



# CHILD HEALTH PLAN PLUS (CHP+)

**EVIDENCE OF COVERAGE**  
**JULY 2019**

**DentaQuest**<sup>®</sup>  
WELCOME TO PREVENTISTRY<sup>®</sup>

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Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-307-6561 (State Relay: 711).
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-307-6561 (State Relay: 711).
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-307-6561 (State Relay: 711)。
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-307-6561, TTY 711 번으로 전화해 주십시오.
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-307-6561 (телетайп: 711).
Amharic	ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-888-307-6561 (መስማት ለተሳናቸው: 711)።
Arabic	إذا كنت تتحدث العربية، خدمات المساعدة اللغوية متوفرة لك مجانًا. اتصل على الرقم 1-888-307-6561 أو على رقم خدمة الهاتف النصي (TTY): 711.
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-307-6561 (State Relay: 711).
French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-307-6561 (ATS : 711).
Nepali	ध्यान दिनुहोस्: तपाइं ले नेपाली बोल्नुहुन्छ भने तपाइं को निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नु होस् 1-888-307-6561 (टिटेवाइ: 711)।
Taglog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-307-6561 (State Relay: 711).
Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-307-6561 (State Relay: 711) まで、お電話にてご連絡ください。
Cushite/Oromo	XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-307-6561 (State Relay: 711).
Persian/Farsi	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-888-307-6561 (State Relay: 711) تماس بگیرید.
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-307-6561 (State Relay: 711).

## Child Health Plan Plus (CHP+) Dental Program

Offered by DentaQuest

### About this booklet

This booklet details services covered by Child Health Plan Plus (CHP+) Dental Program offered by DentaQuest (DentaQuest). If you have questions, please call DentaQuest's customer relations department at 1-888-307-6561, TTY 711 (toll-free) or email us through the member portal at [memberaccess.dentaquest.com](http://memberaccess.dentaquest.com).

If you are deaf or hearing impaired, please call Relay Colorado at TTY 711.

### About This Evidence of Coverage (EOC)

This EOC outlines your child's dental benefits coverage. Please read it carefully. If you need more information, please call our customer relations department at 1-888-307-6561, TTY 711 (toll-free), Monday through Friday, 8 a.m. to 6 p.m. Mountain Time.

If any dispute arises in respect of any difference between the English version and the Spanish version of this booklet, the English version will prevail.

Cualquier desacuerdo entre la traducción del librito de beneficios de CHP+, estará resuelto por la edición del idioma Inglés que tiene precedencia.

*Effective July 1, 2019*



# REGISTER ON THE DENTAQUEST MEMBER PORTAL TODAY

[MemberAccess.DentaQuest.com](http://MemberAccess.DentaQuest.com)

### It's easy to manage your dental coverage at our website:

- View and print your ID card
- Change your main dentist
- View your CHP+ dental program benefits
- Find a provider

### GET SIGNED UP TODAY!

#### You will need

- **First and last name**
- **Date of birth**
- **CHP+ ID number**
- **Email address** - this will be your username when you finish registering

## Your Child's Dental Plan Benefits

### Benefit Summary

DentaQuest offers your child benefits for the state's Child Health Plan Plus (CHP+) Dental Program. Below is a summary of the benefits your child can receive (subject to specific procedures and limitations).

- Diagnostic Services (annual exam and X-rays)
- Preventive Services (annual cleaning, fluoride, and sealants)
- Basic Restorative Services (fillings and stainless steel crowns)
- Oral Surgery Services (extractions)
- Endodontic Services (root canal)
- Periodontic Services
- Major Services

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### How to use the CHP+ Dental Program

**Benefits for the CHP+ Dental Program are available only when services are provided by a dentist listed in the DentaQuest**

**Participating Dentist directory.** This is the directory that you were given when you enrolled your child. The participating status of a dentist can change at any time. Prior to receiving services, always verify that the dentist continues to participate with DentaQuest. Dentists who have agreed to participate with DentaQuest will collect only those coinsurance payments listed (see the Coinsurance and Procedure Code List that appears below). You will not be charged more than this coinsurance unless the procedure performed on your child is not listed on the Coinsurance and Procedure Code List. You will be responsible for paying the dentist their full fee for that procedure.

