

MDHHS Dental Coverage Updates

Effective April 1, 2023, the Michigan Department of Health and Human Services implemented new service additions for adult dental benefits to help improve access to care and provider participation. Medicaid patients did not lose any dental care with these changes. MDHHS released a bulletin on March 2, 2023 announcing the following changes to their service delivery model:

- Medicaid beneficiaries ages 21 and older, including Healthy Michigan Plan beneficiaries and pregnant women who are enrolled in an MHP, ICO or PACE will receive dental benefits through the health plan. The new model replaces Healthy Michigan Plan and Pregnant Women dental benefits.
- Dental services for Healthy Michigan Plan beneficiaries ages 19-20 years old, including pregnant women, will be provided by the health plan.
- Healthy Kids Dental will provide dental services for beneficiaries under age 21, including pregnant women.

For additional coverage information, including the Medicaid Code and Rate Reference tool, refer to the Dental section of the MDHHS Medicaid Provider Manual. For more details about Medicaid dental coverage, visit michigan.gov. If you have any questions, contact your McLaren Health Plan Provider Representative or Provider Relations at 888-327-0671.

COVID Pandemic Policy Updates

The U.S. Department of Health and Human Services is planning for the federal Public Health Emergency (PHE) for COVID-19, declared under Section 319 of the Public Health Service Act, to expire at the end of the day on May 11, 2023. During the federal COVID-19 PHE, changes were made to Michigan Medicaid program eligibility, administration, and policies to ease rules for providers and prevent Medicaid beneficiaries from losing healthcare coverage.

The schedule of changes planned during the rollback can be found on the table at the website below:

<https://www.michigan.gov/mdhhs/end-phe/medicaid-benefit-changes/phe-unwind-policy-crosswalk>

MDHHS Medicaid Redetermination

Medicaid recipients who were not required to be processed through eligibility reviews due to COVID initiatives will now need to have eligibility reviewed along with those who are scheduled to be reviewed.

Recipients who do not meet eligibility requirements or who do not take action may lose benefits.

It is very important for members/patients to take action.

Recipients should log onto the State website to update their information to ensure they receive all information being sent.

Recipients also need to complete their renewal form and submit it as soon as possible.

For more information, please visit <https://www.michigan.gov/difs/consumers/insurance/health-insurance/medicaid-redetermination>.