiscrimination notice, go to [www.deltadentalia.com/nondiscrimination](http://www.deltadentalia.com/nondiscrimination).

**Language Assistance- Communicating with you is important to us.**

**Member Services: 1-888-472-2793 (TTY: 1-888-287-7312).**

**English: Language help services, including, auxiliary aids and services, larger font, written translation or oral interpretation, and alternative formats are available to you at no cost. To get this, please call the number above.**

**Spanish (Español): Los servicios de ayuda con idiomas, que incluyen ayudas y servicios auxiliares, letras más grandes, traducción escrita o interpretación oral, y formatos alternativos, están disponibles para usted sin costo alguno. Para obtenerlos, llame al número que aparece arriba.**

Arabic (العربية): خدمات المساعدة اللغوية، بما في ذلك أدوات المساعدة والخدمات الإضافية، والخط الأكبر، والترجمة المكتوبة أو الترجمة الشفوية، والتنسيقات البديلة متاحة لك مجاناً. للحصول على هذه الخدمات، يُرجى الاتصال بالرقم الموجود في الأعلى.

**Chinese (中文): 您可以免费获得语言帮助服务，包括辅助工具和服务、更大的字体、书面翻译或口译以及其他格式。如需获取此服务，请拨打上述的电话号码。**

**French (Français): Les services d'assistance linguistique, y compris les aides et services auxiliares, les polices de plus grande taille, la traduction écrite ou l'interprétation orale ainsi que d'autres formats, sont à votre disposition gratuitement. Pour obtenir ces services, veuillez appeler le numéro ci-dessus.**

**German (Deutsch): Sprachunterstützungsdienste, einschließlich Hilfsmittel und -dienste, größere Schriftarten, schriftliche und mündliche Übersetzungen sowie alternative Formate stehen Ihnen kostenlos zur Verfügung. Um diese zu erhalten, rufen Sie bitte die oben genannte Nummer an.**

**Hindi (हिंदी): भाषा सहायता सेवाएँ, जिनमें अतिरिक्त सहायता और सेवाएँ, बड़े फ़ॉन्ट, लिखित अनुवाद या मौखिक व्याख्या तथा वैकल्पिक प्रारूप शामिल हैं, आपके लिए निःशुल्क उपलब्ध हैं। इसे प्राप्त करने के लिए कृपया ऊपर दिए गए नंबर पर कॉल करें।**

**Karen (ကုဏ္ဍိ):** ကျိတ်ဂီတိတၢ်မၤစၢၤ ဟ့ၣ်ဃုာ်ဒီး ပီးလိမၤစၢၤ ဒီး တၢ်မၤစၢၤ လၢအဘိဉ်ညီလၢပဲၤ အလံာ်ဖျါၣ်ဖးဒိၣ် တၢ်ကွဲးကျိတ်ထံ မ့တမ့ၢ် တၢ်ကတိၤကျိတ်ထံ ဒီး သဒ္ဒါလၢအဂၤၤ တဖၣ်အိၣ်လၢနီၢ်လၢတဘျီလၢအဘျးလဲၣ်န့ၣ်လီၤ လၢကမၤန့ၢ်အိၣ်အိၣ် ဝံသးစူၤကိၢ်လိတဲၣ်နီၣ်ဂံၢ်ဖျါလၢထးတက့ၢ်.

**Korean (한국어):** 보조 기구 및 서비스, 대형 활자, 서면 번역 또는 구두 통역 및 대체 형식을 포함한 언어 지원 서비스를 무료로 이용하실 수 있습니다. 이러한 서비스를 이용하시려면 위 번호로 전화하십시오.

**Laotian (ພາສາລາວ):** ມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ລວມທັງການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການເສີມ, ໂຕພິມໃຫຍ່, ການແປເປັນລາຍລັກອັກສອນ ຫຼື ການແປປາກເປົ່າ ແລະ ຮູບແບບອື່ນໆໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໃດໆ. ເພື່ອຮັບບໍລິການເຫຼົ່ານີ້, ກະລຸນາໂທໄປທີ່ເບີຂ້າງເທິງນີ້.

**Pennsylvania Dutch (Deitsch):** Hilf mitt di shprohch, mitt anri hilf un deenshta, graysah shreives, en kshrivveni translation adda en oral interpretation un anri formats sinn dich ohgebodda unni kosht. Fa dess greeya, please du da nummah do ovvva droh ufroofa.

**Russian (Русский):** Услуги языковой помощи, в том числе вспомогательные средства и услуги, крупный шрифт, письменный или устный перевод, а также альтернативные форматы предоставляются бесплатно. Для получения такой помощи позвоните по указанному выше номеру.

**Serbo-Croatian (Srpsko-hrvatski):** Pomoćne usluge koje se tiču jezika, uključujući pomoćna sredstva i usluge, veći font, pisani prevod ili usmeno tumačenje i alternativne formate, dostupne su Vam besplatno. Da biste ih dobili, pozovite gore navedeni broj telefona.

**Tagalog (Tagalog):** Ang mga serbisyong tulong sa wika, kabilang ang mga panghaliling tulong at serbisyo, mas malaking font, nakasulat na pagsasalin o pasalitang interpretasyon, at mga alternatibong pormat ay handa mong magamit nang walang bayad. Para makuha ito, pakitawagan ang numero sa itaas.

**Thai (ภาษาไทย):** บริการความช่วยเหลือเรื่องภาษา รวมทั้งความช่วยเหลือและบริการเสริม ตัวอักษรขนาดใหญ่ การแปลงข้อความหรือสามแปลทางวาจา และบริการทางเลือกรูปแบบอื่นที่พร้อมให้บริการโดยไม่มีค่าใช้จ่าย เพื่อรับบริการนี้ โปรดโทรติดต่อหมายเลขข้างต้น.

**Vietnamese (Tiếng Việt):** Các dịch vụ trợ giúp ngôn ngữ, bao gồm các dịch vụ và hỗ trợ phụ trợ, phông chữ lớn hơn, bản dịch bằng văn bản hoặc phiên dịch bằng miệng và các định dạng thay thế được cung cấp miễn phí cho quý vị. Để nhận được thông tin này, vui lòng gọi đến số điện thoại ở trên.

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

Para recibir asistencia de accesibilidad por teléfono si es sordo, tiene problemas de audición, es sordociego o tiene dificultades para hablar, llame al TTY: 1-888-287-7312.