Important Notice: If your child is treated by a dentist who is not listed in the directory that DentaQuest provided for CHP+ Dental Program members, NO benefits will be paid by DentaQuest and you will be responsible for the entire fee charged by the dentist.

Dentists who participate with DentaQuest will file your child's claim form. You should complete the top section of the claim form and

sign the form for your child. This will authorize release of your child's information to DentaQuest. Once the claim is processed, an Explanation of Benefits (EOB) is sent to you. The EOB indicates how much the dentist was paid and the amount that was deducted from your child's calendar-year maximum benefit.

DentaQuest will not be obligated to pay claims submitted more than 12 months after the date the service was provided.

### Pre-treatment Estimate

If your child needs extensive dental services that may exceed your child's calendar-year maximum of \$1,000, ask your dentist to submit a treatment plan to DentaQuest for review before any work is actually done. Pre-treatment estimates of benefits allow both you and your dentist to know exactly what is covered under the CHP+ Dental Program and what DentaQuest will pay. There is no additional charge for having a pre-treatment estimate done.

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### Calendar Year Maximum Benefit, Lifetime Maximum Benefit, Deductible, and Benefit Period

#### Calendar Year Maximum Benefit

Your child may receive up to \$1,000 of covered dental benefits in each calendar year (benefit period) for the covered services listed in the Procedure Code List.

#### Lifetime Maximum Benefit

Your child may receive up to \$1,500 of covered dental benefits once in a lifetime for the covered orthodontic services listed in the Procedure Code List.

#### Deductible

You are not responsible to pay a deductible under this program.

#### Benefit Period

Your child's enrollment year is often called the "benefit period." The benefit period is the period of time between the start date of your child's coverage and the expiration date. In some cases your child may receive less than 12 months coverage.

## Coinsurance and Procedure Code List

### What is your Coinsurance?

Your coinsurance is a small fee you pay for your child's dental services. Some dental services or benefits do not require a coinsurance. If your child has a coinsurance, the amount appears below in the Coinsurance and Procedure Code List.

The specific dental services that are covered benefits of the CHP+ Dental Program appear in the following Coinsurance and Procedure Code List. The coinsurance listed is the amount that you are responsible for paying to the dentist for your child's treatment. If the procedure performed on your child requires a coinsurance, that coinsurance is the maximum amount that you are responsible to pay, unless your child reaches the \$1,000 calendar-year maximum benefit.

Some dental services are not covered benefits of the CHP+ Dental Program. You are responsible to pay the dentist his/her full fee for any treatment that your child's dentist performs if the treatment or procedure is not on the list that follows. For more about CHP+ Dental Program exclusions, please refer to the Limitations and Exclusions section of this Evidence of Coverage booklet or call customer relations at 1-888-307-6561, TTY 711 (toll-free).

### Diagnostic and Preventive Procedures

Code	Procedure	Your Co-pay
D0120	Periodic oral evaluation	No Co-pay
D0140	Limited oral evaluation — problem focused	No Co-pay
D0145	Oral evaluation for a patient under 3 years of age and counseling	No Co-pay
D0150	Comprehensive oral evaluation	No Co-pay
D0160	Detailed and extensive oral evaluation — problem focused	No Co-pay
D0210	Full mouth X-rays complete series — including bitewings (1 in 60 months)	No Co-pay
D0220	Intraoral periapical X-ray 1st film	No Co-pay
D0230	Intraoral periapical X-ray each additional film	No Co-pay
D0270	Bitewing X-ray — Single film	No Co-pay
D0272	Bitewings — Two films	No Co-pay

