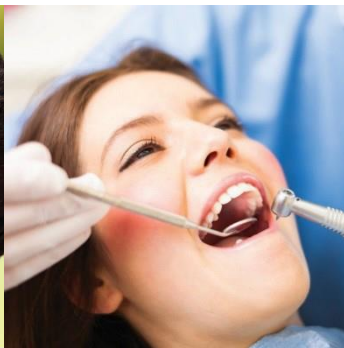


Nevada Medicaid Dental Program Member Handbook



LIBERTY Dental Plan is committed to being the industry leader in providing quality, advanced and affordable dental benefits, focusing on member satisfaction.

Have Questions? Visit us at:
www.libertydentalplan.com/NVMedicaid

Call us at **1-866-609-0418**

IMPORTANTE: ¿Puede leer este aviso? Si no, alguien le puede ayudar a leerla. Además, es posible que recital este aviso por escrito en su propio idioma. Para obtener ayuda gratuita, llame ahora mismo al **1-866-609-0418**



**LIBERTY
DENTAL PLAN®**

LIBERTY Dental Plan of Nevada, Inc.

Making members shine, one smile at a time™

www.libertydentalplan.com

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**THIS HANDBOOK IS NOT A
CERTIFICATE OF INSURANCE AND
SHALL NOT BE CONSTRUED OR
INTERPRETED AS EVIDENCE OF
INSURANCE COVERAGE BETWEEN
LIBERTY AND THE RECIPIENT.**

Welcome to LIBERTY Dental Plan

The LIBERTY Dental Plan Difference

At LIBERTY Dental Plan (“LIBERTY”), our goal is to provide you with local access to quality dental care. We use tools to help improve and maintain your overall dental health.

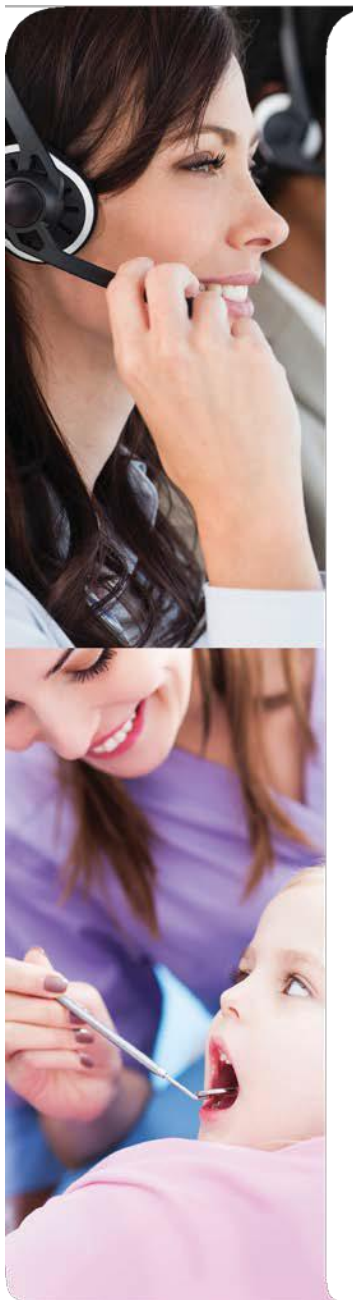
We are here to help guide you in making the most of your dental benefits. LIBERTY pledges to support you through the excellent customer service you deserve.

You have joined the State of Nevada’s Medicaid Dental Program. Your dental care is received through LIBERTY’s network of dentists. As a member of this dental Plan, we encourage you to take an active part in the success of your dental health. LIBERTY advises you to see your dentist on a regular basis. You may choose a network dentist from our list of participating providers to be your Dental Home and will receive any essential covered dental care services at that location. LIBERTY and our participating dentists are here to help arrange dental care services for you.

We want you to understand your dental program and its benefits/services.

We are also here to assist you with information about non-dental services, such as how to obtain transportation to and from your dental office if you are unable to get to your appointments.

This handbook is a summary of the dental services available to you. Please keep this handbook for your reference as it contains



important information regarding LIBERTY and its operations. Any questions you have regarding coverage on any of the following specific provisions, or to change your Dental Home, please call our Member Services Department at **1-866-609-0418** or visit us online at www.libertydentalplan.com/NVMedicaid.

Our pledge to you

LIBERTY is committed to being the industry leader in providing quality and innovative dental benefits with the utmost focus on member satisfaction.



We look forward to serving you!



Notice of Nondiscrimination

Discrimination is against the law. LIBERTY Dental Plan (“LIBERTY”) complies with all applicable Federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, color, national origin, age, disability, or sex.

LIBERTY provides free aids and services to people with disabilities, and free language services to people whose primary language is not English such as:

- Qualified interpreters, including sign language interpreters
- Written information in other languages and formats, including large print, audio, accessible electronic formats, etc.

If you need these services, please contact us at **1-866-609-0418**.

If you believe LIBERTY has failed to provide these services or has discriminated on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with LIBERTY’s Civil Rights Coordinator:

- Phone: **1-888-704-9833**
- TTY: **1-800-735-2929**
- Fax: **1-888-273-2718**
- Email: compliance@libertydentalplan.com
- Online: <https://www.libertydentalplan.com/About-LIBERTY-Dental/Compliance/Contact-Compliance.aspx>

If you need help filing a grievance (complaint), LIBERTY’s Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Or you can contact the Nevada Regional Office at:

Michael Leoz, Regional Manager
Office for Civil Rights
U.S. Department of Health and Human Services
90 7th Street, Suite 4-100
San Francisco, CA 94103
Customer Response Center: **1-800-368-1019**
Fax: **1-202-619-3818**
TDD: **1-800-537-7697**

Email: ocrmail@hhs.gov

Online at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at:

<http://www.hhs.gov/ocr/office/file/index.html>

Notice of Language Assistance

If you, or someone you support, have questions about LIBERTY Dental Plan, you have the right to get help and information in your language at no cost. To speak to an interpreter, call **1-866-609-0418**. (English)

ርስዎ፣ ወይም እርስዎ የሚያግዙት ግለሰብ፣ ስለ LIBERTY Dental Plan ጥያቄ ካላችሁ፣ ያለምንም ክፍያ በቋንቋዎ እርዳታና መረጃ የማግኘት መብት አላችሁ። ከአስተርጓሚ ጋር ለመነጋገር፣ **1-866-609-0418** ይደውሉ። (Amharic)

إذا كان لديك أو شخص ما تساعدك أية استفسارات عن LIBERTY Dental Plan
لديك الحق في تلقي المساعدة والمعلومات بلغتك مجاناً. للتحدث إلى مجرّم
فوري، اتصل على الرقم **1-866-609-0418** (Arabic)

如果您，或您正在幫助的人，有關於 LIBERTY Dental Plan
方面的問題，您有權利免費以您的母語得到幫助和訊息。想要跟一位翻
譯員通話，請致電 **1-866-609-0418**. (Chinese)

اگر امشد ایی شخصد که به وی کمک می کنید، سؤالاتی در مورد LIBERTY Dental Plan
دارید، امشد قددارید که کمک و اطلاعات را به زبان خودتان و به طور رایگان دریافت دینک. برای
وگتفگ اب مجرّم شفاهی، اب شماره تماس دیریگ **1-866-609-0418** (Farsi)

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos
de LIBERTY Dental Plan, vous avez le droit d'obtenir de l'aide et
l'information dans votre langue à aucun coût. Pour parler à un interprète,
appelez **1-866-609-0418**. (French)

Falls Sie oder jemand, dem Sie helfen, Fragen zum LIBERTY Dental Plan
haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer
Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte
die Nummer **1-866-609-0418** an. (German)

