

Frequently Asked Questions

Q: Why does my loved one need dental care if they have dentures?

A: Even though they have dentures, dental health is still an important issue for them. Often gums and dentures cause pain, don't fit properly, or become damaged. This may make chewing difficult or make eating an embarrassing experience. Ultimately their health suffers. Poor oral hygiene, even where only the gums exist, can ultimately be the source of other health problems.

Q: Doesn't the nursing facility provide the dental care?

A: The nursing facility provides routine assistance with tooth brushing. However, residents should still have annual oral exams and access to a qualified dental professional, for proper maintenance of their teeth, gums and dentures.

Q: How often is my loved one seen?

A: Our program provides for a minimum of quarterly visits to the facility. A registered Dental Hygienist provides a semi-annual exam and teeth/denture cleaning. A licensed dentist will then be scheduled to perform any work (extractions, fillings etc.), covered under the plan, that have been identified during the exam. The Hygienist will then return to the facility at regularly scheduled intervals to perform exams and cleanings.

Q: What if my loved one has a dental emergency?

A: The facility should contact our office as soon as an emergency is identified. The terms of the plan state:

EMERGENCY means the sudden onset of a condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate attention could reasonably be expected to result in:

- A.1. placing Your health in jeopardy;
- A.2. serious impairment of bodily injury; or
- A.3. serious dysfunction of any bodily organ or part.

The attending dental provider must verify that an emergency existed.

Q: What Services can my loved one expect to receive with Sterling Dental?

A: Long Term Care, MR and Assisted Living residents, enrolled in the Sterling Dental program can expect to receive a **minimum of 1** diagnostic exams per year, X-Rays as needed, and a **minimum of 1** cleaning of their teeth or dentures. Covered services also include fillings, extractions, treatment for gum disease, denture relines, custom fit dentures, partials. These services are available when the attending dental provider's diagnosis indicates that these services are needed. Complete records are kept of all procedures performed and copies are provided to the records desk after each visit. For a detail of covered services please refer to the applicable Plan Agreement. A copy of Sterling Dental Plan Agreements are provided to each facility, that we contract with, and should be available by asking your Social Service Director or Admissions Coordinator. A copy of the applicable Plan Agreement is mailed to each planholder once they are approved for coverage.

Q: What does it cost?

A: Essentially, the program costs **qualified** Medicaid residents nothing extra. Once the resident applies for coverage, and the Medicaid regulatory agency is notified, they will review the application and approve a "vendor adjustment", if the resident qualifies. Medicaid will adjust the resident's vendor payment down by the cost of the prepaid dental insurance. Medicaid will then reimburse the facility for this cost and the adjusted amount must be paid to Sterling Dental by the Resident or their responsible party.

If the resident does not qualify for the “vendor adjustment” or does not qualify for Medicaid, the dental insurance would be an out of pocket expense to the Resident or their Responsible Party.

Q: What if my family member is not on Medicaid?

Private pay residents are eligible for the same benefits. We will bill you or your Responsible Party directly each month for the applicable premiums.

Q: Why doesn't Medicaid pay you directly?

Medicaid regulations are designed to reimburse the adjusted amount directly to the facility, after the facility submits the applicable paperwork to verify that the planholder is in residence each month. Because the insurance carrier's contract is with the planholder, and not Medicaid, it is the planholder, or their responsible party, who has the obligation to pay the premiums to the insurance carrier. Once Medicaid approves coverage, the planholder pays the facility less and forwards that amount on to us.

Q: What plan types are offered?

Sterling Dental offers different plans depending on the state in which the resident resides. Contact our office for more details 866-632-8882.

Q: Does Sterling Dental provide other services?

Sterling Dental partners with providers that offer additional services. Services are state specific. Contact our office for more information 866-632-8882.

Q: Who are your providers?

Our dentists are state licensed dentists and are dedicated to treating residents in long term and assisted living environments.

Q: How do I get started?

We need to receive a completed Application and Consent to Treat. Once these items are received at the Sterling Dental office we will do everything we can to begin coverage as soon as Premium Payments are received. If you loved one is Medicaid Eligible it will take a minimum of 30-60 days for them to review and process the request for adjustment. Applications are available through the facility's Social Service Director or Admissions Coordinator or by contacting Sterling Dental customer service at 866-632-8882.

Q: How do I pay each month's premium?

If your loved one is a “Trust” resident, the facility administers their funds and will write us a check for the monthly premium on behalf of the resident.

If you enroll in our ACH option we will automatically draft your bank account each month for the applicable premium. Simply complete the Auto Payment Section of the Dental Application and include a copy of a Voided Check with the application.

If you do not enroll in ACH we will send you a monthly bill and you can write us a check.

You can contact our office and pay via check or credit card over the phone at no additional charge.

Visit our website and pay online at www.sterlinghs.com

Q: Do you accept my dental insurance?

We do not accept third party insurance programs.

Q: What happens if I need service before my plan effective date?

We can provide the needed service on a "Fee-For-Service" basis.

Q: When am I eligible for Dentures?

Eligibility will depend on the plan type in which the resident is enrolled. See plan agreement documents for additional detail on provisions, limitations and exclusions.