Code	Procedure	Your Co-pay
D0273	Bitewings — Three films	No Co-pay
D0274	Bitewings — Four films	No Co-pay
D0277	Vertical bitewings — 7 to 8 films	No Co-pay
D0330	Panoramic film (1–5 years)	No Co-pay
D0350	2D facial photographic image	No Co-pay
D0391	Interpretation of diagnostic image	No Co-pay
D1110	Adult prophylaxis (age 14 and above)	No Co-pay
D1120	Child prophylaxis (through age 13)	No Co-pay
D1206	Fluoride varnish treatment	No Co-pay
D1208	Topical application of fluoride	No Co-pay
D1351	Sealants	No Co-pay
D1352	Preventive resin restoration	No Co-pay
D1353	Sealant repair	No Co-pay
D1354	Silver, diamine fluoride	No-Copay
D1510	Space maintainer — fixed unilateral	No Co-pay
D1516	Space maintainer — fixed — bilateral, maxillary	No Co-pay
D1517	Space maintainer — fixed — bilateral, mandibular	No Co-pay
D1520	Space maintainer — removable unilateral	No Co-pay
D1526	Space maintainer — removable — bilateral, maxillary	No Co-pay
D1527	Space maintainer — removable — bilateral, mandibular	No Co-pay
D1550	Recementation of space maintainer	No Co-pay
D9110	Palliative treatment (for pain relief)	No Co-pay
D9440	Office visit after regularly scheduled hours	No Co-pay

### Diagnostic and Preventive Limitations

1. Prophylaxis (cleaning) is a benefit twice in a 12-month period.
2. Oral evaluations (exams) are a benefit twice in a 12-month period.
3. Topical fluoride application is a benefit twice in a 12-month period.
4. Interim caries arresting medicament application (silver diamine fluoride) is a benefit twice per tooth in a 12-month period.
5. Bitewing X-rays are a benefit only once in a 12-month period and are not a benefit in addition to a complete mouth series. Complete mouth X-rays are a benefit only once in sixty (60) months.



6. Space maintainer is a benefit only for premature loss of deciduous (baby) posterior (back) teeth.
7. Sealant benefit includes the application of sealants only to permanent molar teeth with the occlusal surfaces intact and/or with no restoration.
8. Separate benefit shall not be made for any preparation or conditioning of the tooth or any other procedure associated with sealant application.
9. Sealant benefits do not include any repair or replacement of a sealant on any tooth within thirty-six (36) months of its application. Such repair or replacement done by the same dentist is considered included in the fee for the initial placement of the sealant.

## Basic Restorative Procedures

### Amalgam (metal) Restoration

Code	Procedure	Your Co-pay
D2140	Amalgam — 1 surface primary or permanent	Co-pay
D2150	Amalgam — 2 surface primary or permanent	Co-pay
D2160	Amalgam — 3 surface primary or permanent	Co-pay
D2161	Amalgam — 4 or more surfaces primary or permanent	Co-pay

### Resin (white plastic) Restorations — Anterior (front) Teeth ONLY

Code	Procedure	Your Co-pay
D2330	Resin — 1 surface anterior	Co-pay
D2331	Resin — 2 surfaces anterior	Co-pay
D2332	Resin — 3 surfaces anterior	Co-pay
D2335	Resin — 4 or more surfaces (anterior) or involving incisal angle	Co-pay

### Resin (white plastic) Restorations — Posterior (back) Teeth

Code	Procedure	Your Co-pay
D2391	Resin based composite — 1 surface permanent posterior	*See below
D2392	Resin based composite — 2 surface permanent posterior	*See below

D2393	Resin based composite — 3 surface permanent posterior	Co-pay
D2394	Resin based composite — 4 or more surfaces permanent posterior	Co-pay

## Other Restorative Services

Code	Procedure	Your Co-pay
D2920	Recement crown	Co-pay
D2930	Prefabricated stainless steel crown (primary tooth)	Co-pay
D2931	Prefabricated stainless steel crown (permanent tooth)	Co-pay
D2932	Prefabricated resin crown (anterior tooth only)	Co-pay
D2933	Prefabricated stainless steel crown with resin window (anterior tooth only)	Co-pay
D2940	Sedative filling	Co-pay
D2941	Interim therapeutic restoration	Co-pay
D2951	Pin retention — per tooth — in addition to restoration	Co-pay

## Oral Surgery

**(extractions include local anesthesia and routine post-operative care)**

*Prophylactic removal of third molars is not a covered benefit.*

Code	Procedure	Your Co-pay
D7111	Coronal remnants — deciduous tooth	Co-pay
D7140	Extraction erupted tooth or exposed root (elevation and/or forceps removal)	Co-pay
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	Co-pay
D7220	Removal of impacted tooth — soft tissue	Co-pay
D7230	Removal of impacted tooth — partially bony	Co-pay
D7240	Removal of impacted tooth — completely bony	Co-pay
D7241	Removal of impacted tooth — completely bony, with unusual surgical complications	Co-pay

## Endodontics

Code	Procedure	Your Co-pay
D3220	Therapeutic pulpotomy (primary tooth) excluding final restoration	Co-pay

D3310	Root canal therapy — anterior (excluding final restoration)**	Co-pay
D3320	Root canal therapy — bicuspid (excluding final restoration)**	Co-pay
D3330	Root canal therapy — molar (excluding final restoration)**	Co-pay

\*\*Root canal therapy is a benefit for permanent teeth only.

