



Texas



UnitedHealthcare

Texas Medicaid Dental Services

Member Handbook

Member Services: **1-877-901-7321**, TDD/TTY: **7-1-1**, for hearing impaired

**United
Healthcare®**
Dental



TEXAS
Health and Human
Services

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UnitedHealthcare Dental

Important information

For dental emergencies, call your main dentist's office.

For medical emergencies dial **9-1-1** or go to the nearest emergency room.

UnitedHealthcare Dental Member Services

8:00 a.m.–5:00 p.m. Central Time, Monday–Friday

Interpreter services are available for all Member Services calls. If you call after regular business hours or during a weekend, you will get an answering service or a recording with operating hours and what to do in case of an emergency. If you don't have an emergency, call your main dentist during regular business hours.

1-877-901-7321,
TDD/TTY: **7-1-1**

You can access information on the UnitedHealthcare Dental Texas Children's Medicaid website 24 hours a day, 7 days a week.

uhc.com/DentalTX

Ombudsman Managed Care Assistance Team:

1-866-566-8989

You can request that this and any of the printed materials we send you be translated into another language or sent to you in a different format such as audio, larger print or Braille.

To request this handbook in a different format or language, please call UnitedHealthcare at **1-877-901-7321**, TDD/TTY: **7-1-1**. We will provide this at no charge to you within 5 business days of your request.

If there are any significant changes, UnitedHealthcare Dental will send you a letter to let you know at least 30 days prior to the change.

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Welcome to UnitedHealthcare Dental

We are happy to have your child(ren) as a member. We are committed to providing quality dental care for your child(ren).

This handbook contains important information about the UnitedHealthcare Dental Texas Medicaid program for Children. Keep this handbook for when you need information about the plan.



Eligibility

The UnitedHealthcare Dental Texas Medicaid program for Children provides dental services for Texas Medicaid-eligible children. Texas Health and Human Services Center (HHSC) determines eligibility for all Medicaid programs.



Coverage

The UnitedHealthcare Dental Texas Medicaid program for Children contracts with dental providers and dental clinics so your child(ren) can get the dental services they need. We cover preventive care, checkups and dental treatment services for Medicaid-eligible children 0 to 20 years of age.



Welcome call

New members of the UnitedHealthcare Dental Texas Medicaid program for Children will receive a “Welcome Call.” We will tell you about the program benefits and how to get dental services. We will also make sure you received ID cards for all of the eligible children in your family. If you are not home when we call, we will try again or leave a message for you to call us back.

Member Services

If you have questions about Texas Children's Medicaid you can always call our Member Services at **1-877-901-7321**, TDD/TTY: **7-1-1**. Our staff is here Monday through Friday from 8:00 a.m. to 5:00 p.m. Interpreter services are also available for calls to Member Services.

We can help you with:

- Questions about dental benefits or Texas Children's Medicaid
- Questions about a bill for dental services
- Finding a dental provider
- Arranging for an interpreter to come to an appointment with you
- Reporting fraud and abuse
- Out-of-network benefits
- Filing a complaint, grievance or appeal
- Requesting a Member Handbook in audio, larger print, Braille, other language, etc.

You can also access our secure website 24 hours a day, 7 days a week uhc.com/DentalTX. You can find information about benefits and locate a provider.

We always protect your child's private information. See page 43 for the UnitedHealthcare Privacy Notice or contact Member Services at **1-877-901-7321**, TDD/TTY: **7-1-1** with any questions.

Member Services

1-877-901-7321, TDD/TTY: **7-1-1**


Our office is closed on these major holidays:

- New Year's Day
- Martin Luther King Jr. Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day After Thanksgiving
- Christmas Day

UnitedHealthcare Dental Medicaid Handbook

Your child's ID card

You should have received an ID card for each of your children who are covered by Texas Children's Medicaid. You will need to show this card every time your child sees a dental provider.

	
Plan ID/ID del Plan (80840) 911-52133-05	
Member ID/ID del Miembro: 100000045	Group/Grupo: G99999
Member/Miembro: SUBSCRIBER MEDICAID_TX1	Texas Medicaid Dental Services DENTAL IDENTIFICATION CARD/TARJETA DE IDENTIFICACION DENTAL Payer ID/ID del Pagador: GP133
Main Dentist Name/Nombre del Dentista: DOUGLAS GETWELL	Effective Date/Fecha de vigencia: 09/01/2020
Main Dentist Phone/Teléfono del Dentista: 281-383-9762	
0510	Administered by UnitedHealthcare Insurance Company

Printed mm/dd/yyyy	
Provider should verify eligibility before providing treatment. To verify benefits, view claims or find a provider, visit the website.	
For Members/Para Miembros:	uhc.com/dentaltx 877-901-7321
Directions for what to do in an emergency. During normal business hours, call your child's Main Dentist to find out how to get emergency services. If your child needs emergency dental services after the Main Dentist's office has closed, do one of the following: (1) If your child gets medical services through a Medicaid health plan, call that medical health plan. (2) If your child does not have a Medicaid health plan, call 1-800-252-8263.	
Instrucciones sobre qué hacer en caso de emergencia. Durante las horas normales de operación, llame al dentista primario del niño para saber cómo obtener servicios de emergencia. Si su hijo necesita servicios dentales de emergencia después de que el consultorio del dentista primario haya cerrado, haga lo siguiente: (1) Si su hijo recibe atención médica por medio de un plan de salud de Medicaid, llame a ese plan. (2) Si su hijo no tiene un plan de salud de Medicaid, llame al 1-800-252-8263.	
For Providers:	uhc.com/dentaltx 800-527-1764
Dental Claims:	P.O. Box 99999; Milwaukee, WI 53201

How to read your ID card

- Member's Name – Who the card is for
- Member Medicaid ID Number – The member's Texas Medicaid Dental Services ID number
- Effective Date – The date the member's Texas Medicaid Dental Services coverage started
- Date of Birth – The member's birth date
- Plan Name – Shows that you have joined the Texas Medicaid Dental Services
- Main Dentist – The dentist the member is assigned to
- Dental Phone – The dentist's phone number

How to use your ID card

- Take your ID card with you to the dentist. Your dentist will need the card information.
- Use your ID card to find the Member Services number to call for assistance. The number is on the back of your card. Have the card ready when you call.

How to replace your ID card if it is lost

If you lose your UnitedHealthcare Dental ID card, call Member Services right away at **1-877-901-7321**. Member Services will send you a new one. Call TDD/TTY: **7-1-1** for hearing impaired.

Who to call in an emergency?

During normal business hours, call your child's main dentist to find out how to get emergency services. If your child needs emergency dental services after the main dentist's office has closed, do one of the following:

- If your child gets medical services through a Medicaid health plan, call that medical plan
- If your child does not have a Medicaid health plan, call 1-800-252-8263 or call **9-1-1**

Regular dental care

Regular dental care is just as important as medical care. You should take your child(ren) to the dentist for regular checkups.

Your child(ren) should begin to see the dentist as soon as their first tooth comes in and no later than their first birthday. The dentist or dental hygienist will examine your child's mouth. The examination will include the teeth, gums, tongue, lips, and roof of mouth. Depending on the child's age, number of teeth present, and ability to cooperate, the dentist may order a few X-rays to see if there is tooth decay. X-rays are also helpful in determining that the permanent teeth are developing normally. Your child may also have his or her teeth cleaned.

Dental providers

What do I need to bring when I take my child to the dentist?

Make sure you have your child's UnitedHealthcare Dental Texas Children's Medicaid Card handy. The dental office will need the information on the card to make the appointment. Make sure you write down the date and time of the appointment. Tell the office if you will need an interpreter to meet you there.

What is a main dentist?

A main dentist can be a general dentist or a dentist who only treats children. This is the dentist who gives your child services that prevent teeth problems. This dentist also can fix most teeth problems. Your child's main dentist also can send your child to a specialist for teeth problems that are harder to fix, if that kind of treatment is needed.

UnitedHealthcare Dental Medicaid Handbook

Can a clinic be my child's main dentist?

(Rural Health Clinic/Federally Qualified Health Center)

Yes, a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) can be your main dentist if you choose. For help with finding or changing a main dentist please call Member Services at **1-877-901-7321**, TDD/TTY: **7-1-1**.

How many times can I change my child's main dentist?

You can change your child's main dentist as many times as you like.

How can I change my child's main dentist?

You can change main dentists by calling us at **1-877-901-7321**, TDD/TTY: **7-1-1** (toll-free). Or you can write to:

UnitedHealthcare Dental – Texas
P.O. Box 740224
Atlanta, GA 30374-0224

Or you can log into our website at uhc.com/DentalTX to make a new main dentist selection. A one-time registration is required. Then you may log in change your main dentist as needed. It's easy!

If I change my child's main dentist, when can we start getting services from the new provider?

The main dentist change will become effective the day after you make the change.

Is there a reason I might be denied if I ask to change my child's main dentist?

We might turn down your request for one of the reasons listed below:

- The main dentist you want to change to is not accepting new patients
- The main dentist you want to change to does not provide the types of dental services your child needs

Can a main dentist ask to move my child to another main dentist?

Your child can be moved from one main dentist to another for one of the reasons listed below:

- If you or your child don't follow the dentist's advice
- If you or your child are repeatedly loud or disruptive while in the dentist's waiting room or treatment area
- If your relationship with your child's main dentist is not working for either you or the dentist

What if I choose to take my child to another dentist who is not my child's main dentist?

Your main dentist will provide you with preventative care and will refer you to specialists as needed. You will need a referral from your main dentist to see another dentist.

What if I choose to take my child to a dentist that is out of network?

