



## IMPORTANT INFORMATION ABOUT YOUR MEMBER RIGHTS

### Initial Adverse Determination

When LIBERTY Dental Plan (LIBERTY) denies a request for services, treatment, or payment it is called an Initial Adverse Determination. This notice explains your rights to file an appeal or grievance (complaint). We will not take any action against you if you decide to file an appeal or complaint. We will treat you and your appeal or complaint fairly and it will not affect any other part of your dental coverage with LIBERTY. You, or an authorized representative you designate to act on your behalf, can call us to submit an appeal or complaint. Call us at 888-703-6999/TTY: 833-855-8039 to learn how to authorize a representative.

### Understanding This Denial

If you need help understanding this notice or our decision to deny your services, treatment, or payment, please call us at 888-703-6999/TTY: 833-855-8039. We are here to help.

### Requesting Records

You can ask for free copies of all the records we used to make this Initial Adverse Determination. This includes a copy of the actual benefit provisions, guidelines, protocols, or criteria that we based our decision on. You can also ask for reasonable access to, and copies of, all your case records. Your dentist can also ask to speak with our reviewing dentist about this decision. To ask for a copy of the records we used to make this decision, please call LIBERTY's Member Services Department at 888-703-6999/TTY: at 877-855-8039.

### What if I Do not Agree with this Decision?

If you believe this Initial Adverse Determination is not correct you have the right to file an appeal or complaint. You or your authorized representative can ask for an appeal or complaint within **180 calendar days** after the postmark date of this notice, either over the telephone or in writing.

### What is an Appeal or Complaint?

- An **Appeal** is a request to reconsider our first decision to deny, delay, limit, or modify a request for dental services or payment.
- A **complaint** is any unhappiness that you have with LIBERTY, one of our contracted dentists, or your dental benefits coverage.

### Who Can File an Appeal or Complaint?

You can file an appeal or complaint, or you can also name a relative, friend, advocate, attorney, doctor, or someone else to act for you (your authorized representative). Others also may be authorized under State law to act for you. Call LIBERTY at 888-703-6999/TTY: 877-855-8039. If you want someone to act on your behalf, you and your authorized representative must sign, date, and send us a statement naming that person to act for you.

### Submitting an Appeal or Complaint

There are two types of appeals and complaints: standard (non-urgent) and expedited (fast). To file an appeal or complaint, send us a copy of this denial notice, a brief reason you think the denial is not correct, the reason for your unhappiness, and any other important information you would like for us to look at. LIBERTY will process your appeal or complaint and will give you a written notice of the decision.



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### Acknowledgment

Once we receive your appeal or complaint, we will send you a letter within 5 working days letting you know it was received. A “Grievance and Appeals” form will be included with your letter. You do not have to return the form, but we encourage you to return it to us with any information that could help us resolve your appeal or complaint.

### Standard (Non-Urgent) Appeals and Complaint Process

Your appeal or complaint will be reviewed by someone at LIBERTY who was not a part of the first decisions, does not report to the first reviewer, and is of the same or similar specialty. A standard appeal or complaint will be resolved within 30 calendar days.

We will tell you in writing if we need additional information to process your appeal. Once we receive the additional information needed to process your appeal, we will make a decision as soon as your dental condition needs it but no later than five (5) business days from receipt. If you do not agree with our decision to delay your appeal, you can file a complaint.

### Fast (Expedited) Appeal and Complaint Process

LIBERTY will resolve your appeal or complaint as quickly as possible. In some cases, you have the right to ask for a fast review. If you, or your dentist, feel that waiting for the standard (non-urgent) process could cause a serious threat to your life, or health, you can ask for a fast appeal or complaint. LIBERTY will review your request to determine if your health condition meets the rules for a fast review. If so, your appeal or complaint will be resolved within 72 hours from the time we first received it. If your health condition does not meet the rules for a fast review, your appeal or complaint will be resolved within 30 calendar days.

You can send your complaint or appeal to us at any of the following:

<b>Mail:</b>	<b>Phone:</b> 888-703-6999/TYY: 877-855-8039
LIBERTY Dental Plan	<b>Fax:</b> 833-250-1814
Grievances and Appeals	<b>Online:</b> <a href="https://www.libertydentalplan.com/Legal/Grievances.aspx">https://www.libertydentalplan.com/Legal/Grievances.aspx</a>
P.O. Box 26110	
Santa Ana, CA 92799-6110	

### Completion of LIBERTY’s Appeals Process

You must finish LIBERTY’s internal appeals process before you can ask for an Independent Medical Review/External Review unless one of the following has happened: (1) we failed to meet the internal processing timelines mentioned above, or (2) you have an urgent medical condition for which the timeframe to complete LIBERTY’s internal fast appeals or complaint process could seriously harm your life or health or if the Department of Managed Health Care determines extraordinary and compelling circumstances exist.

### Independent Medical Review (IMR)/External Review

You have 6 months from any qualifying event to ask the Department of Managed Health Care to determine if your case meets the conditions for an Independent Medical Review (IMR)/External Review. You can ask for an IMR/External Review when you feel LIBERTY, or your contracted dentist has incorrectly denied, modified, or delayed dental services as not medically necessary.



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You can also ask for an IMR/External Review for cases in which you received urgent care or emergency services that LIBERTY denied due to medical necessity, experimental or investigational treatment, or payment disputes for emergency services.

### **Fast IMR/External Review**

You can ask for a fast IMR/External Review in some cases. Your treating dentist or doctor must complete a certification form saying that the delay in using LIBERTY's internal fast appeals and complaint process could seriously harm your life or health. The certification must be included with your request for a fast external review. To ask for a free IMR/External Review you or your authorized representative can contact the Department of Managed Health Care at any of the following:

**Mail:** Department of Managed Health Care, Help Center, 980 9<sup>th</sup> Street, Suite 500, Sacramento, CA 95814

**Phone:** 888-466-2219

**Fax:** 916-255-5241

**Online:** [www.dmhc.ca.gov](http://www.dmhc.ca.gov)

### **Other resources to help you.**

Do you have questions about your appeal rights or this notice? Need help with an appeal? You can call the Health Consumer Alliance (HCA) for free assistance over the phone or in person at 888-804-3536/TTY: 877-735-2929.

### **Department of Managed Health Care Complaint Process**

“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 **888-703-6999/TTY: 877-855-8039** and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. IMR may occur concurrently with an expedited internal appeal. The department also has a toll-free telephone number (**1-888-466-2219**) and a TDD line (**1-877-688-9891**) for the hearing and speech impaired. The department's internet web site [www.dmhc.ca.gov](http://www.dmhc.ca.gov) has complaint forms, IMR application forms and instructions online.”