### Basic Restorative Limitations

1. Benefits for the same covered amalgam (metal) or resin (white plastic) restoration shall not be provided more than once in any 24-month period.
2. An Interim Therapeutic Restoration is a benefit once per life time per tooth. This procedure is a benefit only on primary teeth.
3. Pulpotomy/pulpectomy is a benefit only for primary (baby) teeth.
4. If more than one restoration is used to restore a tooth, benefit allowance will be paid for the most inclusive service.
5. Prefabricated crowns per tooth are a benefit only once in 24 months.
6. **Have your dentist complete a pre-treatment estimate form for a third molar extraction to determine if it will be covered.**

Prophylactic removal of third molars is not a covered benefit. Removal because of malocclusion or orthodontic reasons is not covered. The removal of third molars for active caries that renders the tooth unrestorable and/or involves the pulp may be covered with prior approval. Third molar removal may be covered with prior written approval for active periodontal infections that cannot be treated in another manner. Third molars fully impacted in bone are not covered for removal. Partial bony impactions and soft tissue impactions may be covered with prior approval if the tooth and/or supporting structures are involved with active disease such as an acute periodontal infection. Second opinions may be required as part of the approval process prior to treatment. If emergency removal of a third molar is needed, radiographs and/or documentation of the pathological condition causing the emergent situation may be required prior to payment.

## Major Procedures

### Periodontics

Code	Procedure	Your Co-pay
D4210	Gingivectomy or gingivoplasty — 4 or more contiguous teeth or tooth bounded spaces per quadrant	Co-pay
D4211	Gingivectomy or gingivoplasty — 1 to 3 contiguous teeth or tooth bounded spaces per quadrant	Co-pay
D4277	Free soft tissue grafts — first tooth	Co-pay
D4278	Free soft tissue grafts — each additional contiguous tooth	Co-pay
D4910	Periodontal maintenance	Co-pay

### Removable Prosthodontics

Code	Procedure	Your Co-pay
D5211	Maxillary partial denture — resin base	Co-pay
D5212	Mandibular partial denture — resin base	Co-pay
D5820	Interim partial denture (maxillary)	Co-pay
D5821	Interim partial denture (mandibular)	Co-pay
D5932	Obturator prosthesis, definitive	Co-pay

### Orthodontics

Code	Procedure	Your Co-pay
D8070	Comprehensive orthodontic treatment of the transitional dentition	Co-pay
D8080	Comprehensive orthodontic treatment of the adolescent dentition	Co-pay
D8090	Comprehensive orthodontic treatment of the adult dentition	Co-pay
D8670	Periodic orthodontic treatment visit	Co-pay
D8680	Orthodontic retention	Co-pay

### Major Procedures Limitations

1. Gingivectomy or gingivoplasty is a benefit only once in a 36-month period.
2. Free soft tissue grafts is a benefit only once in a 36-month period.
3. Partial dentures are a benefit only once in a 60-month period for children 16 or older.

4. Obturator prosthesis is covered as needed in conjunction with Medically Necessary Orthodontics. Eligible members are age 19 or younger with 12 months continuous eligibility.
5. Orthodontics are covered only when medically necessary due to needed orthognathic surgery or when necessary to restore oral structures to healthy function. Treatment must be pre-authorized by contractor. Eligible members are age 19 or younger with 12 months continuous eligibility.
6. Periodontal maintenance is a benefit twice in a 12-month period. For those with any condition(s) listed below, two (2) additional cleanings (or any procedure that includes cleaning) will be provided during a 12-month period:
  - Individuals with a history of previous definitive periodontal treatment
  - Diabetes with documented gum conditions
  - Cardiovascular disease with documented gum conditions
  - Kidney failure with dialysis and
  - Suppressed immune system due to chemotherapy or radiation treatment, HIV positive status, organ transplant, or stem cell (bone marrow) transplant.

