

# Member Handbook



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What you need to know about your benefits

LIBERTY Dental Plan of California, Inc.  
Combined Evidence of Coverage (EOC)  
and Disclosure Form

2021

Sacramento County  
Geographic Managed Care (GMC)



# Other languages and formats

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## Other languages

You can get this Member Handbook and other plan materials for free in other languages. Call 877-550-3875 (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.

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## Other formats

You can get this information for free in other formats, such as Braille, 20-point font large print and audio. Call 877-550-3875 (TTY 877-855-8039). The call is toll free.

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## Interpreter services

You do not have to use a family member or friend as an interpreter. For free interpreter, 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 877-550-3875 (TTY 877-855-8039). The call is toll free.



Call member services at 1-877-550-3875 (TTY/TDD 1-877-855-8039). 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](http://www.libertydentalplan.com).

**TAGLINES**

**English Tagline**

ATTENTION: If you need help in your language call 1-888-703-6999 (TTY: 1-855-877-8039). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-888-703-6999 (TTY: 1-855-877-8039). These services are free of charge.

**الشعار بالعربية (Arabic)**

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-888-703-6999 (TTY: 1-877-855-8039). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريل والخط الكبير. اتصل بـ 1-888-703-6999 (TTY: 1-877-855-8039). هذه الخدمات مجانية.

**Հայերեն պիտակ (Armenian)**

Ուշադրություն: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, գանգառեք 1-888-703-6999 (TTY: 1-877-855-8039): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամ ու լսողականության խնդիրներով մարդկանց համար, օրինակ՝ Քրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք 1-888-703-6999 (TTY: 1-877-855-8039): Այդ ծառայություններն անվճար են:

**ហ្គូ សម្ព័ន្ធសម្រាប់កម្ពុជា (Cambodian)**

ចំណាំ: បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ 1-888-703-6999 (TTY: 1-877-855-8039)។ ជំនួយ នឹង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរធំ សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទ គេលេខ 1-888-703-6999 (TTY: 1-877-855-8039))។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

**简体中文标语 (Chinese)**

请注意：如果您需要以您的母语提供帮助，请致电 1-888-703-6999 (TTY: 1-877-855-8039)。另外还提供针对残疾人士的帮助和服务，例如文盲和需要较大字体阅读，也是方便取用的。请致电 1-888-703-6999 (TTY: 1-877-855-8039)。这些服务都是免费的。

**فارسی زبان به مطلب (Farsi)**

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با 1-888-703-6999 (TTY: 1-877-855-8039) تماس بگیرید. کمک‌ها خدمات مخصوص فر معلولیت، مانند نسخه‌ها خط بریل و چاپ با حروف بزرگ، نیز موجود است. با 1-888-703-6999 (TTY: 1-877-855-8039) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.



Call member services at 1-877-550-3875 (TTY/TDD 1-877-855-8039). 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](http://www.libertydentalplan.com).

**हिंदी टैगलाइन (Hindi)**

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-888-703-6999 (TTY: 1-877-855-8039) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। 1-888-703-6999 (TTY: 1-877-855-8039) पर कॉल करें। ये सेवाएं नि:शुल्क हैं।

**Nqe Lus Hmoob Cob (Hmong)**

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-888-703-6999 (TTY: 1-877-855-8039). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-888-703-6999 (TTY: 1-877-855-8039). Cov kev pab cuam no yog pab dawb xwb.

**日本語表記 (Japanese)**

注意日本語での対応が必要な場合は 1-888-703-6999 (TTY: 1-877-855-8039)へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。 1-888-703-6999 (TTY: 1-877-855-8039)へお電話ください。これらのサービスは無料で提供しています。

**한국어 태그라인 (Korean)**

유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-888-703-6999 (TTY: 1-877-855-8039) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-888-703-6999 (TTY: 1-877-855-8039) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

**ເທກໂລພາສາລາວ (Laotian)**

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ 1-888-703-6999 (TTY: 1-877-855-8039). ອັງກິດຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການ ສາລັບຄົນພິການ ແລະບໍລິການທາງດ້ານອື່ນໆແລະມີໂຕລິມິໃຫ້ໂທຫາເບີ 1-888-703-6999 (TTY: 1-877-855-8039). ການບໍລິການເຫຼົ່ານີ້ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

**Mien Tagline (Mien)**

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiex longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-888-703-6999 (TTY: 1-877-855-8039). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx 1-888-703-6999 (TTY: 1-877-855-8039). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

**ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)**

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-888-703-6999 (TTY: 1-877-855-8039). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ 1-888-703-6999 (TTY: 1-877-855-8039). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।



Call member services at 1-877-550-3875 (TTY/TDD 1-877-855-8039). LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is totally free. Or call the California Relay Line at 711. Visit online at [www.libertydentalplan.com](http://www.libertydentalplan.com).

**Русский слоган (Russian)**

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-888-703-6999 (линия ТТУ:1-877-855-8039). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-888-703-6999 (линия ТТУ:1-877-855-8039). Такие услуги предоставляются бесплатно.

**Mensaje en español(Spanish)**

ATENCIÓN : si necesita ayuda en su idioma, llame al 1-888-703-6999 (TTY: 1-877-855-8039). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-888-703-6999 (TTY: 1-877-855-8039). Estos servicios son gratuitos.

**Tagalog Tagline (Tagalog)**

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-888-703-6999 (TTY: 1-877-855-8039). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-888-703-6999 (TTY: 1-877-855-8039). Libre ang mga serbisyonang ito.

**แท็กไลน์ภาษาไทย (Thai)**

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-888-703-6999 (TTY: 1-800-735-2929) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข 1-888-703-6999 (TTY: 1-800-735-2929) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

**Примітка українською (Ukrainian)**

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-888-703-6999 (TTY: 1-800-735-2929). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-888-703-6999 (TTY: 1-800-735-2929). Ці послуги безкоштовні.

**Khẩu hiệu tiếng Việt (Vietnamese)**

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-888-703-6999 (TTY: 1-800-735-2929). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-888-703-6999 (TTY: 1-800-735-2929). Các dịch vụ này đều miễn phí.



