

Member Handbook

What you need to know about your benefits

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

2020

Los Angeles County
Prepaid Health Plan (PHP)



Other languages and formats

Other languages

You can get this Member Handbook and other plan materials for free in other languages. Call [888-703-6999](#) (TTY [800-735-2929](#)). The call is toll free. Read this Member Handbook to learn more about health care language assistance services, such as interpreter and translation services.

Other formats

You can get this information for free in other auxiliary formats, such as braille, 18-point font large print and audio. Call [888-703-6999](#) (TTY [800-735-2929](#)). The call is toll free.

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 [888-703-6999](#) (TTY [800-735-2929](#)). The call is toll free.

Notice of non-discrimination

IMPORTANT: You can get an interpreter at no cost to talk to your dentist or dental plan. To get an interpreter or to request written information (in your language or in a different format, such as Braille or larger font), first call your Dental plan's phone number at 1-888-703-6999 (TTY: 1-800-735-2929). Someone who speaks (your language) can help you. If you need more help, call the HMO Help Center at 1-888-466-2219. Make sure to notify your provider (Dentist) of your personal language needs upon your initial dental visit.

IMPORTANTE: Puede obtener la ayuda de un intérprete sin costo alguno para hablar con su dentista o con su plan dental. Para obtener la ayuda de un intérprete o pedir información escrita (en su idioma o en algún formato diferente, como Braille o tipo de letra más grande), primero llame al número de teléfono de su plan dental al 1-888-703-6999 (TTY: 1-800-735-2929). Alguien que habla español puede ayudarle. Si necesita ayuda adicional, llame al Centro de ayuda de HMO al 1-888-466-2219. Asegúrese de avisarle a su proveedor (Dentista) sobre sus propias necesidades de lenguaje en su consulta dental inicial. (Spanish)

重要提示: 您與您的牙醫或牙科計劃工作人員交談時，可獲得免費口譯服務。如需口譯員服務或索取（用給您的語言或布萊葉盲文或大字體等不同格式提供的）書面資料，請先打電話給您的牙科計劃，電話號碼1-888-703-6999 (TTY: 1-800-735-2929)。會講（您的語言）的人士將為您提供協助。如需更多協助，請打電話給 HMO 協助中心，電話號碼1-888-466-2219。務必在您的初次牙科就診時告訴您的提供者（牙醫）您的個人語言需求。(Cantonese or Mandarin)

مهم: يمكنك الحصول على مترجم فوري مجاناً للتحدث مع طبيب الأسنان أو خطة الأسنان الخاصة بك. للحصول على مترجم فوري أو طلب معلومات كتابية (بلغتك أو بتنسيق مختلف، مثل طريقة برail أو خط أكبر)، اتصل أولاً برقم هاتف خطة الأسنان الخاصة بك على الرقم 1-800-735-2929 (الهاتف النصي). يمكن لشخص يتحدث (لغتك) مساعدتك. إذا كنت بحاجة لمزيد من المساعدة، فاتصل بمركز HMO Help Center على الرقم 1-888-466-2219. تأكّد من إخبار مقدم الخدمات (طبيب الأسنان) الخاص بك باحتياجات لغتك الشخصية عند زيارة الأسنان الأولى لك.

ԿԱՐԵՎՈՐ ՏԵՂԵԿՈՒԹՅՈՒՆ. Դուք կարող եք խոսել Ձեր ատամնաբույժի կամ ատամնաբուժական ծրագրի հետ՝ օգտվելով թարգմանչի ծառայություններից առանց որևէ վճարի: Թարգմանիչը ունենալու կամ գրավոր տեղեկություն ինսդրելու համար (հայերենով կամ մեկ այլ ձևաչափով, օրինակ՝ Բրայլը կամ մեծ տառաչափը), նախ զանգահարեք Ձեր ատամնաբուժական ծրագրի հեռախոսահամարով՝ 1-888-703-6999 (TTY՝ 1-800-735-2929): Ցանկացած մեկը, ով խոսում է հայերեն, կարող է օգնել Ձեզ: Եթե Ձեզ լրացուցիչ օգնություն է անհրաժեշտ, ապա զանգահարեք Առողջապահական օժանդակության կազմակերպության (HMO) Օգնության կենտրոն՝ 1-888-466-2219 հեռախոսահամարով: Ձեր առաջին ատամնաբուժական այցելության ժամանակ անպայման տեղեկացրեք Ձեր մատակարարին (ատամնաբույժին) Ձեր անձնական հեղինական կարիքների մասին: (Armenian)

