

0350

RITE SMILES

0350.05 PROGRAM OVERVIEW

EFF: 05/2006

Rite Smiles Program is a statewide dental benefits managed care delivery system established under a Title XIX waiver. The program's goal is to improve access to oral health services for Rhode Island children who receive Medical Assistance. Emphasis is placed on preventive and primary care dental services and education.

Children born on or after May 1, 2000 who are receiving dental benefits through Medical Assistance are enrolled in a Rite Smiles dental plan. The Department of Human Services (DHS) contracts with dental plans to provide oral health services to members at a pre-paid capitated rate. The Rite Smiles plan is responsible for establishing and maintaining a network of dentists, all member services, and processing dental claims.

0350.10 LEGAL AUTHORITY

EFF: 05/2006

Title XIX of the Social Security Act provides the legal authority for the Medical Assistance Program. Rite Smiles Program operates under a waiver under the authority of Section 1915(b) of the Social Security Act.

0350.15 COVERAGE GROUPS

EFF: 05/2006

Participation in the Rite Smiles Program is mandatory for all children in the following populations who were born on or after May 1, 2000 and who are receiving Medical Assistance:

1. Section 1931 Children and Related Populations
(Including Poverty Level Groups and Family Independence Program Cash Recipients)
2. Blind and/or Disabled Children
3. Foster Care Children who are receiving foster care or adoption subsidy assistance (Title IV-E), are in foster care, or are otherwise in an out-of-home placement.
4. Section 1115 Waiver Children.

0350.20 EXCLUDED COVERAGE GROUPS

EFF: 05/2006

The following groups are excluded from participation in the RItE Smiles Program:

1. Children born on or before April 30, 2000;
2. Children who have access to third party dental benefits;
3. Children who reside in Nursing Facilities (NF) or Intermediate Care Facilities for the Mentally Retarded (ICF/MR).
4. Children who reside outside of the State of Rhode Island.

Those children who are not eligible to participate in the RItE Smiles Program receive dental benefit coverage under the Fee For Service System.

0350.25 RETROACTIVE ELIGIBILITY

EFF: 05/2006

If a member is eligible for retroactive eligibility, the dental plan does not provide coverage to Medical Assistance beneficiaries during the period of retroactive eligibility.

0350.30 ENROLLMENT PROCESS

EFF: 05/2006

Applicants/beneficiaries may have a choice of dental plans in which to enroll.

The enrollment process insures that applicants/beneficiaries will be provided with sufficient information (if a choice of dental plans is available) in order to make an informed choice when deciding upon which RItE Smiles plan to enroll in. -

All children determined eligible for Medical Assistance starting May 1, 2006 who were born on or after May 1, 2000 will be enrolled in one of two RItE Smiles dental plans. Those beneficiaries eligible before May 1, 2006 will be enrolled in RItE Smiles by geographic region.

Beneficiaries will be given 14 days to switch plans by calling the DHS Info Line at 401-462-5300.

Effective May 1, 2006, newly eligible children for Rite Care, Rite Share, or fee-for-service MA will be given a choice of Rite Smiles plans on their application for Medical Assistance (MARC-1 application or the DHS-2).

Applicants/beneficiaries will be notified in writing of the dental plan to which they have been assigned.

0350.35 VOLUNTARY SELECTION OF A DENTAL PLAN

EFF: 05/2006

Effective May 1, 2006, newly eligible children for Rite Care, Rite Share, or fee-for-service MA will be given a choice of Rite Smiles plans on their application for Medical Assistance (MARC-1 application or the DHS-2).

0350.40 AUTOMATIC ASSIGNMENT INTO A DENTAL PLAN

EFF: 05/2006

Those Rite Smiles -eligible member families who neglect to indicate their choice of dental plan are automatically assigned into a dental plan in sequential order (i.e., Dental Plan A, then Dental Plan B, etc.). Rite Care members are default automatically assigned to a dental plan affiliated with their Health Plan, if any. Fee-For-Service Medical Assistance beneficiaries who do not make a dental plan choice, Rite Share enrollees, and Rite Care families in a Health Plan that does not have an affiliated dental plan contracting with the State, are assigned in sequential order to one of the participating Rite Smiles dental plans.

0350.45 AUTOMATIC RE-ENROLLMENT, FOLLOWING RESUMPTION OF ELIGIBILITY

EFF:05/2006

Members who are disenrolled from a Rite Smiles plan due to loss of eligibility are automatically re-enrolled into the same dental plan should they regain eligibility within ninety (90) days. If more than ninety (90) days have elapsed since the member regained enrollment, the members are treated as new members and are allowed to select the same or different dental plan via the Medical Assistance application.

0350.50 RITE SMILES LOCK-IN
EFF: 05/2006

Following ninety (90) days after their initial enrollment into a Rite Smiles plan, enrollees are restricted to that dental plan until the next open enrollment period, unless disenrolled under one (1) of the conditions described below:

- o Loss of Medical Assistance eligibility including for non-payment of applicable premium shares for Rite Care or Rite Share;
- o Selection of another dental plan during open enrollment;
- o Death;
- o Relocation out-of-state;
- o Adjudicative actions;
- o Change of eligibility status;
- o Eligibility determination error;
- o As the result of a formal grievance filed by the member against the dental plan or by the dental plan against the member;
- o Just cause (as determined by the State.)

0350.55 OPEN ENROLLMENT
EFF: 05/2006

During open enrollment members have an opportunity to newly select or to change Rite Smiles dental plans.

0350.60 VOLUNTARY DISENROLLMENT
EFF: 05/2006

Rite Smiles members seeking disenrollment during the lock-in period must first file a formal appeal pursuant to grievance and appeal procedures with the dental plan (with the exception that members are permitted to disenroll without cause during the ninety (90) days following the effective date of the individual's initial enrollment). Disenrollment can only be ordered by CCFH after administrative review of the facts of the case. In order for disenrollment to occur, CCFH must first find in favor of the member, and then determine that the

appropriate resolution to the member's complaint is the member's disenrollment.

0350.65 MEMBER DISENROLLMENT

EFF: 05/2006

Unless the member's continued enrollment in the dental plan seriously impairs the dental plan's ability to furnish services to either the particular member or other members, a Rite Smiles dental plan may not request disenrollment of a member because of:

- O An adverse change in the member's health status;
- O The member's utilization of medical services; or,
- O Uncooperative or disruptive behavior resulting from the member's special needs.

All disenrollments are subject to approval by the State.