On January 12, 2016, Gov. John Bel Edwards signed an executive order to expand Medicaid in Louisiana. The expansion has made Medicaid available to more than 400,000 people living in Louisiana who did not previously qualify for full Medicaid coverage and could not afford to buy private health insurance. Many of these Louisianans who qualify for full Medicaid coverage are working adults who now have access to regular, preventative and primary care.

Healthy Louisiana features five health plans to administer medical benefits. Each plan offers some limited dental benefits for adults 21 and older, beyond the traditional adult denture services and dental care for children and adolescents that have been available under Medicaid in Louisiana previously.

Three plans utilize third-party managers: Aetna and Healthy Blue use DentaQuest to manage their dental programs, while Amerihealth Caritas uses DINA Dental Plans as its third-party manager. United Healthcare and Louisiana Healthcare manage their own programs. Dentists can be providers for as many, or as few, of the five plans as they choose; however, providers with Louisiana Healthcare must be affiliated with a Federally Qualified Health Center (FQHC).

Patients who qualify for full Medicaid automatically qualify for dental benefits through Managed Care of North America (MCNA) Dental, and they are allowed to choose which Healthy Louisiana plan they prefer for medical (and added adult dental) benefits.

MCNA: Broad coverage for children under 21, with emphasis on basic preventative and primary care; for adults 21 and over, limited to dentures and partials.

Healthy Louisiana Dental: Only for adults 21 years and older.

It is important to note that a dentist is not required to be a certified provider with MCNA to enroll as a Healthy Louisiana dental provider. MCNA and the five Healthy Louisiana plans are independent of one another, and each requires its own application process. A dentist must be a certified provider with MCNA to file claims and receive payments for MCNA administered benefits. A dentist must also be a certified provider of one or more of the Healthy Louisiana dental plans in order to file claims and receive payments for the benefits those plans administer.

For more information or to sign up to be a provider of one or more of the Healthy Louisiana plans, contact the following individuals:

- Aetna and Healthy Blue
  Jacqueline Clouse, DentaQuest Louisiana Provider Network Manager
  (888) 683-6725, ext. 2 or (865) 696-7892;
  Jacqueline.clouse@greatdentalplans.com
  DentaQuest – (844) 234-9834

- Amerihealth Caritas Louisiana/DINA Dental
  Traci Lusignan – Provider Relations Representative
  (985) 774-5340 | tlusignan@fcldental.com
  Donna Vogler – Director of Provider Relations and Credentialing
  (281) 276-1061 | dvogler@fcldental.com

- Louisiana Healthcare Connections:
  (866) 595-8133 or fill out the contract form online at:
  www.louisianahealthconnect.com/providers/become-a-provider/contract-request-form

