

DENTAL BENEFITS FOR HAWAII MEDICAID MEMBERS



Take Care of
Your Child's Smile

HDS Medicaid

HOW TO

Care for Your Child's Teeth

- Take your child to see the dentist when their first tooth erupts or by their first birthday.
- Clean your baby's gums with a wet wash cloth after eating food and drinking milk or juice.
- Do not let your baby sleep with a bottle in their mouth.
- Help your child drink from a straw and cup. Take away baby bottles when they can use a cup.
- Help your child brush their teeth two times a day.
- Help your child floss their teeth once a day.
- Avoid giving them candy, snacks and drinks with sugar.
- Ask your dentist or doctor about giving your child fluoride drops or tablets.

Healthy and Happy

Everyone deserves to be healthy and happy. That's why taking care of your teeth and gums is important. When your teeth and gums are healthy, you can enjoy better overall health. The best way to keep your teeth and gums healthy is to brush twice a day, floss daily, and see your dentist regularly.

Dental Benefits for You and Your Child

The Med-QUEST Division has a dental program to meet the needs of those who are eligible for Medicaid. Hawaii Dental Service (HDS) and Community Case Management Corp. (CCMC) are working with the State to provide you with dental services.

Effective **January 1, 2023**, adults and children with Medicaid can receive routine and comprehensive dental care. Benefits do not include orthodontic care.

Medicaid Card

If you do not have a Medicaid identification card, call the Med-QUEST Division at:

OAHU:
(808) 524-3370

NEIGHBOR ISLANDS:
Toll Free 1-800-316-8005

If you have recently moved and have a new address, have a new phone number or have a new baby, please call your eligibility worker to give them the new information.



Finding a Dentist

We can help you find a dentist so you can schedule an appointment for yourself or your child. If you need to be treated by a specialist and a specialist isn't available on your island, we will assist you with travel and transportation arrangements. Foreign language and sign language interpreters may be requested before your visit to the dentist.

At the Dentist

- Be sure to keep your appointment and arrive on time.
- Always bring your Medicaid card and picture identification with you to show the dental office.
- If you need to cancel your appointment, please call the dental office at least 24 hours before your appointment.

After Your Dentist Visit

- After your dentist visit, be sure to follow your dentist's instructions.
- If the dentist wants to see your child again, be sure to make an appointment and return for follow-up visits.



Contact Us

HDS Medicaid partners with Community Case Management Corp. (CCMC) to provide care coordination to Medicaid beneficiaries. You may contact CCMC to assist you in finding a dentist or translation services.

OAHU

Ph: (808) 792-1070

Fx: (808) 792-1062

NEIGHBOR ISLANDS

Ph: Toll Free 1-888-792-1070

Fx: Toll Free 1-888-792-1062

E-MAIL

ofcmgr@ccmcorp.net

HOURS

Monday – Friday
7:30 a.m. to 4:30 p.m.
except holidays

If you call before or after these hours, please leave a message with your name, phone number, date of birth, Medicaid identification number, and reason for your call. Emergency calls will be returned on the same day and non-emergency calls will be returned on the next business day.

HDS Medicaid and CCMC comply with applicable Federal civil rights laws and does not discriminate on the basis of: Race, National Origin, Disability, Color, Age, or Sex.

Ilocano / PAKDAAR

Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Awagan ti 1-888-792-1070 (TTY: 1-877-447-5990).

Tagalog / PAUNAWA

Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-792-1070 (TTY: 1-877-447-5990).

Chinese Traditional

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。
請致電1-888-792-1070 (TTY: 1-877-447-5990)。

Korean

주의 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-792-1070 (TTY: 1-877-447-5990) 번으로 전화해 주십시오.

Vietnamese / CHÚ Ý

NĐu bĐn nói TiĐng ViĐt, có các dĐch vĐ hĐ trĐ ngôn ngĐ miĐn phí dành cho bĐn. GĐi sĐ 1-888-792-1070 (TTY: 1-877-447-5990).

Marshallese / LALE

Ñe kwōj kōnono Kajin Majōl, kwomaroñ bōk jerbāl in jipañ ilo kajin ñe aṃ ejjeļok wōñāñ. Kaalok 1-888-792-1070 TTY: 1-877-447-5990

Chuukese / MEI AUCHEA

Ika iei foosun fonuomw: Foosun Chuuk, iwe en mei tongeni omw kopwe angei aninisin chiakku, ese kamo. Kori 1-888-792-1070 TTY: 1-877-447-5990

How to File a Complaint, Grievance or Appeal

If you have a complaint about a provider, the plan, and/or service, you can file a grievance at any time. If you do not agree with a decision we made, you can ask for an appeal within 60 days from the date of your Notice of Adverse Benefit Determination. If you have questions or need help, please call us at 1-855-819-9117 (TTY: 711) 7:30 AM to 4:30 PM, Monday through Friday.