No dakayo, wenno maysa a tao a tultulunganyo, ket adda kayatyo a
saludsoden maipanggep iti LIBERTY Dental Plan, adda karbenganyo a
dumawat iti tulong ken impormasion iti bukodyo a pagsasao nga awan ti
bayadanyo. Tapno makipatang iti maysa a mangipatarus iti pagsasao,
tumawag iti numero nga **1-866-609-0418**. (Ilocano)

ご本人様、またはお客様の身の回りの方でもLIBERTY Dental Plan についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合**1-866-609-0418**までお電話ください (Japanese)

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 LIBERTY Dental Plan 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 **1-866-609-0418** 로전화하십시오.(Korean)

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу LIBERTY Dental Plan, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону **1-866-609-0418** (Russian)

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de LIBERTY Dental Plan, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al **1- 866-609-0418**. (Spanish)

‘Afai olo’o iai se fesili iate oe, po o se tasi olo’o e fesoasoani i ai, e uiga i le LIBERTY Dental Plan polokalame, o iai iate oe le aia tatau e maua atu ai i se fesoasoani po o se fa’atamalaga e uiga i lena polokalame i le gagana fa’asamoa, auno ma se togiga o tupe. Ina ia talatalanoa i se tagata ua malamalama ai i le gagana fa’asoma, po o se tagata fa’aliliu gagana, vili atu e lau telefoni **1-866-609-0418**. (Samoan)

Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa LIBERTY Dental Plan may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa **1-866-609-0418**. (Tagalog)

หากคุณ หรือคนที่คุณกำลังช่วยเหลือมีคำถามเกี่ยวกับ LIBERTY Dental Plan, คุณมีสิทธิที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของคุณได้โดยไม่มีค่าใช้จ่าย พูดคุยกับล่าม โทร **1-866-609-0418**. (Thai)

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về LIBERTY Dental Plan, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi **1-866-609-0418**. (Vietnamese)

Contacting LIBERTY

How to reach LIBERTY:

If you have questions regarding your dental benefits, locating a participating provider, or for help scheduling an appointment, please contact LIBERTY's Member Services Department toll-free at **1-866-609-0418**. Business hours are Monday through Friday 5:00 a.m. to 5:00 p.m. Pacific Standard Time.

- Hearing or speech impaired members may call **1-877-855-8039**.
- Our Address:
LIBERTY Dental Plan of Nevada, Inc.
6385 S. Rainbow Blvd., Suite 200
Las Vegas, NV 89118
Fax: **1-888-401-1129**
- You can also contact us online at:
www.libertydentalplan.com/NVMedicaid

LIBERTY's Mobile App and Online Services:

LIBERTY's Mobile App and Online Services offer a quick and easy way for you to access your account information. This puts our most popular online features at your fingertips.

LIBERTY's Mobile App features include:

- Locate a Network Provider
- View Benefit Plan
- View Covered Benefits
- Electronic ID card
- Check Utilization
- Check Eligibility
- Frequently Asked Questions (FAQ's)

LIBERTY's Online Services include:

- Locate a Network Provider
- View Benefit Plan
- View Covered Benefits
- Print/Request an ID card
- Check Utilization
- View Claim Status
- Dental Health Questionnaire

Nevada Medicaid Eligibility:

Phone: **1-800-992-0900**

Website: <https://www.medicaid.nv.gov>

Medical/Dental Emergency:

LIBERTY covers emergency dental care. You can get emergency dental care 24 hours a day, 7 days a week at any in-network or out-of-network office. Emergency care can be for pain, bleeding, or swelling.

Call: Your Dental Home for instructions on how to proceed. If you cannot reach your Dental Home, call LIBERTY at **1-866-609-0418** (TTY **1-877-855-8039**). LIBERTY's 24 hour on call service will help you.

Medical Emergencies Call: 911

Member Rights and Responsibilities

LIBERTY must comply with any applicable Federal and State laws that pertain to member rights, and ensure that our staff and affiliated providers take those rights into account when providing services to Medicaid Members, as required by the Code of Federal Regulations, Enrollee Rights, 42 CFR § 438.100, which is available online at: <http://www.ecfr.Gov>.

Upon enrollment, members are provided the written Member Rights and Responsibilities included in this handbook.

As a LIBERTY member, you have the right:

- To be treated with courtesy and respect
- Have your dignity and privacy respected at all times
- To maintain confidentiality of your medical and dental information
- To be provided with information about the Plan and its services, including Covered Services
- To be able to choose your Primary Care Dentist/Dental Home within the Plan's network
- To change your Primary Care Dentist/Dental Home upon request for any reason and as frequently as needed
- To take part in making decisions about your dental care, including the right to refuse treatment or dental services
- To receive information on available treatment options and alternatives, presented in a way you can understand
- To voice grievances, either verbally or in writing, about LIBERTY, dental provider/specialist or the care you received
- To request an appeal of a decision made by LIBERTY to deny, defer, or limit services or benefits, either verbally or in writing
- To request a Fair Hearing, including information on the circumstances under which an expedited hearing is possible
- To receive verbal interpretation services in your preferred language
- To receive written member-information materials in alternative formats (such as braille, large-size print, and audit format) upon request and in a timely fashion appropriate for the format being requested
- To formulate advance directives

- To have access to your dental records in accordance with applicable federal and state laws and to request that your dental records be amended or corrected
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation
- To be notified of your right to request and obtain a copy of your member handbook at least once per year, or upon request, at no cost to you

As a LIBERTY member, you have the responsibility to:

- Present your Nevada Medicaid issued Medicaid ID card and/or LIBERTY issued ID card when using dental services
- Not permit the use of your ID card(s) by any other person
- Provide the State of Nevada Medicaid office with changes in your family that might affect eligibility or enrollment, as well as any name, telephone number, or address changes
- Take an active part in ensuring the success of your dental health by seeing your dentist on a regular basis and following a mutually acceptable course of treatment
- Tell your dentist if you have any sudden changes to your physical and dental health
- Understand your dental program and its benefits, the services you can receive, the services that are not covered, and any limitations on covered services
- Treat your Dental Home, dentist and office staff, as well as LIBERTY staff, with respect and courtesy
- Following all of the dental office's rules about care and conduct
- Provide dentists with accurate and complete dental information
- Arrive to your dental appointment on time. If you cannot keep your appointment, contact your dental office at least twenty-four (24) hours in advance to reschedule your appointment.
- Ask questions of providers to determine the potential risks, benefits, consequences, and cost of treatment and non-treatment and all relevant alternatives
- Cooperate with your Dental Home in following a prescribed course of treatment, or letting the dentist know the reasons the treatment cannot be followed, as soon as possible
- Call or contact LIBERTY for any questions or information regarding the Plan

- Follow LIBERTY's internal grievances and appeals process to resolve a disagreement of dissatisfaction with a provider of Plan decision
- Live a healthy lifestyle and stay clear of behaviors known to be detrimental to your health
- Notify LIBERTY if you have any other dental insurance or coverage
- Be aware of and follow the organization's guidelines in seeking dental care
- Your own actions if you refuse treatment or do not follow your dentist's or specialist's treatment plan
- Paying any agreed upon fees or monies to your dental office

Notice of Privacy Practice

A statement describing LIBERTY's policies and procedures for preserving the confidentiality of dental records is available and will be provided 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/About-LIBERTY/Compliance/HIPAA-Privacy-Notice>

You may also call our Member Services Department at **1-866-609-0418** (TTY **1-877-855-8039**) to request a written copy of this notice at no cost to you.

Eligibility and Enrollment

LIBERTY is a dental plan for people who qualify for Medicaid in Washoe and Clark County, Nevada. Payments are sent directly to the dental care provider for services provided to members.

Who can become a member?

You are eligible for LIBERTY because you qualify for Medicaid and live in Washoe or Clark County. The Division of Welfare and Supportive Services determines Medicaid and Nevada Check Up eligibility for Nevadans. Online applications can be completed using Access Nevada at www.dwss.nv.gov.

Can I disenroll?

