

This Frequently Asked Question (FAQ) excerpt was created in response to the **Medicaid Adult Dental Benefit** webinar held on January 31<sup>st</sup>, 2025.

The full webinar can be accessed here: [2025 Medicaid Adult Dental Benefit Webinar](#)

**1. Who is eligible to apply for dental benefits?**

- a. Anyone eligible for full Medicaid will receive the adult benefit.

**2. What are the income guidelines for families to participate?**

- a. Medicaid Income Guidelines as of 2024.

Family Size	Children Ages 0 to 1	Children Ages 1 to 6	Children Ages 6 to 19	Pregnant Women and their Newborns	Adults Ages 19 to 65
	Yearly Income up to 163% FPL	Yearly Income up to 146% FPL	Yearly Income up to 138% FPL	Yearly Income up to 190% FPL	Yearly Income up to 138% FPL
1	\$24,548	\$21,988	\$20,783	*Minimum family size of 2, including unborn baby(ies)	\$20,783
2	\$33,317	\$29,842	\$28,207	\$38,836	\$28,207
3	\$42,087	\$37,697	\$35,632	\$49,058	\$35,632
4	\$50,856	\$45,552	\$43,056	\$59,280	\$43,056

**3. If a person is enrolled in the Dual Eligible program, does the member still have the \$2,000 per 2-year dental benefit on their straight Medicaid part of the dual? Does their Medicare benefit coordinate with their Medicaid benefit?**

- a. For those who have Medicaid to only cover Medicare premiums – no otherwise if they have full medical coverage – yes
- b. Providers will coordinate payment between all involved parties

**4. How does the pregnancy dental benefit vary for each MCO? In addition, please the note the following:**

The pregnancy dental benefit does not count toward the \$2,000 per 2-year limit. Pregnant members under age 21 fall under children's Medicaid dental benefits and the adult dental benefit does not apply.

- a. Pregnancy dental benefits are offered by each MCO as indicated below.
  - i. Aetna Better Health – provides preventative dental care during pregnancy; two visits per pregnancy.
  - ii. The Health Plan – provides preventative dental care during pregnancy and up to 12 months after delivery; two dental visits per pregnancy.
  - iii. [Health Plan Reference — IN COPY] – provides preventative dental care during pregnancy and up to six (6) weeks after delivery; includes two dental visits per pregnancy.
  - iv. Highmark /United Concordia Dental (UCD) – Pregnant members are eligible for **two additional dental cleanings** during their pregnancy. These extra cleanings are in

addition to their regular covered cleanings and are available from the time they become pregnant until six weeks postpartum.

**5. Is there a deductible?**

- a. No

**6. Is there a co-pay for services?**

- a. No

**7. Does the state provide transportation to individuals who need dental services?**

- a. Modivcare provides non-emergent medical transportation for Medicaid recipients. – (844) 549-8353
  - i. <https://www.mymodivcare.com/members/west-virginia>. Members can also schedule transportation online.
- b. [https://dhhr.wv.gov/bms/Members/transportation/Pages/Non-Emergency-Medical-Transportation-\(NEMT\)%20Information%20for%20Members.aspx](https://dhhr.wv.gov/bms/Members/transportation/Pages/Non-Emergency-Medical-Transportation-(NEMT)%20Information%20for%20Members.aspx)
  - i. Additional information, including mileage reimbursement if NEMT isn't available

**8. How do you find providers that accept the adult dental benefit? And can we get a list of providers that accept adult dental benefits in WV?**

- a. For members that have Aetna as their MCO, please access Liberty Dental Plan at <https://client.libertydentalplan.com/AetnaWV>
- b. For members that have The Health Plan and [Health Plan Reference — IN COPY] as their MCO, please access SKYGEN at <https://www.skygenusa.com/find-provider/find-dentist>
- c. For members that have Highmark as their MCO, please access United Concordia Dental at <https://wv.highmarkhealthoptions.com/>

**9. How do Medicaid recipients access the directories listed above?**

- a. Medicaid recipients can utilize the above provider directories to locate a participating provider. They can also contact the member services number located on the back of their insurance card.