Call member services at 1-877-550-3875 (TTY/TDD 1-877-855-8039). 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](http://www.libertydentalplan.com).

Other languages and formats

# NONDISCRIMINATION NOTICE

Discrimination is against the law. LIBERTY Dental Plan follows State and Federal civil rights laws. LIBERTY 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 (large print, audio, accessible electronic formats, 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 Dental Plan between Monday through Friday, 8 a.m. to 5 p.m. (PST). If you cannot hear or speak well, please call (877) 855-8039. Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

LIBERTY Dental Plan  
P.O. Box 26110  
Santa Ana, CA 92799-6110  
(888) 703-6999  
(877) 855-8039  
California Relay: 711

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## 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:

- By phone: Contact LIBERTY's Civil Rights Coordinator between Monday through Friday, 8 a.m. to 5 p.m. (PST) by calling 888-704-9833. Or, if you cannot hear or speak well, please call 877-855-8039.



Call member services at 1-877-550-3875 (TTY/TDD 1-877-855-8039). LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is totally free. Or call the California Relay Line at 711. Visit online at [www.libertydentalplan.com](http://www.libertydentalplan.com).

## Other languages and formats

- 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 doctor's office or LIBERTY Dental Plan and say you want to file a grievance.
- Electronically: Visit LIBERTY Dental Plan's website at <http://www.libertydentalplan.com>.

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## **OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES**

You can also file a civil rights complaint with the California Department of Health Care 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:

**Deputy Director, Office of Civil Rights  
Department of Health Care Services Office of Civil Rights  
P.O. Box 997413, MS 0009  
Sacramento, CA 95899-7413**

Complaint forms are available at [http://www.dhcs.ca.gov/Pages/Language\\_Access.aspx](http://www.dhcs.ca.gov/Pages/Language_Access.aspx).

- Electronically: Send an email to [CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov).

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## **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 **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**
- 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**



Call member services at 1-877-550-3875 (TTY/TDD 1-877-855-8039). LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is totally free. Or call the California Relay Line at 711. Visit online at [www.libertydentalplan.com](http://www.libertydentalplan.com).

## Other languages and formats

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

- Electronically: Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.



Call member services at 1-877-550-3875 (TTY/TDD 1-877-855-8039). 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](http://www.libertydentalplan.com).

# Welcome to LIBERTY Dental Plan!

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

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## Member Handbook

This Member Handbook tells you about your coverage under LIBERTY. Please read it carefully. 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. 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 877-550-3875 (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](http://www.libertydentalplan.com) to view the Member Handbook.

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## Contact us

We are here to help. If you have questions, call 877-550-3875 (TTY 877-855-8039). We are here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is tol free. You can also visit us online at any time at [www.libertydentalplan.com](http://www.libertydentalplan.com).

Thank you,

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



Call member services at 1-877-550-3875 (TTY/TDD 1-877-855-8039). LIBERTY is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is tol free. Or call the California Relay Line at 711. Visit online at [www.libertydentalplan.com](http://www.libertydentalplan.com).

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# 1. Getting started as a member

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## 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 a Primary Care Dentist (PCD)
- Tell you where to get the care you need
- Offer interpreter services if you do not speak English
- Offer information in other languages and formats

If you need help, call 877-550-3875 (TTY 877-855-8039). We are here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. You can also visit us online at any time at [www.libertydentalplan.com](http://www.libertydentalplan.com).

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## Who can become a member

You qualify for LIBERTY because you qualify for Medi-Cal and live in Sacramento County. For questions about enrollment, call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077). Or visit <http://www.healthcareoptions.dhcs.ca.gov>.

You can ask questions about qualifying for Medi-Cal at your local county human services office. Find your local office at <https://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx> or call 1-800-300-1506 (TTY 1-888-889-4500) to reach Covered California.



Call member services at 1-877-550-3875 (TTY/TDD 1-877-855-8039). 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](http://www.libertydentalplan.com).

## Identification (ID) cards

As a member of LIBERTY, you will get a 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 carry both cards with you at all times. Here is a sample dental plan ID card to show you what yours will look like:

	LIBERTY Dental Plan <a href="http://www.libertydentalplan.com">www.libertydentalplan.com</a> (877) 550-3875	
	<b>NAME</b> JOHN SAMPLE <b>ID#</b> 99999999A-01 <b>EFFEC</b> 1/1/2021 <b>GRP#</b> [GMC07] SACRAMENTO GMC 0-7 <b>PRV#</b> [999999] ABC DENTAL OFFICE 123 MAIN STREET ANYPLACE, CA 92602 <b>TEL#</b> (999) 999-9999	<b>PLAN</b> MEDI-CAL GMC/PHP

**NOTICE TO MEMBER**

If you have a dental emergency, you should first contact your Primary Care Dentist for an immediate appointment. If your Primary Care Dentist is not available, you may receive emergency dental care from any Dentist and the Dentist will be reimbursed by LIBERTY Dental Plan without prior authorization.

**IMPORTANT:** Emergency dental condition means a dental condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate attention could reasonably be expected to result in placing the member's health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.

**EDI Payer ID: CX083**

Normal Business Hours  
Monday – Friday 8:00 a.m. – 5:00 p.m.

**THIS CARD DOES NOT GUARANTEE ELIGIBILITY**

If you do not get your dental plan ID card 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 877-550-3875 (TTY 877-855-8039).

## Ways to get involved as a member

LIBERTY wants to hear from you. Each year, we have meetings to talk about what is working well and how we can improve. Members are invited to attend. Join us and tell us what you think!

### LIBERTY's Public Policy Committee

We have a group called the Public Policy Committee. This group is made up of members, support staff, and participation committee members. 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



Call member services at 1-877-550-3875 (TTY/TDD 1-877-855-8039). 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](http://www.libertydentalplan.com).

If you would like to be a part of this group, call 877-550-3875 (TTY 877-855-8039).



Call member services at 1-877-550-3875 (TTY/TDD 1-877-855-8039). 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](http://www.libertydentalplan.com).