Nevada Medicaid recipients enrolled in a medical managed care organization (MCO) are automatically enrolled with LIBERTY. You will be automatically disenrolled if any of the following conditions occur:

- You are no longer eligible for Medicaid
- You move to a part of the state that is not covered by a MCO
- You “opt out” of your MCO

If there is not an adequate network provider in your area, LIBERTY will arrange for services at an out-of-network office. If you experience poor quality of care, you can change your provider at any time, and you can exercise your right to the grievance process.

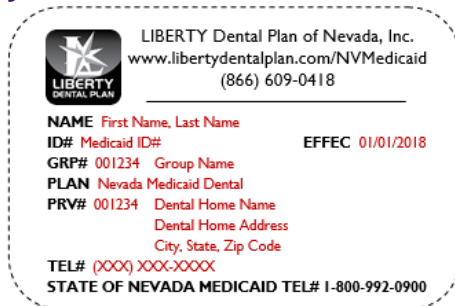
For questions about enrollment or disenrollment, you can call the Nevada Medicaid District Office at:

- Northern Nevada: **1-775-687-1900 or 1-800-992-0900**
- Southern Nevada: **1-702-668-4200 or 1-800-992-0900**

Member ID Cards

Each covered member will receive an identification (ID) card issued by Nevada Medicaid and an identification (ID) card issued by LIBERTY. You are responsible for bringing your ID card(s) with you to all dental appointments. If you misplace your ID card or need to correct any information on the card, you may call LIBERTY at **1-866-609-0418** to ask for a new ID card.

Sample of what your LIBERTY Insurance ID card will look like:



Your LIBERTY Insurance ID card will include:

- Your Medicaid ID number
- Your first name and last name
- The name, location, and telephone number of your chosen Dental Home
- Your effective date with LIBERTY
- What to do if you need emergency dental care
- The number to call to speak to LIBERTY’s Member Services

Department or to file a grievance (complaint)

- The number to call to report any suspected fraud, waste, or abuse

LIBERTY will send you a new card when:

- You become eligible
- You request one
- You change or correct the spelling of a name

To request a new ID card, call Member Services at **1-866-609-0418**, request one online at www.libertydentalplan.com/NVMedicaid, or through the free LIBERTY mobile application on your smart phone. ID cards are mailed within 5 working days from the date requested.

Transportation Services

Do you need a ride to your appointment?

Non-Emergency Transportation (NET) is provided to Nevada Medicaid members to get necessary covered services. Nevada Check Up members are not eligible for NET services.

How do I schedule transportation?

Transportation services are managed through MTM to provide you with non-emergency transportation to your dental appointments. If you have questions or need assistance setting up transportation you may call MTM at **1-844-879-7341**, or you may contact LIBERTY's Member Services Department at **1-866-609-0418** to help coordinate transportation for you.

When do I have to call?

You must call at least five working days before your non-urgent appointment to set up transportation. If you have less than five days before your appointment you should still call MTM at **1-844-879-7341** for assistance. MTM schedules routine trips Monday through Friday from 7 a.m. to 5 p.m. Pacific Standard Time.

What information do I need to know when I call?

- The street address, including city and zip code of your pick-up and drop-off locations, and telephone number
- If you have a Nevada Medicaid ID number, please have it ready for the reservation specialist

- Minors under age 18 must travel with an adult 18-years-old or older. Members 15-17 years of age may travel alone if MTM has an approved Parental Consent Form on file. Minors under age 18 that are legally married, emancipated, or obtaining family planning services are able to travel alone.
- Transportation is only available when you choose to have services at the nearest appropriate network provider

What if I have a complaint about transportation?

You can file a complaint if you:

- Do not agree with a decision made by MTM
- Are not happy with any services received
- Are not happy about any other part of MTM's transportation services

To file a complaint, call MTM's 'We Care Line' at **1-866-436-0457** or you can go online at: <http://www.mtm-inc.net/nevada/>.

Interpreter/Translation Services

We want to make sure you fully understand your dental benefits. If English is not your first language, LIBERTY will provide interpretation and translation services in your preferred language at no cost to you. To ask for language services call **1-866-609-0418**. If you have a preferred language, please notify us by calling **1-866-609-0418**.

Who do I call for an interpreter?

Call LIBERTY's Member Services Department at **1-866-609-0418** to request any interpreter services you may need.

The Member Services Department can help if you:

- Have problems hearing, please call TTY **1-877-855-8039**
- Have problems seeing or reading
- Need materials in other formats
- Do not speak English
- Do not read English

How can I find a dentist who speaks my language?

The provider directory lists all languages spoken at each provider location and if the office is accepting new members. For help locating a provider who speaks your language, or if you need a free provider directory, call Member Services at **1-866-609-0418** and we will mail one to you. You can also view an up-to-date and searchable provider directory anytime by visiting us online at www.libertydentalplan.com/NVMedicaid.

If you are unable to locate or access a provider office that speaks your language, interpreter services can be provided to you at no cost.

How can I get a face-to-face interpreter for my dental appointment?

To ensure that you are able to communicate with your dentist during your appointment, we can arrange for interpreter services during your dental appointments, at no cost to you.

To arrange face-to-face interpretation, you must:

- Call LIBERTY at **1-866-609-0418**
- Call at least 48 hours before the appointment
- Provide the language that you speak
- Provide details on the provider office where you will have services
- Provide details on your appointment date/time

How to Get Dental Care

How can I find a Dentist?

A list of dentists in your area can be found in LIBERTY's Provider Directory. This directory will also give you information about each dentist that is part of the Plan's network.

The LIBERTY Provider Directory lists dentists and Federally Qualified Health Centers (FQHCs). The Provider Directory tells you if the provider is taking new patients and includes, but is not limited to, the following:

- Names
- Addresses
- Phone numbers
- Business hours
- Languages spoken

The Provider Directory is available online at: www.libertydentalplan.com/NVMedicaid; click on 'Find & Select a Dentist' to do a search.

If you need a printed Provider Directory, call **1-866-609-0418 (TTY 1- 877-855-8039)**.

How do I change my dentist (Dental Home)?

You may call our Member Services Department at **1-866-609-0418** to change your Dental Home. A Member Services Representative will assist you in locating a network provider over the phone. You can also locate providers online at www.libertydentalplan.com/NVMedicaid; click on 'Find & Select a Dentist' to do a search.

How do I make an appointment?

When you call your Dental Home identify yourself as a LIBERTY member. Let them know you are calling to make an appointment with the dentist and see which dates and times are convenient for you.

Write down the date and time of the appointment on your calendar. Please be sure to be on time to your appointment to avoid having to reschedule. On the date of your appointment, present your LIBERTY ID card and/or your Medicaid ID card. The ID numbers on both cards are the same.

What is a Dental Home?

A Dental Home is the Primary Care Dentist or Pediatric Dentist that you have been assigned to for your dental care needs. A Dental Home should be established by 12 months of age. A Dental Home is a dentist you see regularly to provide dental care and will always be available to you. Your Dental Home will help you care for your teeth by providing dental guidance and appropriate dental treatment as needed, including referrals for specialty care when needed.

If you have been to a dental office in the past, please ensure the office participates in LIBERTY's network. To locate a Dental Home suitable to you and your family, call our Member Services Department at **1-866-609-0418**.

Your Dental Home will work with you and your family to stay healthy. It is important to follow the treatment plan recommended by your dentist.

What if I choose to have services at an office that is not my Dental Home?

Call our Member Services Department at **1-866-609-0418** to change your Dental Home prior to having services. Our Member Services Department will assist you in changing your Dental Home. Members have the freedom to be assigned to any dentist in the network.

How do I get services from a dental Specialist?

Your Dental Home must submit a referral request to LIBERTY for approval to see a dental Specialist such as an Endodontist, Oral Surgeon, Periodontist and/or Prosthodontist. Only services that have been prior authorized for you by LIBERTY may be performed by a dental Specialist. Your Specialist will submit a request for prior authorization if you need more services. Services rendered by a Pediatric Dentist (Pedodontist) do not require a Specialist referral. If you would like services by a Pediatric Dentist you can call our Member Services Department to change your Dental Home to the Pediatric Dentist office.