សារៈសំខាន់៖ អ្នកអាជទនិនូលអ្នកបកប្រជាប់មាត់ដោយគតគិតគង់
ដើម្បីនិយាយទៅកាន់ទន្លេពេញ បុគ្គលិកសមាជិកដោយបានបង្កើតឡើង
ដើម្បីទន្លេបានអ្នកបកប្រជាប់មាត់ បុរាណសំព័ន្ធមានជាលាយលក្ខណ៍អគ្គិស្ស (ជាការសារឱ្យរាយ)

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បុជាដទៃដែរទេ) និងចាប់ផ្តើមការងារស្ថាបសម្រាប់ជនពិភាក្សាឌ្មី បុគ្គលិតម៉ាដំង។
សូមទទួលសញ្ញាទៅក្នុងសុខភាពដោយបាល់ខ្លួន តាមលេខ 1-888-703-6999 (TTY: 1-800-735-2929) ឬមុនសិន។ អ្នកនិយាយភាសាអីឡូ អាជីវិតយុទ្ធភាព។ បើសិនអ្នកត្រូវការជំនួយបន្ថែម
សូមទទួលសញ្ញាទៅមជ្ឈមណ្ឌលជំនួយអង្គភាពថ្វីរូបសុខភាព HMO តាមលេខ 1-888-466-2219។
ត្រូវបានការដាក់ជាអ្នកជំនួយដែលមិនមែនអ្នកជំនួយ (ពេទ្យដោយ) របស់អ្នកអំពីតម្លៃការភាសា
ជាលើលក្ខណៈរបស់អ្នកពេលអ្នកជួបពិនិត្យសុខភាពដោយបើកជំបូះ។ (Khmer)

مهم: برای گفتگو با دندانپزشک یا طرح دندانپزشکی خود می توانید بطور رایگان یک مترجم حضوری داشته باشید. برای دریافت یک مترجم حضوری یا برای درخواست اطلاعات به صورت کتبی (به زبان خود، یا با فرمت های دیگر مانند خط بریل یا چاپ درشت) ابتدا با طرح دندانپزشکی خود به شماره 6999-703-1-888-735-2929 (TTY: 1-800-735-2929) تماس بگیرید. فردی که (به زبان شما) صحبت می کند، می تواند به شما کمک کند. اگر به کمک بیشتری نیاز دارید با HMO Help Center با شماره 2219-466-888-1 تماس بگیرید. در اولین ویزیت دندانپزشکی خود اطمینان حاصل کنید که نیازهای زبانی شخصی خود را به ارائه کننده خدمات (دندانپزشک) خود اطلاع دهید. (Farsi)

TSEEM CEEB: Muaj tus neeg txhais lus pub dawb rau koj kom koj tham tau nrog koj tus kws kho hniav los yog nrog lub chaw pab them nqi kho hniav rau koj. Yog xav tau ib tug neeg txhais lus los yog xav tau cov ntaub ntawv (sau ua koj yam lus los sis ua lwm yam ntawv, zoo li ua lus Braille los sis ua ntawv loj loj), xub hu rau koj lub chaw pab them nqi kho hniav tus xov tooj ntawm 1-888-703-6999 (TTY: 1-800-735-2929). Yuav muaj ib tug neeg hais lus Hmoob pab tau koj. Yog koj xav tau kev pab ntxiv, hu rau HMO Qhov Chaw Txais Tos Pab Neeg ntawm 1-888-466-2219. Yuav tsum qhia rau koj tus kws muab kev pab (kws kho hniav) paub seb koj xav tau kev pab hais yam lus twg thawj zaug uas koj mus kho hniav. (Hmong)