You will have to pay for any out-of-network services not authorized by UnitedHealthcare Dental, except for emergency care.

What if I choose to take my child to a dentist that does not accept Medicaid?

You will have to pay for any dental services that are done by dentists that do not accept Medicaid.

How do I get dental care for my child after the main dentist's office is closed?

If your child needs dental care after the office is closed and it is not an emergency, you can call your child's main dentist's office and leave a message with the answering service. The dentist's staff will call you back when the office reopens.

If your child needs emergency dental work after the office has closed, do one of the following:

- If your child gets medical services through a Medicaid medical health plan, call that medical plan
- If your child does not have a Medicaid medical health plan, call 1-800-252-8263 or call **9-1-1**

How we make decisions

UnitedHealthcare Dental Texas Children's Medicaid uses a process called "utilization review." This process helps us to make sure each child receives the appropriate treatment. We want to make sure that children don't receive services or procedures they may not need. Some examples would be too many rays. We also want to make sure that children receive the services they need like cleanings and sealants. UnitedHealthcare Dental Texas Children's Medicaid has "clinical guidelines" for all of our dental providers. These "guidelines" describe how most dental providers should provide treatment for their Texas Children's Medicaid patients.

UnitedHealthcare Dental Texas Children's Medicaid has a team of dental professionals who review certain types of treatments to make sure they meet our clinical guidelines. The team includes our Utilization Management Director, general dentists, and orthodontists.

UnitedHealthcare Dental Medicaid Handbook

Only licensed dentists can make the decision to deny a treatment or service. All denials of treatment or services must be supported by UnitedHealthcare clinical guidelines. You can get a copy of these guidelines on our website or by calling Member Services.

UnitedHealthcare Dental Texas Children's Medicaid staff are not rewarded for saying "no" to needed care. You have the right to appeal any decisions to deny dental treatment or services. The process to request an appeal of a decision is explained on page 29.

Emergencies and Urgent Care

Emergencies

An emergency is a life threatening illness or injury. It requires immediate care. You should call **9-1-1** or go to the nearest emergency room. You should also call your child's primary care provider (PCP). If your child has a dental emergency, you should call their dentist right away. Prior authorization is not required for emergencies. They will tell you what to do. You can also call UnitedHealthcare Dental Texas Children's Medicaid Member Services at **1-877-901-7321**, TDD/TTY: **7-1-1**, 8:00 a.m.–5:00 p.m., Monday–Friday. They can help you find a dental provider if you need one.

If the injury to your child is life-threatening you should call 9-1-1 or take your child to the emergency room immediately.

Urgent Care

Urgent care is when your child has a dental problem that is not life threatening. An example might be pain or an infection. You should call your child's dentist. The dentist can tell you what to do. Your child's dentist is required to see all urgent care dental problems within 48 hours.

Changing dental plans

What if I want to change my child's dental plan?

Who do I call?

You can change your child's dental plan by contacting the Medicaid Enrollment Broker's toll-free telephone number at 1-800-964-2777. This is a free call.

How many times can I change my child's dental plan?

There is no limit to the number of times you can change your child's dental plan, but you cannot change plans more than once a month.

If I change my child's dental plan, when will we be able to start using the new dental plan?

If you call to change your child's dental plan on or before the 15th of the month, the change will take place on the first day of the following month. If you call after the 15th of the month, the change will take place the first day of the second month after that. For example:

- If you call on or before April 15, your change will take place on May 1
- If you call after April 15, your change will take place on June 1

Can UnitedHealthcare Dental Texas Medicaid ask that my child get dropped from their dental plan?

A dental plan can ask that a child be removed from their plan for the following reasons:

- The child or the child's caregiver misuses the child's membership card or loans it to another person,
- The child or the child's caregiver is disruptive, unruly, or uncooperative at the dentist's office, or
- The child or the child's caregiver refuses to follow the dental plan's rules and restrictions.

Your Texas Children's Medicaid Dental benefits

Your child's UnitedHealthcare Dental Texas Children's Medicaid plan covers a wide range of dental treatments and services. These services include medically necessary preventive and diagnostic care, and treatment for dental and gum disease. Some dental services may require "prior authorization" or approval before getting the service.

What are my child's dental benefits with Medicaid?

Medicaid dental benefits for your child include the following services:

- Exam, cleaning and fluoride treatment every six (6) months
- X-rays every six (6) months
- Fillings, extractions, crowns, root canals and other medically necessary treatments

How do I get these services for my child?

Schedule a checkup appointment for your child with your child's main dentist. The main dentist will provide these services and determine if additional services may be needed.

What services are not covered?

- Cosmetic procedures (for example, tooth whitening)
- Procedures considered experimental or investigational
- Services that are determined to not be medically necessary
- Services that could be covered under another insurance or health plan

How do I get drugs (prescriptions) the dentist has ordered for my child?

Take the prescription with your Medical Medicaid ID to your pharmacy of choice located close to you.

Who do I call if I have problems getting drugs (prescriptions) the dentist ordered for my child?

Call your Medical Medicaid Health Plan or contact UnitedHealthcare Dental Member Services at **1-877-901-7321**, TDD/TTY: **7-1-1**.

Extra benefits (Value added services)

What other benefits are offered by UnitedHealthcare Dental Texas Children's Medicaid plan?

Your child can earn a reward for good dental habits. Some of the rewards that UnitedHealthcare Dental Medicaid offers are:

Firstgrin dental kit – Register for the Member Portal

Who is eligible?

New and current members ages 0–7 who register for the Member Portal. Limit of one dental kit per lifetime.

What's included?

A child-sized toothbrush and more to help little smiles stay healthy!

How do I get it?

Just sign up for the Member Portal. That's it! We'll take care of the rest and send your kit to you – no extra steps needed.

Electric toothbrush – Register for the Member Portal

Who is eligible?

New and current members ages 8–19 who register for the Member Portal. Limit of one electric toothbrush per member per lifetime.

What's included?

A voucher for an electric toothbrush to help keep smiles bright and healthy!

How do I get it?

Just sign up for the Member Portal. Once you're registered, we'll send your voucher – no extra steps needed!

\$25 Walmart Gift Card – Dental Case Management Program

Who is eligible?

New members aged 19 and younger may be eligible. Limit of one gift card per lifetime.

What do I need to do?

Simply complete a risk assessment. This helps us understand your child's unique needs. If your child qualifies, we will contact you. Members must agree to enroll in our case management program within 120 days of signing up with UHC Texas Dental.

\$10 Walmart Gift Card – Sealant Program (First Molars)

Who is eligible?

Members aged 9 and younger. Members who receive sealant treatment on all four first molars will receive a gift card. Limit of one gift card per lifetime.

What do I need to do?

Simply schedule an appointment with your Main Dentist. Sealing these teeth as soon as they come in can keep them cavity-free. We will mail your gift card to you! No forms to fill out!

\$10 Walmart Gift Card – Sealant Program (Second Molars)

Who is eligible?

Members aged 14 and younger. Members who receive sealant treatment on all four second molars will receive a gift card. Limit of one gift card per lifetime.

What do I need to do?

Simply schedule an appointment with your Main Dentist. Sealing these teeth as soon as they come in can keep them cavity-free. We will mail your gift card to you! No forms to fill out!

Members who complete the requirements from Sept. 1, 2025 to Aug. 31, 2026 will be eligible to receive their extra benefits.

Dental care and other services

What is routine dental care?

Routine dental services include:

- Diagnostic and preventive visits (cleanings, fluoride every six [6] months)
- Therapeutic services such as fillings, crowns, root canals and/or extractions

Making appointments

When you call your main dentist's office to make an appointment you should let them know why you are making an appointment. For example, "My child needs their teeth cleaned," or, "My child has a tooth ache." The office will ask for your names, address, phone number and insurance.

How soon can I expect my child to be seen?

Members should be scheduled for a visit:

- Within three (3) weeks for routine services
- Within twenty-four (24) hours for emergency services

If you have any trouble making an appointment, call Member Services and they can help you.

What dental services are covered by the Medicaid Medical Plan?

The Medicaid medical plan covers emergency dental services in a hospital or ambulatory surgical center, including payment for the following:

- Treatment for dislocated jaw
- Treatment for traumatic damage to teeth and supporting structures
- Removal of cysts
- Treatment of oral abscess of tooth or gum origin

The Medicaid medical plan covers hospital, physician, and related medical services for the above conditions. This includes services the doctor provides and other services your child might need, like anesthesia or other drugs. The Medicaid medical plan is also responsible for paying for treatment and devices for craniofacial anomalies. If your child is not in Medicaid medical plan, HHSC will pay for these services. UnitedHealthcare Dental provides all other dental services. Call UnitedHealthcare Dental to learn more about the dental services we offer.

How do I get emergency dental care for my child and who do I call?

Call your child's main dentist to find out how your child can get emergency dental services. If the office is closed, do one of the following:

- If your child gets medical services through a Medicaid medical health plan, call that medical plan
- If your child does not have a Medicaid medical health plan, call 1-800-252-8263 or call **9-1-1**

How soon can I expect my child to be seen?

Your child should get emergency dental services no later than 24 hours after you call.

What does medically necessary mean?

That's the standard for deciding whether Medicaid will cover a dental service for your child. For dental services or products provided, the test is whether a prudent dentist would provide the service or product to a patient to diagnose, prevent, or treat dental pain, infection, disease, dysfunction, or disfiguration in accordance with generally accepted procedures of the professional dental community.

What is Texas Health Steps (TH Steps)?