What are in-network and out-of-network dentists?

In-network dentists have agreed to join LIBERTY's network of dentists to treat our members. Out-of-network dentists have not joined our network. Benefits will not be paid for services performed by an out-of-network dentist, except for certain emergency situations.

What if I choose to have services with a dentist that is out-of-network?

You will have to pay for any out-of-network services not pre-approved by LIBERTY, except for covered services needed as an emergency.

Continuity of Care

What if I am already receiving care with a dentist that is out-of-network?

You may be able to keep seeing your dentist for up to 12 months. If your dentist does not join our network by the end of the 12 months, you will need to switch to a dentist in LIBERTY's network.

How do I know if I can keep receiving care with my dentist that is out-of-network?

In order to continue your care, you must have seen your dentist at least once during the last 12 months and your dentist must be willing to work with your new dental Plan.

What if my dentist stops working with LIBERTY?

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

LIBERTY will continue your care 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 became active with LIBERTY

LIBERTY will continue your care 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 do not have access to a LIBERTY dental provider

LIBERTY will not continue your care 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 have access to a LIBERTY dental provider

To learn more about continuity of care, please call our Member Services Department at **1-866-609-0418**.

Benefits and Services

What your dental plan covers

Here, we explain all your covered services as a member of the Plan. Your covered services are free to you if they are medically necessary (needed). Care is medically necessary if it is to stop and remove dental disease, illness, and pain, to return the form and function of the dentition, and to correct facial disfigurement or dysfunction.

We offer these types of dental services:

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

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

Summary of Benefits:

Summary of Covered Services by Age/Category			
Procedure	Newborn – Age 20	Adults age 21 or older	Pregnant Adults Age 21 or older
Comprehensive Exam	YES	YES	YES
Focused Exam	YES	YES	YES
Periodic Exam ¹	YES	YES	YES
X-rays	YES	YES	YES
Prophylaxis (cleaning) ¹	YES	YES	YES
Fluoride	YES	NO	NO
Fluoride Varnish	YES	NO	YES
Restorative Fillings; ² Amalgams/Composites	YES	YES	YES
Restorative Crowns ²	YES	YES	YES
Scaling and Root Planing (deep cleaning) ²	YES	NO	YES
Periodontal Maintenance	YES	NO	YES
Root Canals	YES	NO	NO
Partial Dentures ²	YES	YES	YES
Full Dentures ²	YES	YES	YES
Extractions	YES	YES	YES
Emergency Services	YES	YES	YES

¹ Non-Pregnant adults age 21 and over receive coverage under LIBERTY value-added services.

² Adults age 21 and over receive coverage under special circumstances and services must be prior authorized by LIBERTY to be covered.

- Comprehensive exams are only a benefit for adults age 21 or older who have dentures or to determine the need for dentures
- Restorative fillings and crowns are only a benefit for adults ages 21 or older when the tooth is used to support an existing partial denture or for pregnant adults
- Periodontal scaling and root planing (deep cleaning) is only a benefit for pregnant adults and members under the age of 21
- Partial dentures are a benefit if four or more teeth in a row are missing, or four or more teeth are missing that could cause the person to have difficulty chewing

- Immediate dentures are covered once per lifetime

Please call LIBERTY at **1-866-609-0418** to find out if you have special circumstances that would qualify you for coverage.

What does your dental plan cover?

Nevada Medicaid covers the following dental services for members under age 21 that do not require prior authorization:

- Periodic examinations covered once every 6 consecutive months
- Limited examinations covered up to 2 times every 6 months
- Comprehensive examinations covered once every 12 months
- Full mouth x-ray(s) covered once every 12 consecutive months
- Periapical x-ray(s) covered up to a maximum of 13 every year
- Bite-wing x-ray(s) covered once every 6 consecutive months
- Panoramic x-ray(s) covered once every 3 years
- Teeth cleaning (prophylaxis) covered once every 6 months
- Fluoride is covered once every 6 consecutive months
- Fluoride varnish is covered two times every 12 months
- Dental sealants covered once per tooth per lifetime
- Fillings covered once per tooth every 36 months
- Crowns (tooth cap) covered once per tooth per lifetime
- Pulpotomies covered once per tooth every 36 months
- Root canal procedures for restorable teeth covered once per tooth per lifetime
- Periodontal scaling/root planing (deep cleaning) covered up to four units every 12 months
- Osseous surgery (surgery of the gums) covered up to 4 units every 60 months
- Extractions (tooth removal) covered once per tooth per lifetime
- Alveoloplasty (smoothing of the gums)
- Full and partial dentures (false teeth) once every 60 months
- Denture adjustments once every 6 months
- Denture repair and relines
- Incision & drainage of abscess (draining of infected gums)
- Emergency palliative treatment (relief of immediate pain or discomfort)
- General anesthesia for covered services and when medically necessary, covered up to 5 units per day

As a member of LIBERTY under age 21, you also receive these additional value-added services:

- One additional fluoride service every 12 months at a Primary Care Physician or Mobile Unit
- Caries risk assessments covered once per 12 months
- Screenings and assessment at a Primary Care Physician to facilitate fluoride varnish

Nevada Medicaid covers limited emergency services for adults age 21 and over including the following dental services that do not require prior authorization:

- Limited examination up to 2 times every 6 months
- Focused oral examination once every 6 months
- Comprehensive oral examination is allowed once every 36 months for adults with dentures or to determine need for dentures
- Full mouth x-ray(s) covered once every 12 consecutive months
- Periapical x-ray(s) covered up to a maximum of 13 every year
- Bite-wing x-ray(s) covered once every 6 consecutive months
- Panoramic x-ray(s) covered once every 3 years
- Full and partial dentures (false teeth) once every 60 months
- Denture adjustments once every 6 months
- Denture repair and relines
- Incision & drainage of abscess (draining of infected gums)
- Alveoloplasty (smoothing of the gums)
- Extractions (tooth removal) covered once per tooth per lifetime
- General anesthesia for covered services and when medically necessary, covered up to 5 units per day

As a member of LIBERTY age 21 and over, you also receive these additional value-added services:

- Periodic examinations covered once every 12 months
- Teeth cleaning (prophylaxis) covered once every 12 months
- X-ray

Nevada Medicaid covers these additional services for adults over age 21 that are pregnant:

- Comprehensive examinations covered once every 12 months
- Interim caries arresting medication once every 6 months
- Teeth cleaning (prophylaxis) covered once every 6 months
- Topical fluoride covered once every 6 consecutive months
- Gingivectomy or gingivoplasty, up to 4 units every 60 months
- Periodontal scaling/root planing (deep cleaning) covered up to four units every 12 months
- Periodontal maintenance covered once every 3 months

As a member of LIBERTY age 21 and over and pregnant, you also receive these additional value-added services:

- Two additional cleanings (prophylaxis) every 12 months

What services does your plan not cover?

There are some services that neither LIBERTY nor Nevada Medicaid will cover, including:

- Non-dental related services
- Any dental procedure that is not specifically listed as covered under this dental Plan
- Procedures, appliances, or restorations to treat temporomandibular joint dysfunction (TMJ)
- Services for cosmetic purposes
- Procedures which are determined not medically necessary by LIBERTY
- Procedures performed to restore tooth structure lost from abrasion, erosion, attrition, or abfraction (tooth grinding, clinching, or wear not from decay)
- Procedures to increase vertical dimension and restore occlusion
- Any services performed outside of your Dental Home, unless expressly authorized by LIBERTY or covered as an emergency
- Any routine dental service performed by a dentist or dental Specialist in an inpatient/outpatient hospital setting

LIBERTY understands there may be other treatment options that can be offered to you; however, your Dental Home is responsible for providing covered services as listed by your Plan. If you choose to have any non-covered service(s) you will be responsible for all the associated costs of the non-covered service(s). LIBERTY will not pay or cover any non-covered service.