중요: 치과의나 치과 플랜과 대화하실 때 무료 통역 서비스를 받으실 수 있습니다. 통역을 구하시거나 문자 정보(한국어 번역본 또는 점자나 큰 글자 같이 다른 형식으로 된 정보)를 요청하시려면, 가입하신 치과 플랜에 1-888-703-6999(TTY: 1-800-735-2929)로 먼저 전화하십시오. 한국어를 하는 사람이 도와드릴 수 있습니다. 도움이 더 필요하시면 HMO 도움 센터에 1-888-466-2219로 연락하십시오. 최초 치과 방문 시 원하시는 사용 언어를 치과 진료 제공자(치과의)에게 꼭 알려주시기 바랍니다. (Korean)

ВАЖНО: Вы можете бесплатно воспользоваться услугами переводчика во время обращения к стоматологу или в план стоматологического обслуживания. Чтобы запросить услуги переводчика или письменную информацию (на русском языке или в другом формате, например, шрифтом Брайля или крупным шрифтом), позвоните в свой план стоматологического обслуживания по телефону [1-888-703-6999](tel:1-888-703-6999) (линия ТTY: 1-800-735-2929). Вам окажет помощь русскоговорящий сотрудник. Если вам нужна помощь в других вопросах, позвоните в справочный центр Организации медицинского обеспечения (НМО) по телефону [1-888-466-2219](tel:1-888-466-2219). При необходимости перед первым обращением к поставщику услуг (стоматологу) сообщите ему, что вам требуются услуги переводчика. (Russian)

MAHALAGA: Maaari kang kumuha ng isang tagasalin nang walang bayad upang makipag-usap sa iyong dentista o planong dental. Upang makakuha ng isang tagasalin o upang humiling ng nakasulat na impormasyon (sa iyong wika o sa ibang anyo, tulad ng Braille o malalaking letra), tawagan muna ang numero ng telepono ng iyong planong Dental sa 1-888-703-6999. (TTY: 1-800-735-2929). Ang isang tao na nakapagsasalita ng Tagalog ay maaaring tumulong sa iyo. Kung kailangan mo ng karaggdagang tulong, tawagan ang Sentro ng Pagtulong ng HMO sa

1-888-466-2219. Siguruhin na nabigyan ng paunawa ang iyong tagapagkaloob ng pangangalaga (Dentista) ng Iyong mga personal na pangangailangan na kaugnay ng wika sa iyong unang pagbisita para sa ngipin. (Tagalog)

LUU Ý QUAN TRỌNG: Quý vị có thể được cấp dịch vụ thông dịch miễn phí khi đi khám tại văn phòng nha sĩ hoặc khi cần liên lạc với chương trình bảo hiểm nha khoa của quý vị. Để được cấp dịch vụ thông dịch hoặc yêu cầu văn bản thông tin (bằng tiếng Việt hoặc bằng một hình thức khác như chữ nổi hoặc bản in bằng chữ khổ lớn), trước tiên hãy gọi số điện thoại của chương trình bảo hiểm nha khoa của quý vị tại 1-888-703-6999 (TTY: 1-800-735-2929). Sẽ có người nói tiếng Việt giúp đỡ quý vị. Nếu quý vị cần được giúp đỡ thêm, vui lòng gọi Trung tâm Hỗ trợ HMO theo số 1-888-466-2219. Khi quý vị đi khám lần đầu tiên, xin quý vị nhớ cho nhà cung cấp dịch vụ (Nha sĩ) biết nhu cầu về ngôn ngữ riêng của quý vị. (Vietnamese)