The Medicaid program's benefit for children and adolescents, age 0 to 20, is known as Texas Health Steps program (TH Steps). TH Steps provides a complete range of prevention, diagnostic and treatment services for children in Medicaid programs, including Texas Children's Medicaid Dental Services. The TH Steps program is designed to make sure that children receive early examination and care, so that health problems are prevented or diagnosed and treated as early as possible.

What services are offered by Texas Health Steps?

Texas Health Steps program keeps track of your child's dental services so your child can stay healthy. We will remind you when your child is due for a dental checkup. Under the TH Steps program, dental care that is seen as medically necessary for your child is covered even when the frequency is greater than recommended. For example, a child determined by a qualified provider, such as a dentist, to be at moderate or high risk for developing baby bottle tooth decay could receive dental exams and preventive treatments more frequently than two times per year as recommended by the American Academy of Pediatric Dentistry.

In addition to your dentist, your medical doctor (such as your child's pediatrician) can also help identify dental problems, and refer children to a dentist for a complete checkup and any needed treatment.

How and when do I get Texas Health Steps dental checkups for my child?

Medicaid's clinical guidelines recommend that a child have a dental visit when the first tooth comes in or by the child's first birthday.

Your child should get a checkup every 6 months. You will receive a call and a postcard reminding you to schedule your child's checkup visit.

Does my child's dentist have to be part of the UnitedHealthcare Dental Medicaid network?

Yes. You must choose a main dentist in the UnitedHealthcare Dental Texas Children's Medicaid network. The Texas Medicaid Dental Provider Directory lists all dentists in the network. Before going in for care, please make sure your dentist is listed in the directory by calling Member Services or viewing the online directory at uhc.com/DentalTX.

The Provider Directory includes information like:

- Provider name, address and phone number
- Languages spoken
- Handicap access to the office
- If they are no longer accepting new patients

Here are some dental providers your child(ren) may see:

- **Main dentist**
- **First dental home**
- **General dentist** can treat children and adults
- **Pediatric dentists** treat children up to age 18
- **Orthodontists** provide braces to straighten children's teeth
- **Endodontists** specialize in saving teeth; they do root canals
- **Periodontists** provide treatment for gum disease
- **Oral surgeons** perform dental surgery, including difficult extractions
- **Dental Hygienists** clean teeth and provide oral health education
- **Dental Assistants** assist the dental provider during treatment

If your dentist leaves the network

Sometimes dentists leave our network. They move or retire. If your dental provider leaves the network, we will send you a letter 30 days prior to the provider leaving the network. In the event the provider leaves with insufficient notice, we will send you a letter within 15 calendar days to let you know. Member Services can help you find a new dentist.

Sometimes UnitedHealthcare Dental Texas Children's Medicaid will let you get care from a dental provider who has left the network. This is called continuity of care.

Dental specialist

Sometimes your child's main dentist will want you to take your child to a dental specialist. Your child's main dentist will let you know what type of specialist they want you to see. They can recommend someone or you can pick one. Make sure whoever treats your child is part of the UnitedHealthcare Dental Texas Children's Medicaid network. Member Services can help you find a specialist.

What if I need to cancel my child's dental visit?

Canceling appointments

We know that sometimes you may need to cancel an appointment for your child. Make sure that you call the office as soon as possible if you need to cancel. You should give the office at least 24 to 48 hours' notice. That way they can schedule someone else who needs dental care at that time. If you miss too many appointments and don't call the office to cancel they may not give you another appointment.

Remember: If you cancel an appointment and you also had transportation and/or an interpreter scheduled you need to cancel these too.

Out of network providers

Treatment provided to your child by a provider who is not part of the UnitedHealthcare Dental Texas Children's Medicaid network will not be covered unless the provider receives approval before treating your child. Dental providers who are not part of the network will need to request prior authorization before they treat your child. They need to contact UnitedHealthcare Dental and tell us why you need to be treated by an out-of-network provider.

What if I am out of town and my child is due for a Texas Health Steps dental checkup?

If your child is out of town, a dental checkup will be covered if performed by any provider in the UnitedHealthcare Dental Children's Medicaid Network. Please call Member Services or visit our website if you need help locating a network provider.

What if I am a migrant farmworker?

Tell your main dentist and the office staff will work with you to set up your child's checkup before you leave the area. Please call UnitedHealthcare Dental Member Services at **1-877-901-7321**, TDD/TTY: **7-1-1** if you need help scheduling an appointment for your child. A member advocate will be available to help you.

Nonemergency Medical Transportation (NEMT) services

What are NEMT services?

NEMT services provide transportation to nonemergency dental appointments for Members who have no other transportation options. These trips include rides to the doctor, dentist, hospital, pharmacy, and other places you get Medicaid services.

What services are part of NEMT services?

- Passes or tickets for transportation such as mass transit within and between cities or states, including by rail or bus
- Commercial airline transportation services
- Demand response transportation services, which is curb-to-curb transportation in private buses, vans, or sedans, including wheelchair-accessible vans, if necessary
- Mileage reimbursement for an individual transportation participant (ITP) to a covered health care service. The ITP can be you, a responsible party, a family member, a friend, or a neighbor.
- If you are 20 years old or younger, you may be able to receive the cost of meals associated with a long-distance trip to obtain health care services. The daily rate for meals is \$25 per day, per person.
- If you are 20 years old or younger, you may be able to receive the cost of lodging associated with a long-distance trip to obtain health care services. Lodging services are limited to the overnight stay and do not include any amenities used during your stay, such as phone calls, room service, or laundry service.
- If you are 20 years old or younger, you may be able to receive funds in advance of a trip to pay for authorized NEMT services
- If you need an attendant to travel to your dental appointment with you, NEMT services will cover the transportation costs of your attendant

Children 14 years old and younger must be accompanied by a parent, guardian, or other authorized adult. Children 15–17 years old must be accompanied by a parent, guardian, or other authorized adult or have consent from a parent, guardian, or other authorized adults on file to travel alone.

How to get a ride?

Your MCO will provide you with information on how to request NEMT services to get to your dental appointment. You should request NEMT services as early as possible, and at least 48 hours before you need the NEMT service. In certain circumstances you may request the NEMT service with less than 48 hours' notice. These circumstances include being picked up after being discharged from a hospital; trips to the pharmacy to pick up medication or approved medical supplies; and trips for urgent conditions. An urgent condition is a health condition that is not an emergency but is severe or painful enough to require treatment within 24 hours.

You must notify your MCO prior to the approved and scheduled trip if your dental appointment is canceled.

What if my child needs routine dental care or emergency dental services when he or she is out of town or out of Texas?

If your child needs routine dental care when traveling, call us toll-free at **1-877-901-7321**, TDD/TTY: **7-1-1** and we will help you find a dentist.

If your child needs emergency dental services while traveling, go to a nearby hospital, then call your Medicaid medical health plan. If your child does not have a Medicaid Medical health plan, call 1-800-252-8263 or call **9-1-1**.

What if my child needs dental services when he or she is out of the country?

Dental services performed out of the country are not covered by Medicaid.

What if my child needs to see a special dentist (specialist)?

Your child's main dentist will give you a referral so your child can go to a specialist.

How soon can I expect my child to be seen by a specialist?

- If the specialist is providing urgent care your child will be seen no later than 24 hours from the time you ask for the referral from your main dentist
- If the specialist is providing therapy or your child needs to see the specialist to get a diagnosis, your child will be seen no later than 14 days from the time you ask for the referral
- If the specialist is providing services to prevent teeth problems, your child will be seen no later than 30 days from the time you ask for the referral

Which dental services do not need a referral?

Services performed by your child's main dentist do not need a referral. Your child's main dentist will refer your child to a specialist if there is a medically necessary need.

Interpreter services

If English is not your primary language, you can get access to an interpreter when you call Member Services. Some of our Member Services representatives speak languages other than English. We also contract with Certified Languages to provide other languages. The Member Services representative can get an interpreter on the phone to assist you with your call. TTY for the hearing impaired is available by dialing TDD/TTY: **7-1-1**.

Many of the dental providers in our network also speak other languages. You can find the languages that a dental provider speaks in our provider directory and on our website. The Texas Children's Medicaid Provider Directory lists all participating dentists in the network and can be viewed on uhc.com/DentalTX. Please contact Texas Children's Medicaid Member Services or visit the Texas Children's Medicaid website for the most current list of dentists or if you need help finding a provider that speaks your language.

You can also have an interpreter come to a dental appointment with you. You must call Member Services at least 72 hours before the scheduled appointment to request an interpreter. We will arrange to have an interpreter who speaks your language meet you at the dental office. If you need a sign language interpreter you need to let us know at least 2 weeks before the appointment. If your appointment date or time changes you need to let us know. We can let the interpreter know as well.

Can someone interpret for me when I talk with my child's dentist?

Yes. You have access to an interpreter when you call Member Services. Some of our Member Services representatives speak languages other than English. We also contract with Certified Languages to provide other languages. The Member Services representative can get an interpreter on the phone to assist you with your call. TTY for the hearing impaired is available by dialing TDD/TTY: **7-1-1**.

Who do I call for an interpreter?

Call Member Services. A Member Services representative can get an interpreter on the phone to assist you with your call. TTY for the hearing impaired is available by dialing TDD/TTY: **7-1-1**.

How far in advance do I need to call?

You must call Member Services at least 72 hours before the scheduled appointment to request an interpreter. We will arrange to have an interpreter who speaks your language meet you at the dental office. If you need a sign language interpreter you need to let us know at least 2 weeks before the appointment.

How can I get a face-to-face interpreter in the dentist's office?

You can also have an interpreter come to a dental appointment with you. You must call Member Services at least 72 hours before the scheduled appointment to request an interpreter. We will arrange to have an interpreter who speaks your language meet you at the dental office. If you need a sign language interpreter you need to let us know at least 2 weeks before the appointment. If your appointment date or time changes you need to let us know. We can let the interpreter know as well.