Do I have to get prior authorization for services?

There are some services that are covered but you must get prior authorization before you can get them done.

Prior authorization, also called pre-approval, means that LIBERTY has reviewed the services your Dental Home or Specialist has requested and agrees that the care is medically necessary (needed). For services that require prior authorization, your Dental Home will send LIBERTY the request with the needed information to decide if the services are medically necessary. The request will be reviewed by LIBERTY and you and your Dental Home will be notified of the decision in writing to approve or deny the services. Only a licensed dentist can deny services due to medical necessity. Standard prior authorizations are processed within 14 calendar days of receipt and urgent prior authorization requests are processed within 72 hours of receipt. You, your provider, or LIBERTY may request up to 14 additional calendar days if more time is needed, and it is in your best interest.

Newborns through age 20 require the following services to be prior authorized:

- Any service not listed under section 'What Does Your Dental Plan Cover?' must be prior authorized

All services performed by a dental Specialist require a referral and prior authorization. Services rendered by a Pediatric Dentist (Pedodontist) do not require a Specialist referral. If you would like services by a Pediatric Dentist you can call our Member Services Department to change your Dental Home to the Pediatric Dentist office.

Adults ages 21 and over require the following services to be prior authorized:

- All services performed by a dental Specialist require a referral and prior authorization
- Fillings (limitations apply)
- Crowns (limitations apply)

- Immediate dentures (frequency applies)
- Periodontal Maintenance (for pregnant adults)
- Periodontal scaling/root planing (deep cleaning) (for pregnant adults)

Treatment Plan and Care

Once your oral examination has been performed at your Dental Home, you will be provided with a treatment plan. Your dentist will discuss the benefits and importance of treatment versus non-treatment along with any alternative treatment options. You have the right to receive information on available treatment options and alternatives and to participate in decisions regarding your health care including the right to refuse treatment.

What if I want a second opinion?

You may request a second opinion if you are unhappy with your dentist, or disagree with their opinion about your treatment plan. You can get a second opinion at no cost from another LIBERTY dentist or an out-of-network dentist for any reason.

To request a second opinion, please call our Member Services Department at **1-866-609-0418**.

Your Dental Home may also request a second opinion on your behalf. They will submit the appropriate forms with supporting x-rays.

All requests for second opinions are handled by LIBERTY within five (5) business days of receipt of the request. If you believe there is an imminent and serious threat to your health, LIBERTY will handle your case within 72 hours of receipt. LIBERTY will organize the appropriate steps with your Dental Home about your concerns. Once you have been advised that your second opinion is approved, you may schedule an appointment. You may request a copy of LIBERTY's policy description for a second opinion, at no cost to you.

Do I need to submit claims?

You are not required to file claims directly with LIBERTY. Claims or encounters are submitted by your Dental Home on your behalf.

Services provided by a dental Specialist are reported to LIBERTY by the Specialist. If you receive services out-of-network due to an emergency after-hours or out-of-area situation, please see page 33.

What if I have other insurance coverage?

As a member, you are responsible for reporting any other health insurance (third party liability). If you or anyone in your family has other dental insurance, you must tell LIBERTY and your dentist. Any other insurance coverage is considered primary to your coverage with LIBERTY and must pay first.

You may have other dental insurance through your job, or your children may have other dental insurance through another parent. You must tell LIBERTY if you have any other coverage, by calling Member Services at **1-866-609-0418 (TTY 1-877-855-8039)**. When you visit your Dental Home, you must also let them know about any other insurance coverage. This will help us make sure all your services get paid for.

How can I report suspected fraud, waste, or abuse?

LIBERTY is committed to conducting its business in an honest and ethical manner. We seek to operate in strict compliance with all regulatory requirements that relate to and govern our business and dealings with employees, members, providers, business associates, suppliers, competitors, and government agencies.

Health care fraud includes, but is not limited to, the making of intentional false statements, misrepresentations, or deliberate omissions of material facts from any record, bill, claim, or any other form for the purpose of obtaining payment, services, or any type of compensation for health care services for which you are not entitled.

Health care fraud, waste, and abuse costs taxpayers billions of dollars each year. You can help stop fraud by reporting it. Some types of health care fraud are:

- Using someone else's ID card to get a service or product
- Loaning, selling, or giving your ID card to someone
- Doctors billing for a service not performed, or billing for a service or product that is not needed
- Falsifying eligibility information in order to gain coverage
- Members seeking prescriptions for opioids or controlled substances which are not medically necessary
- Providers writing prescriptions for opioids or controlled substances which are not medically necessary

To report possible unethical business practices or potential illegal activity regarding our Plan, our providers, vendors, or members, you may contact LIBERTY:

- Compliance Hotline: **1-888-704-9833**
- E-mail: compliance@libertydentalplan.com
- Mail: LIBERTY Dental Plan Compliance Department
340 Commerce, Suite 100, Irvine, CA 92602

You may remain anonymous if you prefer. All information received will be treated as confidential, and the results of investigations will be discussed only with persons having a legitimate reason to receive the information.

What kind of quality control or improvement is done by LIBERTY?

We have many quality programs in place to ensure you get the care you need. Some examples of our quality programs include:

- Member and provider surveys used to measure satisfaction
- Supporting members that have been identified for assistance and helping with the coordination of their care
- Educating members through newsletters, health fairs, and other means
- Reviewing the types and quality of services given to members
- Giving members access to various education materials and tools online
- Measuring various access standards like how long it takes for a member to get an appointment
- Member Advisory Committee (see page 40)

Phone calls are also monitored to make sure calls are answered timely and that all information provided is accurate and complete.

All member complaints are reviewed and tracked for any trends or opportunities for improvement.

All of LIBERTY's contracted dentists have gone through strict credentialing procedures, background checks, and office reviews. Each dentist must follow strict contractual rules. All dentists are reviewed on a regular basis. We monitor our providers to assure compliance with state and federal laws.

For more information about LIBERTY's quality programs, call our Member Services Department at **1-866-609-0418**.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

In Nevada, the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program is called Healthy Kids. Children under the age of 21 qualify for EPSDT benefits when covered under Medicaid. EPSDT services identify health care issues early to prevent the decline of a child's health. The EPSDT program recommends that all children have an established Dental Home by 12 months of age to help with early intervention. Children that need services that are not part of their benefits may get them under EPSDT.

LIBERTY will decide medical necessity (need) based on materials your Dental Home sends us. EPSDT services are provided at no cost to you and are listed under your 'Benefits and Services' on pages 24-30 of this handbook. Call LIBERTY at **1-866-609-0418** for more information.

Emergency Services

Emergency care is covered anywhere in the world. If you reasonably believe that not getting immediate care could be dangerous to your life or to a part of your body, call 911 or go to the nearest hospital. Emergency care may include care for a bad injury, severe pain, or a sudden serious dental illness.

All follow-up care should be done at your Dental Home. Do not go back to the emergency room for follow-up dental care.

You do not need prior authorization to receive emergency/urgent dental services from any in-network or out-of-network provider. You have the right to use any provider for emergency/urgent services. You can also call LIBERTY's Member Services at **1-866-609-0418**; LIBERTY's 24 hour on call service will help you.

You may also visit www.libertydentalplan.com/NVMedicaid to find a dentist and location where emergency/urgent dental care is provided.

Your Dental Home will inform you about their after-hours urgent dental care policy, including how to contact a dental provider 24 hours a day, 7 days a week for emergency/urgent services.

Directions for what to do in an emergency

If you require emergency dental care, call your Dental Home to schedule an immediate appointment.

For urgent or unexpected dental conditions that occur after-hours or on weekends, contact your Dental Home for instructions on how to proceed.

