

- **What is a Dental Benefits Manager?**  
A Dental Benefits Manager (DBM) manages and delivers dental benefits and services to eligible Nebraska Medicaid members. Dental providers have contracted with the DBM as part of its provider network. The DBM handles claims payment and prior authorizations and works with providers and Medicaid clients to coordinate a member's dental care. MCNA is Nebraska Medicaid and Long-term Care's DBM.
- **Is MCNA a Heritage Health Plan?**  
No. Heritage Health is the program for Medicaid/CHIP members' physical, behavioral, and pharmacy benefits.
- **Is the DBM managed care?**  
Yes. The DBM is a managed care system similar to the Heritage Health plans. Managed care is a system in which the State contracts with a health or dental plan to provide benefits and services to Medicaid and CHIP enrollees. Managed care is designed to improve access to care, enhance health outcomes, and reduce costs by increasing care coordination and eliminating inappropriate and unnecessary care by emphasizing preventive services.
- **When did MCNA begin operations as Nebraska's DBM?**  
Nebraska Medicaid and Long-term Care implemented managed dental care on October 1, 2017, with MCNA as the contracted DBM.
- **What is different about a DBM from the State's previous dental program?**  
The DBM is responsible for important initiatives aimed at improving care coordination and access to dental care for Medicaid eligible individuals. The contracted DBM is responsible for establishing a Dental Home program that strengthens the provider-patient relationship, encourages the utilization of preventative services, and promotes positive patient education.

## For Members

- **Do I need to bring my MCNA membership card with me to my dental appointments?**  
Yes. MCNA will provide you with a member ID card. The member ID card helps the dental office check your eligibility and membership. Remember to bring the ID card and your Medicaid ID card to all of your dental appointments. However, if you do forget your member ID card, the dentist office should still be able to check your eligibility on the Nebraska Medicaid Eligibility System.
- **Has MCNA changed my dental benefits and services?**  
No. All Nebraska Medicaid covered dental services remain unchanged.
- **Are transportation services available for dental appointments?**  
Yes, if you qualify for Medicaid, non-emergency transportation services are available. However, this is not provided by MCNA.
- **I have been instructed to select a Dental Home. What is a Dental Home?**  
A dental home is simply a primary care dentist (PCD) that will be assigned to each member of MCNA's dental plan. However, the idea of a dental home is to foster a relationship between the

PCD and patient to provide better dental care and outcomes by promoting inclusive dental care in a comprehensive, continuously accessible, coordinated, and family-centered manner. The member will be encouraged to choose their PCD, but one will be assigned if not chosen. The PCD can be a general dentist or pediatric dentist in MCNA's provider network. Members will be encouraged to visit their PCD every six months to receive regular dental care that prevents problems with teeth and gums.

## For Providers

- **I am not currently a Medicaid provider. Can I participate in MCNA's provider network?**  
In order to participate in MCNA's provider network, a provider must be enrolled with Medicaid. More information on Medicaid provider enrollment is available online at [http://dhhs.ne.gov/medicaid/Pages/med\\_providerenrollment.aspx](http://dhhs.ne.gov/medicaid/Pages/med_providerenrollment.aspx)
- **Will MCNA accept all Medicaid providers into their network?**  
All providers in MCNA's network need to meet MCNA's credentialing standards. MCNA is encouraged to build as large a network of providers as possible. MCNA's network must be adequate to meet State guidelines for timely access to care for its members.
- **Are all Nebraska Medicaid and Nebraska CHIP beneficiaries enrolled in MCNA's dental plan?**  
Over 99% of Nebraska Medicaid/CHIP members are enrolled in MCNA. A very small population remains in fee-for-service with Medicaid directly paying for their covered dental services. Providers must verify a patient's eligibility through either MCNA's provider portal or the Nebraska Medicaid Eligibility System (NMES) before providing services or risk not receiving payment.  
Verification is critical to ensure the patient is currently eligible for Medicaid (MCNA or FFS) in order for the providers to be eligible to receive payment for the services rendered.
- **Will the billing processes be different?**  
Yes. Providers need to follow MCNA's billing instructions when submitting claims. Please refer to the MCNA provider manual for billing instructions. The manual can be found at MCNA's website [www.mcnane.net](http://www.mcnane.net), or via the MCNA Provider Portal.
- **Whom should I submit claims to for services provided before October 1, 2017?**  
Services rendered prior to October 2017 should be submitted directly to Medicaid.
- **How will service authorizations be affected?**  
MCNA will cover the same benefits and services as Nebraska Medicaid. Providers should refer to MCNA's provider manual and CDT Code Submission Requirement Guide. These resources provide detailed documentation requirements for authorization requests, as well as claims submissions. Both references can be found at MCNA's website [www.mcnane.net](http://www.mcnane.net).