What if I get a bill from my child's dentist?

Ask your child's dentist why they are billing you. Your child's dentist cannot bill you for covered and approved Medicaid services.

Who do I call?

Call UnitedHealthcare Dental Member Services at **1-877-901-7321**, TDD/TTY: **7-1-1**.

What information will they need?

Please have your child's member ID card and a copy of the bill in front of you. You will need to tell Member Services who sent you the bill, the date of service, the amount and the provider's address and phone number.

What do I have to do if I move?

It is very important that you keep all of your information updated. As soon as you have your new address, give it to the local HHSC benefits office and UnitedHealthcare Dental Member Services Department at **1-877-901-7321**, TDD/TTY: **7-1-1**.

Before you get Medicaid services in your new area, you must call UnitedHealthcare Dental, unless you need emergency services. You will continue to get care through UnitedHealthcare Dental until HHSC changes your address.

What are my child's rights and responsibilities?

Member rights and responsibilities

Member rights

1. You have the right to get accurate, easy-to-understand information to help you make good choices about you or your child's dentists and other providers.
2. You have the right to know how your child's dentists are paid. You have a right to know about what those payments are, and how they work.
3. You have the right to know how UnitedHealthcare Dental decides about whether a service is covered or medically necessary. You have the right to know about the people in UnitedHealthcare Dental's office who decide those things.
4. You have the right to know the names of the dentists and other providers enrolled with UnitedHealthcare Dental and their addresses.
5. You have the right to pick from a list of dentists that is large enough so that your child can get the right kind of care when your child needs it.
6. You have the right to take part in all the choices about your child's dental care.
7. You have the right to speak for your child in all treatment choices.
8. You have the right to get a second opinion from another dentist enrolled with UnitedHealthcare Dental about what kind of treatment your child needs.
9. You have the right to be treated fairly by UnitedHealthcare Dental, dentists, and other providers.
10. You have the right to talk to your child's dentists and other providers in private, and to have your child's dental records kept private. You have the right to look over and copy your child's dental records and to ask for changes to those records.
11. You have a right to know that dentists, hospitals, and others who care for your child can advise you about your child's health status, medical care, and treatment. Your child's dental health plan cannot prevent them from giving you this information, even if the care or treatment is not a covered service.
12. You have a right to know that you are not responsible for paying for covered services for your child. Dentists, hospitals, and others cannot require you to pay any other amounts for covered services.
13. You have the right not to be secluded or restrained as a punishment or to make things easier for your provider.

Member responsibilities

You and UnitedHealthcare Dental both have an interest in seeing your child's dental health improve. You can help by assuming these responsibilities.

1. You and your child must try to follow healthy habits, such as encouraging your child to exercise, to stay away from tobacco, and to eat a healthy diet.
2. You must become involved in the dentist's decisions about you and your child's treatments.
3. You must work together with UnitedHealthcare Dental's dentists and other providers to pick treatments for your child that you have all agreed upon.
4. If you have a disagreement with UnitedHealthcare Dental you must try first to resolve it using UnitedHealthcare Dental's complaint process.
5. You must learn about what UnitedHealthcare Dental does and does not cover. You must read your Member Handbook to understand how the rules work.
6. If you make an appointment for your child, you must try to get to the dentist's office on time. If you cannot keep the appointment, be sure to call and cancel it.
7. You must report misuse by dental and health care providers, other members, UnitedHealthcare Dental, or other dental or medical plans.

Additional member responsibilities while using NEMT services

1. When requesting NEMT Services, you must provide the information requested by the person arranging or verifying your transportation.
2. You must follow all rules and regulations affecting your NEMT services.
3. You must return unused advanced funds. You must provide proof that you kept your dental appointment prior to receiving future advanced funds.
4. You must not verbally, sexually, or physically abuse or harass anyone while requesting or receiving NEMT services.
5. You must not lose bus tickets or tokens and must return any bus tickets or tokens that you do not use. You must use the bus tickets or tokens only to go to your dental appointment.
6. You must only use NEMT Services to travel to and from your dental appointments.
7. If you have arranged for an NEMT service but something changes, and you no longer need the service, you must contact the person who helped you arrange your transportation as soon as possible.

If you think you have been treated unfairly or discriminated against, call the U.S. Department of Health and Human Services (HHS) toll-free at 1-800-368-1019. You also can view information concerning the HHS Office of Civil Rights online at www.hhs.gov/ocr.

Complaints, grievances, and appeals

We want you to be happy with the care and services you receive. If you are unhappy, we want to know about it so we can resolve the problem.

Complaints

You have the right to file a complaint at any time. Please call Member Services and we will address your questions or concerns about benefits, services, access to appointments, wrong bills you received or other issues. If possible, we will resolve your problem at the time of your call. If that is not possible, we will ask for more information and get back to you within 30 calendar days after your complaint is filed. At any time, we may ask you for more information.

You can also file a complaint in writing. An authorized representative – someone you choose in writing – can help you. Your authorized representative can be a friend, neighbor, family member, provider or attorney.

Complaint process

If you have a complaint, please call us at **1-877-901-7321**, TDD/TTY: **7-1-1** (toll-free). A UnitedHealthcare Dental Member Services advocate can help you file a complaint. Most of the time, we can help you right away or within a few days at the most.

If you still have a complaint after you've gone through the UnitedHealthcare Dental's complaint process, call the Texas Health and Human Services Commission (HHSC) at 1-866-566-8989 (toll-free). If you want to make your complaint in writing, please send it to the following address:

Texas Health and Human Services Commission
Ombudsman Managed Care Assistance Team
P.O. Box 13247
Austin, Texas 78711-3247

You can also submit your complaint at hhs.texas.gov/managed-care-help.

Who do I call?

If you have a complaint, please call us toll-free at **1-877-901-7321**, TDD/TTY: **7-1-1** to tell us about your problem.

Send written complaints to:

UnitedHealthcare Dental Texas Children's Medicaid
Appeals/Complaints Department
P.O. Box 1427
Milwaukee, WI 53201

Can someone from UnitedHealthcare Dental help me file a complaint?

A UnitedHealthcare Dental Member Advocate can help you file a complaint. Just call **1-877-901-7321**, TDD/TTY: **7-1-1**.

What do I need to do to file a complaint and how long will the process take?

Please call us at **1-877-901-7321**, TDD/TTY: **7-1-1** (toll-free) to tell us about your problem. A UnitedHealthcare Dental Member Services advocate can help you file a complaint. Or you can write to us at the address below. Most of the time, we can help you right away or within a few days at the most.

Send written complaints to:

UnitedHealthcare Dental Texas Children's Medicaid
Appeals/Complaints Department
P.O. Box 1427
Milwaukee, WI 53201

We will send you an acknowledgment letter less than 5 business days after we receive your complaint. The letter will also tell you what you can do if you still have concerns.

We will review your case and send you a letter with our decision within 30 days from the date of your complaint.

If I don't like what happens with my complaint, who else can I call?

If you still have a complaint after you've gone through UnitedHealthcare Dental's complaint process, call the Texas Health and Human Services Commission (HHSC) at 1-866-566-8989 (toll-free).

UnitedHealthcare Dental Medicaid Handbook

How can I file a complaint with HHSC after I have gone through the UnitedHealthcare Dental complaint process?

Call the Texas Health and Human Services Commission (HHSC) at 1-866-566-8989 (toll-free). If you want to make your complaint in writing, please send it to the following address:

Texas Health and Human Services Commission
Ombudsman Managed Care Assistance Team
P.O. Box 13247
Austin, Texas 78711-3247

MDCP/DBMD escalation help line

What is the MDCP/DBMD escalation help line?

The MDCP/DBMD escalation help line assists people with Medicaid who get benefits through the Medically Dependent Children Program (MDCP) or the Deaf-Blind with Multiple Disabilities (DBMD) program.

The escalation help line can help solve issues related to the STAR Kids managed care program. Help can include answering questions about State Fair Hearings and continuing services during the appeal process.

When should Members call the escalation help line?

Call when you have tried to get help but have not been able to get the help you need. If you don't know who to call, you can call **844-999-9543** and they will work to connect you with the right people.

Is the escalation help line the same as the HHS Office of the Ombudsman?

No. The MDCP/DBMD Escalation Help Line is part of the Medicaid program. The Ombudsman offers an independent review of concerns and can be reached at 866-566-8989 or go on the Internet (hhs.texas.gov/managed-care-help). The MDCP/DBMD escalation help line is dedicated to individuals and families that receive benefits from the MDCP or DBMD program.

Who can call the help line?

You, your authorized representatives or your legal representative can call.

Can members call any time?

The escalation help line is available Monday through Friday from 8 a.m.-8 p.m. After these hours, please leave a message and one of our trained on-call staff will call you back.

Appeals

An appeal is a request to change a decision made by UnitedHealthcare Dental for services that you or your provider believe you are entitled to receive. You, or an authorized representative, can file an appeal in writing, in person, or by calling UnitedHealthcare Dental Texas Children's Medicaid Member Services. Requests to review services that were denied by UnitedHealthcare Dental Texas Children's Medicaid must be made **within 60 calendar days** of UnitedHealthcare Dental Texas Children's Medicaid decision to deny a service or supply. We will review the care or services that were denied or the coverage decision that was made.

