

Member Handbook



What you need to know about your benefits

LIBERTY Dental Plan of California, Inc.

Combined Evidence of Coverage (EOC) and
Disclosure Form

2024



Los Angeles County
Prepaid Health Plan (PHP)

Sacramento County
Geographic Managed Care (GMC)



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.

Other languages and formats

Other languages

You can get this Member Handbook and other plan materials for free in other languages. Call 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), or TTY 877-855-8039. The call is toll-free. Read this Member Handbook to learn more about language assistance services, such as interpreter and translation services.

Other formats

You can get this information for free in other formats, such as braille, 20-point font large print, audio, and accessible electronic formats at no cost to you. Call 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), or TTY 877-855-8039. The call is toll-free.



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English

ATTENTION: If you need help in your language call 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY: 877-855-8039. Aids and services for people with disabilities, like documents in braille and large print, are also available. These services are free of charge.

الشعار بالعربية (Arabic)

تنبيه: إذا كنت بحاجة إلى مساعدة بلغتك، فاتصل على الرقم 1-888-703-6999 (لمقاطعة لوس أنجلوس) أو 1-877-550-3875 (لمقاطعة ساكرامنتو)، الهاتف النصي: 877-855-8039. المساعدات والخدمات للأشخاص ذوي الإحتياجات الخاصة متوفرة أيضًا، مثل المستندات المكتوبة بطريقة برايل والأحرف بالطباعة الكبيرة. هذه الخدمات مجانية.

Հայերեն պիտակ (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե Ձեր լեզվով օգնության կարիք ունեք, զանգահարեք 888-703-6999 (Լոս Անջելես վարչաշրջանի համար) կամ 877-550-3875 (Սակրամենտո վարչաշրջանի համար) հեռախոսահամարով, TTY՝ 877-855-8039: Մատչելի են նաև աջակցություններ և ծառայություններ հաշմանդամների համար, օրինակ՝ փաստաթղթերը բրայլով կամ մեծ տառատեսակով: Այս ծառայությունները մատուցվում են անվճար:

ឃ្លាសម្គាល់ជាភាសាខ្មែរ (Cambodian)

ចំណាំ: ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក សូមទូរសព្ទទៅលេខ 888-703-6999 (សម្រាប់ខោនធី Los Angeles) ឬលេខ 877-550-3875 (សម្រាប់ខោនធី Sacramento), TTY: 877-855-8039 ។ ជំនួយនិងសេវាកម្មសម្រាប់ជនពិការ ដូចជាឯកសារជាអក្សរសម្រាប់ជនពិការភ្នែក និងអក្សរពុម្ពធំ ក៏មានផងដែរ។ សេវាកម្មទាំងនេះមានដោយមិនគិតថ្លៃ។

简体中文标语 (Chinese)

注意：如果您需要语言方面的帮助，请拨打 888-703-6999 (Los Angeles 县) 或 877-550-3875 (Sacramento 县)，TTY：877-855-8039。可为残疾人士提供援助和服务，例如盲文版和大字体文件。这些服务是免费的。



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فارسی زبان به مطلب (Farsi)

توجه: اگر به کمک در زبان خود نیاز دارید با شماره 800-703-6999 (برای Los Angeles County) یا شماره 1-877-855-8039 (برای Sacramento County) تماس بگیرید، TTY: 877-855-8039. کمک‌ها و خدمات برای افراد دارای معلولیت، مانند اسناد به خط بریل یا چاپ بزرگنمایی شده نیز وجود دارد. این خدمات مجانی هستند.

हिंदी टैगलाइन (Hindi)

ध्यान दें: यदि आपको अपनी भाषा में सहायता चाहिए तो 888-703-6999 (Los Angeles काउंटी के लिए) पर या 877-550-3875 (Sacramento काउंटी के लिए) पर कॉल करें, TTY: 877-855-8039. विकलांग लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में दस्तावेज़ भी उपलब्ध हैं। ये सेवाएं नि:शुल्क हैं।

Nqe Lus Hmoob Cob (Hmong)

CEEB TOOM: Yog nej xav tau kev pab txhais koj yam lus cia li hu 888-703-6999 (rau Cheeb Nroog Los Angeles) los sis 877-550-3875 (rau Cheeb Nroog Sacramento), TTY: 877-855-8039. Tej khoom pab thiab tej kev pab rau cov neeg uas xiam oob qhab, xws li cov ntaub ntawv uas muaj braille thiab muaj tsiaj ntawv loj, los kuj muaj thiab. Tej kev pab no los pub dawb tsis them nqi li.

日本語表記 (Japanese)

注意：日本語によるヘルプが必要な場合は、888-703-6999（ロサンゼルス郡）、877-550-3875（サクラメント郡）、または877-855-8039（TTY）にお電話ください。障害をお持ちの方のために、点字や大きい活字の文書などによる支援およびサービスもご用意しています。これらのサービスは無料でご利用いただけます。

한국어 태그라인 (Korean)

주의: 본인이 사용하는 언어로 도움을 받고자 할 경우 888-703-6999 (로스앤젤레스 카운티) 또는 877-550-3875(새크라멘토 카운티), TTY: 877-855-8039번으로 연락하시기 바랍니다. 장애인을 위한 점자 또는 큰 활자 문서와 같은 지원 및 서비스도 이용할 수 있습니다. 이러한 서비스는 무료입니다.

ຄຳບັນຍາຍບັນພາສາລາວ (LAOTIAN)



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.

ຂໍ້ຄວນໃສ່ໃຈ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານ ໃຫ້ໂທຫາ 888-703-6999 (ສໍາລັບ Los Angeles County) ຫຼື 877-550-3875 (ສໍາລັບ Sacramento County), TTY: 877-855-8039. ການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການຕ່າງໆ ສໍາລັບຄົນພິການ ເຊັ່ນວ່າ: ເອກະສານທີ່ເປັນຕົວອັກສອນສໍາລັບຄົນພິການຕາ ແລະ ພິມເປັນຕົວໃຫຍ່ ກໍມີໃຫ້ພ້ອມໃຊ້ງານໄດ້. ການບໍລິການເຫຼົ່ານີ້ ແມ່ນບໍ່ໄດ້ເສຍຄ່າ.

Mien Tagline (Mien)

COR-FIM JANGX LONGX: Beiv taux gorngv meih qiemx longc mienh tengx faan benx meih nyei fingz waac bun muangx nor douc waac lorx taux 888-703-6999 (Liouh yiem njiec Los Angeles nquenc), TTY: 877-855-8039. Maaih jaa sic tengx goux aengx caux nzie weih gong se duqv mbenc liouh bun ninh mbuo wuaaic fangx mienh longc beiv taux benx sou-nzangc pokc bun hluo doqc aengx caux domh sou-daan bun longc. Naaiv deix nzie weih gong se bun wang-henh longc maiv zuqc feix zinh nyaanh oc.

ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ 888-703-6999 (Los Angeles ਕਾਉਂਟੀ ਲਈ) 'ਤੇ ਜਾਂ 877-550-3875 (Sacramento ਕਾਉਂਟੀ ਲਈ) 'ਤੇ ਕਾਲ ਕਰੋ, TTY: 877-855-8039. ਅੰਗਰੇਜ਼ੀ ਵਿੱਚ ਲਿਖੇ ਗਏ ਸਮੱਗਰੀ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਵੱਡੇ ਪ੍ਰਿੰਟ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫ਼ਤ ਹਨ।

Русский слоган (Russian)

ОБРАТИТЕ ВНИМАНИЕ! Если вам нужна помощь на родном языке, позвоните по телефону 888-703-6999 (в округе Лос-Анджелес) или 877-550-3875 (в округе Сакраменто), линия TTY: 877-855-8039. Также предоставляются услуги и материалы в специальных форматах для людей с особыми потребностями, например документы, набранные шрифтом Брайля и крупным шрифтом. Такие услуги предоставляются бесплатно.

Mensaje en español (Spanish)

ATENCIÓN: Si necesita ayuda en su idioma, llame al 888-703-6999 (para el condado de Los Ángeles) o al 877-550-3875 (para el condado de Sacramento),



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.

TTY: 877-855-8039. También se encuentran disponibles ayudas y servicios para personas con discapacidades, como documentos en braille y en letra grande. Estos servicios son gratuitos.

Tagalog Tagline (Tagalog)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika tumawag sa 888-703-6999 (para sa County ng Los Angeles) o 877-550-3875 (para sa County ng Sacramento), TTY: 877-855-8039. Ang mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malalaking letra, ay makukuha rin. Ang mga serbisyonang ito ay libre.

แท็กไลน์ภาษาไทย (Thai)

หมายเหตุ: หากท่านต้องการความช่วยเหลือในภาษาของท่าน ให้โทรไปที่ 888-703-6999 (สำหรับ ลอสแอนเจลิสเคาน์ตี) หรือ 877-550-3875 (สำหรับ แซคราเมนโตเคาน์ตี), TTY: 877-855-8039. มีทั้งอุปกรณ์ช่วยและบริการต่าง ๆ สำหรับคนพิการ เช่นเอกสารที่เป็นอักษรเบรลล์หรือตัวพิมพ์ใหญ่ ไม่ต้องเสียค่าใช้จ่ายสำหรับบริการเหล่านี้

Примітка українською (Ukrainian)

ЗВЕРНІТЬ УВАГУ! Якщо вам потрібна допомога рідною мовою, зателефонуйте на номер 888-703-6999 (в окрузі Лос-Анджелес) або 877-550-3875 (в окрузі Сакраменто), лінія TTY: 877-855-8039. Також надаються послуги та матеріали в спеціальних форматах для людей з особливими потребами, наприклад документи, набрані шрифтом Брайля та крупним шрифтом. Такі послуги надаються безкоштовно.

Khẩu hiệu tiếng Việt (Vietnamese)

LƯU Ý: Nếu quý vị cần hỗ trợ với ngôn ngữ của quý vị, hãy gọi theo số 888-703-6999 (dành cho Quận Los Angeles) hoặc 877-550-3875 (dành cho Quận Sacramento), TTY: 877-855-8039. Cũng có sẵn các hỗ trợ và dịch vụ dành cho người khuyết tật, như tài liệu chữ nổi braille và bản in chữ lớn. Các dịch vụ này là miễn phí.



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.

Confidential Communications

Right to Request Confidential Communications

You have the right to request that we communicate with you about your Personal Health Information (PHI) in the form and format you request if it is easily produced in the requested form and format at alternative locations. We must accommodate your request if it is reasonable and specifies the alternative means or location where your PHI should be delivered. We will implement your confidential communications request within 7 calendar days of the receipt of an electronic transmission or telephonic request or within 14 calendar days of receipt by first-class mail. We will inform you of the receipt of your confidential communications request and provide you with a status if you contact us.

We will not disclose medical information related to Sensitive Services to anyone (including the subscriber or any of the Plan enrollees) other than the Protected Individual; unless an express written authorization is received from the Protected Individual receiving care.

A **Protected Individual** means any adult covered by the Subscriber's healthcare service plan or a minor who can consent to a healthcare service without the consent of a parent or legal guardian, pursuant to state or federal law. "**Protected Individual**" does not include an individual that lacks the capacity to give informed consent for healthcare pursuant to Section 813 of the Probate Code. A healthcare service plan shall not require a protected individual to obtain the Subscriber or other enrollee's authorization to receive Sensitive Services or to submit a claim for Sensitive Services if the protected individual has the right to consent to care.

Sensitive Services means all healthcare services related to mental or behavioral health, sexual and reproductive health, sexually transmitted infections, substance use disorder, gender-affirming care, and intimate partner violence, and includes



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services described in Sections 6924, 6925, 6926, 6927, 6928, 6929, 6930 of the Family Code, and Sections 121020 and 124260 of the Health and Safety Code, obtained by a patient at or above the minimum age specified for consenting to the service specified in the section.

To request confidential communications from LIBERTY for any of the services listed above, please call Member Services or you can submit a request in writing by mail or fax to any of the following:

- **Online:** LIBERTY's website by visiting:
<https://www.libertydentalplan.com/About-LIBERTY/Privacy-1/Request-Confidential-Communications.aspx>
- **By mail to:** Privacy Officer, LIBERTY Dental Plan, PO Box 26110, Santa Ana, CA 92799-6110
- **By telephone to:** LIBERTY's Member Services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County)
- **By TDD/TTY:** 877-855-8039 or 711

Interpreter services

You do not have to use a family member or friend as an interpreter. For free interpreters, linguistic and cultural services, and help available 24 hours a day, 7 days a week, or to get this handbook in a different language, call 888-703-6999 (for Los Angeles County), or 877-550-3875 (for Sacramento County), TTY 877-855-8039. The call is toll-free.



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Connecting with your Healthcare

LIBERTY Dental Plan (LIBERTY) members have new options for managing your dental records. New California laws make it easier for members to get their health records when they need it most. You now have full access to your dental records on your mobile devices through a secure application. This lets you manage your health better and know what resources are available.

LIBERTY members can also ask for your dental records to go with you when you switch health plans. If you have switched health plans, LIBERTY will send your clinical records to another health plan. This gives you the ability to build a complete health record to help you make decisions to improve the quality of your care and health outcomes.

For more information about this process, or on how to keep your personal health information safe, please visit the LIBERTY website at <https://www.libertydentalplan.com/About-LIBERTY/Privacy-1/Request-Confidential-Communications.aspx>.

You can also visit the [My Health Application website](#) for a list of applications that meet the standard security practices to locate an app to download to your smartphone to create a new account for the management of your electronic medical records.

If you believe that LIBERTY or a business associate violated your (or someone else's) health information privacy rights or committed another type of violation of the Privacy, Security, or Breach Notification Rules, you have the right to file a complaint with the Office of Civil Rights (OCR).

You can file a complaint online with the OCR at the [OCR Complaint Portal](#) for faster processing, or you can send your complaint in writing to:

- Email: OCRComplaints@hhs.gov
- Mail: Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, D.C. 20201

Complaints must be filed with the OCR within 180 days of when the action took place that led to the complaint. OCR may extend the 180-day filing period if you can show "good cause" of why you were delayed.

For more information on how to file a health information privacy or security complaint please visit the U.S. Department of Health and Human Services website at [HHS Complaint Process](#). You can also file a complaint with the Federal Trade Commission Bureau of Consumer Protections. For more information, please visit the [FTC Bureau of Consumer Protection](#).



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Welcome to LIBERTY Dental Plan!

Thank you for joining LIBERTY. LIBERTY is a dental plan for people who have Medi-Cal Dental. We work with the State of California to help you get the dental care you need.