ਮਹੱਤਵਪੂਰਨ: ਤੁਸੀਂ ਆਪਣੇ ਦੰਦਾਂ ਦਾ ਡਾਕਟਰ ਜਾਂ ਦੰਦਾਂ ਦੀ ਯੋਜਨਾ ਲਈ ਗੱਲ ਕਰਨ ਵਾਸਤੇ ਮੁਫ਼ਤ ਅਨੁਵਾਦ ਕਪਾਸ ਕਦੇ ਹੋ। ਅਨੁਵਾਦ ਕਪਾਉਣ ਲਈ ਜਾਂ ਲਿਖਤੀ ਜਾਣਕਾਰੀ (ਆਪਣੀ ਭਾਸ਼ਾ ਜਾਂ ਵੱਖਰੇ ਡਾਰਮੈਟ ਵਿੱਚ, ਜਿਵੇਂ ਕਿਬੂਲਜਾਂ ਵੱਡੇ ਅੱਖਰ) ਦੀ ਬੇਨਤੀ ਕਰਨ ਲਈ, ਪਹਿਲਾਂ 1-888-703-6999' (ਟਟਾਜ਼: 1-800-735-2929) ਤੇ ਆਪਣੀ ਦੰਦਾਂ ਦੀ ਯੋਜਨਾ ਦੇ ਫੋਨ ਨੰਬਰ' ਤੇ ਕਾਲ ਕਰੋ ਜੇਕਰ ਤੁਹਾਨੂੰ ਹੋਰ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ 1-888-466-2219' ਤੇ HMO Help Center(ਐਚ.ਐਮ.ਓ. ਸਹਾਇਤਾ ਸੈਟਰ) ਨੂੰ ਕਾਲ ਕਰੋ। ਆਪਣੀ ਨਿੱਜੀ ਭਾਸ਼ਾ ਵਿੱਚ ਪ੍ਰਦਾਤਾ (ਦੰਦਾਂ ਦੇ ਡਾਕਟਰ) ਨੂੰ ਆਪਣੇ ਅਗਲੇ ਦੌਰੇ ਬਾਰੇ ਦੱਸੋ। (Punjabi)

重要 歯科医や歯科保険会社との対話に、無料通訳サービスをご利用いただけます。日本語の通訳を希望される場合、または日本語で書かれた情報（点字書類や大きな文字による書類など）を希望される場合には、歯科保険会社1-888-703-6999（テキスト電話：1-800-735-2929）までお電話ください。スタッフが日本語で対応します。さらにヘルプが必要な場合は、HMO Help Center(1-888-466-2219)までお電話ください。日本語のサポートを希望される方は、歯科の初診時に必ずプロバイダー（歯科医）にお知らせください。
(Japanese)

ສໍາຄັນ: ເລື່ອງວາມາດມີນາລົງພາໄຕລີບຕ້ອງຈະລັກເຊື່ອວິ່ນຍິ່ນບໍ່ມີແຂວ້ວ ຫຼື ແຜນທັນຕະໜັດຂອງຈົ່າ. ເຊື່ອໄດ້ນາລົງພາວາ ຫຼື ຂໍຂໍ້ມູນທີ່ບັນຫາລົງວັກນອນ (ບັນຫາວາຂອງຈົ່າ ຫຼື ອຸປະບັບອື່ນ, ເຊື່ນ ພາວານູນ (Braille) ຫຼື ຕົວຫັນງົບສີທີ່ໃຫຍ່ງວ່າ), ໂທວະສັບໄປຫາແຜນທັນຕະໜັດຂອງຈົ່າກ່ອນ ຕາມໝາຍລະກົດທີ່ທີ່ 1-888-703-6999 (ທີ່ທີ່ວາຍ: 1-800-735-2929). ຜູ້ທີ່ວິ່ນພາວາ (ວາວ) ວາມາດຈ່ວຍລະເຫວີອຈົ່າໄດ້. ຖ້າວ່າຈົ່າຕ້ອງການຄວາມຈ່ວຍລະເຫວີອແມ່ນຕົ້ນ, ໂທວະສັບໄປທີ່ ສູນການຈ່ວຍລະເຫວີອ HMO ຕາມໝາຍວາ 1-888-466-2219. ຢ່າເວີມບອກຜູ້ໃຫ້ປົວການ (ໜົມແຂວ້ວ) ຂອງຈົ່າເວີ່ງຄວາມຕ້ອງການທາງພາວາຂອງຈົ່າທີ່ອທຶນທີ່ໄປຫາໜົມແຂວ້ວຂອງທ່ານ. (Lao)