**10. Do members need a special Dental card?**

- a. No, but they will be required to show proof of their Medicaid insurance card.

**11. Is there a fact sheet available that gives details about what is covered under the Medicaid adult dental benefit?**

- a. <https://dhhr.wv.gov/bms/Pages/Chapter-505-Dental-Services-.aspx>

**12. Is there a Referral Process to access dental services?**

- a. No

**13. How are Medicaid recipients being notified of this new benefit and are they assisted with finding a dentist that accepts Medicaid?**

- a. Plans have sent mailings, made phone calls, along with sending representatives to community events to share information on the dental benefit. Case managers are also discussing with members.

**14. How extensive is the work that can be performed? Could a participant have some of the dental covered under medical (such as extractions if medically necessary) and then use the dental to cover a denture?**

- a. Extractions are not included in the \$2,000 per 2-year limit. Services such as dentures are included in the covered list up to \$2,000 per 2-year limit. After that \$2,000 per 2-year cap, the member is responsible for payment.

*Note: For members covered by Highmark/United Concordia Dental, their benefit is \$2,500 per 2-year.*

**15. Is the adult dental benefit a limited time offer? What are the plans to increase the amount of the benefit?**

- a. While this isn't a "limited time offer" this benefit is dependent on state leadership/legislature. Data from utilization will help form future policy. Use it, don't lose it!

**16. How should we address the concern that families are discouraged because they say they are not receiving dental benefits?**

- a. Please reach out to the MCO member services for the most reliable information. If you have an instance of members not receiving correct information, please reach out to us to have it corrected. Our MCOs need to know if providers are not sharing correct information. The best course of action for a concerned member, is to always contact their respective plans' member services. If the MCO learns of an issue through a Community Based Organization, they will do their best to escalate any concern.

**17. If Medicaid is secondary does the member receive this benefit?**

- a. Yes. Primary insurance will always be billed first. Medicaid will pick up after up to the \$2,000 per 2-year cap.

**18. Are those on the Medicaid waiver eligible?**

- a. Yes

**19. Is the benefit based on calendar or fiscal year?**

- a. The benefit is based on fiscal years. For example, the fiscal years are broken out as follows: 2024-2026, 2026-2028, 2028-2030. These set timeframes will not change unless current legislation changes.

**20. Does an initial consult count against the benefit?**

- a. Yes, if the initial consult is billed as a comprehensive oral exam. The comprehensive oral exam is when a treatment plan is developed.

**21. Is a dentist removed from the provider search once they no longer accept Medicaid patients?**

- a. All 3 dental benefit administrators, Highmark/UCD, SKYGEN and Liberty Dental Plan, work diligently to keep their provider lists updated as providers are added and removed from the network.

**22. What is required to bring to the dental appointment?**

- a. DHHR Medicaid proof of eligibility (paper hard copy received from DHHR via mail) and your MCO insurance plastic card.
- b. If you need replacement copies, contact DHHR (for proof of eligibility) or your MCO member services (plastic card).

**23. Can the patient pay for the remaining balance if services go over the \$2,000 per 2-year limit?**

- a. Yes, member is responsible for anything that exceeds the \$2,000 per 2-year limit.
- b. This is required to be billed at the Medicaid rate.

**MCO Member Handbooks:**

**Aetna Better Health:** <https://www.aetnabetterhealth.com/westvirginia/whats-covered-medicaid.html>

**The Health Plan:** <https://www.healthplan.org/wv-medicaid/current-members/member-materials>

**Highmark/UCD:** <https://wv.highmarkhealthoptions.com/members/handbook-newsletters.html>

**Wellpoint:** [Welcome to West Virginia Medicaid | Wellpoint](#)

\* WV DHHR [State Agency] is now WV DoHS (Department of Human Services).