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# 2. About your dental plan

## Dental plan overview

LIBERTY is a dental plan for people who have Medi-Cal in Sacramento County. 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 877-550-3875 (TTY 877-855-8039).

## When your coverage starts and ends

When you enroll in LIBERTY, you will receive a LIBERTY Member ID card within seven (7) calendar days of enrollment. Please show this card every time you go for any service under the LIBERTY. This card is proof that you are enrolled with LIBERTY.

Your Medi-Cal coverage will need to be renewed every year. The county will send you a Medi-Cal renewal form. Complete this form and return it to your local county human services agency.

You must see the dentist listed on your ID card. If you did not choose a Dentist when you enrolled, a dentist will be assigned to you. You call (877) 550-3875 (TTY 877-855-8039) to choose a different dentist. Your Primary Care Dentist's name and telephone number are on your 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 Health Care Options at 1-800-322-6384 (TTY 1-800-735-2922). 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



Call member services at 1-877-550-3875 (TTY/TDD 1-877-855-8039). 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](http://www.libertydentalplan.com).

- You need a major organ transplant (excluding kidneys)
- You become enrolled with a commercial dental plan
- You let someone else use your dental benefits

If you are a Native American, you do not have to enroll in a Medi-Cal managed care dental plan. If you have been enrolled in LIBERTY, you can ask to leave at any time. You can also get dental care at an Indian Health Service (IHS) Division of Oral Health (DOH) site.

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## How your dental plan works

LIBERTY is a dental plan contracted with DHCS. LIBERTY is a dental managed care plan. Managed care plans are a cost-effective use of dental care resources that improve dental care access and assure quality of care. LIBERTY works with dentists and other providers in our service area (our network) to provide dental care to you, our member.

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

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

To learn more, call 877-550-3875 (TTY 877-855-8039). Or find member service information online at [www.libertydentalplan.com](http://www.libertydentalplan.com).

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## Changing dental plans

You may leave LIBERTY and join another dental plan at any time. Call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077) 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](http://www.healthcareoptions.dhcs.ca.gov).



Call member services at 1-877-550-3875 (TTY/TDD 1-877-855-8039). 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](http://www.libertydentalplan.com).

It takes 45 calendar days to process your request to leave LIBERTY. To find out when Health Care Options has approved your request, call 1-800-430-4263 (TTY 1-800-430-7077).

If you want to leave LIBERTY sooner, you may ask Health Care Options for an expedited (fast) disenrollment. If the reason for your request meets the rules for expedited disenrollment, you will get a letter to tell you that you are disenrolled. Members who can request expedited disenrollment include, but are not limited to, children receiving services under the Foster Care or Adoption Assistance programs, members with special health care needs, and members already enrolled in Medicare or another Medi-Cal or commercial managed care plan. You may qualify for an expedited disenrollment if you meet the following:

- The eligible member has not their used benefits under your dental plan, which LIBERTY is required to pay, during the month of which 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 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 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
  - Health Care Options (HCO) incorrectly enrolled the member to 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



Call member services at 1-877-550-3875 (TTY/TDD 1-877-855-8039). 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](http://www.libertydentalplan.com).

- The member requires nursing facility services and will remain in long-term care for more than two 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> or call 1-800-300-1506 to reach Covered California.

## Continuity of care

As a member of LIBERTY, you will get your dental care from providers in LIBERTY network. If you now see dentists who are not in the LIBERTY network, you may be able to keep seeing them for up to 12 months. If your dentists do not join our network by the end of 12 months, you will need to switch to dentists in the LIBERTY network.

You have the right to dental services with a dentist(s) who is not part of LIBERTY's network for certain dental benefits. Call 877-550-3875 (TTY 877-855-8039) to see if you qualify for this service, or to get a copy of LIBERTY's Continuity of Care policy

## College students who move to a new county

If you move to a new county to attend college, you may still be able to get LIBERTY services, even if LIBERTY does not serve your new county. Or you may be able to get services through regular Medi-Cal, 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 877-550-3875 (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 have not been finished by the dentist before leaving LIBERTY
- Services that have not been finished by an out-of-network dentist when you become active with LIBERTY



Call member services at 1-877-550-3875 (TTY/TDD 1-877-855-8039). 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](http://www.libertydentalplan.com).

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, call 877-550-3875 (TTY 877-855-8039).

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## Costs

### Member costs

LIBERTY serves people who qualify for Medi-Cal. LIBERTY members do **not** have to pay for covered services. You will not have premiums, co-pays or deductibles.

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

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. Prior to providing a patient with dental services that are not a covered benefit, the dentist should provide to the patient a treatment plan that includes each anticipated service to be provided and the estimated cost of each service. If you would like more information about dental coverage options, you may call member services at 877-550-3875 (TTY 877-855-8039) or your insurance broker. To fully understand your coverage, you may wish to carefully review this evidence of coverage document.

### How a dentist gets paid



Call member services at 1-877-550-3875 (TTY/TDD 1-877-855-8039). 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](http://www.libertydentalplan.com).

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 provided. 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 877-550-3875 (TTY 877-855-8039).

### **Asking us to pay a bill**

If you get a bill for a covered service, call Member Services right away at 877-550-3875 (TTY 877-855-8039).

If you pay for a service that you think LIBERTY should cover, file a claim with us. Call 877-550-3875 (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.



Call member services at 1-877-550-3875 (TTY/TDD 1-877-855-8039). 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](http://www.libertydentalplan.com).

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# 3. How to get dental care

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## Getting dental services

**PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW FROM WHOM OR WHAT GROUP OF PROVIDERS DENTAL CARE MAY BE OBTAINED.**

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

New members must choose a Primary Care Dentist (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 in 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. If you need a dental Provider Directory, call 877-550-3875 (TTY 877-855-8039). You can also find the dental Provider Directory on our website at [www.libertydentalplan.com](http://www.libertydentalplan.com).

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.



Call member services at 1-877-550-3875 (TTY/TDD 1-877-855-8039). 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](http://www.libertydentalplan.com).