Send written appeals to:

UnitedHealthcare Dental Texas Children's Medicaid
Attn: Grievance and Appeals Unit
P.O. Box 1427
Milwaukee, WI 53201

You have the right to:

- Ask for and get copies of all documents related to the appeal. You may add information about the appeal to your file in writing or in person.
- Continue to have Medicaid covered services while your appeal is under review. To have these Medicaid covered services continue, you must call or tell UnitedHealthcare Dental Texas Children's Medicaid **within 10 business days** of being notified. If the appeal is denied, you may be responsible for the cost of any continued benefits you received. If the appeal is approved and you did not request that your services be continued while your appeal was pending, UnitedHealthcare Dental Texas Children's Medicaid will authorize or provide services within 72 hours.

Qualified UnitedHealthcare Dental Texas Children's Medicaid staff decide on appeals that are not about medical issues. Qualified health care professionals decide on appeals about medical issues. We will make a fair decision about appeals within 30 calendar days of receiving your appeal.

Can someone else appeal for me?

Yes. Your doctor, another provider or anyone you choose can ask for an appeal.

Appeal process

What can I do if UnitedHealthcare Dental denies or limits a service for my child that the dentist has asked for?

If you do not agree with the UnitedHealthcare Dental denial, you have the right to appeal. You can ask UnitedHealthcare Dental to help you file an appeal. You can also choose a provider, a relative, a friend or lawyer to appeal on your behalf. The person you choose must have your written approval to appeal on your behalf.

How will I find out if services for my child are denied?

You will receive notification of a denial for service(s) requested for your child in the mail. You can call Member Services at **1-877-901-7321**, TDD/TTY: **7-1-1** for a status on a request for services for your child or view the status on uhc.com/DentalTX. Your dentist may also tell you about the denial.

What are the timeframes for the appeal process?

You must ask for an appeal within 60 days from the date you get our denial letter. If you want UnitedHealthcare Dental to look at your case, you can ask for it by writing or calling us. If you, or the person you choose to appeal for you, call Member Services to ask for an appeal, Member Services will put your appeal in writing and send it to you to sign. You, or the person you choose to appeal for you, must sign the appeal and send it back to us, unless you have requested a fast (expedited) appeal.

You can request an extension of up to 14 calendar days if needed. If UnitedHealthcare Dental determines more information is needed or an extension is in your child's best interest, we will notify you in writing. We will state how a delay is in your child's best interest.

When can I ask for an appeal?

You must ask for an appeal within 60 days from the date you get our denial letter. Your services may continue while your appeal is being looked at, if all of the following apply:

- You ask for an appeal:
 - Within 10 business days from the date we mailed the denial letter, or
 - Before the effective date of this denial letter.
- The appeal request is related to reduced or suspended services or to services that were previously authorized for you
- The services were ordered by an authorized provider
- The authorization period for the services has not ended
- You asked that the service continue

You can also ask for an appeal for partial or complete denial of payment for services. You can request an extension of up to 14 calendar days if needed. If UnitedHealthcare Dental determines more information is needed or an extension is in your child's best interest, we will notify you in writing. We will state how a delay is in your child's best interest.

Can I just ask for an appeal or does it have to be in writing?

If you want UnitedHealthcare Dental to look at your case, you can ask for an appeal by writing or calling us. If you, or the person you choose to appeal for you, call Member Services to ask for an appeal, Member Services will put your appeal in writing and send it to you to sign. You must ask for an appeal within 60 days from the date you get our denial letter. You, or the person you choose to appeal for you, must sign the appeal and send it back to us, unless you have requested a fast (expedited) appeal.

Send written appeals to:

UnitedHealthcare Dental Texas Children's Medicaid
Attn: Grievance and Appeals Unit
P.O. Box 1427
Milwaukee, WI 53201

Can someone from UnitedHealthcare Dental help me file an appeal?

Yes. Please call Member Services at **1-877-901-7321**, TDD/TTY: **7-1-1** to ask for an appeal. Member Services will put your appeal in writing and send it to you to sign. Member Services may also help with Emergency External Medical Review with a State Fair Hearing requests and Emergency State Fair Hearing without an External Medical Review requests.

What else can I do if I'm still not happy?

If you disagree with UnitedHealthcare Dental's appeal decision, you have the right to ask for a External Medical Review with State Fair Hearing. Your request may either be in written or oral form. You can also request a State Fair Hearing without requesting an External Medical Review no later than 120 days during or after the Dental Contractor mails the internal appeal decision notice.

You, your parent, your authorized representative or your legally authorized representative (LAR) must ask for the External Medical Review within 120 days of the date the health plan mails the letter with the decision. You may request a standard External Medical Review with a State Fair Hearing or an emergency External Medical Review with State Fair Hearing either in written or oral form.

You must complete UnitedHealthcare Dental's appeal process before you can ask for a State Fair Hearing or External Medical Review.

Urgent (fast) appeals

When you or your child's provider feels a delay in care or treatment might be a medical emergency, you or your child's provider should call UnitedHealthcare Dental Member Services to request a fast appeal. This means the absence of immediate medical attention could be a risk to your child's life or cause your child severe pain. We will make a decision about urgent appeals within 72 hours of receiving your request.

If more information is needed, UnitedHealthcare Dental will contact you to let you know that we need more time to review your request.

Expedited Dental Plan appeal

What is an expedited appeal?

Ask for an expedited appeal when you don't have time for a standard appeal – when your child's life or health is in danger. When you ask for an expedited appeal, UnitedHealthcare Dental has to make a decision quickly based on the condition of your child's health.

How do I ask for an expedited appeal?

You can ask for an appeal by writing or calling us. You, or the person you choose to appeal for you, can call Member Services to ask for an expedited appeal.

How long does an expedited appeal take?

We will review and respond to your expedited appeal request within 72 hours.

What happens if UnitedHealthcare Dental says it won't give me an expedited appeal?

If UnitedHealthcare Dental does not think delay in care is life threatening, we will let notify you within 72 hours. Your appeal will be processed through the standard appeal process. We will notify you of a decision within 30 days.

Who can help me file an expedited appeal?

You, your child's doctor, another provider, or anyone you choose can ask for an expedited appeal.

Medicaid Fair Hearing

Members who are not satisfied with the outcome of UnitedHealthcare Dental Texas Children's Medicaid decision on an appeal may also request a State Fair Hearing within one hundred and twenty (120) calendar days of the decision of your appeal.

State Fair Hearing

Can I ask for a State Fair Hearing?

If you, as a member of the dental plan, disagree with the dental plan's decision, you have the right to ask for a State Fair Hearing. You may name someone to represent you by contacting UnitedHealthcare Dental to name the person you want to represent you. A provider may be your representative. If you want to challenge a decision made by UnitedHealthcare Dental, you or your representative must ask for the State Fair Hearing within 120 days of the date on UnitedHealthcare Dental's letter with the decision being challenged. If you do not ask for the State Fair Hearing within 120 days, you may lose your right to a State Fair Hearing. To ask for a State Fair Hearing, you or your representative should either send a letter to:

UnitedHealthcare Dental - Texas

Attn: Fair Hearings

P.O. Box 740224

Atlanta, GA 30374-0224

or call: **1-877-901-7321**, TDD/TTY: **7-1-1**

If you ask for a fair hearing within 10 days from the time you get the hearing notice from UnitedHealthcare Dental, your child has the right to keep getting any service UnitedHealthcare Dental denied or reduced at least until the final hearing decision is made. If you do not request a fair hearing within 10 business days from the time you get the hearing notice, the service UnitedHealthcare Dental denied will be stopped.

If you ask for a fair hearing, you will get a packet of information letting you know the date, time, and location of the hearing. Most fair hearings are held by telephone. At that time, you or your representative can tell why you need the service UnitedHealthcare Dental denied.

HHSC will give you a final decision within 90 days from the date you asked for the hearing.

Can I ask for an emergency State Fair Hearing?

If you believe that waiting for a State Fair Hearing will seriously jeopardize your life or health, or your ability to attain, maintain, or regain maximum function, you or your representative may ask for an emergency State Fair Hearing by writing or calling UnitedHealthcare Dental. To qualify for an emergency State Fair Hearing through HHSC, you must first complete UnitedHealthcare Dental's internal appeals process.

External Medical Review information

Can I ask for an External Medical Review?

If you, as a Member of the dental plan, disagree with the Dental Contractor's Internal Appeal decision, you have the right to ask for External Medical Review with State Fair Hearing. An External Medical Review is an optional, extra step you can take to get your case reviewed for free before your State Fair Hearing. You, your parent, your authorized representative or your legally authorized representative (LAR) must ask for the External Medical Review within 120 days of the date the health plan mails the letter with the decision. If you do not ask for the External Medical Review within 120 days, you may lose your right to an External Medical Review. To ask for an External Medical Review, you, your parent, your representative or your legally authorized representative should either fill out the "State Fair Hearing and External Medical Review Request Form" that came with the Member Notice of MCO Internal Appeal Decision letter and mail or fax it to UnitedHealthcare Dental – Texas by using the address or fax number at the top of the form.

- Call the UnitedHealthcare Dental at **1-877-901-7321**, TDD/TTY: **7-1-1**
- Email UnitedHealthcare Dental at txdentaladvocates@uhc.com

You have the right to keep getting any service the health plan denied or reduced, based on previously authorized services, at least until the External Medical Review and final fair hearing decision is made if you ask for an External Medical Review with fair hearing by the later of: (1) 10 calendar days following the Dental Contractor's mailing of the notice of the Action, or (2) the day the Dental Contractor's letter says your service will be reduced or end. If you do not request continued benefits by this date, the service the dental plan denied will be stopped.

You may withdraw your request for an External Medical Review before it is assigned to an Independent Review Organization or while the Independent Review Organization is reviewing your External Medical Review request. An External Medical Review cannot be withdrawn if an Independent Review Organization has already completed the review and made a decision.