कृपया ध्यान दें: आप अपने डैटिस्ट या डैटल प्लान से संपर्क करने के लिए मुफ़्त में एक दोभाषिया प्राप्त कर सकते हैं। दोभाषिया प्राप्त करने के लिए या लिखित रूप में निवेदन करने के लिए (अपनी भाषा में या किसी अलग प्रारूप में, जैसे ब्रेल (Braille) या बड़े अक्षर)), पहले अपने डैटल प्लान के फोन नं 1-888-

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703-6999 (टी.टी.वाई: 1-800-735-2929) पर कॉल करें। जो (आपकी भाषा बोलता हो), आपकी सहायता कर सकता है। अगर आपको और सहायता की ज़रूरत है, ऐचएमओ (HMO) हैल्प सेंटर को 1-888-466-2219 पर कॉल करें। दांतों की जांच के लिए आने के प्रारंभिक समय में अपने उपलब्धकर्ता(डैटिस्ट) को अपनी व्यक्तिगत भाषा आवश्यकताओं के बारे में सूचित करना सुनिश्चित करें। (Hindi)

เรื่องสำคัญ:

ท่านสามารถใช้บริการล่ามได้ฟรีเพื่อช่วยในการคุยกับทันตแพทย์หรือปรึกษาเรื่องแผนการทำฟันของท่าน เพื่อขอใช้บริการล่ามหรือขอซ้อมูลในรูปแบบเอกสาร (ภาษาของท่านหรือในรูปแบบอื่น อย่างเช่น อักษรเบรลล์หรืออักษรขนาดใหญ่พิเศษ) กรุณาโทรไปยังเบอร์ของแผนการทำฟันของท่านที่หมายเลข 1-888-703-6999 (ทีทีวาย: 1-800-735-2929) จะมีคนที่พูดภาษาไทยได้ค่อยช่วยเหลือท่าน ถ้าท่านต้องการความช่วยเหลือเพิ่มเติม กรุณาโทรไปที่ศูนย์ช่วยเหลือ HMO ที่หมายเลข 1-888-466-2219. อย่าลืมแจ้งผู้ให้บริการ (ทันตแพทย์) ของท่านให้ทราบถึงความต้องการทางด้านภาษาของท่านครั้งแรกที่เข้าไปหาทันตแพทย์ (Thai)

Notice of non-discrimination

Discrimination is against the law. **LIBERTY Dental Plan (LIBERTY)** 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 and other formats)
- Free language services to people whose first language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call **LIBERTY** at **888-703-6999** (TTY **800-735-2929**). We are open Monday through Friday 8:00 a.m. to 5:00 p.m.

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, Kristina Rovirosa**. You can file a grievance in person, in writing, by phone or by email:

Notice of non-discrimination

Kristina Rovirosa
Civil Rights Coordinator
P.O. Box 26110
Santa Ana, CA 92799-6110
[800-704-9833 \(TTY 800-735-2929\)](tel:800-704-9833)
714-389-3529
compliance@libertydentalplan.com

If you need help filing a grievance, **LIBERTY** can help you.

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

Nicole Placencia
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
1-916-440-7370 (TTY 711 California State Relay)
Email: CivilRights@dhcs.ca.gov

You can get complaint forms at http://www.dhcs.ca.gov/Pages/Language_Access.aspx.

If you believe you have been discriminated against on the bases 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 in writing, by phone or online:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019 (TTY 1-800-537-7697)
Complaint Portal: https://ocrportal.hhs.gov/ocr/cp/wizard_cp.jsf

You can get complaint forms at <http://www.hhs.gov/ocr/office/file/index.html>.

Welcome to **LIBERTY** **DENTAL PLAN!**

Thank you for joining **LIBERTY** Dental Plan (**LIBERTY OR the Plan**). **LIBERTY** is a health plan for people who have Medi-Cal. **LIBERTY** works with the State of California to help you get the health care you need.