To get the most out of your dental visit:

- Bring your Medi-Cal identification card (BIC)
- Bring your 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've noticed for yourself or your children.
- Be sure to call your PCD's office if you are going to be late or cannot go to your appointment.

### **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 their birthday. Routine care is regular dental care. LIBERTY covers routine care from your PCD. Some services may be referred to dentists that are specialists, and some services may require pre-approval (prior authorization).

### **Initial health assessment (IHA)**

LIBERTY recommends that, as a new member, you see your new PCD in the next 90 days for an initial health assessment (IHA). The purpose of the IHA is to help your PCD learn your healthcare history and needs. 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.

When you call to schedule your IHA, tell the person who answers the phone that you are a member of LIBERTY. Give your LIBERTY ID number.

Take your 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 visit. Be ready to talk with your PCD about your health care needs and concerns.

Be sure to call your PCD's office if you are going to be late or cannot go to your appointment.



Call member services at 1-877-550-3875 (TTY/TDD 1-877-855-8039). 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](http://www.libertydentalplan.com).

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 canals
- Braces

Dental services that may be covered for adults are:

- Exams and x-rays
- Cleanings
- Deep Cleanings (scaling and root planing)
- Fluoride treatments
- Fillings
- Laboratory crowns
- Root canal treatment
- Tooth extractions
- Prefabricated crowns
- Full and partial dentures (under certain circumstances)
- Other medically necessary dental services

For a full list of child and adult dental services, read Chapter 4 in this handbook.



Call member services at 1-877-550-3875 (TTY/TDD 1-877-855-8039). 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](http://www.libertydentalplan.com).

## Urgent dental care

LIBERTY covers urgent dental care. 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 877-550-3875 (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 877-550-3875 (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 that 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 877-550-3875 (TTY 877-855-8039). We are here Monday through Friday 8:00 a.m. to 6:00 p.m. The call is free.

---

## Where to get dental care

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.

## 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.



Call member services at 1-877-550-3875 (TTY/TDD 1-877-855-8039). 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](http://www.libertydentalplan.com).

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

The dental Provider Directory has names, provider addresses, phone numbers, business hours and languages spoken. It tells if the provider is taking new patients, the provider's cultural and linguistic capabilities (i.e., languages offered by the provider or skilled medical interpreter at the providers office, including American Sign Language), and whether the provider completed cultural competence training. It gives the level of physical accessibility for the building.

You can find the online dental Provider Directory at [www.libertydentalplan.com](http://www.libertydentalplan.com).

If you need a printed Provider Directory, call 877-550-3875 (TTY 877-855-8039).

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## Dental provider network

The 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, call 877-550-3875 (TTY 877-855-8039). Or you can find our dental Provider Directory online at [www.libertydentalplan.com](http://www.libertydentalplan.com).

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 877-550-3875 (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 network at no cost to you as long as they are medically necessary and not available in the network.



Call member services at 1-877-550-3875 (TTY/TDD 1-877-855-8039). 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](http://www.libertydentalplan.com).

If you need help with out-of-network services, call 877-550-3875 (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 877-550-3875 (TTY 877-855-8039).

If you have questions about out-of-network or out-of-area care, call 877-550-3875 (TTY 877-855-8039).

## Dentists

You will choose a primary care dentist (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, call 877-550-3875 (TTY 877-855-8039). 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 continuity of care in chapter 2 of this handbook. To learn more, call 877-550-3875 (TTY 877-855-8039).

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## 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, Native American 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 located 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, a dentist who works with member care in 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
- Refer (send) you to a specialist if you need one



Call member services at 1-877-550-3875 (TTY/TDD 1-877-855-8039). 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](http://www.libertydentalplan.com).

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](http://www.libertydentalplan.com). Or call 877-550-3875 (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 one 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, call 877-550-3875 (TTY 877-855-8039).

We may ask you to change your PCD if the PCD is not taking new patients, has left our network, or does not give care to patients your age. LIBERTY or your PCD may also ask you to change to a new PCD if you cannot get along 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. Call Member Services if you have questions about getting 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 BIC and dental plan ID card to your appointment
- Bring an identification card or driver license
- Be on time for your appointment
- Call right away if you cannot keep your appointment or will be late
- Have your questions ready in case you need them



Call member services at 1-877-550-3875 (TTY/TDD 1-877-855-8039). 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](http://www.libertydentalplan.com).

## 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 a bill.

If you do get a bill, call 877-550-3875 (TTY 877-855-8039). Tell us the amount charged, the date of service and 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 money back. For questions or to ask for a claim form, call 877-550-3875 (TTY 877-855-8039).

## Referrals

Your PCD will give you a referral to send you to a specialist if you need one. A specialist is a dentist who has extra education in one area of dentistry. Your PCD will work with you to choose a specialist. Your PCD's office can help you set up a time to see the specialist.

Your PCD may give you a form to take to the specialist dentist. The specialist dentist will fill out the form and send it back to your PCD.

If you want a copy of our referral policy, call 877-550-3875 (TTY 877-855-8039). You do not need a referral for:

- PCD visits
- Urgent or emergency care

## Pre-approval

For some types of care, your PCD or specialist dentist 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.

Care is medically necessary if it is to prevent and eliminate orofacial disease, infection, and pain, to restore the form and function of the dentition, or to correct facial disfiguration or dysfunction. Dental services must meet Medi-Cal program rules for medical necessity.



Call member services at 1-877-550-3875 (TTY/TDD 1-877-855-8039). 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](http://www.libertydentalplan.com).

These dental services need pre-approval, even if you receive them from a 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 dentist recommends may also require pre-approval.

For some services, such as care from a specialist dentist, you need pre-approval if you get the care out of network. We will decide within 5 business days, for routine service, or 72 hours for urgent care.

We review the request to decide if the care is medically necessary and covered. We do **not** pay our reviewers to deny coverage or dental services. If we do not approve the care, we will tell you why.

LIBERTY will contact you if we need more information or more time to review your request.

## Second opinions

You might want a second opinion about care your PCD 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 us at 877-550-3875 (TTY 877-855-8039) and we can refer you to a network provider for a second opinion.