If your Dental Home is not available, or you are out of the area and cannot contact LIBERTY to redirect you to another contracted dental office, you may contact any licensed dentist to receive emergency care. The dentist may need you to pay in full for the emergency dental care.

LIBERTY will refund you for covered dental emergency services that you paid for.

If you pay a bill for emergency care, send a copy within 90 days to:
LIBERTY Dental Plan of Nevada
Claims Department
6385 S. Rainbow Blvd., Suite 200
Las Vegas, NV 89118

You should let LIBERTY know as soon as possible after receipt of emergency dental services.

What services are covered under emergency care?

The Plan will cover emergency dental services only if services are needed. LIBERTY will also cover these services if you believe that the condition, if left untreated, may lead to disability, dysfunction, or death. If you encounter a situation in which there is an imminent and serious threat to your health, you may wish to call 911. The use of such system should be done so responsibly.

Emergency dental services covered by LIBERTY include dental screenings, examination, and evaluation by a dentist or dental Specialist. The dentist will determine the emergency services necessary to alleviate any emergency symptoms. Medical emergencies are not covered by LIBERTY if the services are rendered in a hospital setting which are covered by a Medical Plan, or if LIBERTY determines the services were not dental in nature.

Reporting and Solving Problems

There are two kinds of problems that you may have with LIBERTY:

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

You can use LIBERTY's grievances and appeals process to let us know about your problems. This does not take away any of your legal rights. We will not discriminate or take any actions against you for filing a grievance and/or appeal. Letting us know about your problems will help us improve care for all members.

You should always contact LIBERTY first to let us know about your problem. Call us Monday through Friday 5:00 a.m. to 5:00 p.m. Pacific Standard Time at **1-866-609-0418** to tell us about your problem.

How do I submit a grievance (complaint)?

Our Member Service Representatives will help you and take your grievance over the telephone. You can also send your grievance in the following ways:

- Mail to: LIBERTY Dental Plan of Nevada, Inc.
Grievance and Appeals Department
P.O. Box 26110, Santa Ana, CA 92799
- Fax to: **1-833-250-1814**, or
- Online at: www.libertydentalplan.com/NVMedicaid

Grievance forms are also available on our website, <https://www.libertydentalplan.com/Members/Forms-Literature>, by calling LIBERTY's Member Services Department, or by asking your provider. A grievance form is not required to submit a grievance. LIBERTY will review a grievance submitted in any format.

If someone other than you submits a grievance on your behalf, they must have your written consent, which is called an authorized representative.

If you need help filing your grievance, we can help you. We can give you free language services. Please call LIBERTY's Member Services

Department at **1-866-609-0418 (TTY 1-877-855-8039)**.

When will I get a response to my grievance?

LIBERTY will review your concern and make every effort to get you an answer within **30 calendar days**.

If you need a fast decision because 30 calendar days would put your life, health, or ability to function in danger, you can ask for an expedited (fast) review. To ask for an expedited (fast) review, please call **1-866-609-0418 (TTY 1-877-855-8039)**. A decision will be made within 72 hours of receipt of the complaint.

Grievances are not eligible for the Fair Hearing process.

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 Action (NOA) letter telling you that we are denying, delaying, changing, or ending a service, and you do not agree with the decision, you can file an appeal. Your dentist can file an appeal on your behalf as well with your written permission. If you are currently getting treatment and you want to continue getting treatment, then you must ask for an appeal within 10 calendar days from the date the NOA was delivered to you, or before the date LIBERTY says services will stop. When you request the appeal, tell us that you want to continue receiving services.

You must complete LIBERTY's appeals process before you can request a Fair Hearing.

How do I submit an appeal?

You or your dentist, on your behalf, may submit an appeal to LIBERTY. If someone other than you submits an appeal on your behalf, they must have your written consent, which is called an authorized representative. All appeals must be submitted within **60 calendar days** from the date that you received the NOA. Appeals may be submitted verbally or in writing.

Our Member Service Representatives will help you and take your appeal over the telephone. You can also send your appeal in the following ways:

- Mail to: LIBERTY Dental Plan of Nevada, Inc.
Grievance and Appeals Department
P.O. Box 26110, Santa Ana, CA 92799
- Fax to: **1-833-250-1814**, or
- Online: www.libertydentalplan.com/NVMedicaid

Appeal forms are also available on our website, <https://www.libertydentalplan.com/Members/Forms-Literature>, by calling LIBERTY's Member Services Department, or by asking your provider.

We will start working on your verbal appeal the first day that it is received. We will also send you a letter within **5 calendar days** to tell you that we received your appeal. The letter will include a form that you can complete and return to us if you want to give us more information about your appeal. If you need help completing the form, please call our Member Services Department at **1-866-609-0418 (TTY 1-877-855-8039)**.

Your appeals must include the following:

- Your Medicaid ID number
- Your date of birth
- Your mailing address
- The number associated with the Notice of Action
- The date of service
- An explanation of why you feel the decision should be reversed
- Any supporting documents or records

When will I get a response to my appeal?

A group that consists of appropriate level staff and dental care professionals, that were not a part of the first decision, will review your appeal. You will receive a response within **30 calendar days**.

If you feel that the standard time frame for an appeal could cause serious harm or jeopardy to your dental health, you may request an expedited (fast) appeal. LIBERTY will not take any actions against you if you request an expedited (fast) appeal. LIBERTY will also provide you with the chance to review the case file before and after the processing of your appeal.

For a fast decision, you will receive a response within 72 hours of receipt. It is important that you provide LIBERTY with documentation to support your expedited appeal as soon as possible. You may request

an extension of up to 14 calendar days for the expedited review. LIBERTY may also request an extension of up to 14 calendar days if we need additional information and it would be in your best interest. LIBERTY will provide you with a written notice explaining the reasoning for the delay.

What if I am not satisfied with the response to my appeal?

If you are not satisfied with the resolution to your appeal, you may contact the Hearings Unit with the Division of Health Care Financing and Policy at **1-775-684-3604** or **1-800-992-0900, extension 43604** to request a Fair Hearing. A copy of the Fair Hearing request form is also included with the Notice of Appeals Resolution letter sent to you.

Can I get a copy of my records from my grievance or appeal?

You can ask for a copy of your records that were used during the review of your active grievance or appeal at any time. Once we receive your request, we will provide you with a copy of your records within 5 business days.

Fair Hearing

You or your dental provider have the right to ask for a Fair Hearing from the state after you have gone through LIBERTY's internal appeal process. If someone other than you asks for a Fair Hearing on your behalf, they must have your written consent this is called an authorized representative. If you are not satisfied with the resolution to your appeal, you may contact the Hearings Unit with the Division of Health Care Financing and Policy at **1-775-684- 3604** or **1-800-992-0900, extension 43604**.

You can request a Fair Hearing by mail by completing and sending the Fair Hearing request form on page 52 of this member handbook (and attached to your Notice of Appeals Resolution letter) to:

Nevada Division of Health Care Financing and Policy, Hearings Unit
1100 East William Street, Suite 101 Carson City, NV 89701

You can also go online to access the recipient Fair Hearing request form at <http://dhcfp.nv.gov/resources/PI/Hearings/>.

You or your dental provider must ask for a Fair Hearing within **120 calendar days** of receiving the Notice of Appeals Resolution letter from LIBERTY. You may designate a person to act on your behalf and file a

Fair Hearing in writing.