Member Handbook

This Member Handbook tells you about your coverage under LIBERTY. Please read it carefully and completely. It will help you understand and use your benefits and services. It also explains your rights and responsibilities as a member of LIBERTY.

This Member Handbook is also called the Evidence of Coverage (EOC). It is only a summary of LIBERTY rules and policies based on the contract between LIBERTY and the Department of Healthcare Services (DHCS). If you would like to learn the exact terms and conditions of coverage, you may request a copy of the contract from Member Services.

Call 888-703-6999 (for Los Angeles County), 877-550-3875 (for Sacramento County), or TTY 877-855-8039 to ask for a copy of the contract. You may also ask for another copy of the Member Handbook at no cost to you or visit our website at www.libertydentalplan.com to view the Member Handbook.

Contact us

We are here to help. If you have questions, call 888-703-6999 (for Los Angeles County), or 877-550-3875 (for Sacramento County), or TTY 877-855-8039. We are here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. You can also visit us online at any time at www.libertydentalplan.com.

Thank you,

LIBERTY Dental Plan,
P.O. Box 26110,
Santa Ana, CA 92799-6110



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Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.

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1. Getting started as a member

How to get help

We want you to be happy with your dental care. If you have any questions or concerns about your care, we want to hear from you!

Member Services

LIBERTY's Member Services is here to help you. We can:

- Answer questions about your dental plan and covered services.
- Help you choose or change a primary care dentist (PCD).
- Tell you where to get the care you need.
- Help you get interpreter services if you do not speak English.
- Help you get information in other languages and formats.

If you need help, call 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), or TTY 877-855-8039. We are here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. You can also visit us online at any time at www.libertydentalplan.com.

Who can become a member?

You qualify for LIBERTY because you qualify for Medi-Cal Dental and live in Los Angeles or Sacramento Counties. For questions about enrollment, call Healthcare Options at 800-430-4263 (TTY 800-430-7077) or visit www.dhcs.ca.gov.

If you live in Sacramento County, you can contact the Department of Human Assistance at 800-541-5555 or visit <https://ha.saccounty.gov/Pages/default.aspx>.

If you live in Los Angeles County, you can contact the Department of Public Social Services at 866-613-3777 or visit <https://dpss.lacounty.gov/en/resources/contact.html>.

Transitional Medi-Cal

Transitional Medi-Cal is also called "Medi-Cal for working people". You may be able to get Transitional Medi-Cal if you stop getting Medi-Cal because:

- You started earning more money.
- Your family started receiving more child or spousal support.

You can ask questions about qualifying for Transitional Medi-Cal at your local county health and human service



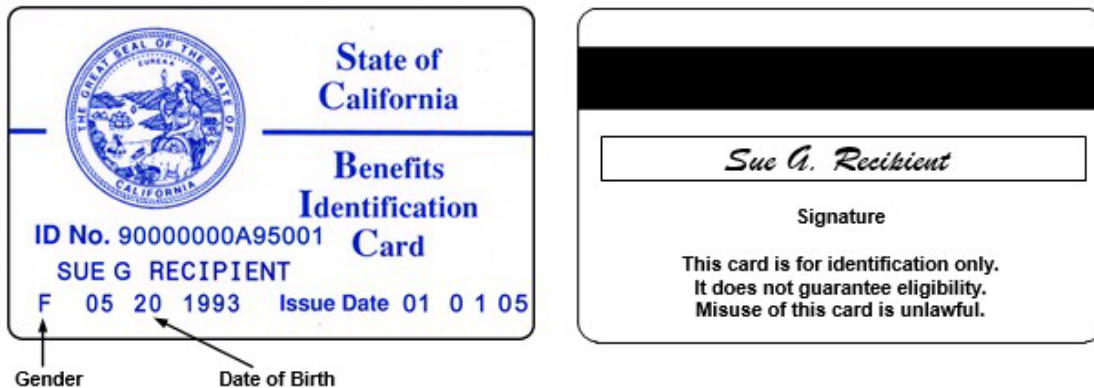
Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.

office at <https://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx> or call Health Care Options at 800-430-426 (TTY: 800-430-7077).

Identification (ID) cards

As a member of LIBERTY, you will get a LIBERTY Dental Plan ID card (dental plan ID card). You must show your dental plan ID card and your Medi-Cal Benefits Identification Card (BIC) when you get any dental services. You should always carry both cards with you. Here are sample Medi-Cal BIC and dental plan ID cards to show you what yours will look like:

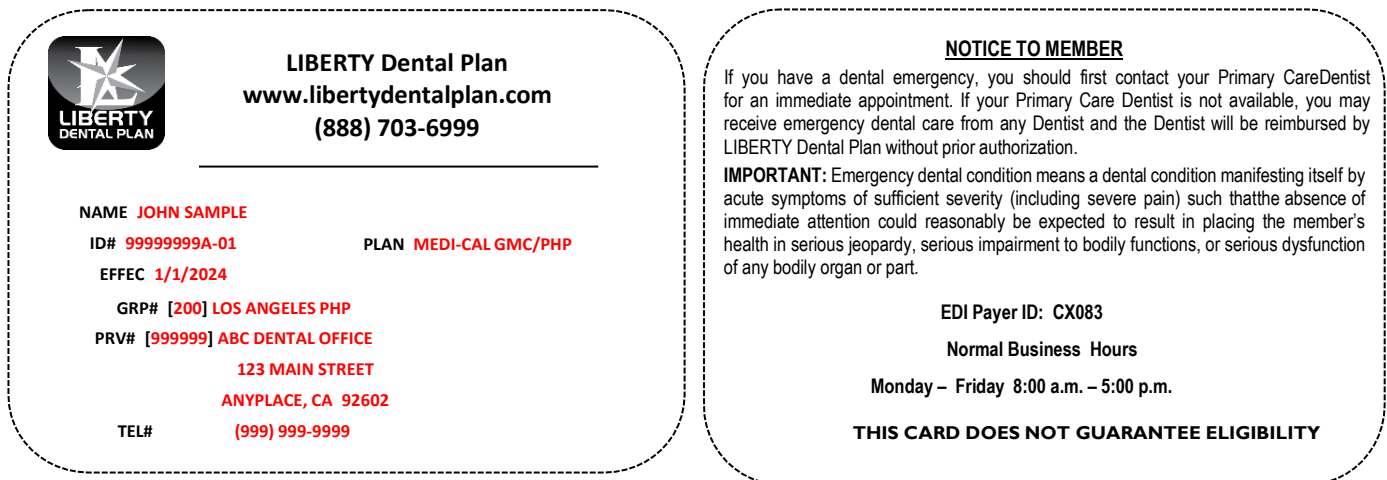
Medi-Cal BIC Sample:



Sample BIC

(Actual card size = 3 3/4 x 2 3/4 inches; white card with blue letters on front, black letters on back.)

LIBERTY ID Card Sample:



If you do not get your dental plan ID card from LIBERTY within a few weeks of enrolling, or if your card is damaged, lost, or stolen, call Member Services right away. We will send you a new card. Call 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), or TTY 877-855-8039.



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.

2. About your dental plan

Dental plan overview

LIBERTY is a dental plan for people who have Medi-Cal Dental in Los Angeles and Sacramento Counties. We work with the state of California to help you get the dental care you need.

You may talk with one of our Member Services Representatives to learn more about the dental plan and how to make it work for you. Call 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), or TTY 877-855-8039.

When your coverage starts and ends

When you enroll in LIBERTY, you will receive a LIBERTY Dental Plan ID card within 7 calendar days of enrollment. Please show the Medi-Cal BIC and your LIBERTY Dental Plan ID cards every time you go for any dental services. The LIBERTY Dental Plan ID card is proof that you are enrolled with LIBERTY.

Your Medi-Cal coverage will need to be renewed every year. The local county human services office will send you a Medi-Cal renewal form. Complete this form and return it to your local county human services agency. You can return your information online, in person, by phone, or other electronic means if available in your county.

You must see the dentist listed on your LIBERTY Dental Plan ID card. If you did not choose a dentist when you enrolled, a dentist will be assigned to you. You can call 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), or TTY 877-855-8039 to choose a different dentist. Your PCD's name and telephone number are on your LIBERTY Dental Plan ID card.

You may ask to end your LIBERTY coverage and choose another dental plan at any time. For help choosing a new plan, call Healthcare Options at 800-430-4263 (TTY 800-430-7077). Or visit <http://www.healthcareoptions.dhcs.ca.gov>. You can also ask to end your Medi-Cal. You must follow DHCS procedures if you ask to end your coverage.

Sometimes LIBERTY can no longer serve you. LIBERTY must end your coverage if:

- You move out of the county or are in prison.
- You no longer have Medi-Cal.
- You request to be disenrolled from LIBERTY.
- You qualify for certain waiver programs.
- You need a major organ transplant (excluding kidneys).
- You become enrolled with a commercial dental plan.
- You let someone else use your dental benefits.



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.

Special considerations for American Indians in managed care

If you are American Indian, you have the right to not enroll in a Medi-Cal managed care dental plan. If you have been enrolled in LIBERTY, you can ask to leave at any time. If you leave LIBERTY, you will get your dental care from Medi-Cal Dental Fee-for-Service. You can also get dental care at an Indian Health Service Division of Oral Health site. You may also stay with or disenroll from LIBERTY while getting dental services from these locations. For information on enrollment and disenrollment call 888-703-6999 (for Los Angeles County), or 877-550-3875 (for Sacramento County), or TTY 877-855-8039.

How your dental plan works

LIBERTY is a dental plan contracted with DHCS. LIBERTY works with dentists and other providers in your service area (our network) to provide dental care to you, the member.

LIBERTY Member Services and online services will tell you how LIBERTY works and how to get the dental care you need. We can help you:

- Get a list of dentists.
- Find a PCD.
- Schedule an appointment with your PCD.
- Get a new LIBERTY Member ID card.
- Get information about covered and non-covered services.
- Get transportation services.
- Understand how to report and solve grievances and appeals.
- Request member materials.
- Answer other questions you may have.

To learn more, call 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), or TTY 877-855-8039. You can also find information online at www.libertydentalplan.com.

Changing dental plans

You may leave LIBERTY and join another dental plan in your county at any time. Call Healthcare Options (HCO) at 800-430-4263 (TTY 800-430-7077) to choose a new plan. You can call between 8:00 a.m. and 6:00 p.m. Monday through Friday or visit www.healthcareoptions.dhcs.ca.gov.

It takes up to 30 days to process your request to leave LIBERTY and enroll in another dental plan. To find out the status of your request, call HCO at 800-430-4263 (TTY 800-430-7077).

If you want to leave LIBERTY sooner, you may ask HCO for an expedited (fast) disenrollment. If the reason for your request meets the rules for expedited disenrollment, you will get a letter telling you that you are disenrolled.

Members who can request expedited disenrollment include but are not limited to, children receiving services



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under the Foster Care or Adoption Assistance programs, members with special healthcare needs, and members already enrolled in Medicare or another Medi-Cal managed care plan or Commercial plan.

You may qualify for an expedited disenrollment if you meet the following:

- The eligible member has not used benefits under their dental plan, which LIBERTY is required to pay, during the month disenrollment is requested.
- Disenrollment of eligible members for one of the following reasons, requires supporting documentation:
 - The member is an American Indian, a member of an American Indian household, or chooses to receive dental services through an Indian Health Service (IHS) and has written acceptance from the IHS facility for care on a fee-for-service basis.
 - The member is receiving services under the Foster Care or Adoption Assistance Program or has been placed in the care of Child Protective Services. The disenrollment request must be submitted by the authorized foster parent, the authorized adoptive parent, or the licensed agency providing protective services.
 - The member has a complex medical condition, the disenrollment request is submitted with supporting documentation of the medical condition, treatment plan, and duration of the treatment by the Medi-Cal Dental fee-for-service dentist.
 - The member is enrolled in a Medi-Cal Waiver Program that requires special at-home care.
 - The member is participating in a pilot project with the state.
 - HCO incorrectly enrolled the member in the wrong Plan or gave out incorrect information.
 - The member submitted a non-expedited request that meets the requirements that was not processed timely by HCO.
 - The member has moved or been placed outside of the plan service area.
 - The member has experienced a breakdown in the doctor-patient relationship that cannot be resolved.
 - The member requires nursing facility services and will remain in long-term care for more than 2 consecutive months.
 - The member is deceased but is not yet reflected by the Medi-Cal Eligibility Date System.

You may ask to leave LIBERTY in person at your local county human services office. Find your local office at <http://www.dhcs.ca.gov/services/medi-cal/pages/countyoffices.aspx>. Or call Healthcare Options at 800-430-4263 (TTY 800-430-7077).

Continuity of care

As a member of LIBERTY, you will get your dental care from providers in the LIBERTY network. If you see a dentist who is not in the LIBERTY network, you may be able to keep seeing the provider for up to 12 months. If your dentist(s) do not join our network by the end of 12 months, you will need to switch to a dentist in the LIBERTY network.

To qualify for Continuity of Care you must have an existing relationship with the out-of-network dentist. The



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out-of-network dentist must provide records supporting that you have completed at least one non-emergency appointment during the 12 months before the date of initial enrollment with LIBERTY. All cases of Continuity of Care will be reviewed by the Case Management team.

You can ask for Continuity of Care if you are in active treatment for covered services or have an active pre-approval for covered services. Members who have the following documented conditions, listed under California law, also qualify for Continuity of Care, upon request:

- Newborn care between birth to 36 months.
- Pregnancy and Postpartum care.
- Serious chronic or acute conditions.
- Surgery scheduled within 180 days of the termination or effective date of coverage.
- Terminal Illness.

LIBERTY will notify you when we receive your request for Continuity of Care, the date the request was received, and the timeframe for the Plan to decide, by telephone call, text message, email, or written letter.

LIBERTY will review and complete your request for Continuity of Care within the following timeframes:

- Urgent requests - as soon as your condition requires but no longer than 3 calendar days from the date received.
- Immediate attention requests - as soon as your condition requires but no longer than 15 calendar days from the date received.
- Non-urgent requests - as soon as your condition requires but no longer than 30 calendar days from the date received.

LIBERTY will send you a letter letting you know if we approved or denied your request for Continuity of Care:

- Denied requests – will include a reason for our decision and your right to file a grievance or appeal. For more information on the grievance and appeals process, see Chapter 8 Reporting and Solving Problems in this Member Handbook.
- Approved requests – will include a reason for our decision, the time period the Continuity of Care will be active, the process that takes place after the Continuity of Care period ends, and your right to choose a different in-network dentist.