We will pay for a second opinion if you or your network dentist 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. If you have urgent request, we will decide within 72 hours. Call Member Services at 877-550-3875 (TTY 877-855-8039).

If we deny your request for a second opinion, you may appeal. To learn more about appeals, go to chapter 7 in this handbook.



Call member services at 1-877-550-3875 (TTY/TDD 1-877-855-8039). 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](http://www.libertydentalplan.com).

## Timely Access to Care

LIBERTY must provide appointments within the following timeframes:

- Routine appointments (including preventive care) – 4 weeks
- Specialist appointments – 30 business days (ages 21+); 30 calendar days (under age 21)
- Urgent care appointments – 72 hours
- Emergency care – Must be available 24 hours, 7 days per week
- Telephone wait times during normal business hours – 10 minutes
- In office wait time for scheduled appointments during normal business hours – 30 minutes

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## **Dental Health Education Services**

LIBERTY cares about more than just teeth. We care about our member overall health and wellness. Our Health Education and Resource (HEART) Team work directly in the communities to engage members in their oral health care, 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](http://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 1-877-550-3875 (TTY/TDD 1-877-855-8039). 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](http://www.libertydentalplan.com).

# 4. Benefits and services

## What your dental plan covers

In this section, we explain all of your covered services as a member of LIBERTY. Your covered services are free as long as they are medically necessary. Care is medically necessary if it is to prevent and eliminate orofacial disease, infection, and pain, to restore the form and function of the dentition, and to correct 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 <u>(for children)</u>
<input type="checkbox"/> Restorative	Fillings, crowns
<input type="checkbox"/> Endodontic	Pulpotomies, root canals
<input type="checkbox"/> Periodontal	<u>Deep cleaning</u>
<input type="checkbox"/> Removable Prosthodontics	<u>Complete and partial dentures, relines</u>
<input type="checkbox"/> Oral and Maxillofacial Surgery	Extractions
<input type="checkbox"/> Orthodontics	Braces <u>(for children)</u>
<input type="checkbox"/> Adjunctives	Sedation, general anesthesia

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



Call member services at 1-877-550-3875 (TTY/TDD 1-877-855-8039). 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](http://www.libertydentalplan.com).

## Summary of benefits

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

✓ Benefit      ✗ Not a benefit

Procedure	Benefit		Pregnancy Related	Residing in a Facility (SNF/ICF)
	Full Scope	Limited Scope		
Oral Evaluation (Under age 3 only)	✓	✗	✗	✓
Initial Exam (Age 3+)	✓	✗	✓	✓
Periodic Exam (Age 3+)	✓	✗	✓	✓
Regular Cleanings	✓	✗	✓	✓
Fluoride	✓	✗	✓	✓
Restorative Services – Filling/Crowns	✓	✗	✓	✓
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.

^2. Over age 21, allowed under special circumstances for back teeth.

\*\*Not a benefit under age 13. Allowable under special circumstances.



Call member services at 1-877-550-3875 (TTY/TDD 1-877-855-8039). 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](http://www.libertydentalplan.com).

## 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 live conversation with your provider. Or tele-dentistry may involve sharing information with your dentist without a live conversation. 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.

## 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+)
- Bite-wing x-rays – Every 6 months
- Full mouth x-rays – Every 36 months
- Panoramic x-rays – Every 36 months
- Teeth cleaning – Every 6 months (under age 21); Every 12 months (ages 21+)
- Topical fluoride – Every 6 months (under age 21); Every 12 months (ages 21+)
- Dental sealants – Every 36 months (under age 21 only)
- Fillings – Every 12 months (per baby tooth); Every 36 months (per permanent tooth)
- Crowns – Every 5 years (age 13+)
- Deep cleaning (scaling/root planning) – Every 24 months per quadrant (age 13+)
- Full and partial dentures – Every 5 years
- Denture repair and relines – Twice per year



Call member services at 1-877-550-3875 (TTY/TDD 1-877-855-8039). 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](http://www.libertydentalplan.com).

## Additional pediatric dental care services

### *Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services*

We cover EPSDT services. EPSDT services include all services covered by Denti-Cal. If you are under 21, you may receive additional services that are not covered by Denti-Cal as long as they are medically necessary. These services are in addition to the regular Denti-Cal benefits, even if services exceed the frequency limits allowed.

If you need one of these additional services, your dentist will ask us. All requests are sent to LIBERTY for approval.

If you want more information on EPSDT benefits, call 877-550-3875 (TTY 877-855-8039).

### **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 medical needs when you need a ride to your appointment. 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 make 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; or
- You are not able to physically or medically use a bus, taxi, car or van to get to your appointment; and
- Approved in advance by LIBERTY with a written prescription by a physician.

To ask for NEMT, please call LIBERTY at 877-550-3875 (TTY 877-855-8039) at least 10 business 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.



Call member services at 1-877-550-3875 (TTY/TDD 1-877-855-8039). 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](http://www.libertydentalplan.com).

*What Does Not Apply?*

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

*Cost to Member*

There is no cost when transportation is authorized by LIBERTY.

**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 allows you to use a car, taxi, bus, or other public/private way of getting to your medical appointment for plan-covered medical services including mileage reimbursement when transportation is in a private vehicle arranged by the beneficiary and not through a transportation broker, bus passes, taxi vouchers or train tickets. LIBERTY allows the lowest cost NMT type for your medical needs that is available at the time of your appointment.

To ask for NMT services, please call LIBERTY at 877-550-3875 (TTY 877-855-8039) at least 10 business days (Monday-Friday) before your appointment or call as soon as you can when you have an urgent appointment. Please have your member ID card ready when you call.

*Limits of NMT*

There are no limits for receiving NMT to or from dental appointments covered under LIBERTY when a provider 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.
- The service is not covered by LIBERTY. A list of covered services is in this member handbook.

*Cost to Member*

There is no cost when transportation is allowed by LIBERTY.



Call member services at 1-877-550-3875 (TTY/TDD 1-877-855-8039). 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](http://www.libertydentalplan.com).