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### Exclusions

The following charges are not covered under any portion of the CHP+ Dental Program:

1. Procedures (or services) not listed in the Coinsurance and Procedure Code List are not a benefit. If your child's dentist performs a procedure that is not listed, you will be responsible for the full billed charges.
2. Services for injuries or conditions that are compensable under worker's compensation or employer's liability laws, or services that are provided to the eligible member by any federal or state government agency or are provided without cost to the eligible member by any municipality, county, or other political sub-division, or any services for which the eligible member would have no

obligation to pay in absence of this coverage, except as such exclusion may be prohibited by law.

3. Any covered service started during any period when your child was not eligible for such service under the CHP+ Dental Program.
4. Services for treatment of congenital (present at birth) or developmental (following birth) malformations, except intraoral dental services for treatment of a condition that is related to or developed as a result of cleft lip and/or cleft palate, unless otherwise included as a covered procedure of the CHP+ Dental Program.
5. Services for cosmetic reasons, including pediatric partial dentures.
6. Services for restoring tooth structure lost from wear or for any services related to protecting, altering, correcting, stabilizing, rebuilding, or maintaining teeth due to improper alignment, occlusion or contour, or for splinting or stabilization of teeth.
7. Pre-medication, analgesia, hypnosis, or any other patient management services.
8. Experimental procedures or any procedures other than those covered services for which the prognosis is good. Any procedures done in anticipation of future need (except covered preventive services).
9. Hospital costs and any additional fees charged by the dentist or hospital for hospital services, visits, or charges for use of any facility.
10. General anesthesia, intravenous sedation, or analgesia.
11. Prescription drugs.
12. Services for the treatment of any disturbances of the temporomandibular joint (jaw joint), facial pain, or any related conditions.
13. Services not performed in accordance with the laws of the state of Colorado, services performed by any person other than a person authorized by license to perform such services, or services performed to treat any condition other than an oral or dental disease, malformation, abnormality, or condition.
14. Oral hygiene instructions or dietary instructions.



15. Completion of forms, providing diagnostic information or records, or duplication of X-rays or other records.
16. Services for which payment is prohibited by any law of the jurisdiction in which the eligible person resides at the time the expenses are incurred.
17. Services for which charges would not have been made if this coverage had not existed, except for services as provided under Medicaid.

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### Dental Emergency Care

Dental Emergency Care means dental services that are required for alleviation of severe pain or for immediate diagnosis and treatment of unforeseen conditions, which, if not immediately diagnosed and treated, would lead to serious impairment of your child's dental health.

In the event that your child has a dental emergency while s/he is out of the state of Colorado, this program will pay dental expenses incurred up to a maximum of \$50 based on appeal of the claim. DentaQuest will pay dental expenses incurred for each eligible member up to a maximum of \$50 per calendar year. For a dental emergency within the state, you should call a dentist who is listed in the participating dentist directory that DentaQuest provided to you at the time of enrollment.

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### Out-of-Pocket Limit

The CHP+ program does not allow a family to spend more than five percent (5%) of the family's adjusted gross income per year for the sum of the family's annual enrollment fees and coinsurance payments combined. You are responsible for keeping track of all the money you spend for your child's covered dental services delivered through DentaQuest. Your out-of-pocket limit is five percent (5%) of your family's adjusted gross income.

You must save coinsurance receipts for all covered medical care, covered dental care, and covered prescription medications. If you reach the maximum allowable coinsurance and notify the CHP+ program,

you will be provided with a sticker to be attached to your DentaQuest ID card. This sticker will notify any dentist to waive the coinsurance for you for the remainder of the benefit period. DentaQuest will pay the required coinsurance for you if you have reached the maximum allowable coinsurance amount, have notified CHP+ program, and have a special sticker attached to your DentaQuest ID card.