Continuity of Care Restart Period

If you change your managed care dental plan after initial enrollment or if you lose and later recover your Medi-Cal eligibility during the 12-month Continuity of Care period, the Continuity of Care period may start over one time. If you change your managed care dental plan or if you lost then recovered eligibility a second time (or more), the Continuity of Care period will not start over, and you will not have the right to a new 12 months of Continuity of Care.

If you return to Medi-Cal Fee-for-Service, if applicable, and later re-enrollee in a managed care plan, the



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Continuity of Care period will not start over.

College students who move to a new county or out of California

Emergency services and urgent care are available to all Medi-Cal members statewide regardless of county of residence. As long as you are eligible, Medi-Cal Dental will cover emergency services and urgent care in another state. Medi-Cal Dental will also cover emergency care that requires hospitalization in Canada and Mexico if the service is approved and the doctor and hospital meet Medi-Cal Dental rules. Medi-Cal Dental does not cover emergency, urgent, or any other services outside of the United States, except for Canada and Mexico.

If you move to a new county to attend college, you may still be able to get dental services, even if LIBERTY does not serve your new county, but you must notify LIBERTY. Or you may be able to get services through regular Medi-Cal Dental, also known as Fee-for-Service (FFS) Medi-Cal. This is called Continuity of Care. LIBERTY provides Continuity of Care services for college students if:

- It is an emergency.

To learn more about Continuity of Care services, call 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), or TTY 877-855-8039.

Dentists who leave LIBERTY

If your dentist stops working with LIBERTY, you may be able to keep getting services from that dentist. This is another form of continuity of care. LIBERTY provides continuity of care services for:

- Services that are not finished by the dentist before leaving LIBERTY.
- Services that are not finished by an out-of-network dentist when you become active with LIBERTY.

LIBERTY provides continuity of care services if the following terms are met:

- The services are covered under your dental plan.
- The services are medically necessary.
- The services meet our clinical guidelines.
- You did not have access to a LIBERTY dental provider.

LIBERTY does **not** provide continuity of care services if the following terms are met:

- The services are not covered under your dental plan.
- The services are not medically necessary.
- The services do not meet our clinical guidelines.
- You did have access to a LIBERTY dental provider.

To learn more about continuity of care services, 888-703-6999 (for Los Angeles County), 877-550-3875 (for Sacramento County), or TTY 877-855-8039.



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Costs

Member costs

LIBERTY serves people who qualify for Medi-Cal Dental. In most cases, LIBERTY members do **not** have to pay for covered services, premiums, co-pays, or deductibles. Covered services are dental services that LIBERTY is responsible for paying. If you get a bill for any fees or copayments for a covered service, do not pay the bill. Call member services right away at 888-703-6999 (for Los Angeles County), 877-550-3875 (for Sacramento County), or TTY 877-855-8039. For a list of covered services, go to Chapter 4 Benefits and Services.

Except for emergency services or urgent care, you must get pre-approval from LIBERTY before you visit a dentist outside the LIBERTY network. If you do not get pre-approval and you go to a dentist outside of the network, you may have to pay for the dental care.

If you opt to receive dental services that are not covered services under this plan, a participating dental provider may charge you his or her usual and customary rate for those services. Before providing you with dental services that are not a covered benefit, the dentist should give you a treatment plan that includes each expected service and the estimated cost of each service.

If you would like more information about dental coverage options, you may call member services at 888-703-6999 (for Los Angeles County), 877-550-3875 (for Sacramento County), or TTY 877-855-8039. To fully understand your coverage, you may wish to carefully review this evidence of coverage document.

Asking LIBERTY to pay you back for expenses

If you get a bill for a covered service, call 888-703-6999 (for Los Angeles County), 877-550-3875 (for Sacramento County), or TTY 877-855-8039 right away. If you pay for a service that you think LIBERTY should cover, file a claim with us. Call 888-703-6999 (for Los Angeles County), 877-550-3875 (for Sacramento County), or TTY 877-855-8039 to ask for a claim form, or for help to file a claim. Use a claim form and tell us in writing why you had to pay.

If you paid for services, you already received, you may qualify to be reimbursed (paid back) if you meet all the following conditions:

- The service you received is a covered service that LIBERTY is responsible for paying for. LIBERTY will not pay you back for a service that is not covered.
- You received the covered service after you became eligible for Medi-Cal Dental.
- You ask to be paid back within 1 year from the date you received the covered service.
- You provide proof that you paid for the covered service, such as a detailed receipt from the dental office.
- You received the covered service from a Medi-Cal dentist in the LIBERTY's network. You do not need to meet this condition if you received emergency services or another service that Medi-Cal Dental allows out-of-network providers to perform without pre-approval.



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- If the covered service normally requires pre-approval, you provide proof from the dentist that shows a medical need for the covered service.

If you do not meet one of the above conditions, LIBERTY will not pay you back. LIBERTY will tell you of its decision to reimburse you in a letter called a Notice of Action (NOA). If you meet all the above conditions, the Medi-Cal Dental enrolled dentist should pay you back for the full amount you paid. If the Medi-Cal dentist refuses to pay you back, LIBERTY will pay you back for the full amount you paid. LIBERTY must pay you back within 45 working days of receipt of your claim.

For members with a share of the cost

You may have to pay a portion of your dental care costs each month before benefits become effective. This is called your share of the cost. The amount of your share of the cost depends on your income and resources. For questions about the share of the cost, contact your local county human services office. Find your local office at <http://www.dhcs.ca.gov/services/medi-cal/pages/countyoffices.aspx>.

How a dentist gets paid

LIBERTY pays dentists in these ways:

- Capitation payments
 - LIBERTY pays some dentists a set amount of money every month for each LIBERTY member. This is called a capitation payment. LIBERTY and dentists work together to decide on the payment amount.
- Fee-for-service payments
 - Some dentists give dental care to LIBERTY members and then send LIBERTY a bill for the services they provide. This is called a fee-for-service payment. LIBERTY and dentists work together to decide how much each service costs.

To learn more about how LIBERTY pays dentists, call 888-703-6999 (for Los Angeles County), 877-550-3875 (for Sacramento County), or TTY 877-855-8039.

Provider Incentive Program

A copy of LIBERTY's provider incentive program is available upon request. If you would like to request a copy, please call Member Services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), or TTY 877-855-8039.



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.

3. How to get dental care

Getting dental services

PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW HOW AND WHERE YOU CAN GET DENTAL CARE.

You can begin to get dental care services on your effective date of coverage. Always keep your LIBERTY ID card and Medi-Cal BIC card with you. Never let anyone else use your ID card or Medi-Cal BIC card. Dentists are also called dental providers.

New members must choose a PCD in our network. The LIBERTY network is a group of dentists who work with us. You must choose a PCD within 30 days from the time you become a member of LIBERTY. If you do not choose a PCD, we will choose one for you. You may choose the same PCD or different PCDs for all family members in LIBERTY.

If you have a dentist you want to keep, or you want to find a new PCD, you can look in the Dental Provider Directory. It has a list of all PCDs in our plan network. The Dental Provider Directory has other information to help you choose. You can find the Dental Provider Directory on our website at www.libertydentalplan.com. If you need help or a copy of LIBERTY's dental Provider Directory, call 888-703-6999 (for Los Angeles County), 877-550-3875 (for Sacramento County), or TTY 877-855-8039.

If you cannot get the care you need from a participating dental provider in our network, your PCD must ask LIBERTY for approval to send you to an out-of-network provider. Read the rest of this chapter to learn more about PCDs, our Dental Provider Directory, and our dental provider network.

When you call for an appointment with your PCD, tell the person who answers the phone that you are a member of LIBERTY. Give your dental plan ID number. Be sure to call your PCD's office if you are going to be late or cannot go to your appointment.

To get the most out of your dental visit:

- Bring your Medi-Cal BIC.
- Bring your LIBERTY Dental Plan ID card.
- Bring your valid California ID card or driver's license.
- Know your Social Security Number.
- Bring your list of medications.
- Be ready to talk with your PCD about any dental problems you have noticed for yourself or your children.



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.

Getting to your appointment

If you do not have a way to get to and from your appointments for covered services, we can help arrange transportation for you. This service is called non-emergency medical transportation (NEMT) and is not for emergencies. This type of transportation is available for services and appointments to are not related to emergency services and may be available at no cost to you. Go to Chapter 4 Benefits and Services and review the section NEMT.

Routine dental care

Oral health is an important part of overall health and well-being. The Medi-Cal Dental Program recommends that children begin seeing a dentist by their first tooth or by their first birthday. Routine care is regular dental care. LIBERTY covers routine care from your PCD. Some services may be referred to dentists who are specialists, and some services may require pre-approval (prior authorization).

Initial Dental Health Appointment

As a new member of LIBERTY, you need to have an initial dental health appointment (IDHA) with your PCD within the first 120 days of enrollment. Your PCD will look at your oral condition and determine your dental needs. Your PCD will assess your oral care needs and develop a plan to keep your teeth, gums, and mouth in good condition.

Your PCD information is available on your LIBERTY Dental Plan ID card to schedule an IDHA. Your PCD may ask you some questions about your health history or may ask you to complete a questionnaire. Your PCD will also tell you about health education counseling and classes that may help you. Oral health education and tips are also available for free on LIBERTY's website, www.libertydentalplan.com.

IDHA for new members must be available within 28 days of asking to schedule an appointment. If you need help scheduling an IDHA with your PCD, call Member Services at 888-703-6999 (for Los Angeles County), 877-550-3875 (for Sacramento County), or TTY 877-855-8039.

Take your Medi-Cal BIC and your LIBERTY ID card to your appointment. It is a good idea to take a list of your medications and questions with you to your IDHA. Be ready to talk with your PCD about your dental needs and concerns. Be sure to call your PCD's office if you are going to be late or cannot go to your appointment.

Care Coordination/Case Management

LIBERTY's goal is to get you the right care, at the right time, from the right provider. You may qualify for Care Coordination/Case Management if you have a dental condition that requires extra support, you have a long-term medical condition, or illness, are pregnant, or are homeless.



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.

A Case Manager can help you get the care you need. Your Health Plan Case Manager may work with us to coordinate your dental care along with other medical services, community-based organizations, and/or the state of California.

If you have a dental condition that requires extra support and coordination, you may have a case manager with LIBERTY. If you have a medical condition, illness, pregnancy, or are homeless requiring extra support and coordination you may have a Case Manager who can help you get the dental services you need.

Your health plan Case Manager may work with us to coordinate your dental care along with other medical services, community-based organizations, and/or the state of California. Please call Member Services and say that you would like to speak to Case Management. Your dental plan Case Manager is your go-to person. They will help you figure out how to get the dental services you need.

How can LIBERTY better serve you and your oral health needs?

LIBERTY would like to know how to best meet your oral health needs. The Oral Health Risk Assessment (OHRA) form allows LIBERTY to collect health information, establish your care needs, and ensure that you receive proper dental care and coordination of services at no cost to you.

To better assist you with your dental and healthcare needs, complete the OHRA form within the first 90 days of enrollment by scanning the QR code below with your smartphone camera, or you can complete the OHRA form included in Chapter 10 Forms of this handbook. Once you have completed the OHRA form use the self-addressed prepaid envelope provided to mail it back to us.



You can also complete the OHRA form online by visiting <https://www.libertydentalplan.com> or call the Member Services Department at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), or TTY 877-855-8039 to complete one over the telephone.

It is necessary for all our new members to complete the OHRA form so we can determine what kind of assistance and care you may need. We look forward to hearing from you.

Changing Case Manager

You will be assigned a Case Manager. To change your Case Manager at any time, call 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), or TTY 877-855-8039.



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.

Long Term Care

LIBERTY members residing in a Long-Term Care (LTC) facility, including but not limited to, nursing facilities and homes for the developmentally disabled can meet their dental needs on-site at these facilities. For questions and/or assistance with making an appointment, or coordinating your care, please contact your LIBERTY Case Manager at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) or TTY 877-855-8039 for assistance.

To learn more about LTC, you can go online to the Social Services Agency at: <https://www.ssa.ocgov.com/health-care-services/medi-cal-program-services/long-term-care> or you can call 714-645-3093 to ask for an application.

All dental services must meet Medi-Cal Dental Program requirements to be covered.

Dental services that may be covered for children are:

- Exams and X-rays
- Cleanings
- Fluoride treatments
- Sealants
- Fillings
- Crowns
- Tooth extractions
- Root canal treatment
- Braces

Dental services that may be covered for adults are:

- Exams and X-rays
- Cleanings
- Deep Cleanings (scaling and root planing)
- Fluoride treatments
- Fillings
- Crowns
- Root canal treatment
- Tooth extractions
- Full and partial dentures
- Other medically necessary dental services

For a full list of child and adult dental services, go to Chapter 4 Benefits and Services in this handbook.



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.

Urgent dental care

LIBERTY covers urgent dental care. You may need urgent dental care if you have one of the following examples:

- A chipped tooth
- Lost filling, crown, or bridge
- Dull toothache

If you need to see a dentist right away but it is not an emergency, urgent care appointments are available within 72 hours.

During normal office hours, call your dentist for help. If it is after office hours, try calling your dentist first. If you cannot reach your dentist, call LIBERTY anytime at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), or TTY 877-855-8039 for assistance.

Emergency dental care

LIBERTY covers emergency dental care. A dental emergency can be pain, bleeding, or swelling that can cause harm to you or your teeth if not fixed right away. Emergency dental care is available 24 hours a day, 7 days per week. You do not need approval from LIBERTY to get emergency care.

During normal office hours, call your dentist for help. If it is after office hours, try calling your dentist first. If you cannot reach your dentist, call LIBERTY anytime at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), or TTY 877-855-8039 for assistance.

You may also call 911 or go to the nearest hospital. If you are away from home, you can find a dentist who is close to you to get emergency care. Dentists who are not contracted with LIBERTY may charge you for emergency care. If you pay for emergency care, we will pay you back.

For medical emergencies, call **911** or go to the nearest emergency room.

If you need help, call 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), or TTY 877-855-8039. We are here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free.

Where to get dental care

Dentists

You will choose a PCD from the LIBERTY Dental Provider Directory. Your PCD must be a participating dentist. This means the dentist is in our network. To get a copy of our Dental Provider Directory, you can go online to <https://www.libertydentalplan.com/Find-a-Dentist/Find-a-Dentist.aspx>, download the LIBERTY mobile app on your smartphone, or call 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), or TTY 877-855-8039.



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.

You will get most of your care from your PCD. Your PCD will give you most of your routine dental care. Your PCD will refer (send) you to specialists if you need them. You should also call if you want to check to be sure the PCD you want is taking new patients.