## What your dental plan does not cover

### Dental services

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

- Crowns with high noble metal (gold)
- Gingival irrigation
- Flexible base partial dentures
- Specialty dentist consultations
- Orthodontic treatment (braces)
- Laboratory crowns on back teeth that do not support an existing or treatment planned denture
- 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 the following:
  - Cancer of the oral cavity requiring ablative surgery and/or radiation leading to destruction of alveolar bone, where the missing osseous structures are unable to support conventional dental prostheses.
  - 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 conventional prostheses.
  - Skeletal deformities that preclude the use of conventional prostheses (such as arthrogyrosis, ectodermal dysplasia, partial anodontia and cleidocranial dysplasia).
  - Traumatic destruction of jaw, face or head where the remaining osseous structures are unable to support conventional dental prostheses.

Dental services provided outside of Sacramento 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 1- 800-322-6384 (TTY 1-800-735-2922). You may also visit the Medi-Cal Dental Program website at [www.smilecalifornia.org](http://www.smilecalifornia.org).



Call member services at 1-877-550-3875 (TTY/TDD 1-877-855-8039). 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](http://www.libertydentalplan.com).

## 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 prior to 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 dental office, unless expressly authorized by LIBERTY
- Any routine dental service performed by a dentist or dentist specialist in an inpatient/outpatient hospital setting

Read each of the sections below to learn more. Or call 877-550-3875 (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.

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 service that do not have to do with the CCS condition such as physicals, vaccines and well-child checkups.



Call member services at 1-877-550-3875 (TTY/TDD 1-877-855-8039). 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](http://www.libertydentalplan.com).

LIBERTY does not cover 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 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 877-550-3875 (TTY 877-855-8039).



Call member services at 1-877-550-3875 (TTY/TDD 1-877-855-8039). 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](http://www.libertydentalplan.com).

## Other programs and services for people with Medi-Cal

There are other programs and services for people with Medi-Cal, including:

### LIBERTY's Community Smiles Program

LIBERTY's Community Smiles Program is a referral program to connect our members to free and low-cost community resources to address needs such as food insecurity, housing, lack of transportation. Members can also self-search for programs on our website using the Aunt Bertha platform to help navigate themselves to any applicable programs. Members can access this resource via LIBERTY's homepage <https://communityresources.libertydentalplan.com/> on a computer or cell phone or by opting in to text message outreach (Text LDP SMILES for more info on our Community Smiles program).

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 of available programs, services and resources by visiting: <https://www.dhcs.ca.gov/services/Pages/Medi-CalDenti-Cal.aspx>

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

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

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.

## 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 the dental care of your child, call 877-550-3875 (TTY 877-855-8039).



Call member services at 1-877-550-3875 (TTY/TDD 1-877-855-8039). 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](http://www.libertydentalplan.com).

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# 5. Child and youth preventative dental services

LIBERTY automatically gives child and youth members under 21 years old dental services to ensure makes sure they get the right preventive dental services. This chapter explains these services.

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## Dental check-ups

Keep your baby's gums clean by gently wiping the gums with a washcloth every day. At about four to six months "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 ages 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 varnish (every 6 months)
- Fillings



Call member services at 1-877-550-3875 (TTY/TDD 1-877-855-8039). 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](http://www.libertydentalplan.com).

- Tooth removal
- Emergency services
- Outpatient services
- Sedation (if medically necessary)

Kids ages 5-12:

- Dental exams (every 6 months)
- X-rays
- Teeth cleaning (every 6 months)
- Fluoride varnish (every 6 months)
- Molar sealants
- Fillings
- Root canals
- Tooth removal
- Emergency services
- Outpatient services
- Sedation (if medically necessary)

Kids ages 13-17:

- Dental exams (every 6 months)
- X-rays
- Fluoride varnish (every 6 months)
- Teeth cleaning (every 6 months)
- Orthodontics (braces) for those who qualify
- Fillings
- Crowns
- Root canals



Call member services at 1-877-550-3875 (TTY/TDD 1-877-855-8039). 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](http://www.libertydentalplan.com).

- Partial and full dentures
- Scaling and root planing
- Tooth removal
- Emergency services
- Outpatient services
- Sedation (if medically necessary)

If you have questions or want to learn more about covered Medi-Cal dental services, call 877-550-3875 (TTY 877-855-8039). You may also visit the LIBERTY at [www.libertydentalplan.com](http://www.libertydentalplan.com).

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## Help getting child and youth preventative dental services

LIBERTY will help members under 21 years old 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 at the right time from the right provider.



Call member services at 1-877-550-3875 (TTY/TDD 1-877-855-8039). 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](http://www.libertydentalplan.com).

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# 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.

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## Your rights

LIBERTY members have these rights:

- To be treated with respect, giving due consideration to the Member's right to privacy and the need to maintain confidentiality of the Member's medical and dental information.
- To be provided with information about the plan and its services, including Covered Services.
- To be able to choose a Primary Care Dentist within the Contractor's network.
- To participate in decision making regarding their own dental care, including the right to refuse treatment.
- To voice grievances, either verbally or in writing, about the organization or the care received.
- To receive oral interpretation services for their language.
- To have access to Federally Qualified Health Centers, Indian Health Service Facilities, and Emergency Services outside the Contractor's network pursuant to the federal law.
- To request a State Hearing, 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 their Dental Record.



Call member services at 1-877-550-3875 (TTY/TDD 1-877-855-8039). 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](http://www.libertydentalplan.com).

## 6 | Rights and responsibilities

- To disenroll upon request. To receive written Member informing materials in alternative formats (including Braille, large size print, and audio format) upon request and in a timely fashion appropriate for the format being requested and in accordance with W & I Code Section 14182 (b)(12).
  - To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
  - To receive information on available treatment options and alternatives, presented in a manner appropriate to the Member's condition and ability to understand.
  - To receive a copy of his or her dental records, and request that they be amended or corrected, as specified in federal regulations.
  - Freedom to exercise these rights without adversely affecting how they are treated by the Contractor, providers, or the State.
- 

## Your responsibilities

LIBERTY members have these responsibilities:

- Having treatment completed with your assigned PCD.
- Following all of the dental office's rules about care and conduct.
- Following the referral process for specialty care.
- Giving your PCD, to the best of your knowledge, correct information about your physical and dental health.
- Telling your PCD if you have any sudden changes to your physical and dental health.
- Telling your PCD or specialist that you understand the treatment plan and what is required of you.
- Staying with the treatment plan that you understood and agreed to with your PCD or specialist.
- Keeping your planned appointments with your PCD or specialist.
- Telling your PCD or specialist ahead of time if you are unable to make your planned appointments.
- Your own actions if you refuse treatment or do not follow your PCD's or specialist's treatment plan, instructions and advise.
- Understanding your dental benefits, including what is and is not covered.



