



**ILLINOIS TANF Medicaid Program  
Temporary Assistance for Needy Families  
LIBERTY Dental Plan**

**TRANSITION OF CARE  
All Treatment  
(with the exception of orthodontics)**

***What is Transition of Care?***

Transition of Care is the process whereby Medicaid beneficiaries (Members) who are under a dental provider's care through a previous Medicaid carrier or plan may continue seeing the same dental provider they had prior to their dental plan administration being transferred to LIBERTY Dental Plan.

Effective July 1, 2014, LIBERTY Dental Plan became the administrator for the dental benefits for beneficiaries of Meridian, Harmony and Family Health Network (CCAI) Medicaid TANF dental benefits program for those Medicaid Members eligible for TANF benefits.

***Transition of Care Policy***

During the first 90 days of enrollment as a LIBERTY member, a new authorization is **not** required for certain Members with dental services previously approved by the State or another Medicaid carrier or dental plan.

During the first 90 days of enrollment as a LIBERTY member, LIBERTY will be responsible for the costs of continuation of pre-approved dentally necessary covered services:

- Providers must attach the copy of the previously approved authorization document from the previous carrier. LIBERTY will honor that pre-authorization. Members will not need to have treatment pre-authorized again with LIBERTY during this time period.
- LIBERTY will pay claims for previously authorized services without regard to whether such services are or were being provided within or outside the LIBERTY dental provider network.

After 90 days any services requiring pre-authorization must be submitted to LIBERTY for approval. Dental Providers must be contracted with LIBERTY Dental Plan in order to be reimbursed for any treatment of Meridian, Harmony or Family Health Network (CCAI) members.

**NOTE: See separate form for "Orthodontic Transition of Care" concerning how this policy pertains to orthodontic treatment in progress.**

Completed claim forms for Transition of Care should be sent by mail or fax to:

**LIBERTY Dental Plan  
Attn: Transition of Care Claims  
PO Box 401086  
Las Vegas, Nevada 89140**

**Fax: (888) 401-1129  
Attn: Transition of Care Claims**