If you were seeing a dentist for certain conditions before you were a member of LIBERTY, you may be able to keep seeing that dentist. This is called continuity of care. You can read more about the Continuity of Care in Chapter 2 About your benefits in this handbook. To learn more, call 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), or TTY 877-855-8039.

Dental Provider Directory

The LIBERTY Dental Provider Directory lists providers that participate in the LIBERTY network. The network is the group of providers that work with LIBERTY.

The LIBERTY Dental Provider Directory lists dentists, specialist dentists, community clinics, Federally Qualified Health Centers (FQHCs), and Rural Health Clinics (RHCS).

The LIBERTY Dental Provider Directory has names, provider addresses, phone numbers, web addresses, working hours, and languages spoken. It tells if the provider is taking new patients, provides tele-dental services, services special needs patients, and the provider's cultural and linguistic capabilities (i.e., languages offered by the provider or language interpreters, including American Sign Language).

It also gives you a listing of the provider's special training, and the level of physical accessibility for the building, such as parking, ramps, stairs with handrails, and accessible restrooms. You can find the online Dental Provider Directory at www.libertydentalplan.com/Find-a-Dentist/Find-a-Dentist, or by downloading the LIBERTY mobile app on your smartphone.

If you need a printed Dental Provider Directory, call 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039.

Dental provider network

The LIBERTY dental provider network is the group of dentists and specialty dentists that work with LIBERTY. You will get your covered services through our network.

In-network

You will use dentists in the LIBERTY network for your dental care needs. You will get preventive and routine care from your PCD. You will also use specialists and other providers in our network.

To get a Dental Provider Directory of network providers go online at www.libertydentalplan.com/Find-a-Dentist/Find-a-Dentist, or download the LIBERTY mobile app on your smartphone.



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.

You can also call 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), or TTY 877-855-8039 if you need help.

For urgent or emergency dental care, call your PCD. If you would like assistance to schedule an appointment or are not in your home area, call 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), or TTY 877-855-8039.

For medical emergency care, call **911** or go to the nearest emergency room.

Out-of-network

Out-of-network providers are those that do not have an agreement to work with LIBERTY. Except for urgent or emergency care, you may have to pay for care from providers who are out of network. If you need covered dental care services, you may be able to get them out of the network at no cost to you as long as they are medically necessary and not available in the network.

If you need help with out-of-network services, call Member Services at 888-703-6999 (for Los Angeles County), 877-550-3875 (for Sacramento County), or TTY 877-855-8039.

If you are outside of our service area and need care that is not an emergency, call your PCD right away. Or call Member Services at 888-703-6999 (for Los Angeles County), 877-550-3875 (for Sacramento County), or TTY 877-855-8039.

If you have questions about out-of-network or out-of-area care, call Member Services at 888-703-6999 (for Los Angeles County), 877-550-3875 (for Sacramento County), or TTY 877-855-8039.

Primary care dentist (PCD)

New members must choose a PCD within 30 days of enrolling in LIBERTY. You may choose a general dentist as your PCD.

You can also choose a Federally Qualified Health Center (FQHC), community clinic, American Indian Health Clinic, or other primary care facility that has dental services as your PCD if they are in the LIBERTY network and if you qualify for their services. These are centers that are in areas that do not have many dental care services.

You can choose the same or different PCDs for everyone in your family who is a member of LIBERTY. If you do not choose a PCD within 30 days, LIBERTY will choose a PCD for you.

Your PCD will:

- Get to know your dental needs.
- Keep your dental records.
- Give you the preventive and routine dental care you need.



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.

- Refer (send) you to a specialist if you need one.

You can look in the Dental Provider Directory to find a PCD in the LIBERTY network. The Dental Provider Directory has a list of FQHCs that work with LIBERTY.

You can find our Dental Provider Directory online at www.libertydentalplan.com/Find-a-Dentist/Find-a-Dentist, or call 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), or TTY 877-855-8039. You can also call to find out if the PCD you want is taking new patients.

Choice of Dentists

You know your dental care needs best, so it is best if you choose your PCD. It is best to stay with one PCD so he or she can get to know your dental care needs. However, if you want to change to a new PCD, you can change 1 time each month. You must choose a PCD who is in the LIBERTY dental provider network and is taking new patients.

Your new choice will become your PCD on the first day of the next month after you make the change. To change your PCD, go to LIBERTY's website and create an online account at [Transact Logon \(libertydentalplan.com\)](http://Transact.Logon.libertydentalplan.com), download the LIBERTY mobile app on your smartphone, or call 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), or TTY 877-855-8039.

We may ask you to change your dental provider if the PCD is not taking new patients, has left our network, or does not give care to patients of your age. LIBERTY or your PCD may also ask you to change to a new PCD if you do not have a good relationship with or agree with your PCD, or if you miss or are late to appointments. If we need to change your PCD, we will tell you in writing.

If you change PCDs, you will get a new Dental Plan member ID card in the mail. It will have the name of your new PCD. You can go online to LIBERTY's website <https://www.libertydentalplan.com>, download the LIBERTY mobile app on your smartphone, or call 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), or TTY 877-855-8039 if you need help or need to request a new ID card.

Appointments and visits

When you need dental care:

- Call your PCD.
- Have your LIBERTY ID number ready on the call.
- Leave a message with your name and phone number if the office is closed.
- Take your Medi-Cal BIC and LIBERTY Dental Plan ID card to your appointment.
- Bring an identification card or driver's license.
- Be on time for your appointment.
- Call right away if you cannot keep your appointment or will be late.



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.

- Have your questions ready in case you need them.

Payment

You do **not** have to pay any deductibles or co-pays for covered services. You should not get a bill from a dentist. You may get an Explanation of Benefits (EOB) or a statement from a dentist. EOBs and statements are not bills.

If you do get a bill, call 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), or TTY 877-855-8039. Tell us the amount charged, the date of service, and the reason for the bill.

If you get a bill or are asked to pay a co-pay, you can also file a claim form. You will need to tell us in writing why you had to pay for the item or service. We will read your claim and decide if you can get your money back. For questions or to get a copy of a claim form, you can go online to our website at [ADA Claim Form \(libertydentalplan.com\)](http://libertydentalplan.com), or call 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039.

Referrals

Your PCD will send a referral to LIBERTY if you need to see a specialist. A specialist is a dentist who has extra education in one area of dentistry, such as oral surgery for teeth removal.

You do not need a referral for:

- PCD visits
- Urgent or emergency care

Your PCD must send a form to LIBERTY asking for a specialist. Once LIBERTY receives the form and necessary information, we will process the request and let you know in writing of our decision within 5 working days for standard requests and 72 hours for urgent care. LIBERTY will work with you to choose a specialist and can help you schedule a time to see the specialist if you are approved.

If you are not approved, you have the right to file an appeal, go to Chapter 8 Reporting and Solving Problems for more information on the appeals process.

If you want a copy of our referral policy, call 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), or TTY 877-855-8039.

Pre-approval

For some types of care, your PCD or specialist will need to ask us before you get the care. This is called prior authorization or pre-approval. It means that LIBERTY agrees that the care is medically necessary.

Dental care is medically necessary if it prevents and eliminates orofacial diseases, infections, and pain, restores the form and function of the dentition, or corrects facial disfiguration or dysfunction. Dental services must meet



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.

Medi-Cal Dental Program rules for medical necessity to be covered by LIBERTY.

These dental services need pre-approval, even if you receive them from a dental provider in the LIBERTY network:

- Root canals
- Crowns
- Full/partial dentures
- Deep cleanings (scaling and root planing)
- General anesthesia and IV sedation

Other dental services your dental provider recommends may also require pre-approval. For some services, such as care from a specialist, or if you need to get care out of network, we will decide within 5 working days, for routine service, or 72 hours for urgent care.

We will review the request to decide if the care is medically necessary and covered. LIBERTY will contact you if we need more information or more time to review your request.

We do **not** pay our reviewers to deny coverage or dental services. If we do not approve the care, we will tell you why and inform you about your appeal rights. For more information on your appeal rights go to Chapter 8 Reporting and Solving Problems.

Second opinions

You might want a second opinion about the care your dental provider says you need, or about your diagnosis or treatment plan. For example, you may want a second opinion if you are not sure you need a prescribed treatment or surgery.

To get a second opinion, call Member Services at 888-703-6999 (for Los Angeles County), 877-550-3875 (for Sacramento County), or TTY 877-855-8039.

We will pay for a second opinion if you or your PCD asks for it, and you get the second opinion from a network dentist.

You do not need permission from us to get a second opinion if the dentist you choose for a second opinion is approved. We will decide within 5 working days for standard requests and 72 hours for urgent requests.

If we deny your request for a second opinion, we must send you a Notice of Adverse Benefit Determination (NABD). To learn more about an NABD, go to Chapter 6 Rights and Responsibilities in this handbook.



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.

Timely Access to Care

LIBERTY must provide appointments within the following timeframes:

- Initial Dental Health Appointments (exams, x-rays) – within 4 weeks.
- Routine appointments (including preventive care) – within 4 weeks.
- Specialist appointments – within 30 working days (ages 21+); within 30 calendar days (under age 21).
- Urgent care appointments (imminent pain/swelling/bleeding) – within 72 hours.
- Emergency care (immediate acute pain/swelling/bleeding) – within 24 hours.
- After-Hours Emergency Availability (answering Service or directed to provider) – 24 hours a day, 7 days a week.

Dental Health Education Services

Dental health education services are part of preventive services and PCD visits.

LIBERTY cares about more than just teeth. We care about our members' overall health and wellness. Our Health Education and Resource Team (HEART) works directly in the communities to engage members in their oral healthcare, the available resources, and how to use their dental benefits.

We provide easy access to dental resources and educational material at no charge. Oral health and wellness tips are available by visiting www.libertydentalplan.com.

Like and follow LIBERTY on Instagram and Facebook, @libertydentalplan, to learn more tips about preventative dental care, see updates on local events where you can talk to your local HEART representative about your oral health concerns and receive free giveaways like dental hygiene kits.



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.

4. Benefits and services

What your dental plan covers

In this section, we explain all your covered services as a member of LIBERTY. Your covered services are free if they are medically necessary. Care is medically necessary if it prevents and eliminates orofacial disease, infections, and pain, restores the form and function of the dentition, and corrects facial disfiguration or dysfunction.

We offer these types of dental services:

Type of Service	Examples
<input type="checkbox"/> Diagnostic	Exams, x-rays
<input type="checkbox"/> Preventive	Cleanings, fluoride treatments, sealants (for children)
<input type="checkbox"/> Restorative	Fillings, crowns
<input type="checkbox"/> Endodontic	Pulpotomies, root canals
<input type="checkbox"/> Periodontal	Gum surgery, deep cleaning
<input type="checkbox"/> Removable Prosthodontics	Immediate and complete dentures, partial dentures, relines
<input type="checkbox"/> Oral and Maxillofacial Surgery	Extractions
<input type="checkbox"/> Orthodontics	Braces (for children)
<input type="checkbox"/> Adjunctive	Sedation, general anesthesia

Read the summary of benefits and each of the sections below to learn more about the exact services you can get.
















































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Summary of benefits

Below is a summary of dental benefits for adults and children:

 Benefit  Not a benefit

Procedure	Full Scope	Pregnancy-Related	Residing in a Skilled Nursing Facility (SNF)/Intermediate Care Facility (ICF)
Oral Evaluation (Under age 3 only)			
Initial Exam (Age 3+)			
Periodic Exam (Age 3+)			
Regular Cleanings			
Fluoride treatment			
Restorative Services – Fillings			
Crowns*			
Scaling and Root Planing (deep cleaning)**			
Periodontal Maintenance (gums)			
Anterior Root Canals (in front)			
Posterior Root Canals (in back)			
Partial Dentures			
Full Dentures			
Extractions/Oral and Maxillofacial Surgery			
Emergency Services			

Exceptions:

*1. Not a benefit under age 13. Crowns on molars or premolars (back teeth) may be covered based on medical necessity.

**2. Not a benefit under age 13.

Postpartum Care Extension Program

The Postpartum Care Extension Program provides extended coverage for Medi-Cal members during pregnancy and after pregnancy. The program extends coverage by LIBERTY for up to 12 months after the end of the pregnancy regardless of income, citizenship, or immigration status and no additional action is needed.



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.

Medically necessary services include covered services that are reasonable and necessary to:

- Protect life.
- Prevent significant illness or significant disability.
- Alleviate severe pain.
- Achieve age-appropriate growth and development.
- Attain, maintain and regain functional capacity.

For members under age 21, medically necessary services include all covered services identified above, and any other necessary services, treatment, or other measures to correct or ameliorate defects and physical and mental illnesses and conditions, as required by the federal Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. This includes care that is necessary to fix or help relieve a physical or mental illness or condition or to maintain the member's condition to keep it from getting worse.

EPSDT provides a broad range of prevention, diagnostic, and treatment services for low-income infants, children, and adolescents under age 21. The EPSDT benefit is more robust than the benefit for adults and is designed to assure that children receive early detection and care so that health problems are averted or diagnosed and treated as early as possible. The goal of EPSDT is to assure that individual children get the dental care they need when they need it – the right care at the right time in the right setting.

Frequency of services

Dental services are covered if medically necessary. However, for some services, there are limits on how many times you may receive the service within a given period of time. Below are common services where there are limits:

- Examinations – Every 6 months (under age 21); Every 12 months (ages 21+), per provider office.
- Bite-wing x-rays – Every 6 months, per provider office.
- Full mouth x-rays – Every 36 months, per provider office.
- Panoramic x-rays – Every 36 months, per provider office.
- Caries risk assessments – Low risk every 6 months; Moderate risk every 4 months; High risk every 3 months; ages 0-6 for all risk levels.
- Caries treating and preventive medication – Every 6 months (under age 7).
- Teeth cleaning – Every 4 months (SNF/ICF), Every 6 months (under age 21); Every 12 months (ages 21+).
- Topical fluoride – Every 4 months (SNF/ICF), Every 6 months (under age 21); Every 12 months (ages 21+).
- Sealants – Every 36 months (under age 21 only), per provider office.
- Fillings – Every 12 months (per baby tooth); Every 36 months (per permanent tooth), per surface, per tooth.
- Crowns – Every 5 years (age 13+).



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.

- Deep cleaning (scaling/root planing) – Every 24 months, per quadrant (age 13+).
- Immediate full dentures – 1 per arch, per lifetime.
- Full and partial dentures – Every 5 years, per arch.
- Denture repair – 2 per year, per arch or tooth.
- Denture relines – 1 per year, per arch.