If you reach your out-of-pocket limit for money you have spent on covered health care for all your children, please send a letter notifying the central Child Health Plan Plus administration of your need for reimbursement and stickers for your children's cards. You will need to send copies of your receipts for your out-of-pocket expenditures with your letter. Do not send this notification to DentaQuest. It should be sent to:

CHP+ Out of Pocket Limit  
PO Box 929  
Denver, CO 80201-0929

State's CHP+ Dental Program  
1-800-359-1991 (toll-free)

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### How to Appeal a Denied Claim

You have the right to appeal any adverse determination made on a claim, whether in whole or in part. An appeal request may be submitted in writing within 180 days of the date of the original Explanation of Benefits (EOB) to:

DentaQuest  
Appeals  
PO Box 2906  
Milwaukee, WI 53201

A covered person may submit additional documentation in support of the appeal. A second-level or external appeal, in certain cases, may be available on qualified claims.

You, your child's dentist, or someone you want to represent you can call customer relations at 1-888-307-6561, TTY 711 (toll-free) or write to DentaQuest at the address listed above to request an appeal.

Please tell us in writing if you will have someone else to represent you and include the person's name, address, and phone number. If you would like any of your child's dental records, you or a legal guardian must give written permission to your child's dentist.

*Your CHP+ Dental Program coverage will not change if you file an appeal. DentaQuest cannot take away your CHP+ Dental Program benefits because you file an appeal.*

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## How to Request a State Fair Hearing

A State Fair Hearing means that a State Administrative Law Judge (ALJ) will review DentaQuest's decision or action. You may request a State Fair Hearing only after receiving an appeal notice that DentaQuest is upholding the adverse benefit determination. You may represent yourself, or have a Designated Client Representative (DCR) represent you. A DCR can be a lawyer, a relative, a friend or other spokesperson to assist you as your authorized representative. The Administrative Law Judge (ALJ) will review DentaQuest's decision or action. The final agency decision will be rendered. This decision is final. Please send your written request to the address below.

How to submit an ALJ Appeal:

1. You must ask for a hearing in writing. This is called a LETTER OF APPEAL.
2. Your letter of appeal must include:
  - a. Your name, address, phone number and State ID;
  - b. Why you want a hearing; and
  - c. A copy of the notice of action you are appealing.
3. You may ask for a telephone hearing rather than appear in person.
4. Mail or fax your letter of appeals to:  
Office of Administrative Courts  
1525 Sherman Street, 4th Floor  
Denver, CO 80203  
Phone: 1-303-866-5626  
Fax: 1-303-866-5909

5. Your letter of appeal must be received by the Office of Administrative Courts no later than sixty (60) calendar days from the date of this notice of action. The date of the notice of action is located on the front of this notice.
6. The Office of Administrative Courts will contact you by mail with the date, time and place for your hearing with the Administrative Law Judge.

If you are currently receiving services, you may continue receiving services while you are waiting for a final decision on your appeal. To continue receiving the denied services listed on the notice without interruption, you must ask in your letter of appeal that services be continued.

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## Expedited Hearings

If you think waiting for a hearing will seriously risk your life or health, you can ask for an expedited (faster) hearing.

To request an expedited hearing:

1. Write the Letter of Appeal using the instructions above for how to appeal.
2. Include in your Letter of Appeal:
  - a. Your request for an expedited hearing.
  - b. Explain how and why your life, health, or ability to regain, attain or maintain maximum function would be at serious risk if you do not have an expedited (faster) appeal.
  - c. Provide additional information to help explain why you need an expedited appeal.

You will be contacted by phone to set up a hearing date and time if your request for an expedited hearing is approved. If your expedited hearing is denied, you will be notified in writing. You will still be able to have a non-expedited hearing.

## Identification Card

Your child's identification card has very important information about your child's dental care coverage. The card lets the dentist know if you have a coinsurance and where to send the claims for payment. To help make this possible, you must:

- Carry this card with you at all times.
- Show this card every time your child sees the dentist.

You will receive your child's ID card soon after your enrollment with DentaQuest. If you do not receive your child's ID card or the information on the card is not correct, please call our customer relations department at 1-888-307-6561, TTY 711 (toll-free).

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## If You Receive a Bill

You may be billed if your child received a service that is not listed in the Coinsurance and Procedure Code List as a covered benefit of the CHP+ Dental Program.

Sometimes your child's dentist may not realize that your child is a member of CHP+ Dental Program. To avoid receiving a bill, you must show your child's CHP+ Dental Program ID card every time your child receives dental services.