Call member services at 1-877-550-3875 (TTY/TDD 1-877-855-8039). 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](http://www.libertydentalplan.com).

- Paying any fees or monies to your dental when agreeing to complete services not covered under your plan.

## **Ways to get involved as a member**

LIBERTY wants to hear from you. Each year, we have meetings to talk about what is working well and how we can improve. Members are invited to attend. Join us and tell us what you think!

### **LIBERTY's Public Policy Committee**

We have a group called the Public Policy Committee. This group is made up of members, support staff, and participation committee members. 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, call 877-550-3875 (TTY 877-855-8039).

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## **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:

<https://www.libertydentalplan.com/Legal/Privacy-Statement/Patient-Privacy-1.aspx>.

Call our Member Services at (877) 550-3875 (TTY 877-855-8039) Monday through Friday 8:00 a.m. to 6:00 p.m. for a written copy of this notice.



Call member services at 1-877-550-3875 (TTY/TDD 1-877-855-8039). 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](http://www.libertydentalplan.com).

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## 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.

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## Notice about Medi-Cal as a payer of last resort

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

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

The Medi-Cal program complies with state and federal laws and regulations relating to the legal liability of third parties for health care services to beneficiaries. We will take all reasonable measures to ensure that the Medi-Cal program is the payer of last resort.

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## Notice of Adverse Benefit Determination

We must use the Notice of Adverse Benefit Determination (NABD) form to notify you of a denial, termination, and delay or modification in benefits. If you disagree with our decision, you can file an appeal with our plan.



Call member services at 1-877-550-3875 (TTY/TDD 1-877-855-8039). 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](http://www.libertydentalplan.com).

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# 7. 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 don't agree with LIBERTY's decision not to cover services

You should use the LIBERTY grievance and appeal 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 Health Care (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 DMHC. 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 sent 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 Health Care.

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at 877-550-3875 (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.



Call member services at 1-877-550-3875 (TTY/TDD 1-877-855-8039). 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](http://www.libertydentalplan.com).

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 **(1-800-688-9891)** and a TDD line **(1-877-688-9891)** for the hearing and speech impaired. The department's Internet Web site [www.dmch.ca.gov](http://www.dmch.ca.gov) has complaint forms, IMR application forms and instructions online.

The California Department of Health Care Services (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 managed care plan. You can call the Ombudsman at **1-888-452-8609**, 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 877-550-3875 (TTY 877-855-8039).

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## Complaints

A complaint (or grievance) can be about 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 PCD or with LIBERTY.

You can file a complaint with us by phone or by mail. There is no time limit to file a complaint.

To file a complaint by phone, call your PCD's office or call 877-550-3875 (TTY 877-855-8039). Give your dental plan ID number, your name, and the reason for your complaint.

To file a complaint by mail, call 877-550-3875 (TTY 877-855-8039). Ask to have a form sent to you. When you get the form, fill it out. 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.



Call member services at 1-877-550-3875 (TTY/TDD 1-877-855-8039). 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](http://www.libertydentalplan.com).

- Mail the form to:  
LIBERTY Dental Plan  
Grievances and Appeals Department  
P.O. Box 26110  
Santa Ana, CA 92799-6110
- Online: [www.libertydentalplan.com](http://www.libertydentalplan.com)

If you need help filing your complaint, we can help you. We can give you free language services. Call 877-550-3875 (TTY 877-855-8039).

Within 5 days of getting your complaint, we will send you a letter letting you know we received it. Within 30 days, we will tell you how we resolved your problem.

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 expedited (fast) review.

To ask for an expedited review, call 877-550-3875 (TTY 877-855-8039). We will make a decision within 72 hours of receiving your complaint.

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## 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 service. If we sent you a Notice of Adverse Benefit Determination (NABD) and you do not agree with our decision, you can file an appeal, or your PCD can file an appeal for you.

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

- To file an appeal by phone, call 877-550-3875 (TTY 877-855-8039). Give your name, health plan ID number, and the service you are appealing.
- To file an appeal by mail, call 877-550-3875 (TTY 877-855-8039). Ask to have a form sent to you. When you get the form fill it out. Be sure to include your name, dental plan ID number, and the service you are appealing.
- Mail the form to:  
LIBERTY Dental Plan  
Grievances and Appeals Department  
P.O. Box 26110  
Santa Ana, CA 92799-6110
- Online: [www.libertydentalplan.com](http://www.libertydentalplan.com)



Call member services at 1-877-550-3875 (TTY/TDD 1-877-855-8039). 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](http://www.libertydentalplan.com).

## 7 | Reporting and solving grievances

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 877-550-3875 (TTY 877-855-8039).

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

If you or your doctor wants 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 expedited (fast) review. To ask for an expedited review, call 877-550-3875 (TTY 877-855-8039). We will make a decision within 72 hours of receiving your appeal.

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### 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 120 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 give approval 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 **1-800-952-5253. (TTD 1-800-952-8349).**

To ask for a State Hearing by mail, fill out the form provided to you with your appeals resolution notice. Send it 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 1-877-550-3875 (TTY/TDD 1-877-855-8039). 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](http://www.libertydentalplan.com).

If you need help asking for a State Hearing, we can help you. We can give you free language services. Call 877-550-3875 (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 expedited (fast) State Hearing. DSS must make a decision no later than 3 business 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.