Tele-dentistry services

Tele-dentistry is a way of getting services without being in the same physical location as your dentist. Tele-dentistry may involve having a private and secure live conversation with your provider or may involve sharing information with your dentist without a live conversation. Your personal health information cannot be shared without your permission and will not be transmitted unless through an encrypted (protected) format.

It is important that both you and your dentist agree that the use of tele-dentistry for a particular service is appropriate for you. You can contact your dentist to learn which types of services may be available through tele-dentistry. If you receive tele-dentistry services, you have the ability to receive in-person services from the dentist or dental practice or assistance in arranging a referral for in-person services.

When you use tele-dentistry services the provider must ask for your informed consent (approval). Informed consent for tele-dentistry service may include, but are not limited to:

- Giving you the option to access services through a face-to-face visit or tele-dentistry.
- Telling you about the type of tele-dentistry services that will be used and procedures for responding to electronic communications with the provider.
- Issue or risk about confidentiality and security of personal health information when using tele-dentistry services.
- The limitations on the availability and appropriateness of dental services provided through tele-dentistry.

It is important to note that not all situations are appropriate for tele-dentistry services, and the providers will need to know your health history and complete an evaluation of your oral condition before any care can take place, including writing prescriptions. All prescriptions must be appropriate to treat your oral condition and follow the established standards by the state of California.

Non-Emergency Medical Transportation

You are entitled to use Non-Emergency Medical Transportation (NEMT) when you physically or medically are not able to get to your medical appointment by car, bus, train, or taxi, and the plan pays for your dental condition.

NEMT is an ambulance, litter van, wheelchair van, or air transport. NEMT is not a car, bus, or taxi. LIBERTY allows the lowest cost NEMT for your dental needs when you need a ride to your appointment.



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.

That means, for example, if you are physically or medically able to be transported by a wheelchair van, LIBERTY will not pay for an ambulance. You are only entitled to air transport if your medical condition makes any form of ground transportation not possible.

NEMT must be used when it is:

- Physically or medically needed as determined with a written prescription by a physician.
- You are not able to physically or medically use a bus, taxi, car, or van to get to your appointment.
- Approved in advance by LIBERTY with a written prescription by a physician.

To ask for NEMT, please call LIBERTY at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), or TTY 877-855-8039 at least 10 working days (Monday- Friday) before your appointment. For urgent appointments, please call as soon as possible. Please have your member ID card ready when you call.

Limits of NEMT

There are no limits for receiving NEMT to or from dental appointments covered under LIBERTY when a provider has prescribed it for you.

What Does Not Apply?

If your physical and medical condition allows you to get to your dental appointment by car, bus, taxi, or other easily accessible method of transportation. Transportation will not be provided if LIBERTY does not cover the service. A list of covered services is in this member handbook.

Cost to Member

There is no cost when LIBERTY authorizes transportation.

Non-Medical Transportation

You can use Non-Medical Transportation (NMT) when you are:

- Traveling to and from an appointment for a LIBERTY-covered service prescribed by your provider.

LIBERTY offers transportation to your dental appointment for plan-covered dental services at no cost to you. To ask for NMT services, please call LIBERTY at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), or TTY 877-855-8039 at least 10 working days (Monday-Friday) before your appointment or call as soon as you can when you have an urgent appointment.

Please have your member ID number ready when you call. To cancel or reschedule the transportation, please give us a call as soon as you can.

Limits of NMT

There are no limits for receiving NMT to or from dental appointments covered under LIBERTY when a provider



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.

has prescribed it for you.

What Does Not Apply?

NMT does not apply if:

- An ambulance, litter van, wheelchair van, or other form of NEMT is medically needed to get to a covered service.
- LIBERTY does not cover the service. A list of covered services is in this member handbook.

Cost to Member

There is no cost when transportation is provided by LIBERTY.

What your dental plan does not cover

Medi-Cal Dental does not cover these dental services, over the age 21:

- Porcelain crowns with high noble metal (gold).
- Procedures that are considered “global” or “inclusive” with a non-covered benefit.
- Flexible base partial dentures.
- Orthodontic treatment (braces).
- Restorative and crown services when the prognosis of the tooth is questionable due to non-restorability or periodontal involvement.
- Restorative and crown services that are provided solely to replace tooth structure due to attrition, abrasion, erosion, or for cosmetic purposes.
- Deep cleaning when the x-rays do not show a significant amount of bone loss.
- Metal-based partial dentures unless there is an existing or treatment-planned full denture on the other arch.
- Fixed partial denture (bridge) unless exceptional medical conditions are present.
- Implants and implant-related services unless exceptional medical conditions are present.

Exceptional medical conditions include, but are not limited to, the following:

- Cancer of the oral cavity requiring ablative surgery and/or radiation leading to the destruction of alveolar bone, where the missing osseous structures are unable to support a standard removable denture.
- Severe atrophy of the mandible and/or maxilla that cannot be corrected with vestibular extension procedures or osseous augmentation procedures, and the patient is unable to function with a standard removable denture.
- Skeletal deformities that preclude the use of a standard removable denture (such as arthrogryposis, ectodermal dysplasia, partial anodontia, and cleidocranial dysplasia).
- Traumatic destruction of the jaw, face, or head where the remaining osseous structures are unable to support a standard removable denture.
- Medical conditions that prevent a patient from using a standard removable partial denture include:



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.

- Epileptic patients where a removable partial denture could cause serious injury during an uncontrolled seizure.
- Paraplegic patients who use a mouth wand to function to any degree and where a mouth wand is inoperative because of missing natural teeth.
- Patients with neurological disorders whose manual dexterity prevents proper care and maintenance of a removable partial denture.

Dental services provided outside of Sacramento or Los Angeles County are not covered unless it is an emergency. If you have questions or want to learn more about dental services, call Medi-Cal Dental at 800-322-6384 (TTY 800-735-2922). You may also visit the Medi-Cal Dental Program website at <https://smilecalifornia.org/>.

Services you cannot get through LIBERTY or Medi-Cal

There are some services that neither LIBERTY nor Medi-Cal will cover, including:

- California Children's Services (CCS).
- Non-dental related services.
- Any dental service that is not covered by the Medi-Cal Dental Program.
- Dental services started before active coverage or after termination of coverage with the Plan.
- Dental services, procedures, appliances, or restorations to treat Temporomandibular Joint Dysfunction (TMJ).
- Dental services that are determined to be for cosmetic purposes based on professional review.
- Dental services that are determined not to be medically necessary based on professional review.
- Dental services to restore tooth structure lost from abrasion, erosion, teeth grinding, or clenching.
- Dental services or appliances that are provided by a dentist who specializes in Prosthodontics.
- Dental services for the removal of third molar teeth (wisdom teeth) that do not have meaningful signs of decay, irreversible pain, and infection and/or the teeth are not blocking the eruption of other teeth.
- Dental services that would change the way teeth come together to bite and chew.
- Any dental service performed outside of your assigned PCD or specialist, unless expressly authorized by LIBERTY.
- Any routine dental service performed by a dentist or specialist in an inpatient/outpatient hospital setting.

Read each of the sections below to learn more. Or call 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039.

California Children's Services (CCS)

CCS is a state program that treats children under 21 years of age with certain health conditions, diseases, or chronic health problems and who meet the CCS program rules. If LIBERTY or your PCP believes your child has a CCS condition, he or she will be referred to the CCS program.



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.

CCS program staff will decide if your child qualifies for CCS services. If your child can get these types of care, CCS providers will treat him or her for the CCS condition. LIBERTY will continue to cover types of dental services that do not have to do with the CCS condition such as exams, cleanings, and follow-up visits.

LIBERTY does not cover the care given by the CCS program. For CCS to cover these problems, CCS must approve the provider, services, and equipment.

CCS does not cover all problems. CCS covers most problems that physically disable enrolled members or that need to be treated with medicines, surgery, or rehabilitation (rehab). CCS covers children with problems such as:

- Congenital heart disease
- Cancers
- Tumors
- Hemophilia
- Sickle cell anemia
- Thyroid problems
- Diabetes
- Serious chronic kidney problems
- Liver disease
- Intestinal disease
- Cleft lip/palate
- Spina bifida
- Hearing loss
- Cataracts
- Cerebral palsy
- Seizures that are not controlled
- Rheumatoid arthritis
- Muscular dystrophy
- AIDS
- Severe head, brain, or spinal cord injuries
- Severe burns
- Severely crooked teeth

The state pays for CCS services. If your child is not eligible for CCS program services, he or she will keep getting medically necessary care from LIBERTY.

To learn more about CCS, call 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), or TTY 877-855-8039.



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.

Other programs and services for people with Medi-Cal

Read each of the sections below to learn more about other programs and services for people with Medi-Cal. Members and providers may obtain more information on available programs, services, and resources by visiting: <https://www.dhcs.ca.gov/services/Pages/Medi-CalDenti-Cal.aspx>.

LIBERTY's Community Smiles Program

LIBERTY's Community Smiles Program is a no-cost self-referral program to connect our members with community resources.

You can use the Community Smile Program for free or reduced-cost services like food, healthcare, housing, personal safety, transportation, and education.

If you would like to search for resources available in your area, scan the QR code, below, with your smartphone or visit LIBERTY's homepage at <https://communityresources.libertydentalplan.com>.



LIBERTY's Healthy Behaviors Program

LIBERTY's Healthy Behaviors Program is an incentive program for Medi-Cal members who have not visited a dentist in the last 12 months. LIBERTY members, both adults and children, who schedule and complete an appointment with their assigned PCD, in person, will qualify for a \$25.00 gift card.

To request your next dental appointment, scan the QR code, below, with your smartphone camera to make an appointment that works best for you.



Some of the additional programs available through Medi-Cal include:

- **Medi-Cal Waivers:** A program that provides additional services to specific groups of individuals, limited services to specific geographic areas, and provides medical coverage to individuals who may not otherwise be eligible for Medi-Cal.



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.

- **Medicare Part D Prescription Drug Program:** A law that includes a prescription drug benefit for Medicare Part D members.
 - **Vision Care Program:** A health benefit that is covered for most members eligible under Medi-Cal.
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Coordination of benefits

LIBERTY offers services to help you coordinate your dental care needs at no cost to you. If you have questions or concerns about your dental care or your child's dental care, call 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), or TTY 877-855-8039.

Coordination of benefits applies when you are covered by more than 1 health plan. If you are only covered through LIBERTY, you do not need to worry about coordination of benefits. It is important to note that you are still eligible for covered services under your Medi-Cal Program even if you are covered under another health plan.

By law, your Medi-Cal coverage through LIBERTY is the payer of last resort. This means that your other healthcare plan must pay your claims, for covered services, first and your Medi-Cal coverage with LIBERTY would pay your claims, for covered services, last. LIBERTY will not pay for claims for non-covered services.

Examples of other healthcare plan coverage include:

- Group health plans
- Self-insurance plans
- Managed care organizations
- Medicare
- Court-ordered health coverage
- Settlements from a liability insurer
- Pharmacy benefit managers
- Long-term care insurance
- Worker's compensation
- Other state or federal coverage programs (unless specifically excluded by law)

Be sure to tell your PCD or other providers if you have health coverage in addition to your Medi-Cal benefits. This helps our provider send the claims to the correct healthcare plan and will avoid delays in paying your claims.

If you would like more information on Coordination of Benefits, call 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), or TTY 877-855-8039.



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.

5. Children and teen preventive dental services

LIBERTY automatically gives children and teen members who are under 21 years of age dental services to ensure they get the right preventive dental services. This chapter explains these services.

Dental check-ups

Keep your baby's gums clean by gently wiping the gums with a washcloth every day. At about 4 to 6 months of age "teething" will begin as the baby teeth start to come in. You should make an appointment for your child's first dental visit as soon as their first tooth comes in or by their first birthday, whichever comes first. The following Medi-Cal Dental services are free or low-cost services for:

Babies age 1 to 4:

- Baby's first dental visit
- Baby's first dental exam
- Dental exams (every 6 months; every 3 months from birth to age 3)
- X-rays
- Teeth cleaning (every 6 months)
- Fluoride treatment (every 6 months)
- Fillings
- Tooth removal
- Emergency services
- Sedation (if medically necessary)

Kids age 5-12:

- Dental exams (every 6 months)
- X-rays
- Teeth cleaning (every 6 months)
- Fluoride treatment (every 6 months)
- Molar sealants
- Fillings
- Root canal treatment
- Tooth removal
- Emergency services



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.

- Sedation (if medically necessary)

Kids age 13-17:

- Dental exams (every 6 months)
- X-rays
- Fluoride treatment (every 6 months)
- Teeth cleaning (every 6 months)
- Orthodontics (braces) for those who qualify.
- Fillings
- Crowns
- Root canal treatment
- Partial and full dentures
- Scaling and root planing
- Tooth removal
- Emergency services
- Sedation (if medically necessary)

If you have questions or want to learn more about covered Medi-Cal Dental services, call 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), or TTY 877-855-8039. You may also visit the LIBERTY website at www.libertydentalplan.com.

Help getting children and teens preventive dental services.

LIBERTY will help members under 21 years of age to get the services they need. LIBERTY can:

- Tell you about the services.
- Find providers.
- Make appointments for you.
- Provide care coordination to get the right care even if LIBERTY is not responsible for paying for that care.

Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT)

Medi-Cal members under the age of 21 years old are eligible for EPSDT services. The goal of the EPSDT program is to make sure that each child gets the care they need when they need it.

The Medi-Cal Dental Program provides free services to keep children from birth to age 21 healthy. EPSDT allows for (1) dental services that are medically necessary and covered by Medicaid but not a part of the current Medi-Cal Dental program, (2) dental services that are needed more often than the frequency allowed by the Medi-Cal Dental program, and (3) dental services that include relief of pain and infection, restoration of teeth, and maintenance of dental health.



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.

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In these cases, the member may be eligible for EPSDT benefits when the documentation submitted by the PCD supports the medical necessity to correct or improve the member's condition.

Your PCD must submit a request for pre-approval to LIBERTY with all necessary documents to support the need for services under EPSDT. LIBERTY will provide you with a response in writing, if we deny the request for EPSDT benefits, you have the right to appeal our decision. For more information on the appeal process, go to Chapter 8 Reporting and Solving Problems in this Handbook.

If you would like more information about EPSDT, please visit the DHCS Medi-Cal for Kids & Teens website at <https://www.dhcs.ca.gov/services/Medi-Cal-For-Kids-and-Teens/Pages/home.aspx>.



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.