Member Handbook

This Member Handbook tells you about your coverage under **Los Angeles Prepaid Health Plan (PHP)**. Please read it carefully and completely. It will help you understand and use your benefits and services. It also explains your rights and responsibilities as a member of **LIBERTY**. If you have special health needs, be sure to read all sections that apply to you.

This Member Handbook is also called the Combined Evidence of Coverage (EOC) and Disclosure Form. It is a summary of **LIBERTY's** rules and policies and based on the contract between **LIBERTY** and Department of Health Care Services (DHCS). If you would like to learn exact terms and conditions of coverage, you may request a copy of the complete contract from **a Member Services Representative (MSR)**.

Call **888-703-6999** (TTY **800-735-2929**) to ask for a copy of the contract between **LIBERTY** and DHCS. You may also ask for another copy of the Member Handbook at no cost to you or visit the **LIBERTY** website at www.libertydentalplan.com to view the Member Handbook. You may also request, at no cost, a copy of the **LIBERTY** non-proprietary clinical and administrative policies and procedures, or how to access this information on the **LIBERTY** website.

Contact us

LIBERTY is here to help. If you have questions, call [888-703-6999](tel:888-703-6999) (TTY [800-735-2929](tel:800-735-2929)). **LIBERTY** is here [Monday through Friday 8:00 a.m. to 5:00 p.m.](#) The call is toll free. You can also visit online at any time at www.libertydentalplan.com.

Thank you,

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

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1. Getting started as a member

How to get help

LIBERTY wants you to be happy with your health care. If you have any questions or concerns about your care, **LIBERTY** wants to hear from you!

Member services

LIBERTY's member services is here to help you. **LIBERTY** can:

- Answer questions about your health plan and covered services
- Help you choose or change a primary care provider (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 **888-703-6999** (TTY **800-735-2929**). **LIBERTY** is here **Monday through Friday 8:00 a.m. to 5:00 p.m.** The call is toll free.

You can also visit online at any time at www.libertydentalplan.com.

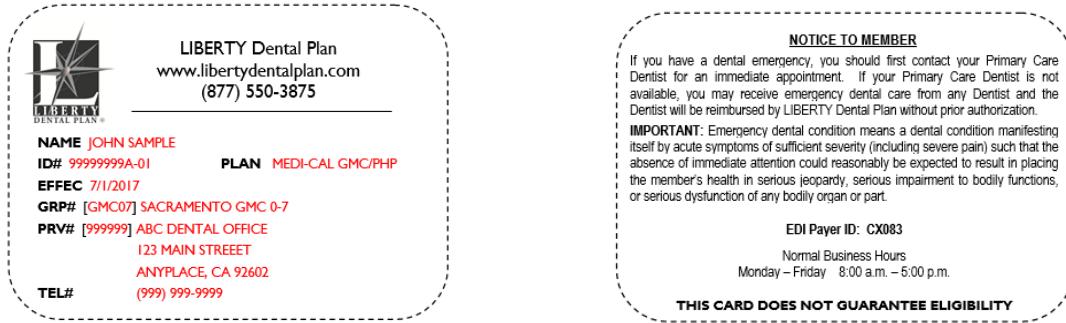
Who can become a member

You qualify for **LIBERTY** because you qualify for Medi-Cal and live in **Los Angeles county**. For questions about enrollment, call **Health Care Options (HCO)** at **800-430-4263** (TTY **800-430-7077**) or visit www.healthcareoptions.dhcs.ca.gov.

You may also qualify for Medi-Cal through Social Security. For questions about enrollment, call the Los Angeles County Department of Human Assistance at **916-874-3100** or **209-744-0499**. You can visit www.saccounty.net.

Identification (ID) cards

As a member of **LIBERTY**, you will get a **LIBERTY** ID card. You must show your **LIBERTY** ID card and your Medi-Cal Benefits Identification Card (BIC) when you get any health care services or prescriptions. You should carry all health cards with you at all times. Here is a sample **LIBERTY** ID card to show you what yours will look like:



If you do not get your **LIBERTY** ID card within a few weeks of enrolling, or if your card is damaged, lost or stolen, call member services right away. **LIBERTY** will send you a new card for free. Call **888-703-6999** (TTY **800-735-2929**).

