IDAHO MEDICAID DENTAL PROGRAM – IDAHO SMILES FREQUENTLY ASKED QUESTIONS

Question	Answer
What is the Idaho Smiles Program?	In 2007, Idaho Medicaid contracted with Blue Cross of Idaho to provide a dental insurance plan (Idaho Smiles) for children and adults who are eligible for Medicaid's Basic Plan.
Who administers the Idaho Smiles Program?	Blue Cross of Idaho is the selected contractor for the Idaho Smiles Program. Blue Cross of Idaho subcontracts with DentaQuest for claims administration and provider enrollment.
Who is eligible for the Idaho Smiles Program?	Previously, only participants on the Basic Plan were eligible to participate in the Idaho Smiles Program. Beginning November 1, 2010, participants on the Basic and Enhanced Plans will be eligible to participate in the Idaho Smiles Program.
Are women on the Pregnant Woman (PW) Program allowed to participate in the Idaho Smiles Program?	Yes. Women on the PW Program will receive dental services through the Idaho Smiles Dental Program. They will be eligible for Idaho Smiles child or adult dental services depending on their age at the time of service. For the health of the mother and baby, it is important that pregnant women see their dentist early in their pregnancy for a dental check up.
	Women on the Presumptive Eligibility (PE) Program for pregnancy are not covered for dental benefits until they become eligible for the PW Program.
How will participants know if they are enrolled in the Idaho Smiles Program?	New participants will receive a Blue Cross of Idaho/Idaho Smiles insurance card in the mail with their dental information packet and instructions on how to use their dental benefits. All participants will receive new Blue Cross of Idaho/Idaho Smiles insurance cards once a year.
	Participants should be sure their regional Health and Welfare office has their current address to ensure their packet and Idaho Smiles insurance cards are sent to the correct address.

Question	Answer
Will an Enhanced Plan participant's benefits change under the Idaho Smiles Program?	The dental services covered under the Idaho Smiles Dental Program will match those services currently covered by Idaho Medicaid.
Are participants required to pay any out-of-pocket expenses?	No. Medicaid pays Blue Cross of Idaho a set amount per participant, per month for each month the participant is eligible for coverage under the Idaho Smiles Program.
What does the Idaho Smiles Program provide?	This program provides basic dental care at a cost effective rate and improved access to providers throughout the state.
How do eligible Medicaid participants find an Idaho Smiles dental provider?	 To find an Idaho Smiles participating dentist, participants can: Check their dental information packet for a list of participating providers Ask their current dentist if they are participating in the Idaho Smiles Program Call Idaho Smiles customer service at (800) 936-0978 Check online at www.idahosmiles.org
Do participants need a Healthy Connections referral to get dental benefits under the Idaho Smiles Program?	Dental services done in an office do not need a Healthy Connections referral. Outpatient dental procedures will need a Healthy Connections referral. Participants who need dental treatment in a hospital setting can call Idaho Smiles customer service at (800) 936-0978.
Do participants need prior authorization for services under the Idaho Smiles Program?	Participants should check with their dentist to find out what services require prior authorization under the Idaho Smiles Dental Program. Their dentist will request any prior authorizations they need.

Question	Answer
What happens if a participant has a dental emergency?	If possible, a participant should seek treatment from a participating Idaho Smiles dentist using the Idaho Smiles insurance card. If a participant seeks treatment from a dental provider that is not participating in the Idaho Smiles Dental Program, the participant can be billed for the services they receive. If it is necessary for a participant to seek emergency treatment in a hospital emergency room or physician's office, the services may be covered by Medicaid's medical program using the Medicaid card, if the provider participates in Idaho Medicaid.
What happens if a participant loses eligibility during a course of treatment?	Reimbursement is based on the participant's eligibility on the date the service is performed or the date the teeth are prepared.
Can this program be combined with any other programs or plans?	If a participant has other dental insurance, Idaho Smiles will coordinate benefits with that insurance company. As a Medicaid program, the Idaho Smiles Dental Program is the payer of last resort when other insurance coverage is available. Participants on the Idaho Smiles Dental Program will have an Idaho Smiles dental card and a Medicaid card for medical care. These are two separate programs that will not be combined.
What dental coverage is available for Coordinated Plan participants that are dually eligible for Medicare and Medicaid?	At this time, adults who have Medicare and Medicaid coverage can obtain dental coverage through our opt-in Medicare Advantage Plans or directly through the current Medicaid program.

Question	Answer
What is the appeals and grievance process for the Idaho Smiles Dental Program?	Appeals, grievances, and complaints must initially be submitted to DentaQuest using DentaQuest's procedures. If a participant is not satisfied after the second denial from DentaQuest, they can file a complaint or request an administrative review or appeal to the Department as allowed in the existing Medicaid rules (see Idaho Code IDAPA 16.05.03 at http://adm.idaho.gov/adminrules/rules/idapa16/0503.pdf) For more information about appeals and grievances, participants or providers can contact Idaho Smiles customer service at (800) 936-0978.
Who do participants call if they have questions about the Idaho Smiles Program?	Participants can call Idaho Smiles customer service at (800) 936-0978.