



Sunshine Community Health Center

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Willow Clinic: P.O. Box 1049 ♦ Willow, Alaska 99688 ♦ 24091 Long Lake Road ♦ Telephone: (907) 495-4100 ♦ Fax: (907) 495-4106

Sunshine Dental accepts Denali Kid Care (under 21)

There is currently no annual fiscal cap for Denali Kid Care services. Most dental services are covered by Denali Kid Care without the need for pre-authorization /review. Orthodontic services are only covered when administered by an Orthodontist and require pre-review to approve (Invisalign is not currently covered).

Sunshine Dental and Adult Denali Care/Medicaid (at or over 21):

Denali Care/Medicaid users have an annual fiscal 'cap' for non-Emergency services (\$1150 in fiscal year 2018) that is available for use during the Medicaid fiscal year (July 1st of one year - June 30th of the next). In July of each year, eligible and active Denali Care/Medicaid users will have a renewal of their fiscal cap.

As a Federally Qualified Health Care Center, Sunshine Dental receives Medicaid payments per patient visit, rather than per service fee. Sunshine Dental patients who are Dental Medicaid recipients are eligible for **four** pre-approved, billable visits during the Medicaid fiscal year, unless any funds are used up elsewhere (please let the Dental Team know if you've visited another dental office during the Medicaid fiscal year. We're happy to check on your remaining benefits!). Medicaid users' annual cap is split between these four visits, and Sunshine Dental is reimbursed one flat-rate fee from Medicaid for each of a patient's four encounters. If approved by Medicaid, you may receive multiple services in the same visit, with no cost limit. Emergency services may not count against your fiscal cap. Sunshine Dental staff can let you know if a requested or recommended service is NOT covered by Medicaid.

Sunshine Dental strives to pre-approve all Dental services billable to Dental Medicaid before your visit, but at least two business days are required for Medicaid's response to service authorization requests. **Once your service is pre-approved, it is pre-approved for the date of your appointment. Should you cancel or change your appointment, your service will no longer be pre-approved.** Please be aware that same-day appointments and appointments made less than three days in advance will likely be authorized on or after the date of service, and coverage cannot be guaranteed. Thank you!

Denali Care eligibility versus the fiscal cap...

Denali Care eligibility for coverage of Dental services, Medical, and more is active for one year from your date of approval (unless someone loses eligibility for another reason, like an income change). The Denali Care card's Coverage Effective Date shows participants when to submit an application for renewal of Medicaid benefits.



The Dental fiscal cap automatically renews on July 1st of every year, as long as Medicaid coverage is active.

Example: An applicant approved for Dental benefits on April 13th 2018 will be able to begin using their benefits on that date, and in July 2018, will have a renewal of their fiscal cap to use up before June 30th 2019. They will need to reapply for their Denali Care benefits in April 2019, though, to stay eligible to use the rest of their Dental fiscal cap before June.

Our patient advocates can help with Medicaid applications!

(907)733-2273 for Talkeetna, (907)495-4100 for Willow.