Ways to get involved as a member

LIBERTY wants to hear from you. Each quarter, **LIBERTY** has meetings to talk about what is working well and how **LIBERTY** can improve. Members are invited to attend. Come to a meeting!

LIBERTY's Public Policy Committee

LIBERTY has a group called **the Public Policy Committee**. This group is made up of members, support staff and our Dental Director. Joining this group is voluntary. 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 ability to administer dental services

If you would like to be a part of this group, call **888-703-6999** (TTY **800-735-2929**).

2. About your health plan

Health plan overview

LIBERTY is a health plan for people who have Medi-Cal in Los Angeles County. **LIBERTY** works with the State of California to help you get the health care you need.

You may talk with one of the **LIBERTY** member services representatives to learn more about the health plan and how to make it work for you. Call **888-703-6999** (TTY **800-735-2929**).

When your coverage starts and ends

When you enroll with **LIBERTY**, you should receive a **LIBERTY** member ID card within two weeks of enrollment. Please show this card every time you go for any service under the **LIBERTY** Los Angeles PHP program.

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. Or call **888-703-6999** (TTY **800-735-2929**) 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 health plan at any time. For help choosing a new plan, call HCO at **1-800-430-4263** (TTY **1-800-430-7077**). Or visit www.healthcareoptions.dhcs.ca.gov. You can also ask to end your Medi-Cal.

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 qualify for certain waiver programs
- You need a major organ transplant (excluding kidneys and corneal transplants)

- You request to be disenrolled from **LIBERTY**
- You become enrolled with a commercial dental plan
- You verbally mistreat a dentist or dental office staff
- You physically hurt a dentist or the dental office staff
- You let someone else use your dental benefits

Indian Health Services

If you are an American Indian, you have the right to get health care services at Indian health service facilities. You may also stay with or disenroll from **LIBERTY** while getting health care services from these locations. American Indians have a right to not enroll in a Medi-Cal managed care plan or may leave their health plans and return to regular (fee-for-service) Medi-Cal at any time and for any reason.

To find out more, please call Indian Health Services at 1-916-930-3927 or visit the Indian Health Services website at www.ihs.gov.

How your plan works

LIBERTY is a health plan contracted with DHCS. **LIBERTY** is a managed care health 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, hospitals and other health care providers in the **Los Angeles county** service area to give dental care to you, the member.

Our Member Services Representatives (MSR) will tell you how **LIBERTY** works, how to get the care you need, how to schedule provider appointments, how to get a list of dentists, how to get a new **LIBERTY** ID card, how to report grievances and appeals, and how to find out if you qualify for transportation services.

To learn more, call **877-550-3872** (TTY **800-735-2929**). You can also find member service information online at www.libertydentalplan.com.

Changing health plans

You may leave **LIBERTY** and join another health plan at any time. Call HCO 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 <https://www.healthcareoptions.dhcs.ca.gov>.

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

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

Beneficiaries that 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, including, but not limited to major organ transplants; and members already enrolled in another Medi-Cal, Medicare or commercial managed care plan.

You may ask to leave **LIBERTY** in person at your local county health and human services office. Find your local office at www.dhcs.ca.gov/services/medical/Pages/CountyOffices.aspx. Or call HCO at 1-800-430-4263 (TTY 1-800-430-7077). **You should continue seeing the dentist listed on your LIBERTY Member ID card until you get a letter from HCO.**

College students who move to a new county

If you move to a new county in California to attend college, **LIBERTY** will cover emergency services in your new county. Emergency services are available to all Medi-Cal enrollees statewide regardless of county of residence.

If you are enrolled in Medi-Cal and will attend college in a different county, you do not need to apply for Medi-Cal in that county. There is no need for a new Medi-Cal application as long as you are still under 21 years of age, are only temporarily out of the home and are still claimed as a tax dependent in the household.