## If You Get a Bill, There are Several Important Steps You Should Take:

- Check the date of service on the bill.
- If your child received services while enrolled in the CHP+ Dental Program, call the dentist's billing office and tell them the bills should be sent to DentaQuest. Our address for dental claims is:

DentaQuest  
Claims  
PO Box 2906  
Milwaukee, WI 53201

If your child was not a member of the state's CHP+ Dental Program when services were received, or you agreed to treatment that is not listed as a covered service, you may be responsible for the bill.

It is very important to call the dentist's billing office at the number on the bill as soon as you get it. In most cases, they may not realize that your child had insurance and they will be glad to hear from you to make sure they are billing correctly. If you continue to receive dental bills and you are unable to get help from the dentist's billing office, call our customer relations department at 1-888-307-6561, TTY 711 (toll-free).

## When Would You Have to Pay for Your Child's Care?

There are some times when you might have to pay for your child's dental care. You may have to pay if:

- Your child is treated by a dentist who is not listed in the DentaQuest Participating Dentist directory.
  - If you agreed to a treatment procedure that is not listed as a covered service in the Coinsurance and Procedure Code List.
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## Your Rights and Responsibilities

You and your child have rights that are very important. As a parent, you also have a role to play in helping us make sure these rights are honored and respected.

## Member Rights

As a member of the CHP+ Dental Program, you are entitled to the following rights:

- The right to be treated with respect and with the recognition of personal dignity and the need for privacy.
- The right to participate with dentists in decision-making regarding your child's dental care.
- The right to candid discussion of appropriate or necessary dental treatment options for your child's condition, regardless of cost or benefit coverage.
- The right to refuse recommended dental treatment or procedures.
- The right to confidentiality of information concerning your child's dental health and treatment.

- The right to voice complaints or appeals about the CHP+ Dental Program or the care provided.
- The right to offer suggestions for changes in the CHP+ Dental Program's quality improvement policies and procedures.
- The right to information about the CHP+ Dental Program, its services, the dentists providing care, and the rights and responsibilities of members.
- The right to fair and equal treatment without regard to race, color, national origin, age, gender, creed, religion, sexual orientation, or disability.

### Member Responsibilities

As a member of the CHP+ Dental Program, you have the following responsibilities:

- The responsibility to follow instructions and guidelines given by those providing dental services.
- The responsibility to provide complete health status information needed by your child's dentist in order to care for your child.
- The responsibility to keep appointments for care and to give required notice when canceling.
- The responsibility to pay the applicable coinsurance at the time services are rendered.
- The responsibility to read and understand all materials concerning your child's dental coverage and to share this information with your child's dentist.
- The responsibility to treat your child's dentist and staff with respect and recognition of personal dignity.

## Complaints

### What to Do if You Have a Complaint

Our customer relations department is able to answer or help you with most of your questions and problems while you are on the telephone. If your question or problem is not answered to your satisfaction, you can

write a detailed letter explaining the situation to DentaQuest. Prompt action can be expected if all the information is submitted in writing. Mail the letter to the following address:

DentaQuest  
Complaints and Grievances  
PO Box 2906  
Milwaukee, WI 53201

### What is a Complaint?

A complaint means you have a problem. Examples of these include:

- The dental office asks you to pay a coinsurance amount that is not listed on the Coinsurance and Procedure Code List.
- A dentist that DentaQuest listed in the DentaQuest Participating Dentist directory refuses to cooperate with the CHP+ Dental program.

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### Important Phone Numbers

DentaQuest  
1-888-307-6561, TTY 711 (toll-free)

State's CHP+ Dental Program  
1-800-359-1991, TTY 711 (toll-free)

Ombudsman  
303-744-7667  
1-877-435-7123, TTY 711 (toll-free)

## Nondiscrimination Notice

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

DentaQuest:

- The 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, and accessible electronic 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, please call customer service at 1-888-307-6561, TTY 711.

If you believe that DentaQuest 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 grievance with:

Ugonna Onyekwu  
Civil Rights Coordinator  
Compliance Department  
465 Medford Street  
Boston, MA 02159  
Fax: 1-617-886-1390  
Phone: 1-617-886-1683, TTY 711  
Email: FairTreatment@greatdentalplans.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Ugonna Onyekwu is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can file a complaint 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 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)





11100 W. Liberty Drive  
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