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## Fraud, waste and abuse

If you suspect that a provider or a person who gets Medi-Cal 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 Benefits Identification Card (BIC) to someone else
- Getting similar or the same treatments or medicines from more than one provider
- Going to an emergency room when it is not an emergency
- Using someone else's Social Security number or dental plan ID number



Call member services at 1-877-550-3875 (TTY/TDD 1-877-855-8039). 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](http://www.libertydentalplan.com).

## 7 | Reporting and solving grievances

To report fraud, waste and abuse, write down the name, address and ID number of the person who committed the fraud, waste or abuse. Give as much information as you can about the 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.

Send your report to:

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

Or you may call our 24-hour Fraud, Waste, and Abuse Hotline at 1-888-704-9833.



Call member services at 1-877-550-3875 (TTY/TDD 1-877-855-8039). 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](http://www.libertydentalplan.com).

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# 8. Important numbers and words to know

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## Important phone numbers

- LIBERTY Member Services 877-550-3875 (TTY 877-855-8039)
- Denti-Cal Beneficiaries 800-322-6384 (TTY 800-735-2922)
- DMHC Help Center 888-466-2219
- Health Care Options – Medi-Cal Managed Care 800-430-4263
- Health Consumer Alliance 888-804-3536
- Medi-Cal Eligibility 916-552-9200
- Medi-Cal Fair Hearing 800-952-5253 (TTY 800-952-8349)
- Medi-Cal Managed Care 916-449-2000
- Medi-Cal Ombudsman 888-452-8609

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## Words to know

**Appeal:** A formal request asking LIBERTY to review denied services for treatment provided. An appeal may be filed by your dentist.

**Applicable:** Applies to, or refers to having an effect on 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 identification card provided to beneficiaries by the Department of Health Care Services. 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.



Call member services at 1-877-550-3875 (TTY/TDD 1-877-855-8039). 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](http://www.libertydentalplan.com).

**California Children Services (CCS) Program:** A public health program which provides specialized diagnostic, treatment, and therapy services to eligible children under the age of 21 years who have CCS eligible conditions as defined state regulations.

**Caries:** Another term for tooth decay or cavities.

**Child Health and Disability Prevention (CHDP) Program Services:** Preventive health care services for beneficiaries under 21 years of age provided under the state law and regulations.

**Clinical Screening:** An examination by a dentist to provide an opinion about the appropriateness of treatment proposed or provided by a different LIBERTY dentist. 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).

**Denti-Cal Dentist:** A dentist who has been approved to provide covered services to Medi-Cal beneficiaries.

**Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT):** A federal program that provides health care for children 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 that 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.



Call member services at 1-877-550-3875 (TTY/TDD 1-877-855-8039). 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](http://www.libertydentalplan.com).

## 8 | Important numbers and words to know

**Medically Necessary:** Covered services which 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.

**Non-Participating Dentist:** A dentist who 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 their 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 the Medi-Cal Dental program that provides dental services to the Plan's member.

**Pediatric Dentist:** A dental specialist who limits his or her practice to 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 health care and/or dental services to Medi-Cal beneficiaries.



Call member services at 1-877-550-3875 (TTY/TDD 1-877-855-8039). 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](http://www.libertydentalplan.com).

## 8 | Important numbers and words to know

**Provider Directory:** A list of all providers in the LIBERTY network.

**Referral:** When your PCP 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.

**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.



Call member services at 1-877-550-3875 (TTY/TDD 1-877-855-8039). 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](http://www.libertydentalplan.com).

# 9. Forms

## Member Grievance and Appeals Form



### WRITTEN MEMBER GRIEVANCE AND APPEAL FORM – CALIFORNIA

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		
Representative last name	Representative first name	Representative phone number
Representative Signature	Member Signature	

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			
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.

Medicare Appeals and Grievances must be filed within 90 days from the date on your Denial Letter or from the event that causes your dissatisfaction

Commercial/Individual Appeals and Grievances must be filed within 180 days from the date on your Denial Letter or from the event that causes your dissatisfaction



Call member services at 1-877-550-3875 (TTY/TDD 1-877-855-8039). 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](http://www.libertydentalplan.com).

If you need help completing this form, call our Member Services Department at 888-703-6999 or 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'll give you copies free of charge.

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

Member Signature	Date
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PLEASE SEND COMPLETED SIGNED FORM TO:	
<p style="text-align: center;">Mail To:</p> <p style="text-align: center;">LIBERTY Dental Plan of California Grievances and Appeals Department P.O. Box 26110 Santa Ana, CA 92602-26110</p>	<ul style="list-style-type: none"> <li>Fax to LIBERTY's Grievances and Appeals Department fax at 949-270-0109</li> <li>Telephone LIBERTY Dental Plan's Member Services Department at 866-703-6999, or TTY (877) 855-8039</li> <li>Electronically using the website online grievance filing process by visiting <a href="http://www.libertydentalplan.com">www.libertydentalplan.com</a>.</li> <li>Emailing us at: <a href="mailto:GandA@libertydentalplan.com">GandA@libertydentalplan.com</a></li> </ul>
<p>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.</p>	



Call member services at 1-877-550-3875 (TTY/TDD 1-877-855-8039). 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](http://www.libertydentalplan.com).

# California Public Policy Committee Application



## CALIFORNIA PUBLIC POLICY COMMITTEE APPLICATION FORM

*Thank you* for your interest in joining LIBERTY Dental Plan’s California Public Policy Committee. Please fill out this form and return by mail, e-mail or fax. Information is found at the bottom of the page.

If you are **ACCEPTED** to join this Committee, you will receive a check for \$100.00 for each meeting that you attend. |

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 <sup>th</sup> Grade <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Other

You contact us at 1-888-703-6999 or TTY/TTD 1-877-855-8039, Monday through Friday from 8:00 a.m. to 8:00 p.m. (EST) if you need help completing this form or if you have any questions.

Please e-mail this form to [QM@libertydentalplan.com](mailto:QM@libertydentalplan.com). You may also mail/fax it to:

LIBERTY Dental Plan of California  
 Public Policy Committee (QM Dept.)  
 P.O. Box 26110  
 Santa Ana, CA 92799  
 Fax number: 949-396-6459



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