- UnitedHealthcare Community Plan
  (800) 822-5353 or (844) RE275-8751, www.uhcproviders.com
<table>
<thead>
<tr>
<th><strong>Total Benefits per year</strong></th>
<th><strong>Maximum of $500</strong> Each of the three plans provides a maximum of $500 in total benefits per year; however, those payments are further limited according to their categorization:</th>
<th><strong>Maximum of $500 provides a maximum of $500 in total benefits per 12-month period, with no caps according to the categorization of services. Qualified services include:</strong></th>
<th><strong>2 visits per year- no limit only provides benefits to patients receiving services from a Federally Qualified Health Center, up to a maximum of coverage for 2 visits per year, but with no limit on the monetary value of the services provided during those visits. Qualiﬁed services include:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Oral Evaluations/Cleaning</strong></td>
<td><strong>Maximum of $225 per year for the following preventative services:</strong> Standard oral evaluation and cleaning allowed once every 6 months (D1110, D0120, D0140, D0150)  *<em>&quot;<em>None of the three plans include fluoride treatments&quot;</em></em></td>
<td>Standard oral evaluations and cleaning allowed twice a year (D1110, D0120, D0140, D0150)  <em>Does not include fluoride treatments</em></td>
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</tr>
<tr>
<td><strong>X-Rays</strong></td>
<td>X-rays (full mouth or four bite wing x-rays) and imaging allowed once every calendar year (D0210, D0220, D0230, D0240, D0270, D0272, D0273, D0274)</td>
<td>X-rays and imaging allowed once every 12 months (D0220, D0230, D0240, D0270, D0272, D0273, D0274)</td>
<td>Bite wing x-rays once per year (D0272)</td>
</tr>
<tr>
<td><strong>Panoramic Imaging</strong></td>
<td>Panoramic film imaging/FMX imaging allowed once every 5 years (D0330)</td>
<td>Full mouth imaging allowed once every 3 floating years, which is determined by the date of service and not the calendar year (D0210)</td>
<td></td>
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<tr>
<td><strong>Fillings/Crowns</strong></td>
<td><strong>Maximum of $275 per year for extractions, fillings and crowns:</strong> Composite resin fillings and amalgam fillings are covered with no frequency constraints (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394)</td>
<td>Composite resin filling and amalgam fillings are covered with no frequency constraints (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394)  Fillings (D3240, D3430)  Resin crowns and stainless silver crowns (D2390, D2920, D2930, D2931, D2932, D2933, D2934, D2954)</td>
<td></td>
</tr>
<tr>
<td><strong>Extractions</strong></td>
<td>Simple extraction and removal of erupted teeth, or those that broken through the gum (D7140, D7210)  <em>Aetna coverage in this category includes extraction of an impacted tooth (D7240)</em>  <em>None of these three plans include coverage of root canals, periodontal treatments or tooth reconstruction</em></td>
<td>Simple extractions and removal of erupted teeth, or those that have broken through the gum, and removal of residual roots (D7140, D7210, D7250)  <em>Extraction of an impacted tooth not covered</em>  <em>Root canals not covered</em></td>
<td>Simple extractions (D7140, D7111, D7310)  <em>Extraction of an impacted tooth not covered</em>  <em>Root canals not covered</em></td>
</tr>
</tbody>
</table>
A dentist who becomes a certified provider for one or more of the Healthy Louisiana plans is only a provider for the Medicaid Adult Dental Value-Added Service (VAS) portion of each company’s network. The dentist is not a member of the company’s regular or private dental insurance network. *Louisiana Healthcare Connections does not provide private insurance.

Each of the Healthy Louisiana dental plan providers has a set fee schedule for approved benefits.

- **DentaQuest** and **DINA** contract with providers according to network agreements, and reimbursement rates are the same for all Adult Dental VAS plans that these third-party managers administer.

- **Louisiana Healthcare Connections** reimbursement rates are at the agreed upon FQHC rates identified in the FQHC fee schedules, since all dental benefits covered by this plan must be provided at qualified FQHCs.

- **United Healthcare** reimbursement rates follow the Louisiana Medicaid fee schedule.

By becoming a certified provider with one or more of the plans, the dentist agrees to the fee schedule rates for all covered services despite the possibility of the rates being lower than their usual customary charge. A dentist may not bill the patient the cost difference of the benefit if the reimbursement is less than the regular fee.

However, a dentist may bill a patient for services provided outside of the annual benefit limit or not covered by the plan IF the dentist obtains a written waiver from the patient or the patient completes a consent form provided by the health plan PRIOR TO rendering the services.

A dentist who signs up to be a certified provider for one or more of the Healthy Louisiana plans may be obligated to accept all or certain Medicaid patients who are part of that plan. Only Healthy Blue and AmeriHealth Caritas do not require their certified providers to treat all Medicaid patients in the system; but rather, they allow dentists to customize their panel status. Only these two plans allow dentists to decide whether they will treat existing Medicaid patients only, all Medicaid patients in each plan, or make case-by-case determinations.

Visit [www.ladental.org/dentalmedicaid](http://www.ladental.org/dentalmedicaid) for a complete listing of dental benefits covered by each of Healthy Louisiana’s five health plans.

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**Must the Dental Provider Accept All Patients In a Healthy Louisiana Plan?**

<table>
<thead>
<tr>
<th>Healthy Blue</th>
<th>NO</th>
<th>Providers may customize their panel status</th>
</tr>
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<tr>
<td>AmeriHealth Caritas</td>
<td>NO</td>
<td>Providers may customize their panel status</td>
</tr>
<tr>
<td>Aetna</td>
<td>YES</td>
<td>Providers must see all patients who are members of the Aetna Better Health of Louisiana Medicaid Plan</td>
</tr>
<tr>
<td>Louisiana Healthcare Connections</td>
<td>YES</td>
<td>Providers must see all patients with the FQHC’s restrictions</td>
</tr>
<tr>
<td>United Healthcare</td>
<td>YES</td>
<td>Providers must see all patients who are members of the United Healthcare Community Louisiana Medicaid Plan</td>
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