Once the External Medical Review decision is received, you have the right to withdraw the State Fair Hearing request. You may withdraw your State Fair Hearing request orally or in writing by contacting the hearings officer listed on Form 4803, Notice of Hearing.

Can I ask for an Emergency External Medical Review?

If you believe that waiting for a standard External Medical Review will seriously jeopardize your life or health, or your ability to attain, maintain, or regain maximum function, you, your parent or your legally authorized representative may ask for an emergency External Medical Review and emergency State Fair Hearing by writing or calling UnitedHealthcare Dental. To qualify for an emergency External Medical Review and emergency State Fair Hearing review through HHSC, you must first complete UnitedHealthcare Dental's internal appeals process.

Can I Cancel My External Medical Review?

You may cancel your request for an External Medical Review before it is assigned to an Independent Review Organization or while the Independent Review Organization is reviewing your External Medical Review request. An External Medical Review cannot be canceled if an Independent Review Organization has already completed the External Medical Review and made a decision.

Once the External Medical Review decision is received, you have the right to withdraw your State Fair Hearing request. You may withdraw your State Fair Hearing request orally or in writing by contacting the hearings officer listed on Form 4803, Notice of Hearing.

Fraud, waste, and abuse

Fraud information

Do you want to report waste, abuse, or fraud?

Let us know if you think a doctor, dentist, pharmacist at a drug store, other health-care provider, or a person getting benefits is doing something wrong. Doing something wrong could be waste, abuse, or fraud, which is against the law. For example, tell us if you think someone is:

- Getting paid for Medicaid services that weren't given or necessary
- Not telling the truth about a medical condition to get medical treatment
- Letting someone else use a Medicaid Dental ID
- Using someone else's Medicaid Dental ID
- Not telling the truth about the amount of money or resources he or she has to get benefits

UnitedHealthcare Dental Medicaid Handbook

To report waste, abuse, or fraud, choose one of the following:

- Call the OIG Hotline at 1-800-436-6184, or
- Visit <https://oig.hhs.texas.gov/>. Under the box labeled “I Want To,” click “Report Fraud, Waste or Abuse” to complete the online form.
- You can report directly to UnitedHealthcare Dental Texas Medicaid:
UnitedHealthcare Dental
Special Investigation Unit
170 Wood Avenue, 3rd Floor, NJ050-1000
Iselin, NJ 08830
Phone: **1-844-359-7736**, TDD/TTY: **7-1-1**

To report waste, abuse, or fraud, gather as much information as possible

- When reporting about a provider (a doctor, dentist, counselor, etc.) include:
 - Name, address, and phone number of provider
 - Name and address of the facility (hospital, nursing home, home health agency, etc.)
 - Medicaid number of the provider and facility, if you have it
 - Type of provider (doctor, dentist, therapist, pharmacist, etc.)
 - Names and phone numbers of other witnesses who can help in the investigation
 - Dates of events
 - Summary of what happened
- When reporting about someone who gets benefits, include:
 - The person’s name
 - The person’s date of birth, Social Security number, or case number if you have it
 - The city where the person lives
 - Specific details about the waste, abuse, or fraud

How do I report a dentist that I think is misusing or cheating the system (committing fraud)?

Anyone can report potential fraud and abuse. Here are some examples of Medicaid fraud or abuse which might be committed by a dental practice:

- Billing for services which were not provided
- Asking for a family to pay for services which are covered by Texas Children’s Medicaid
- Performing services which aren’t really needed (such as pulling teeth which do not need to be removed)

Call the OIG Hotline at 1-800-436-6184 or visit <https://oig.hhs.texas.gov/>. Under the box labeled “I Want To,” click “Report Fraud, Waste, or Abuse” to complete the online form.

You can call UnitedHealthcare Dental Member Services at **1-877-901-7321**, TDD/TTY: **7-1-1** to report any suspected fraud and abuse.

Frequently asked questions

Q. Can I take my child to any dentist?

A. You can only take your child to a dentist who is part of the UnitedHealthcare Dental Texas Children’s Medicaid network. If your child’s current dental provider is not part of the dental plan, call Member Services. We can help your dental provider join our network or we can help you find a new dentist who participates in our network.

Q. When should I start taking my child to the dentist?

A. Children should see a dentist on or around their first birthday. After that, parents should schedule a dental appointment every six months.

Q. Will Texas Children’s Medicaid members have an ID card?

A. Yes, we will send your child’s ID card after they are enrolled. Be sure to bring your child’s ID card to every dental appointment. If you lose the card you can call Member Services to get another one.

Q. When I visit the dentist, will I have any copays?

A. No. There are no copays in the Texas Children’s Medicaid program; however payment is required for all non-covered procedures and treatments. For more information regarding Texas Children’s Medicaid covered services please contact Member Services at **1-877-901-7321**, TDD/TTY: **7-1-1**.

Q. How do I find a dentist and make an appointment?

A. By calling the UnitedHealthcare Texas Children’s Medicaid Member Services number at **1-877-901-7321**, TDD/TTY: **7-1-1** we can help you find a dentist in your area. You can also locate a participating provider by going to our website at uhc.com/DentalTX. We can send you a Provider Directory with a listing of all the dentists participating in the program if you request one.

UnitedHealthcare Dental Medicaid Handbook

Q. What do I do if I need to cancel my child's dentist appointment?

- A.** You must call the dentist office at least 24 to 48 hours (the exact time period will vary, based on differences in dental practices) before the scheduled appointment to cancel. Many dentists have cancellation policies where they reserve the right to no longer see a patient who misses scheduled appointments. It is very important to keep all scheduled appointments, or call ahead if you must cancel.

Q. What if a dentist or clinic sends me a bill?

- A.** If you get a bill, call Member Services at **1-877-901-7321**, TDD/TTY: **7-1-1**. A representative will work with you to find out if you need to pay the bill, or how to resolve the issue.

Q. Does the health plan require that I get a second opinion for any services?

- A.** No. UnitedHealthcare Dental Texas Children's Medicaid does not require you to get second opinion for covered services. However, a second opinion is available to you for all dental covered services. If you'd like to receive a second opinion, please call Member Services.

Q. What do I do if I want my child to see a dental specialist?

- A.** Talk to your child's main dentist first. Your dentist will help you find the type of specialist your child needs, and one who is part of our network.

Q. Do I need a referral for my child to see a dental specialist?

- A.** Your child does not need a referral to a dental specialist, as long as the dentist is participating with the UnitedHealthcare Dental Texas Children's Medicaid program.

Q. What benefits are not covered by my health plan?

- A.** The following services are not covered by UnitedHealthcare Dental Texas Children's Medicaid program:
- Experimental procedures
 - Treatment that is cosmetic or not medically necessary
 - Services outside of United States territory
 - Services covered by another insurance coverage or health plan

Please contact Member Services if you have a question about whether a service is covered or not.

Q. What if UnitedHealthcare Dental Texas Children's Medicaid does not pay my child's dental claim?

- A.** You will need to call Member Services at **1-877-901-7321**, TDD/TTY: **7-1-1** and ask us to review the claim. For example, UnitedHealthcare Dental Texas Children's Medicaid will deny your claim when you receive services that are not covered by the Texas Children's Medicaid Program. When you ask for a review, UnitedHealthcare Dental Texas Children's Medicaid will look at your request and reconsider our decision as soon as possible and we will let you know the outcome of the review in writing. For details on how to appeal a denial, please refer to page 29 of this handbook.

Q. What if I receive a bill?

- A.** If you get a bill from a dentist or hospital, please call us as soon as possible. If you need to, tell the provider UnitedHealthcare Dental is reviewing the bill.

Q. What if I move out of state?

- A.** If you plan to move to another state, please contact UnitedHealthcare Dental Member Services. Your dental benefits may end when you move out of state.

Tips for good dental health

- Keep all scheduled dental appointments
- Call your dentist 24 to 48 hours prior to the appointment if you must cancel
- Provide child caregivers with the dentist's name and emergency phone number and be sure they know how to handle dental emergencies, for example severe tooth pain, severe bleeding, swelling or trauma (accidents)

At 12 months of age

- Begin brushing your toddler's teeth with a smear-sized dab of fluoride toothpaste (no larger than a grain of rice)
- Make an appointment for your child's first dental exam as soon as your child's first tooth comes through and no later than their first birthday
- Do not put the child to bed with a bottle that contains anything but water, or prop a bottle in the child's mouth

At 15 and 18 months of age

- Continue brushing your toddler's teeth with a smear-sized dab of fluoride toothpaste (no larger than a grain of rice). Make an appointment with your dentist for an examination if you have not done so already.
- Continue to avoid putting your child to bed with a bottle that contains anything but water, and do not prop a bottle in the child's mouth
- Children under 4 to 5 years old will still need help to brush

At 3 years of age

- Begin teaching your child how to brush their own teeth with a pea-size amount of fluoride toothpaste and with help from you
- Children under 4 to 5 years old will still need help to brush
- Begin flossing when back teeth begin to come in. This is important because toothbrush bristles cannot reach between teeth, leaving those teeth vulnerable to bacteria and decay.
- Take your child to the dentist regularly and ask about fluoride supplements, or in-office fluoride applications, which make the tooth enamel strong and help to protect it from decay. For most children, that means visiting the dentist twice a year.