LIBERTY will continue your dental benefits during the Fair Hearing process, if the following standards are met:

- Your Fair Hearing Request is received within 10 days after LIBERTY's notice of action or the proposed effective date
- Your Fair Hearing Request is about the termination, suspension, or reduction of previously approved services
- Your Fair Hearing Request is about services ordered by a LIBERTY dental provider
- You specifically requested to have your benefits extended

Please note that if the outcome of the State Fair Hearing is not in your favor, you may have to pay the cost of continued benefits received. If you need information or help, call the State Medicaid Office at:

- Northern Nevada: **1-775-687-1900 or 1-800-992-0900**
- Southern Nevada: **1-702-668-4200 or 1-800-992-0900**

If you need legal assistance, call the Nevada Legal Services Program:

- Clark County: **1-702-386-0404 or 1-866-432-0404**
- Washoe County: **1-775-284-3491 or 1-800-323-8666**

If you need information or help, call us at:

- Toll-Free: **1-866-609-0418**
- TTY: **1-877-855-8039**

Member Participation

Member Advisory Committee

LIBERTY wants to hear from you. Once a quarter, we meet to discuss how well we are performing and how we can improve.

The Committee is made up of members, LIBERTY's Nevada Dental Director, and other support staff. We are looking for members who would like to join our Committee. You will take part in:

- Reviewing quality reports, such as grievances (complaints)
- Participation in development of education materials
- Suggesting ways to improve the Plan's programs and services
- Helping to set policies that affect you

You will be paid for every meeting you attend. If you're interested in the chance to participate, please contact LIBERTY by:

- Phone: **1-866-609-0418**, and ask about taking part in the Member Advisory Committee, or
- Email us at: QM@libertydentalplan.com

Provider Participation

Provider Incentive Program

A copy of the provider incentive program is available upon request. If you would like to request a copy, please call our Member Services Department at **1-866-609-0418**.

Important Dental Tips

Oral Health is critical to whole body health, especially for children. Dental visits can provide key diagnostics by identifying diabetes and other chronic diseases. Taking care of your mouth is one of the best ways to prevent a wide range of health problems. Here are some ailments that are linked to poor oral health - so take care of your pearly whites!

- **Heart Disease:** Those with gum disease are 2X more likely to have heart disease.
- **Stroke and Blood Clots:** Gum disease is one of the most common, preventable diseases in adults that increases susceptibility of stroke and blood clots.
- **Respiratory Disease:** Bad bacteria from the mouth can be an agent for pneumonia and bronchitis.
- **Diabetes:** Gum disease disrupts the control of blood sugar.
- **Kidney Disease:** Harmful bacteria from poor oral hygiene can weaken kidneys.

Thorough daily oral hygiene lays the base for a healthy smile. Regular brushing, flossing, and dental visits can be enough to help prevent tooth decay, gum disease, and bad breath.

The importance of flossing

- Cleaning between your teeth is every bit as important as brushing. Since brushing cannot effectively clean between teeth, it's important to use floss to get to those areas.
- Other items also are available to help you clean between your teeth. Ask your dentist which ones to use.
- Floss between your teeth once a day and brush your teeth at least twice a day.

Brushing up on technique

Since there are various techniques for brushing your teeth, it's a good idea to ask your dentist which one to use. Included below are a few tips to help you develop a good brushing routine.

Brushing your teeth

- Brush your teeth at least twice a day – once in the morning and once before bed
- When brushing, use a gentle touch to avoid injuring your gum tissue

- Use a toothpaste with fluoride to help prevent tooth decay
- Concentrate on brushing all surfaces
- Use a gentle touch – it doesn't take much pressure to remove the plaque from your teeth, and a vigorous scrubbing could irritate your gums.

Brushing gums

- Hold your toothbrush at a slight angle toward the gums when brushing along the gum line

Brushing your tongue

- Brushing your tongue gently can help remove bacteria that cause bad breath

Benefits of a Dental Home

- Having a Dental Home helps you keep a healthy smile
- Families are encouraged to build a relationship with their Dental Home
- A great Dental Home encourages members to schedule regular dental checkups

Benefits of establishing a Dental Home

- Patients become familiar with the dentist, their staff, and the office
- Promotes early and regular access to preventive and routine dental services
- Increases continuity of care, prevention, dental, and overall health
- Decreases duplication of dental services caused by seeking dental care from multiple dental offices

The American Academy of Pediatrics (AAP), the American Dental Association (ADA), and the American Academy of Pediatric Dentistry (AAPD) recommend establishing a “Dental Home” for your child by one year of age. Children who have a Dental Home are more likely to receive appropriate preventive and routine care. A well-established Dental Home also includes appropriate referrals to dental Specialists.

With the rising incidence of tooth decay among young children, having a Dental Home can be essential in promoting preventive care. In addition to implementing lifelong oral health at home, establishing and maintaining an ongoing relationship between the dentist and the patient is imperative. The Dental Home is an open door to all aspects of oral health care

delivered in a comprehensive, continuously accessible, coordinated, and family-centered way.

Definitions and Useful Terms

Action: A decision made by LIBERTY that you have the right to appeal, including:

- Denial or partial denial of a requested service
- Denial, in whole or in part, of payment for a service
- Failure to provide services in a timely manner
- Failure of LIBERTY to act within specified time frames

Appeal: A request for review of a Notice of Action (see 'Action').

Authorization: The notification of authorization by LIBERTY that you may proceed with treatment requested.

Benefits: The dental health care services available under the Nevada Medicaid Dental Program.

Benefit Plan: The dental benefit plan provided under your Medicaid coverage by LIBERTY.

Covered Services: Those dental services that are covered under your Medicaid benefits.

Dental Home: A Dental Home is the Primary Care Dentist or Pediatric Dentist that you have been assigned to for your dental care needs. The Dental Home is the ongoing relationship between the dentist and you, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way. The Dental Home should be established no later than 12 months of age and includes referral to dental Specialists when appropriate. Also known as Primary Care Dentist or Primary Care Provider.

Dental Necessity or Dentally Necessary: A covered service that meets Plan guidelines for appropriateness and reasonableness by virtue of a clinical review of submitted information.

Covered Services may be reviewed for Dental Necessity prior to a signed contract to provide services, or after services are rendered. Payment for services occurs for Covered Services that are deemed Dentally Necessary by the Plan.

Dental Records: Refers to diagnostic intraoral and extra-oral radiographs, written treatment records including, but not limited to, progress notes, dental and periodontal chartings, treatment plans, consultation reports, or other written material relating to an individual's medical and dental history, diagnosis, condition, treatment, or evaluation.

DHCFP: The abbreviation for the State of Nevada Division of Health Care Financing and Policy.

Emergency Care/Emergency Dental Service: Emergency dental service and care include (and are covered by LIBERTY) dental screening, examination, evaluation by a dentist or dental Specialist to determine if an emergency dental condition exists, and to provide care that would be acknowledged as within professionally recognized standards of care and in order to alleviate any emergency symptoms in a dental office. Medical emergencies are not covered by LIBERTY if the services are rendered in a hospital setting which are covered by a Medical Plan, or if LIBERTY determines the services were not dental in nature.

Exclusion: A statement describing one or more services or situations where coverage is not provided for dental services by the Plan.

General Dentist: A licensed dentist who provides general dental services and who does not identify as a Specialist.

Grievance: Any expression of dissatisfaction with any aspect of care other than the appeal of actions.

In-Network Benefits: Benefits available to you when you receive services from a contracted provider.

Non-Participating Provider: A dentist that has no contract to provide services for LIBERTY.

Out-of-Area Coverage: Benefits provided when you are out of the Plan's service area, or away from your Dental Home.

Participating Dental Group, Dental Office, or Provider: A dental facility and its dentists that are under contract to provide services to LIBERTY members in accordance with LIBERTY's rules and regulations.

Plan: LIBERTY Dental Plan of Nevada, Inc. (LIBERTY)

Primary Care Dentist: A dentist affiliated with LIBERTY to provide services to covered members of the Plan. The Primary Care Dentist is responsible to provide or arrange for needed dental services. Also known as a Dental Home.

Prior Authorization: A document submitted on your behalf requesting an advance determination and approval to render desired treatment services for you.

Provider: A contracted dentist providing services under contract with the Plan.

Member: Any presently enrolled Medicaid Member who has completed a Plan membership application and receives Plan benefits through LIBERTY, also known as Enrollee/Recipient.