6. Rights and responsibilities

As a member of LIBERTY, you have certain rights and responsibilities. This chapter will explain those rights and responsibilities. This chapter will also provide legal notices that you have a right to as a member of LIBERTY.

Your rights

LIBERTY members have these rights:

- To be treated with respect, considering your right to privacy and the need to maintain confidentiality of your medical and dental information.
- To be provided with information about the plan and its services, including covered services, dental providers, and member rights/responsibilities.
- To be able to choose a PCD or specialist within LIBERTY's network.
- To participate in decision-making regarding your dental care, including the right to refuse treatment.
- To take part in LIBERTY's Community Advisory Committee and make recommendations.
- To voice grievances, either verbally or in writing, about LIBERTY or the care received.
- To ask for an appeal, verbally or in writing, of a decision made by LIBERTY that was not in your favor.
- To receive oral interpretation services for your language.
- To receive fully translated written member information in your preferred language, including grievances and appeals notices.
- To have access to Federally Qualified Health Centers, Indian Health Service Facilities, and Emergency Services outside the Contractor's network under federal law.
- To ask for a State Hearing if a service or benefit was denied and you have already filed an appeal with LIBERTY and you are not happy with our decision or if we do not give you a decision within 30 days, including information on the circumstances under which an expedited hearing is possible.
- To have access to, and where legally appropriate, receive copies of, amend, or correct your dental record as specified by federal laws.
- To disenroll from LIBERTY or Medi-Cal upon request.
- To get no-cost written member information and materials in other formats (including braille, large-size print, audio format, and accessible electronic formats) upon request and in a timely fashion appropriate for the format being requested and following W & I Code Section 14182 (b)(12).
- To be free from any form of consequences, restraint, or seclusion used as a means of coercion, discipline, convenience, or retaliation when making decisions about your care.
- To receive information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand, regardless of cost or benefit coverage.
- To receive informed consent when you have treatment for covered and non-covered services.



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.

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- To receive a truthful written diagnosis and treatment plan (description of dental problem and recommended services).
- To be provided information about the definitions of emergency care in case you have a life-threatening illness or injury.
- To have an appointment when you need one.
- To formulate advance directives.
- To access Minor Consent Services.
- To request a second opinion, at no cost.
- To request continuity of care if your dentist leaves LIBERTY's network.
- To know and understand why LIBERTY has denied, delayed, or limited a service or treatment.
- To ask for an Independent Medical Review (IMR) if LIBERTY has denied, modified, or delayed your dental service or treatment.
- To have access to LIBERTY's health education programs and outreach services to improve dental health.
- To get free legal help at your local legal aid office or other group.
- Freedom to exercise these rights without adversely affecting how you are treated by LIBERTY, dental providers, or the state.

Your responsibilities

LIBERTY members have these responsibilities:

- Reading your Member Handbook.
- Use your Medi-Cal BIC and LIBERTY ID cards when you go to your appointment or get services.
- Not allowing other people to use your Medi-Cal BIC and LIBERTY ID cards.
- Let LIBERTY know if your ID card was lost or stolen.
- Know the name of your PCD and your Case Manager if you have one.
- Know about your dental plan and understand the rules for getting care.
- Complete your IDHA with your PCD within the first 120 days of enrollment.
- Complete and return the OHRA form to LIBERTY, or complete the form online, or by calling Member Services within the first 90 days of enrollment.
- Having treatment completed with your assigned PCD or specialist.
- Be respectful to LIBERTY staff, your PCD, or other providers who are giving you care.
- Follow all the dental office's rules about care and conduct.
- Follow the referral process for specialty care.
- Give your PCD, specialist, and LIBERTY, to the best of your knowledge, correct information about your physical and dental health.
- Tell your PCD or specialist if you have any sudden changes to your physical and dental health.
- Tell your PCD or specialist that you understand the treatment plan and what is required of you.
- Stay with the treatment plan that you understood and agreed to with your PCD or specialist.
- Tell LIBERTY about your needs and expectations of your PCD or specialist.



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.

- Schedule and keep your planned appointments with your PCD or specialist.
- Tell your PCD or specialist ahead of time if you are unable to make your planned appointments at least 24 hours in advance, or if you are going to be late.
- Your actions if you refuse treatment or do not follow your PCD's or specialist's treatment plan, instructions, and advice.
- Understand your dental benefits, including what is and is not covered.
- Pay any fees or monies to your dental office when agreeing to complete services not covered under your plan.
- Use the emergency room for true emergencies only.
- Tell us about any other insurance you have.
- Tell us if you have any changes in address, family status, or other health.
- Tell us if you think there is provider fraud/abuse.
- Report fraud, waste, or abuse to LIBERTY or the California DHCS.

Ways to get involved as a member

LIBERTY wants to hear from you. Each quarter (every 3 months), we have meetings to talk about what works well and what we can improve. Members are invited to attend and make recommendations. Join us and tell us what you think!

LIBERTY's Community Advisory Committee

We have a committee called the Community Advisory (previously Public Policy) Committee (CAC). This CAC is made up of Medi-Cal members, community stakeholders, and Plan support staff. The group talks about how to improve LIBERTY policies and is responsible for:

- Recommending ways to better serve our members.
- Reviewing quality metrics to ensure member satisfaction.
- Suggesting improvements to LIBERTY's programs
- Reviewing LIBERTY's financial reports



If you would like to be a part of this group, you can apply using any of the following:

- **QR Code:** Scan the QR code above.
- **Online:** Go to <https://www.libertydentalplan.com/Members/Member-Facing-Committee.aspx>.
- **Email:** Print and complete the form and send it to QM@libertydentalplan.com.
- **Mail and Fax:** Complete the form and return it to LIBERTY by fax at 888-334-6027 or mail to:
LIBERTY Dental Plan of California
Quality Management Department
P.O. Box 26110, Santa Ana, CA 92799-6110

The CAC Application form can be found in Chapter 10 Forms of this Handbook or online as listed above.



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.

7. Non-discrimination notice

Discrimination is against the law. LIBERTY follows state and federal civil rights laws and does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

LIBERTY provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
 - ✓ Qualified sign language interpreters
 - ✓ Written information in other formats (braille, large print, audio, accessible electronic formats, and other formats)
- Free language services to people whose primary language is not English, such as:
 - ✓ Qualified interpreters
 - ✓ Information written in other languages

If you need these services, contact LIBERTY between 8:00 a.m. to 5:00 p.m., Monday through Friday, by calling 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County). If you cannot hear or speak well, please call 877-855-8039 or 711 to use the California Relay Service.

HOW TO FILE A GRIEVANCE

If you believe that LIBERTY has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with LIBERTY's Civil Rights Coordinator. You can file a grievance by phone, in writing, in person, or electronically:



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.

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- **By phone:** Contact LIBERTY's Civil Rights Coordinator between 8:00 a.m. to 5:00 p.m., Monday through Friday, by calling 888-704-9833. Or, if you cannot hear or speak well, please call 877-855-8039.
- **In writing:** Fill out a complaint form or write a letter and send it to:
LIBERTY Dental Plan
Civil Rights Coordinator
P.O. Box 26110
Santa Ana, CA 92799-6110
- **In person:** Visit your dentist's office or LIBERTY and say you want to file a grievance.
- **Electronically:** Visit LIBERTY's website at www.libertydentalplan.com/Legal/Grievances.

OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTHCARE SERVICES

You can also file a civil rights complaint with the California Department of Healthcare Services, Office of Civil Rights by phone, in writing, or electronically:

- **By phone:** Call **916-440-7370**. If you cannot speak or hear well, please call **711 (Telecommunications Relay Service)**.
- **In writing:** Fill out a complaint form or send a letter to:
Office of Civil Rights
Department of Healthcare Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413
Complaint forms are available at www.dhcs.ca.gov/Pages/Language_Access.
- **Electronically:** Send an email to CivilRights@dhcs.ca.gov.

OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability, or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- **By phone:** Call **800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 800-537-7697**.
- **In writing:** Fill out a complaint form or send a letter to:
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Complaint forms are available at www.hhs.gov/ocr/complaints.
- **Electronically:** Visit the Office for Civil Rights Complaint Portal at www.hhs.gov/ocr/complaints.



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.

Notice of Privacy Practices

A statement describing LIBERTY's policies and procedures for preserving the confidentiality of dental records is available and will be furnished to you upon request.

As required by law, this notice is about your rights, our legal duties, and privacy practices with respect to the privacy of Personal Health Information (PHI). This notice also talks about the way we may collect, use, and disclose your PHI. We must follow the orders of the notice currently in effect. We keep the right to make changes to this notice from time to time and to make the changed notice effective for all PHI we keep. You can find our most current privacy notice on our website at: www.libertydentalplan.com/About-LIBERTY/Compliance/HIPAA-Privacy-Notice.

Call our Member Services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), or TTY 877-855-8039 Monday through Friday 8:00 a.m. to 5:00 p.m. for a written copy of this notice.

Notice about laws

Many laws apply to this Member Handbook. These laws may affect your rights and responsibilities even if the laws are not included or explained in this handbook. The main laws that apply to this handbook are state and federal laws about the Medi-Cal Program. Other federal and state laws may apply too.

Notice about Medi-Cal as a payer of last resort

Sometimes someone else must pay first for the services we provide you. For example, if you already have insurance from an employer.

The California Department of Healthcare Services has the right and responsibility to collect for covered Medi-Cal services for which Medi-Cal Dental is not the first payer.

The Medi-Cal Dental Program complies with state and federal laws and regulations relating to the legal liability of third parties for healthcare services to its members. We will take all reasonable measures to ensure that the Medi-Cal Dental Program is the payer of last resort.

If you would like more information, see Coordination of Benefits under Chapter 4 Benefits and Services of this Handbook.

Notice of Adverse Benefit Determination

We must send you a written Notice of Adverse Benefit Determination (NABD), also called a Notice of Action (NOA), when we deny, delay, modify, or limit an authorization for requested services or treatment. This can include decisions made due to medical necessity, appropriateness, type, or level of service, setting, or effectiveness of a covered service or treatment.



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.

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LIBERTY will also send you a NABD if we reduce, suspend, or terminate previously approved services, and if we deny payment for services and treatment already completed. It is also considered a NABD if LIBERTY does not provide services in a timely manner, if we fail to meet the required timeframes for resolving a grievance or appeal, deny your request to dispute financial liability, or if we deny a rural area member's request to have services completed out-of-network.

We will decide on all standard pre-service requests as soon as your health condition requires but no later than 5 working days of receipt of all the information, we need to decide. We will decide on all urgent pre-service requests within 72 hours of receipt. We will decide on all post-service requests within 30 calendar days of receipt of all the information we need to decide. Post-service requests do not qualify for the expedited review process.

We may ask for a time extension (delay) if we need more information, need to consult an expert reviewer, or need you to complete more exams or tests to determine if a service can be approved. The extension cannot be more than 14 calendar days.

If we need to ask for an extension, we will send you a written notice letting you know what information we need and when we expect to make a final decision. If you do not agree with our extension, or if we do not provide you with a timely decision, you can file a grievance. For more information on how to file a grievance, see Chapter 8 Reporting and Solving Problems in this Handbook.

Once we decide, we will issue the written NABD that includes the reason(s) and clinical guidelines we used to deny, limit, or modify the services in a manner that is clear and easy for you to understand. The NABD will also include a "Your Rights" insert that provides your rights to the grievance and appeals process and explains how long you have to file and what steps to take.

If we decide on your pre-service request or on payment of services or treatment that you do not agree with, you can file an appeal. For more information on how to file an appeal, go to Chapter 8 Reporting and Solving Problems in this Handbook.



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.

8. Reporting and solving problems

There are two kinds of problems that you may have with your dental plan:

- A **complaint** (or **grievance**) is when you have a problem with LIBERTY, or a provider, or with the dental care or treatment you got from a provider.
- An **appeal** is when you do not agree with LIBERTY's decision not to cover services.

You should use the LIBERTY grievances and appeals process first to let us know about your problem. This does not take away any of your legal rights and remedies. We will also not discriminate or retaliate against you for complaining to us. Letting us know about your problem will help us improve care for all members. If your grievance is not solved, you may file a complaint with the California Department of Managed Healthcare (DMHC). If you disagree with the result of your appeal, you can request a State Fair Hearing. You must complete LIBERTY's internal appeal process **before** you can request a State Fair Hearing.

You may also ask for an Independent Medical Review (IMR) from the Department of Managed Healthcare. The IMR is an impartial review of a dental plan's decision. The IMR decides medical necessity, coverage, and payment disputes for urgent or emergency services. You must apply for an IMR within 6 months after LIBERTY sends you a written decision about your appeal.

If you ask for a State Hearing first (see below for more about appeals and State Hearings), you **cannot** ask for an Independent Medical Review (IMR). But if you ask for an IMR first and are not satisfied with the result, you can ask for a State Hearing. You can get help from the California Department of Managed Healthcare.

"The California Department of Managed Healthcare is responsible for regulating healthcare service plans. If you have a grievance against your health plan, you should first telephone your health plan at **888-703-6999 (for Los Angeles County)**, **877-550-3875 (for Sacramento County)**, or **TTY 877-855-8039** and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (**888-466-2219**) and a TDD line (**877-688-9891**) for the hearing and speech impaired. The department's internet website www.dmhc.ca.gov has complaint forms, IMR application forms, and instructions online."



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.

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The California DHCS Medi-Cal Managed Care Ombudsman can also help. The Ombudsman can help with problems the plan has not resolved; problems joining, changing, or leaving a plan; and other problems with a Medi-Cal Dental managed care plan. You can call the Ombudsman at **888-452-8609**, Monday through Friday from 8:00 a.m. to 5:00 p.m.

You can also file a grievance with your county eligibility office about your Medi-Cal eligibility. If you are not sure who you can file your grievance with, call 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), or TTY 877-855-8039.

Complaints

A complaint (or grievance) can be about the care you get from a network provider. A complaint can also be about LIBERTY. See below for more about appeals and State Hearings. You can file your complaint with your LIBERTY, your PCD, or a specialist.

You can file a complaint with us online, by email, by mail, or over the phone. There is no time limit to file a complaint.