At 4 years of age

- Be sure your child brushes their teeth 2 times a day with a pea-size amount of fluoride toothpaste – with supervision
- Children under 4 to 5 years old will still need help to brush
- If your child regularly sucks a pacifier, fingers or thumb, begin to help the child stop the habit

Throughout middle childhood

- Be sure your child brushes their teeth 2 times a day with a pea-size amount of fluoride toothpaste – with supervision until your child is 6 years old, and help your child floss their teeth
- Ensure that your child gets regular checkups and be sure to ask your dentist about supplemental fluoride and sealants once your child's adult molars (6-year molars) begin to come in
- As your child's adult teeth come in, have your dentist evaluate these to be sure they are coming in properly
- Finally, be sure your child eats well and gets plenty of fruits and vegetables

Healthy mouth checklist

How can I prepare my child for a visit to the dentist?

- Make the first visit something for the child to look forward to. Today, dentistry for children is a fun and positive experience.
- Morning appointments are usually when the child is most rested and cooperative
- Do not attempt to bribe your child; instead, you might read your child a story about a trip to the dentist, or you can play “dentist” with the child by taking turns looking into each other’s mouths with a flashlight
- If your child asks a question you feel uncomfortable answering, you may respond, “I don’t know, let’s ask the dentist.” This keeps you from unnecessarily scaring the child; it also lets your child take an active role in the appointment.

Important concerns

Baby bottle tooth decay is the leading cause of decay and tooth loss in very young children. To avoid this, do not put your baby to sleep with a bottle that contains any sticky or sugary substance like milk, fruit juice, formula or other sweetened beverages. If the child must be put to sleep with a bottle, use plain water.

Another common occurrence with active children is accidents. Teeth that sustain injuries should be treated immediately by the dentist. In many cases, further injury or tooth loss can be prevented with prompt care. Sometimes very active children will have a healthy tooth completely knocked out. If this happens to a permanent tooth, save the tooth and any fragments or gum tissue. Soak the tooth in milk or water until help can be found. If no milk or water is available, the life of the knocked-out tooth may be prolonged by keeping it moist in saliva by holding it under the tongue, or between the cheek and gum. In many cases the tooth can be put back in successfully, if you get help in the first hour.

Baby teeth will be lost. Why should they be fixed?

The baby (primary) teeth provide a foundation and guidance for the permanent (secondary) teeth. If a child has teeth that are improperly spaced or have a lot of decay, crowding, shifting or poor oral habits, early treatment may be necessary to prevent more complicated treatment (like braces) in the future. Early tooth development also affects a child’s ability to eat, chew, form speech patterns and swallow. This is especially important for your child’s sense of social confidence and self-esteem. If baby teeth are lost early, cosmetic appliances and space maintainers are available to replace them, or to provide space for the permanent teeth to come through.

When should my child first visit the dentist?

Your child's first birthday is a good time for a dental evaluation, which can help diagnose and prevent any future issues. This is also a good time to begin weaning your child from the bottle.

How can I help my child keep a healthy smile for a lifetime?

- As a parent, set an example by taking good care of your own teeth
- Before your child's teeth start to appear in the mouth, begin to massage the teeth and gums with your finger, a warm, wet washcloth or a small gauze pad
- When the first baby teeth appear, floss and brush your child's teeth until they're old enough to do this themselves
- Feed your child a balanced diet and offer healthy snacks
- Ask your dentist about fluoride and other treatments that prevent cavities
- Make sure your child has regular dental care throughout his or her development

Non-Discrimination and Language Assistance Notices

Dental Plan Notices of Privacy Practices

This notice describes how Medical Information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Effective January 1, 2024.

By law, we¹ must protect the privacy of your health information (“HI”). We must send you this notice. It tells you:

- How we may use your HI.
- When we can share your HI with others.
- What rights you have for your HI.

By law, we must follow the terms of this notice.

HI is information about your health or medical services. We have the right to make changes to this notice of privacy practices. If we make important changes them, we will notify you by mail or e-mail. We will also post the new notice on our website. Any changes to the notice will apply to all HI we have. We will notify you of a breach of your HI.

How We Collect, Use, and Share Your Information

We collect, use, and share your HI with:

- You or your legal representative.
- Certain government agencies.
- To check to make sure we are following privacy laws.

We have the right to collect, use, and share your HI for certain purposes. This may be for your treatment, to pay for your care, or to run our business. We may use and share your HI as follows.

- **For Payment.** To process payments and pay claims. For example, we may tell a doctor whether we will pay for certain medical procedures and what percentage of the bill may be covered.
- **For Treatment or Managing Care.** To help with your care. For example, we may share your HI with a hospital you are in, to help them provide medical care to you.
- **For Health Care Operations.** To run your business. For example, we may talk to your doctor to tell him or her about a special disease management or wellness program available to you. We may study data to improve our services.

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- **Tell You about Health Programs or Products.** We may tell you about other treatments, products, and services. These activities may be limited by law.
- **For Plan Sponsors.** If you receive health insurance through your employer, we may give enrollment, disenrollment, and summary HI to your employer. We may give them other HI if they properly limit its use.
- **For Underwriting Purposes.** To make underwriting decisions. We will not use your genetic HI for underwriting purposes.
- **For Reminders on Benefits or Care.** We may send reminders about appointments you have and information about your health benefits.
- **For Communications to You.** We may contact you about your health insurance benefits, health care or payments.

We may collect, use, and share your HI as follows

- **As Required by Law.** To follow the laws that apply to us.
- **To Persons Involved with Your Care.** A family member or other person that helps with your medical care or pays for your care. This also may be to a family member in an emergency. This may happen if you are unable to tell us if we can share your HI or not. If you are unable to tell us what you want, we will use our best judgment. If allowed, after you pass away, we may share HI with family members or friends who helped with your care or paid for your care.
- **For Public Health Activities.** For example, to prevent diseases from spreading or to report problems with products or medicines.
- **For Reporting Abuse, Neglect or Domestic Violence.** We may only share with certain entities allowed by law to get this HI. This may be a social or protective service agency.
- **For Health Oversight Activities** to an agency allowed by the law to get the HI. This may be for licensure, audits and fraud and abuse investigations.
- **For Judicial or Administrative Proceedings,** for example, answer a court order or subpoena.
- **For Law Enforcement.** To find a missing person or report a crime.
- **For Threats to Health or Safety.** To public health agencies or law enforcement, for example, in an emergency or disaster.
- **For Government Functions.** For military and veteran use, national security, or certain protective services.
- **For Workers' Compensation.** If you were hurt at work or to comply with labor laws.
- **For Research.** For example, to study a disease or medical condition. We also may use HI to help prepare a research study.

- **To Give Information on Decedents.** For example, to a coroner or medical examiner who may help identify the person who died, why they died, or to meet certain laws. We may also give HI to funeral directors.
- **For Organ Transplant.** For example, to help get, store or transplant organs, eyes or tissue.
- **To Correctional Institutions or Law Enforcement.** For persons in custody, for example: (1) to give health care; (2) to protect your health and the health of others; and (3) for the security of the institution.
- **To Our Business Associates.** To give you services, if needed. These are companies that provide services to us. They agree to protect your HI.
- **Other Restrictions.** Federal and state laws may further limit our use of the HI listed below. We will follow stricter laws that apply.
 1. Alcohol and Substance Use Disorder
 2. Biometric Information
 3. Child or Adult Abuse or Neglect, including Sexual Assault
 4. Communicable Diseases
 5. Genetic Information
 6. HIV/AIDS
 7. Mental Health
 8. Minors' Information
 9. Prescriptions
 10. Reproductive Health
 11. Sexually Transmitted Diseases

We will only use or share your HI as described in this notice or with your written consent. We will get your written consent to share psychotherapy notes about you, except in certain cases allowed by law. We will get your written consent to sell your HI to other people. We will get your written consent to use your HI in certain marketing mailings. If you give us your consent, you may take it back. To find out how, call the phone number on your health insurance ID card.

Your Rights

You have the following rights for your medical information.

- **To ask us to limit** our use or sharing for treatment, payment, or health care operations. You can ask to limit sharing with family members or others that help with your care or pay for your care. We may allow your dependents to ask for limits. **We will try to honor your request, but we do not have to do so.** Your request to limit our use or sharing must be made in writing.

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- **To ask to get confidential communications** in a different way or place. For example, at a P.O. Box instead of your home. We will agree to your request as allowed by state and federal law. We take verbal requests but may ask you to confirm your request in writing. You can change your request. This must be in writing. Mail it to the address below.
- **To see or get a copy** of certain HI. You must ask in writing. Mail it to the address below. If we keep these records in electronic form, you can request an electronic copy. We may send you a summary. We may charge for copies. We may deny your request. If we deny your request, you may have the denial reviewed.
- **To ask to amend.** If you think your HI is wrong or incomplete you can ask to change it. You must ask in writing. You must give the reasons for the change. We will respond to your request in the time we must do so under the law. Mail this to the address below. If we deny your request, you may add your disagreement to your HI.
- **To get an accounting** of when we shared your HI in the six years prior to your request. This will not include when we shared HI for the following reasons. (i) For treatment, payment, and health care operations; (ii) With you or with your consent; (iii) With correctional institutions or law enforcement. This will not list the disclosures that federal law does not require us to track.
- **To get a paper copy of this notice.** You may ask for a paper copy at any time. You may also get a copy at our website.
- **In certain states, you may have the right to ask that we delete your HI.** Depending on where you live, you may be able to ask us to delete your HI. We will respond to your request in the time we must do so under the law. If we can't, we will tell you. If we can't, you can write us, noting why you disagree and send us the correct information.

Using Your Rights

- **To Contact your Health Plan.** If you have questions about this notice, or you want to use your rights, **call the phone number on your ID card.** Or you may contact the UnitedHealth Group Call Center at **1-877-901-7321**, or TTY/RTT **711**.
- **To Submit a Written Request.** Mail to:
UnitedHealthcare Privacy
Office MN017-E300
P.O. Box 1459
Minneapolis, MN 55440
- **To File a Complaint.** If you think your privacy rights have been violated, you may send a complaint at the address above.