Service Area: The counties in Nevada where LIBERTY provides coverage.

Specialist: A dentist that has received advanced training in one of the dental specialties approved by the American Dental Association as a dental specialty, and practices as a Specialist. Examples are Endodontists, Oral and Maxillofacial Surgeons, and Periodontists.

Urgent Care: See Emergency Care

Us/We/Our: LIBERTY Dental Plan of Nevada, Inc. (LIBERTY)

You/Your/My/I: Member, recipient, or “you”, are equivalent in this document.

Frequently Asked Questions

How can I find a contracted LIBERTY dentist?

Contact LIBERTY at **1-866-609-0418**. A Member Service Representative will assist you in locating a dentist near you or you can locate providers online at www.libertydentalplan.com/NVMedicaid; click on 'Find & Select a Dentist' to do a search.

I lost my LIBERTY ID card. How can I get another?

Contact LIBERTY at **1-866-609-0418** to request an ID card. See page 17 for details.

Can I change my dentist?

Yes. See page 21 for details.

How do I know what's covered under my dental plan?

Pages 24-30 of this handbook will provide you with "Benefits and Services".

What if I don't have transportation to my dental appointment?

LIBERTY can arrange transportation to your dental appointment. See pages 18-19 for details.

Does LIBERTY offer interpreter services?

Yes. See page 19 for details.

What if I want a second opinion?

You may request a second opinion. See page 30 for details.

Forms

MEMBER GRIEVANCE AND APPEAL FORM – NEVADA

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

MEMBER INFORMATION (PLEASE PRINT)			
Member last name	Member first name	Today's date	
Member street address	City	State	ZIP code
Member phone number	Member identification number (see identification card)		
Employer or Group	Patient name	Relationship	
AUTHORIZED REPRESENTATIVE INFORMATION, IF APPLICABLE (PLEASE PRINT)			
I am authorizing LIBERTY Dental Plan to allow the following person to act on my behalf during the grievance/appeals process			
Representative last name	Representative first name	Representative phone number	
Representative Signature	Member Signature		

Appeals must be filed within 60 days from the date on your Notice of Action (NOA)

Grievances can be filed at any time.

If you need help completing this form, call our Member Services Department at **(866) 609-0418**, or **TTY: 1-877-855-8039**, Monday through Friday 5:00 a.m. to 5:00 p.m. (PST). 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

PLEASE SEND COMPLETED SIGNED FORM TO:

Mail to: LIBERTY Dental Plan of Nevada Grievances and Appeals Department P.O. Box 26110 Santa Ana, CA 92799	<ul style="list-style-type: none">• Fax to LIBERTY's Grievances and Appeals Department at (833) 250-1814• Telephone by calling LIBERTY Dental Plan's Member Services Department at toll-free number: (866) 609-0418, or TTY: (877) 855-8039• Electronically by using our website online grievance filing process by visiting www.libertydentalplan.com/NVMedicaid.
<p>You will receive a letter acknowledging receipt of your grievance or appeal within 5 calendar days of receipt by LIBERTY.</p> <p>You will receive a written resolution to your grievance or appeal within 30 calendar days of receipt by LIBERTY.</p>	
<p>You may request a copy of your records associated with your active grievance or appeal in writing to LIBERTY at the address listed above.</p>	

Requesting a Fair Hearing

- **If you disagree with Medicaid's denial, reduction, suspension, or termination of service, you may request a Fair Hearing.** A Fair Hearing allows you and Medicaid to give information about your situation to a Hearing Officer. The Hearing Officer is a neutral party who makes a decision on your appeal. There is no charge for a Fair Hearing.
- **Medicaid must receive your request within 120 calendar days from the Notice Date.**
- **You may represent yourself or have the help of another adult.** The adult can be a friend, family member, or lawyer. Medicaid has provided the names of some agencies that may be able to help you. (See below).
- **The request for a Fair Hearing must include:** (1) your name, address, telephone number, (2) Medicaid number; and (3) if someone is helping you, the name, telephone number and address of the adult who will help you (the "authorized representative"). You must sign the request unless you are unable to do so because of your disability. You may use the enclosed form to request a Fair Hearing.
- **If you want your services to stay the same during Fair Hearing process, you must:** 1) ask for a hearing not more than 10 calendar days after the Date of Action (shown on the Notice of Decision); and 2) you must ask that your services stay the same. (During the Fair Hearing process, your services will be continued) You may use the enclosed form to do this.
- **LIBERTY may ask you to pay back the cost of the continued services if you lose your appeal.**
- **After you have requested a Fair Hearing, Medicaid will contact you within 10 days to arrange a Hearing Preparation Meeting (HPM).** The meeting will be by telephone. The goal of this meeting is to try to resolve your appeal. LIBERTY will explain its decision and give you the chance to provide more information. If you and LIBERTY cannot agree, you may go to a Fair Hearing. **A Hearing Preparation Meeting (HPM) is optional.** You do not have to take part in a HPM. You can let Medicaid know you want to go directly to a Fair Hearing and have a Hearing Officer decide your appeal.

To find out more about Medicaid appeals, you may go to the Nevada Department of Health and Human Services, Division of Health Care Financing and Policy's Medicaid Service Manual Chapter 3100 — Hearings at: <http://dhcfp.nv.gov>.

If you cannot afford legal counsel, one of the Legal Services programs listed below may be able to help. Nevada Legal Services, Inc. (Reno) Washoe County: (775) 284-3491 Nevada Legal Services, Inc. (Las Vegas) Clark, Lincoln, Nye, and Esmeralda Counties: (702) 386-0404 or (866) 432-0404 TDD: (702) 386-1059 Nevada Legal Services, Inc. (Elko) Elko County: (775) 753-5880

Nevada Legal Services, Inc (Carson City) Carson City and remaining counties:
(775) 883-0404 or (800) 323-8666 Senior Law Project (Las Vegas) Clark County
residents age 60 and older: (702) 229-6596 TDD: (702) 386-9108 Washoe County
Senior Law Project Washoe County residents age 60 and older: (775) 328-2592
Nevada Disability Advocacy and Law Center (South) Disabled Persons and Families with
Disabled Persons: (702) 257-8150 or (888) 349-3843, TTY: (702) 257-8160
Nevada Disability Advocacy and Law Center (North): (775) 333-7878 or (800) 992-5715
or TTY: (775) 788-7824

Fair Hearing Request Form

I am submitting this form to request a Fair Hearing. (Check all that apply and complete fields below)

- ☐ I disagree with LIBERTY's decision to reduce, terminate or deny benefits.
- ☐ I am requesting my Fair Hearing be expedited because a standard hearing could jeopardize my life, health or ability to attain, maintain or regain maximum function. The documentation from my medical provider to support this request is attached. (If you do not supply this documentation, this request will be processed within the Standard Fair Hearing timeframe, 90 days)
- ☐ I am requesting a fair hearing based on the issue of reasonable promptness.
- ☐ During the Fair Hearing process, I would like my benefits continued. I understand I may have to pay back the cost of services or items if I do not win the Fair Hearing.
- ☐ Please send me a free copy of the regulations relevant to my case. Also available at website: <http://dhcfp.nv.gov/>.

Recipient name: _____ Phone: _____

Recipient mailing address: _____

Recipient ID number: _____

Recipient signature: _____ **Date:** _____

Authorized representative name: _____ Phone: _____

Representative mailing address: _____

Authorized representative signature: _____ **Date:** _____

**Return this request to: Nevada Medicaid Hearings Unit
1100 East William Street – Suite 101
Carson City, NV 89701
Fax # (775) 684-3610, E-Mail dhcfphearings@dhcfp.nv.gov**



**LIBERTY
DENTAL PLAN®**

Nevada Medicaid Dental Program Member Handbook
© 2021 LIBERTY Dental Plan of Nevada, Inc.
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