- **To file a complaint online**, go to the link provided below and select “California Grievance Form – Submit Online.” Fill out all the required fields, tell us what happened, and how we can help you. Your complaint will automatically be sent to LIBERTY’s Grievances and Appeals Department for review.
- **To file a complaint by email**, give your name, dental plan ID number, and the reason for your complaint. Submit an email to G&A@libertydentalplan.com. We highly recommend that your email to LIBERTY is encrypted (protected) to keep your personal health information safe.
- **To file a complaint by mail**, you have two options. 1) you can use the online link below, select “California Grievance Form” print out a copy, and mail or fax it to LIBERTY or 2) you can call 888-703-6999 (for Los Angeles County), 877-550-3875 (for Sacramento County), TTY 877-855-8039 and ask to have a form sent to you. When you get the form, fill it out and mail or fax it to LIBERTY. Be sure to include your name, dental plan ID number, and the reason for your complaint. Tell us what happened and how we can help you.
- **To file a complaint by phone**, call 888-703-6999 (for Los Angeles County), 877-550-3875 (for Sacramento County), or TTY 877-855-8039. Give your name, dental plan ID number, and the reason for your complaint.

Mail to:

LIBERTY Dental Plan
Grievances and Appeals Department
P.O. Box 26110, Santa Ana, CA 92799-6110

Online: <https://www.libertydentalplan.com/Members/File-a-Grievance-or-Appeal.aspx>

Fax to: 833-250-1814



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.

If you need help filing your complaint, we can help you. We can give you free language services. Call 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. Within 5 days of getting your complaint, we will send you a written notice letting you know we received it. Within 30 days, we will tell you how we resolved your problem in writing.

If you want us to make a fast decision because the time it takes to resolve your complaint would put your life, health, or ability to function in danger, you can ask for an urgent review. To ask for an urgent review, call 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), or TTY 877-855-8039. We will decide within 72 hours of receiving your complaint letting you know over the phone and in writing.

Appeals

An appeal is different from a complaint. An appeal is a request for LIBERTY to review and change a decision we made about coverage for a requested or completed service. If we send you a NABD and you do not agree with our decision, you can file an appeal, or your PCD can file an appeal for you. If you want your PCD to file an appeal for you, you need to give him written approval.

You can file an appeal by phone, online, or by mail. You must file an appeal within 60 calendar days from the date on the notice you received.

- **To file an appeal online** go to the link provided below and select “California Grievance Form – Submit Online.” Fill out all the required fields and tell us what services you are appealing. Your appeal will automatically be sent to LIBERTY’s Grievances and Appeals Department for review.
- **To file an appeal by email**, give your name, dental plan ID number, NABD number, and the reason for your appeal. Submit an email to G&A@libertydentalplan.com. We highly recommend that your email to LIBERTY is encrypted (protected) to keep your personal health information safe.
- **To file an appeal by phone**, call 888-703-6999 (for Los Angeles County), 877-550-3875 (for Sacramento County), or TTY 877-855-8039. Give your name, health plan ID number, NABD number, the service you are appealing, and why you feel they should be approved.
- **To file an appeal by mail**, you have two options. (1) you can use the online link below, select “California Grievance Form” print out a copy, and mail or fax it to LIBERTY or (2) you can call 888-703-6999 (for Los Angeles County), 877-550-3875 (for Sacramento County), TTY 877-855-8039. Ask to have a form sent to you. When you get the form fill it out and mail or fax it to LIBERTY. Be sure to include your name, dental plan ID number, NABD number, and the service you are appealing.

Mail form to:

LIBERTY Dental Plan
Grievances and Appeals Department
P.O. Box 26110,
Santa Ana, CA 92799-6110

Online: <https://www.libertydentalplan.com/Legal/Grievances.aspx>

Fax to: 833-250-1814



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.

If the notice that we sent tells you services will stop, you can keep receiving services during your appeal. To do that, you or your PCD must request an appeal within 10 days of the date the notice was mailed to you. You should tell us that you want to continue receiving services.

If you need help filing your appeal, we can help you. We can give you free language services. Call 888-703-6999 (for Los Angeles County), 877-550-3875 (for Sacramento County), or TTY 877-855-8039.

Within 5 days of getting your appeal, we will send you a written notice letting you know we received it. Within 30 days, we will tell you our appeal decision in writing.

If you, or your PCD or specialist want us to make a fast decision because the time it takes to resolve your appeal would put your life, health, or ability to function in danger, you can ask for an urgent review. To ask for an urgent review, call 888-703-6999 (for Los Angeles County), 877-550-3875 (for Sacramento County), or TTY 877-855-8039. We will decide within 72 hours of receiving your appeal.

State Hearings

A State Hearing is a meeting with people from the California Department of Social Services (DSS). A judge will help to resolve your problem. You can ask for a State Hearing only **after** you have completed an appeal process within LIBERTY, and you are still not happy with the decision, or if you have not received a decision on your appeal after 30 days.

You can ask for a State Hearing by phone or mail. You must ask for a State Hearing no later than 90 calendar days from the date on the notice telling you of the appeal decision. Your PCD can ask for a State Hearing for you if he or she gets approval from DSS. Call DSS to ask the state to approve for your PCD to ask for a State Hearing.

If the notice that we sent tells you services will stop, you can keep receiving services during your State Hearing. To do that, you or your PCD must request a State Hearing within 10 days of the date the notice was mailed to you. You should say that you want to continue receiving services.

To ask for a State Hearing by phone, call the California Department of Social Services (DSS) Public Response Unit at **800-952-5253 (TTD 800-952-8349)**.

To ask for a State Hearing by mail, fill out the form provided to you with your appeals resolution notice.

Mail form to:

California Department of Social Services
State Hearings Division
P.O. Box 944243, MS 09-17-37
Sacramento, CA 94244-2430



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.

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If you need help asking for a State Hearing, we can help you. We can give you free language services. Call 888-703-6999 (for Los Angeles County), 877-550-3875 (for Sacramento County), or TTY 877-855-8039. At the hearing, you will give your side. We will give our side. It could take up to 90 days for the judge to decide your case.

If you want us to make a fast decision because the time it takes to have a State Hearing would put your life, health, or ability to function fully in danger, you or your PCD can write to DSS. You can ask for an urgent (fast) State Hearing. DSS must decide no later than 3 working days after it gets your request.

If you already had a State Hearing, you **cannot** ask for an IMR. But, if you ask for an IMR first and are not happy with the result, you can still ask for a State Hearing.

Fraud, waste, and abuse

If you think that a provider or a person who gets Medi-Cal Dental has committed fraud, waste, or abuse, it is your right and responsibility to report it.

Provider fraud, waste, and abuse includes:

- Changing dental records.
- Prescribing more medication than is medically necessary.
- Giving more dental care services than are medically necessary.
- Billing for services that were not given.
- Billing for professional services when the professional did not perform the service.

Fraud, waste, and abuse by a person who gets benefits includes:

- Lending, selling, or giving a dental plan ID card or Medi-Cal BIC card to someone else.
- Getting similar or the same treatments or medicines from more than 1 provider.
- Going to an emergency room when it is not an emergency.
- Using someone else's Social Security number or dental plan ID number.

To report fraud, waste, or abuse, print the name, address, and ID number of the person who committed the violation. Give us as much information as you can about the provider or person, such as the phone number or the specialty if it is a provider. Give the dates of the events and a summary of exactly what happened.

Mail your report to:

LIBERTY Dental Plan
Special Investigation Unit
P.O. Box 26110, Santa Ana, CA 92799-6110

Or call our 24-hour Fraud, Waste, and Abuse Hotline at 888-704-9833.



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.

Reporting Fraud, Waste and Abuse

LIBERTY has multiple ways that allow you to confidentially report potential violations to LIBERTY, Medi-Cal, and the U.S. Department of Health & Human Services, Office of Inspector General (HHS-OIG). These options include the following:

- LIBERTY's Corporate Compliance Hotline: 888-704-9833
- LIBERTY's Compliance Unit email: compliancehotline@libertydentalplan.com
- LIBERTY's Special Investigations Unit Hotline: 888-704-9833
- LIBERTY's Special Investigations Unit email: SIU@libertydentalplan.com
- Fraud, waste, and abuse may be confidentially reported to HHS-OIG Whistle Phone number at 800-HHS-TIPS or TTY 800-377-4950.
- The DHCS asks that anyone suspecting Medi-Cal fraud, waste, or abuse call the DHCS Medi-Cal Fraud Hotline at 800-822-6222.

Fraud is knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any healthcare benefit program or to obtain, using false or fraudulent pretenses, representations, or promises, any of the money or property owned by, or under the custody or control of, any healthcare benefit program.

Examples of fraud may include:

- Billing for services and treatments that were not completed.
- Misrepresenting the services or treatments performed (submitting a different dental procedure code to increase reimbursement).
- Soliciting, offering, or receiving a kickback, bribe, or rebate.

Waste includes practices that, directly or indirectly, result in unnecessary costs to the Medicare Program, such as overusing services. Waste is not normally considered to be caused by criminally negligent actions but rather by the misuse of resources.

Examples of waste may include:

- Over-utilization of services or treatments.
- Misuse of resources.

Abuse includes actions that may, directly or indirectly, result in unnecessary costs to the Medicare Program. Abuse involves paying for items or services when there is no legal entitlement to that payment, and the provider has not knowingly or intentionally misrepresented facts to obtain payment.

Examples of abuse may include:

- Misusing dental procedure codes on a claim.
- Charging excessively for services, treatments, or supplies.
- Billing for services that were not medically necessary.



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Both fraud and abuse can expose providers to criminal and civil liability. LIBERTY expects all providers and members to comply with applicable laws and regulations, including, but not limited to, the following:

- Federal and State False Claims Act
- Qui Tam Provision (Whistleblower)
- Anti-Kickback Statute
- Physician Self-Referral Law (Stark Law)
- HIPAA
- Social Security Act
- U.S. Criminal Codes

State & Federal False Claims Laws

Federal False Claims Act: A law that prohibits a person or entity, from “knowingly” presenting or causing to be presented a false or fraudulent claim for payment or approval to the federal government, and from “knowingly” making, using, or causing to be made a false record or statement to get a false or fraudulent claim paid or approved by the federal government. The Federal False Claims Act also prohibits a person or entity from conspiring to defraud the government by getting a false or fraudulent claim allowed or paid. These prohibitions extend to claims submitted to federal healthcare programs, such as Medicare or Medicaid.

The Federal False Claims Act broadly defines the terms “knowing” and “knowingly.” Specifically, knowledge will have been proven for purposes of the Federal False Claims Act if the person or entity: (1) has actual knowledge of the information; (2) acts in deliberate ignorance of the truth or falsity of the information; or (3) acts in reckless disregard of the truth or falsity of the information. The law specifically provides that a specific intent to defraud is not required to prove that the law has been violated.

Whistleblower Protection Act: Private persons are permitted to bring civil actions for violations of the Federal False Claims Act on behalf of the United States (also known as "qui tam" actions) and are entitled to receive percentages of monies obtained through settlements, penalties and/or fines collected. Persons bringing these claims, also known as relators or whistleblowers, are granted protection under the law.

Specifically, any whistleblower who is discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against by their employer because of reporting violations of the Federal False Claims Act will be entitled to reinstatement with seniority, double back pay, interest, special damages sustained as a result of discriminatory treatment, and attorneys' fees and costs.

Anti-Kickback Statute: The Anti-Kickback Statute is the popular name for the Medicare and Medicaid Fraud and Abuse Statute, 42 U.S.C. § 1320a-7b (b). The Anti-Kickback Statute is a federal criminal law. It prohibits offering or accepting kickbacks to generate healthcare business.



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.

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The Anti-Kickback Statute is a healthcare law that prohibits individuals and entities from willful payment of “remuneration” or rewarding anything of value – such as position, property, or privileges – in exchange for patient referrals that involve payables by the federal healthcare programs. These payables include, but are not limited to, drugs, medical supplies, and healthcare services availed by Medicare or Medicaid beneficiaries. Under the provisions of the Anti-Kickback Statute, the law prohibits soliciting, receiving, offering, or paying any remuneration (including any kickback, bribe, or rebate) directly or indirectly, overtly, or covertly, in cash or in kind.

Physician Self-Referral Law: The Physician Self-Referral Law refers to Section 1877 of the Social Security Act (the Act) 42 U.S.C. 1395nn.

The Physician Self-Referral Law, commonly referred to as the Stark law, prohibits physicians (including dentists) from referring patients to receive “designated health/dental services” payable by Medicare or Medicaid from entities with which the physician (including the dentist) or immediate family member has a financial relationship.

The law now insists that any medical professional (including dentists) who provides such a referral to a Medicare or Medicaid patient must concurrently provide written notice of that patient’s right to go elsewhere along with a list of nearby alternatives.

The law also finalized permanent exceptions for value-based arrangements that will permit physicians and other healthcare providers (including dentists) to design and enter into value-based arrangements without fear that legitimate activities to coordinate and improve the quality of care for patients and lower costs would violate the Physician Self-Referral Law. This supports the Center of Medicare and Medicaid Services (CMS) broader push to advance coordinated care and innovative payment models across Medicare, Medicaid, and private plans.

LIBERTY requires all its providers and members to report violations and suspected violations on the part of its employees, associates, persons, or entities providing care or services to all Medicaid enrollees. Examples of such violations include bribery, false claims, conspiracy to commit fraud, theft, or embezzlement, false statements, mail fraud, healthcare fraud, obstruction of a state and/or federal healthcare fraud investigation, money laundering, failure to provide medically necessary services, marketing schemes, illegal remuneration schemes, identity theft, or enrollees’ medication fraud.



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.

9. Important numbers and words to know

Important phone numbers

- LIBERTY Member Services – Los Angeles County: 888-703-6999
- LIBERTY Member Services – Sacramento County: 877-550-3875
- LIBERTY TDD/TTY: 877-855-8039
- Medi-Cal Dental Beneficiaries: 800-322-6384 (TTY 800-735-2922)
- DMHC Help Center: 888-466-2219
- Healthcare Options – Medi-Cal Managed Care: 800-430-4263
- Health Consumer Alliance: 888-804-3536
- Medi-Cal Eligibility: 800-545555
- Medi-Cal Fair Hearing: 800-952-5253 (TTY 800-952-8349)
- Medi-Cal Managed Care: 800-430-4263 (TTY 800-430-7077)
- Medi-Cal Ombudsman: 888-452-8609

Words to know

- **Appeal:** A formal request asking LIBERTY to review denied services for treatment provided or requested. An appeal may be filed by your dentist with your written approval.
- **Applicable:** Applies to or refers to affecting someone or something.
- **Authorization:** See Prior Authorization.
- **Balance Billing:** Billing a patient for the difference between the dentist's actual charge and the amount paid by LIBERTY. Except for copayments and share of cost, balance billing is not allowed for covered services.
- **Beneficiary:** A person who is eligible for Medi-Cal benefits.
- **Beneficiary Identification Card (BIC):** The Medi-Cal identification card provided by the Department of Healthcare Services to beneficiaries. The BIC includes the beneficiary number and other important information.
- **Benefits:** Medically necessary dental services provided by a LIBERTY dentist that are available through the Medi-Cal Dental Program.
- **California Children Services (CCS) Program:** A public health program that provides specialized diagnostic, treatment, and therapy services to eligible children under the age of 21 years who have CCS-eligible conditions as defined by state regulations.