You may also notify the Secretary of the U.S. Department of Health and Human Services. We will not take any action against you for filing a complaint.

¹ This Medical Information Notice of Privacy Practices applies to the following health plan that is affiliated with UnitedHealth Group: UnitedHealthcare Insurance Company.

46 **Questions?** Visit uhc.com/DentalTX,
or call Member Services at **1-877-901-7321**, TDD/TTY: **7-1-1**.

Financial Information Privacy Notice

This notice says how your Financial Information may be used and shared. Review it carefully.

Effective January 1, 2024.

We² protect your “personal financial information” (“FI”). FI is non-health information. FI identifies you and is generally not public.

Information We Collect

- We get FI from your applications or forms. This may be name, address, age and social security number.
- We get FI from your transactions with us or others. This may be premium payment data.

Sharing of FI

We will only share FI as permitted by law.

We may share your FI to run our business. We may share your FI with our Affiliates. We do not need your consent to do so.

- We may share your FI to process transactions.
- We may share your FI to maintain your account(s).
- We may share your FI to respond to court orders and legal investigations.
- We may share your FI with companies that prepare our marketing materials.

Confidentiality and Security

We limit employee and service provider access to your FI. We have safeguards in place to protect your FI.

Questions About This Notice

Please **call the toll-free member phone number on health plan ID card** or contact the UnitedHealth Group Customer Call Center at **1-877-901-7321** or TTY/RTT **711**.

² For purposes of this Financial Information Privacy Notice, “we” or “us” refers to health plans affiliated with UnitedHealth Group, and the following UnitedHealthcare affiliates: Dental Benefit Providers, Inc. This Financial Information Privacy Notice only applies where required by law. Specifically, it does not apply to (1) health care insurance products offered in Nevada by Health Plan of Nevada, Inc. and Sierra Health and Life Insurance Company, Inc.; or (2) other UnitedHealth Group health plans in states that provide exceptions.

Notice of nondiscrimination

Our Companies comply with applicable civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

We provide free aids and services to help you communicate with us. You can ask for interpreters and/or for communications in other languages or formats such as large print. We also provide reasonable modifications for persons with disabilities.

If you need these services, call the toll-free number on your member identification card (TTY **711**).

If you believe that we failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can send a complaint to the Civil Rights Coordinator:

Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130
UHC_Civil_Rights@uhc.com

Optum Civil Rights Coordinator
1 Optum Circle
Eden Prairie, MN 55344
Optum_Civil_Rights@Optum.com

If you need help filing a complaint, call the toll-free number on your member identification card (TTY **711**).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Phone: **1-800-368-1019, 800-537-7697** (TDD)

Mail: U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>.

This notice is available at: <https://www.uhc.com/nondiscrimination-med>
<https://www.optum.com/en/language-assistance-nondiscrimination.html>

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48 **Questions?** Visit uhc.com/DentalTX,
or call Member Services at **1-877-901-7321**, TDD/TTY: **7-1-1**.

Notice of availability of language assistance services and alternate formats

ATTENTION: Free language assistance services and free communications in other formats, such as large print, are available to you. Call enrollee services 1-888-887-9003, TTY 711 (STAR & CHIP), or 1-877-597-7799, TTY 711 (STAR Kids).

ATENCIÓN: Si habla **español (Spanish)**, tiene acceso a servicios gratuitos de asistencia lingüística y a materiales gratuitos en otros formatos, como letra grande. Llame a servicios para afiliados al 1-888-887-9003, TTY 711 (STAR y CHIP), o al 1-877-597-7799, TTY 711 (STAR Kids).

CHÚ Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí và nhận các tài liệu truyền thông miễn phí ở các định dạng khác như chữ in lớn. Hãy gọi dịch vụ cho người ghi danh theo số 1-888-887-9003, TTY 711 (STAR & CHIP), hoặc 1-877-597-7799, TTY 711 (STAR Kids).

注意：如果您說中文(**Chinese**)，您可以獲得免費語言協助服務和其他格式（例如大字版）的免費通訊。

請撥打投保人服務專線，電話：1-888-887-9003，聽障專線(TTY) 711 (STAR & CHIP)，或1-877-597-7799，TTY 711 (STAR Kids)。

참고: 귀하가 **한국어(Korean)**를 구사하시는 경우, 무료 언어 지원 서비스와 다른 형식의 무료 커뮤니케이션(예, 큰 활자체로 된 정보)을 이용하실 수 있습니다 가입자 서비스 1-888-887-9003, TTY 711(STAR & CHIP) 또는 1-877-597-7799, TTY 711(STAR Kids)로 전화하십시오.

تنبيه: إذا كنت تتحدث اللغة العربية (**Arabic**)، الترجمة العربية للغة فتتوفر لك خدمات مساعدة لغوية مجانًا ورسائل مجانية بتنسيقات أخرى، مثل الطباعة بحروف كبيرة. اتصل بخدمات المسجل على الرقم 1-888-887-9003، الهاتف النصي (STAR & 711) (CHIP)، أو 1-877-597-7799، الهاتف النصي 711 (STAR Kids).

توجه فرمائیں: اگر آپ **Urdu** بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات اور دیگر فارمیٹس، جیسے بڑے پرنٹ، میں مفت مواصلات دستیاب ہیں۔ ممبران کی خدمات کو (STAR & CHIP) 711 TTY، 1-888-887-9003، یا (STAR Kids) 711 TTY، 1-877-597-7799 پر کال کریں۔

ATTENTION : si vous parlez **français (French)**, des services d'assistance linguistique gratuits et des communications gratuites dans d'autres formats, tels que du texte en gros caractères, sont à votre disposition. Appelez les services aux inscrits au 1-888-887-9003, TTY 711 (STAR & CHIP) ou au 1-877-597-7799, TTY 711 (STAR Kids).

ATENSYON: Kung nagsasalita ka ng **Tagalog**, may makukuha kang mga serbisyong libreng tulong sa wika at mga libreng komunikasyon sa mga ibang anyo, tulad ng malaking print. Tawagan ang mga serbisyo sa nagpatala sa 1-888-887-9003, TTY 711 (STAR & CHIP), o sa 1-877-597-7799, TTY 711 (STAR Kids).

ध्यान दें: यदि आप **हिन्दी (Hindi)** बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएँ और अन्य प्रारूपों में मुफ्त संचार, जैसे कि बड़े प्रिंट, उपलब्ध हैं। नामांकित सेवाओं के लिए 1-888-887-9003, TTY711 (STAR & CHIP), या 1-877-597-7799, TTY 711 (STAR Kids) पर कॉल करें

ध्यान दिनुहोस्: यदि तपाईं **नेपाली (Nepali)** बोलुहुन्छ भने, तपाईंलाई निःशुल्क भाषा सहायता सेवा दिइनेछ र ठूलो अक्षरजस्ता अन्य ढाँचामा पनि सूचना उपलब्ध गराइनेछ। भर्ना सेवा (Enrollee Services) मा फोन गर्नुहोस्: 1-888-887-9003, TTY 711 (STAR & CHIP), वा 1-877-597-7799, TTY 711 (STAR Kids).

लक्ष द्या: तुम्ही **मराठी (Marathi)** बोलत असाल, तर मोफत भाषा सहाय्य सेवा आणि मोठ्या प्रिंटसारखे इतर स्वरूपातील मोफत संप्रेषण तुमच्यासाठी उपलब्ध आहे. enrollee services यांना 1-888-887-9003, TTY 711 वर (STAR & CHIP) किंवा 1-877-597-7799, TTY 711 वर (STAR Kids) वर कॉल करा.

توجه: اگر به فارسی (Farsi)، صحبت نمی کنید، خدمات رایگان کمکی زبان و مطالب رایگان در قالب های دیگر، مانند پرینت درشت، برای شما فراهم است. با شماره خدمات ثبتنام شدگان 1-888-887-9003، TTY 711 (STAR & CHIP)، یا 1-877-597-7799، TTY 711 (STAR Kids) تماس بگیرید.

ધ્યાન આપો: જો તમે **ગુજરાતી (Gujarati)** બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ અને મોટા પ્રિન્ટ જેવા અન્ય ફોર્મેટમાં નિ:શુલ્ક સંદેશાવ્યવહાર તમારા માટે ઉપલબ્ધ છે. નોંધણી કરાવનાર સેવાઓ 1-888-887-9003, TTY 711 (STAR & CHIP), અથવા 1-877-597-7799, TTY 711 (STAR Kids) પર કોલ કરો.

గమనిక: ఒకవేళ మీరు **భాష (Telugu)** మాట్లాడుతుంటే, ఉచిత భాషా సహాయక సేవలు అలాగే పెద్ద ప్రింట్ వంటి వేరే ఫార్మాట్లలో ఉచిత కమ్యూనికేషన్స్ మీకు అందుబాటులో ఉంటాయి. ఎన్రోల్ సేవలకు కాల్ చేయండి 1-888-887-9003, TTY 711 (STAR & CHIP), లేదా 1-877-597-7799, TTY 711 (STAR Kids).



We're here for you

Just call Member Services at **1-877-901-7321**, TDD/TTY: **7-1-1**, for hearing impaired.
You can also visit our website at uhc.com/DentalTX.

UnitedHealthcare Dental – Texas
P.O. Box 740224
Atlanta, GA 30374-0224

uhc.com/DentalTX

1-877-901-7321, TDD/TTY: **7-1-1**, for hearing impaired
8:00 a.m.–5:00 p.m., Monday–Friday

United
Healthcare®
Dental

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1R Statewide
September 2025