

ADULT LIMITED DENTAL BENEFIT Q&A

Q. Who is covered for the adult limited dental benefit?

A. Members 21 and older with expansion healthy adult program (EHAP) or Title 19 (TXIX) eligibility are eligible to receive the adult limited dental benefits (ALDB). Members ages 19–20 on EHAP or TXIX have access to full SoonerCare dental coverage.

Q. What is covered under the adult limited dental benefit?

A. Covered services for adult limited dental benefits can be found under the Search Fee Schedule link through the OHCA secure provider portal. You can also access the adult limited dental benefit guide and fee schedule on the OHCA dental page. <u>https://oklahoma.gov/ohca/providers/types/dental/dental.html</u>

Q. Who has a copay?

A. Non-pregnant adult SoonerCare members will be charged copayments up to the 5% out-of-pocket cost sharing limit, unless exempted from cost sharing requirements. See <u>policy 317:30-3-5 Assignment and cost sharing</u>.

Q. Are we allowed to disregard the SoonerCare Fee schedule and charge the member our regular office fees? What if services are denied?

A. Contracted SoonerCare providers agree to accept OHCA's fees as payment in full. Members may not be charged unless a copay is due or if the service is non-covered. See <u>policy 317:30-3-5 Assignment and cost sharing</u>.

Providers must notify members in advance if the service is denied or noncovered and may bill their usual and customary charges.

Q. If the member has a primary insurance, will it affect them receiving the adult limited dental benefits?

A. Members with a primary insurance may qualify for the expansion healthy adult program but must follow their primary insurance guidelines for SoonerCare to consider payment.





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Q. If we are contracted with SoonerCare, do we have to provide all services on the expansion benefits? If we are a children's office, do we have to see adults?

A. Providers with an active SoonerCare contract may render all covered services to the expansion healthy adult program members and may choose to only see certain age groups based on their practice.

Q. What is required for a prior authorization?

A. *Please refer to the OHCA Policy and Rules* <u>317:30-5-698.</u> *for services requiring prior authorization.*



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