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.

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- **Caries:** Another term for tooth decay or cavities.
- **Clinical Screening:** An examination by a dentist to provide an opinion about the appropriateness of treatment proposed or provided by a different LIBERTY dentist. The LIBERTY may require a clinical screening under certain circumstances.
- **Complaint:** A verbal or written expression of dissatisfaction, including any dispute, request for reconsideration, or appeal made by you, or a dentist on your behalf. A complaint can also be made by your representative.
- **Copayment:** A small portion of the dentist's fee that is paid by the beneficiary.
- **Covered Services:** The set of dental procedures that are benefits of the LIBERTY. The LIBERTY will only pay for medically necessary services provided by a LIBERTY dentist that are benefits of the Medi-Cal Dental Program.
- **Dental Specialist:** A dentist providing specialty care such as endodontics, oral surgery, pediatric dentistry, periodontics, and orthodontics (braces).
- **Early and Periodic Screening, Diagnosis and Treatment (EPSDT):** A federal program that requires healthcare for children under age 21 through periodic screenings, diagnostic and treatment services. Dental care is included in the EPSDT program.
- **Eligibility:** Refers to meeting the requirements to receive Medi-Cal benefits.
- **Emergency Care:** A dental examination and/or evaluation by a LIBERTY dentist or dental specialist to determine if an emergency dental condition exists, and to provide care to treat any emergency symptoms within the capability of the facility within professionally recognized standards of care.
- **Emergency Dental Condition:** A dental condition in the absence of immediate attention could reasonably be expected to result in placing the individual's health in jeopardy, causing severe pain or impairing function.
- **Endodontist:** A dental specialist who limits his or her practice to treating disease and injuries of the pulp and root of the tooth.
- **Exclusion:** Refers to any dental procedure or service not available under the Medi-Cal Dental Program.
- **Grievance:** See Complaint.
- **Identification:** Refers to something that proves who a person is, such as a driver's license.
- **Limitations:** Refers to the number of services allowed, type of service allowed, and/or the most affordable dentally appropriate service.
- **Medi-Cal Dentist:** A dentist who has been approved to provide covered services to Medi-Cal beneficiaries.
- **Medically Necessary:** Covered services that are necessary and appropriate for the treatment of the teeth, gums, and supporting structures and that are (a) provided according to professionally recognized standards of practice; (b) determined by the treating dentist to be consistent with the dental condition; and (c) are the most appropriate type, supply and level of service considering the potential risks, benefits, and covered services which are alternatives.
- **Non-Covered Service:** A dental procedure or service that is not a covered benefit.



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.

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- **Non-Participating Dentist:** A dentist who is not enrolled in Medi-Cal and is not authorized to provide services to Medi-Cal eligible beneficiaries.
- **Notice of Authorization (NOA):** A computer-generated form sent to dentists in response to a request for authorization of services (See Treatment Authorization Request).
- **Other Health Coverage/Other Health Insurance:** Coverage for dental-related services you may have under any private dental plan, any insurance program, any other state, or federal dental care program, or under other contractual or legal entitlement.
- **Oral Surgeon:** A dental specialist who limits his or her practice to the diagnosis and surgical treatment of diseases, injuries, deformities, defects, and appearance of the mouth, jaws, and face.
- **Orthodontist:** A dental specialist who limits his or her practice to the prevention and treatment of problems in the way the upper and lower teeth fit together in biting or chewing.
- **Out-of-Network Provider:** A provider who is not part of the LIBERTY network.
- **Palliative Care:** Treatment that relieves pain but does not fix the problem causing the pain or provides only a temporary fix.
- **Participating Dental Provider:** A provider enrolled in Medi-Cal that provides dental services to the Plan's members.
- **Pediatric Dentist:** A dental specialist who limits his or her practice to the treatment of children from birth through adolescence, providing primary and a full range of preventive care treatment.
- **Periodontist:** A dental specialist who limits his or her practice to treatment of diseases of the gums and tissue around the teeth.
- **Premium:** The amount of money that a person must pay monthly for dental coverage. Plan members do not have to pay a premium.
- **Prior Authorization:** A request by a LIBERTY dentist to approve services before they are performed. Dentists receive a Notice of Authorization (NOA) from LIBERTY for approved services.
- **Procedure Code:** A code number that identifies a specific medical or dental service.
- **Prosthodontist:** A dental specialist who limits his or her practice to the replacement of missing teeth with dentures, bridges, or other substitutes.
- **Provider:** An individual dentist, Registered Dental Hygienist in an Alternative Practice (RDHAP), dental group, dental school or dental clinic enrolled in the Medi-Cal Dental Program to provide healthcare and/or dental services to Medi-Cal beneficiaries.
- **Provider Directory:** A list of all providers in the LIBERTY network.
- **Referral:** When your PCD says you can get care from another provider. Some covered care and services require a referral and pre-approval.
- **Requirements:** Refers to something that you must do, or rules you must follow.
- **Responsibility:** Refers to something that you should do or are expected to do.
- **Service area:** The geographic area LIBERTY serves. This includes the counties of Sacramento and Los Angeles.



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.

65 | Important numbers and words to know

- **Share of Cost:** The share of health expenses that a beneficiary must pay or promise to pay before any Medi-Cal payments can be made for that month.
- **Signature:** Refers to your name written in your handwriting.
- **State Hearing:** A State Hearing is a legal process that allows beneficiaries to request a reevaluation of any denied or modified Treatment Authorization Request (TAR). It also allows a beneficiary or dentist to request a reevaluation of a reimbursement case.
- **Treatment Authorization Request (TAR):** A request submitted by a LIBERTY dentist for approval of certain covered services before treatment can begin. A TAR is required for certain services and under special circumstances.
- **TAR/Claim Form:** The form used by a dentist when requesting authorization to perform a service or to receive payment for a completed service.



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10. Forms

Member Grievance and Appeals Form



WRITTEN MEMBER GRIEVANCE AND APPEAL FORM – CALIFORNIA PAGE 1

Please use this form to help file a grievance or appeal with LIBERTY Dental Plan (LIBERTY). You can also use this form to give LIBERTY more information to help us review your case. If you have filed an **appeal over the telephone**, you can complete this form and mail it back to LIBERTY. This is optional. We will review your case without a written appeal.

MEMBER INFORMATION (PLEASE PRINT)			
Member last name	Member first name	Today's date	
Member street address	City	State	ZIP code
Member phone number	Member identification number (see identification card)		
Employer or Group	Patient name	Relationship	

AUTHORIZED REPRESENTATIVE INFORMATION, IF APPLICABLE (PLEASE PRINT)		
I am authorizing LIBERTY Dental Plan to allow the following person to act on my behalf during the grievance/appeals process.		
Representative last name	Representative first name	Representative phone number
Representative Signature	Member Signature	

If you need help completing this form, call our Member Services Department at **888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County)**, TTY **877-855-8039**, Monday through Friday 8:00 a.m. to 5:00 p.m. We can give you an interpreter at no cost if you need one. You or someone you authorize have the right to review your case file at any time. We will give you copies free of charge.



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.



Written Member Grievance and Appeal Form – California Page 2

DENTAL OFFICE/PROVIDER INFORMATION (PLEASE PRINT)

I am authorizing LIBERTY Dental Plan to request my information, including chart records and x-rays, if applicable, from the following office:

Office number	Dental office name	Date of last visit	
Dental office street address	City	State	ZIP Code
Dental office phone number	Name(s) of dental office staff involved (if known)		

Medicaid Appeals must be filed within 60 days from the date on your Denial Letter.

Medicaid Grievances can be filed at any time.

SUMMARY OF GRIEVANCE OR APPEAL

Please share any information you have about your grievance or appeal. Please give us as many details as you can, if possible, please provide the dates, names, and any treatment. If needed, you can attach an additional page.



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.



Written Member Grievance and Appeal Form – California Page 3

Please share with us how you would like to see your grievance or appeal resolved.

Member Signature

Date

PLEASE SEND THE COMPLETED SIGNED FORM TO:

<p>Mail To: LIBERTY Dental Plan of California Grievances and Appeals Department P.O. Box 26110 Santa Ana, CA 92799-6110</p>	<ul style="list-style-type: none"> • Fax to LIBERTY’s Grievances and Appeals Department at: 833-250-1814 • Telephone LIBERTY Dental Plan’s Member Services Department at 866-703-6999 (for Los Angeles County), or 877-550-3875 (for Sacramento County, TTY (877) 855-8039 • Electronically using the website online grievance filing process by visiting www.libertydentalplan.com. • Emailing us at: GandA@libertydentalplan.com
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You will receive a letter acknowledging receipt of your grievance or appeal within 5 calendar days of receipt by LIBERTY.

You will receive a written resolution to your grievance or appeal within 30 calendar days of receipt by LIBERTY.



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.



California Community Advisory Committee Application

Thank you for your interest in joining LIBERTY's California Community Advisory Committee (CAC). Please fill out this form and return it to LIBERTY. Information is found at the bottom of the page.

If you are accepted to join this Committee, you will receive payment for every eligible meeting you attend.

- The committee(s) will meet once (1) per quarter and four (4) times per year.
- Members will be compensated \$100 per quarter and no more than \$400 per year.

What is your first and last name?
What is your date of birth?
What is your address?
What is your daytime phone number?
What is your LIBERTY ID number?
Where do you work?
What is your job title?
Please select your education level: <input type="checkbox"/> 8 th Grade <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Other _____

- **QR Code:** Scan the QR Code provided with the camera on your smartphone.
- **Online:** Go online to <https://www.libertydentalplan.com/Members/Member-Facing-Committee.aspx>.
- **Email:** Complete this form and email it to QM@libertydentalplan.com.
- **Mail/Fax:** Complete this form, mail, or fax to
 LIBERTY Dental Plan of California,
 Quality Management Dept.
 P.O. Box 26110, Santa Ana, CA 92799-6110
 Fax: 888-334-6027



You can contact us at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY/TDD 877-855-8039, Monday through Friday from 8:00 a.m. to 5:00 p.m. (PST) if you need help completing this form or if you have any questions.



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.

Child Oral Health Risk Assessment Form



**LIBERTY
DENTAL PLAN.**

Child Oral Health Risk Assessment Form

Filling out this form is voluntary. The member will not be denied care based on your answers. This information is private.

Member's Name:	Date of Birth:	ID Number:
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Please check one:

1. Does the member have a dentist they see often?

Yes No
2. Does the member brush their teeth every day?

Yes No
3. Do the member's teeth hurt when eating cold, hot, or sugary foods? *

Yes No
4. Does the member live in an area with fluoridated drinking water?

Yes No
5. Does the member snack between meals?

Yes No
6. Does the member drink a lot of soda, juices, or energy drinks?

Yes No
7. Does the member have cavities? *

Yes No
8. Does a parent or guardian have a history of cavities?
If yes, relation(s): _____

Yes No
9. Do the member's teeth look like they have filmy matter called plaque? *

Yes No
10. Does the member go to bed with a bottle of milk, juice, or other drink? *

Yes No
11. Is the member pregnant?

Yes No
12. Does the member see a doctor often for a serious medical condition?
If yes, select all that apply: cancer diabetes kidney disease
other: _____

Yes No
13. Does the member have special healthcare needs?

Yes No
14. Has the member been told they have a mental, behavioral, or physical disability?

Yes No
15. Has the member gone to the emergency room for dental problems in the past year?
If yes, explain: _____

Yes No
16. Are there any non-medical/social conditions that would affect the member's ability to obtain care?
If yes, select all that apply: food housing transportation
 other: _____

Yes No



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.

17. Is English the main language spoken at home? Yes No

If not, what language is spoken: _____

18. I consent to receive text/email messages from LIBERTY Dental Plan to help manage my oral health. Yes No

Cell Phone: _____ Email Address: _____

**If you have pain, swelling, bleeding, or infection please contact LIBERTY for immediate assistance.*

I understand that this information will be disclosed to my new dental plan.

Signature: _____

Date: _____

If not signed by the enrollee, please select one: Parent of minor Guardian

Other representative: _____

Please return to: LIBERTY Dental Plan, P. O. Box 26110, Santa Ana, CA, 92799-6110



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.

Adult Oral Health Risk Assessment Form



**LIBERTY
DENTAL PLAN.**

Adult Oral Health Risk Assessment Form

Filling out this form is voluntary. The member will not be denied care based on your answers. This information is private.

Member's Name:	Date of Birth:	ID Number:
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Please check one:

1. Has it been more than 12 months since you last saw a dentist?

Yes No
2. Do your teeth hurt when eating cold, hot, or sugary foods? *

Yes No
3. Do you have pain in your mouth or gums? *

Yes No
4. Do you have an infected tooth or teeth? *

Yes No
5. Do you have a broken tooth or teeth? *

Yes No
6. Is your mouth dry?

Yes No
7. Do your gums bleed when you brush or floss? *

Yes No
8. Have you had any gum (periodontal) treatments?
If yes, list the last visit date: _____

Yes No
9. Do you wear full or partial fake teeth?

Yes No
10. Are you pregnant?

Yes No
11. Does the member see a doctor often for a serious medical condition?
If yes, select all that apply: cancer diabetes kidney disease
other: _____

Yes No
12. Are you currently receiving radiation or chemotherapy?

Yes No
13. Have you been told you have a mental, behavioral, or physical disability?

Yes No
14. Have you been to the emergency room for dental problems in the past year?
If yes, explain: _____

Yes No
15. Are there any non-medical/social conditions that would affect the member's ability to obtain care?
If yes, select all that apply: food housing transportation
 other: _____

Yes No
16. Is English the main language spoken at home?
If not, what language is spoken: _____

Yes No



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.

17. I consent to receive text/email messages from LIBERTY Dental Plan to help manage my oral health Yes No

Cell Phone: _____ Email Address: _____

**If you have pain, swelling, bleeding, or infection please contact LIBERTY for immediate assistance.*

I understand that this information will be disclosed to my new dental plan.

Signature: _____

Date: _____

If not signed by the enrollee, please select one: Parent of minor Guardian

Other representative: _____

Please return to: LIBERTY Dental Plan, P. O. Box 26110, Santa Ana, CA, 92799-6110



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.libertydentalplan.com.