



September 4, 2019

WHY YOU ARE GETTING THIS LETTER

Effective October 1, 2019, Medicaid coverage for the Adult Enhanced Dental services (preventive and restorative dental care for recipients age 21 and older), hereafter "Adult Enhanced Dental", will no longer be available. This means that non-emergency dental care for adults will no longer be paid for by Alaska Medicaid.¹

After October 1, 2019, Medicaid coverage for dental care will be limited to emergency dental services only. This change in coverage is a result of the passage of House Bill 39, and HB 2001 (the state fiscal year 2020 operating budget) and the veto of the Adult Enhanced Dental program on June 28, 2019 and the subsequent veto on August 19, 2019.²

WHAT DOES THIS MEAN TO ME

- The Adult Enhanced Dental services will be in effect through September 30, 2019 and may authorize and pay for appropriate Adult Enhanced Dental claims for services provided between July 1, 2019 and September 30, 2019.
- If you need Adult Enhanced Dental care now or through September 30, 2019, you may contact your provider and work with them to seek and receive new approvals.
- If you paid for Adult Enhanced Dental care between July 1, 2019 and the date of this letter, you may also be eligible to be reimbursed for any out-of-pocket expenses you incurred between July 1, 2019 and the date of this letter. If you have out of pocket expenses for dental treatment that you think should be reimbursed, please contact the Division of Health Care Services at the number or email account listed below.
- For Adult Enhanced Dental claims and service authorizations that were denied after July 1, 2019, DHSS is currently reviewing all of those claims and service authorizations and
 - Will review and reimburse for eligible Adult Enhanced Dental claims;
 - Approve all denied or pending service authorization requests for eligible services
 - Will approve medically necessary Adult Enhanced Dental services that are currently pending in the fair hearing process; and
 - If you already received an adverse decision from a hearing, please contact the name and number below to so that we can work through that issue with you directly.
- Coverage for dentures will continue without any changes.
- All Adult Enhanced Dental services must be completed prior to October 31, 2019.

WHAT HAPPENS AFTER OCTOBER 1, 2019

- The Adult Enhanced Dental program administered by the state of Alaska Department of Health and Social Services Medicaid program that provides non-emergency dental coverage for recipients age 21 and older will no longer be available.
- Medicaid coverage for adult dental services will be limited to emergency dental services only.
- For Medicaid-eligible adults, certain non-emergency dental services may be available through one of the Medicaid enrolled community health centers or federally qualified health centers located in communities throughout Alaska. For more information, including a list of federally qualified health centers in Alaska, visit <http://dhss.alaska.gov/dph/HealthPlanning/Pages/primarycare/chc330.aspx>. **Please note that these services may not be the same as the services that are currently available under the Adult Enhanced Dental Program.**

IF YOU THINK WE MADE A MISTAKE

You can appeal a decision made about Medicaid benefits.

If you requested a dental service that was denied after July 1, 2019, please contact your dental provider so that a new service authorization can be submitted and reviewed. If the claim is approved, you can receive that service and Medicaid will pay for it; if the service is denied you may appeal that decision as set forth in the attached "Notice of Recipient Fair Hearing Rights".

If you disagree with a decision regarding the denial of adult dental services, you have the right to request a fair hearing as set forth in the attached "Notice of Recipient Fair Hearing Rights". Please see the attachment for details. However, pursuant to 7 AAC 49.100, the administrative law judge may dismiss this request or your appeal if the sole issue is related to the denial of a benefit based upon a change in state law (see the budget and veto information above).

If you disagree with a decision regarding the denial of emergency dental care or other covered services, such as dentures, you have the right to request a fair hearing as set forth in the enclosed "Notice of Recipient Fair Hearing Rights". Please see the enclosure for details.

EPSDT NOTIFICATION

Dental coverage for Medicaid recipients up to age 21 under 42 C.F.R. 440.345, EPSDT and Other Required Benefits, will continue without change or interruption.

QUESTIONS

If you are a recipient or a recipient advocate and have questions about Medicaid coverage, please call toll free 800.780.9972 statewide Monday through Friday between 8 a.m. and 5 p.m. After hours, please leave a message; your call will be returned the following business day.

If you need assistance with this notice because of a disability or a language barrier, or have questions about this notice or the Adult Dental Program, please contact the Medicaid Recipient Helpline at 800.780.9972, Carrie Crouse, Division of Health Care Services' Medicaid dental program specialist, at 907.334.2403 or carrie.crouse@alaska.gov, or Sherri LaRue, dental program supervisor, at 907.334.2656 or sherri.larue@alaska.gov.

¹ A complete description of emergency dental service benefits that will be available after October 1, 2019, is included in the Medicaid Recipient Handbook. The most up to date version of the handbook can be found on our website at http://dhss.alaska.gov/dhcs/Pages/medicaid_medicare/recipient-handbook.aspx

² You can find a copy of the final budget as well as the veto messages at: https://gov.alaska.gov/newsroom/2019/08/19/budget_pfd/



Fair Hearings
 Alaska Medicaid
 PO Box 240808
 Anchorage, AK 99524
 FairHearings@conduent.com
 Phone: 907.644.6800
 800.770.5650
 Fax: 907.644.8126

Department of Health and Social Services

Notice of Recipient Fair Hearing Rights

If you disagree with the enclosed decision by the Department of Health and Social Services, you have the right to request a fair hearing, including a request for an expedited fair hearing. If you have questions or concerns regarding the enclosed notice, please call the **Recipient Helpline** at **800.780.9972** for assistance.

How to Request a Fair Hearing

You may submit your fair hearing request via mail, fax, or email. If requested, Department of Health and Social Services staff will help you submit a fair hearing request.

Mailing Address	Fax	Email
Conduent Fair Hearing Representative P.O. Box 240808 Anchorage, AK 99524	Attention: Fair Hearings 907.644.8126	FairHearings@conduent.com

Timeline to Request a Fair Hearing

If you disagree with the enclosed decision in this notice and you would like to request a fair hearing, you must submit your request **in writing within 30 days of the date of this enclosed notice** (7 AAC 49.030). Generally, if you request a fair hearing, a decision on your appeal is due within 90 days of the date you requested your fair hearing.

Legal Counsel

At the hearing you may represent yourself or you may be represented by legal counsel, a relative, a friend, or other spokesperson. Free legal assistance may be available through Alaska Legal Services at 888.478.2572 (toll-free outside Anchorage) or 907.272.9431 (in Anchorage), or through the Disability Law Center at 800.478.1234 (toll-free in Alaska) or akpa@dlcak.org. Prior to the hearing, you will be provided a copy of all documents that the Department relied upon to make the decision in the enclosed notice.

Continuation of Benefits

If you are currently receiving benefits and you request a fair hearing, your benefits may be automatically continued while you wait for the fair hearing decision. If you do not want to continue to receive benefits while your fair hearing is pending, you must inform the Conduent Fair Hearing Representative that you would like your benefits to stop. If you continue to receive benefits and the hearing authority determines the Department was correct to stop or reduce your benefits, you may be required to repay the cost of those services under the authority of 42 C.F.R. 431.230; 7 AAC 49.190; and 7 AAC 49.200.