When you temporarily move away from home to attend college there are two options available to you. You may:

- Notify your local county social services office that you are temporarily moving to attend college and provide your address in the new county. The county will update the case records with your new address and county code in the State's database. If **LIBERTY** does not operate in the new county, you will have to change your health plan to the available options in the new county. For questions and to prevent any delay in enrolling in the new health plan, call HCO at 1-800-430-4263 (TTY 1-800-430-7077).

OR

- Choose not to change your health plan when you temporarily move to attend college in a different county. You will only be able to access emergency room services in the new county. For routine or preventive health care, you would need to use the **LIBERTY** regular network of providers located in the head of the household's county of residence.
-

Continuity of care

If you now go to providers who are not in the **LIBERTY** network, in certain cases you may get continuity of care and be able to go to them for up to 12 months. If your providers do not join the **LIBERTY** network by the end of 12 months, you will need to switch to providers 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 888-703-6999 (TTY 800-735-2929) to see if you qualify for this service, or to get a copy of **LIBERTY**'s Continuity of Care policy.

Providers who leave **LIBERTY**

If your provider stops working with **LIBERTY**, you may be able to keep getting services from that provider. 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 became active with **LIBERTY**

LIBERTY provides continuity of care services if [the following terms are met](#):

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

To learn more about continuity of care and eligibility qualifications, call [\(888-703-6999\)](tel:888-703-6999) (TTY 800-735-2929).

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 or deductibles. For a list of covered services, go to "Benefits and services."

How a provider gets paid

LIBERTY pays providers in these ways:

- Capitation payments
 - **LIBERTY** pays some providers a set amount of money every month for each **LIBERTY** member. This is called a capitation payment. **LIBERTY** and providers work together to decide on the payment amount.
- Fee-for-service payments
 - Some providers give 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 providers work together to decide how much each service costs.

To learn more about how **LIBERTY** pays providers, call [\(888-703-6999\)](tel:888-703-6999) (TTY 800-735-2929).

Asking **LIBERTY** to pay a bill

If you get a bill for a covered service, call member services right away at [888-703-6999](tel:888-703-6999) (TTY [800-735-2929](tel:800-735-2929)).

If you pay for a service that you think **LIBERTY** should cover, you can file a claim. Use a claim form and tell **LIBERTY** in writing why you had to pay. Call [888-703-6999](tel:888-703-6999) (TTY [800-735-2929](tel:800-735-2929)) to ask for a claim form. **LIBERTY** will review your claim to decide if you can get money back.

3. How to get dental care

Getting health care services

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

You can begin to get health care services on your effective date of coverage. Always carry your **LIBERTY** ID card and Medi-Cal BIC card with you. Never let anyone else use your **LIBERTY** ID card or BIC card.

New members must choose a Primary Care Dentist (PCD) in the **LIBERTY** network. The **LIBERTY** network is a group of dentists, hospitals and other providers who work with **LIBERTY**. You must choose a PCD within 30 days from the time you become a member with **LIBERTY**. If you do not choose a PCD, **LIBERTY** 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 Provider Directory. It has a list of all PCDs in the **LIBERTY** network. The Provider Directory has other information to help you choose a PCD. If you need a Provider Directory, call **888-703-6999** (TTY **800-735-2929**). You can also find the Provider Directory on the **LIBERTY**'s website at www.libertydentalplan.com.

If you cannot get the care you need from a participating provider in the **LIBERTY** 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, the Provider Directory and the provider network.

Initial health assessment (IHA)

LIBERTY recommends that, as a new member, you visit your new PCD within the first 120 days for an initial health assessment (IHA). The purpose of the IHA is to help your PCD learn your health care 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 appointment, tell the person who answers the phone that you are a member of **LIBERTY**. Give your **LIBERTY** ID number.

Take your BIC card 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.

Routine dental care

Routine care is regular dental care. It includes preventive care, also called wellness or well care. It helps you stay healthy and helps keep you from getting sick. Preventive care includes regular checkups and health education and counseling. In addition to preventive care, routine care also includes care when you are sick. **LIBERTY** covers routine care from your PCD.

Your PCD will:

- Give you all your routine dental care, including regular checkups, treatment, prescriptions and dental advice
- Keep your dental records
- Refer (send) you to specialists if needed
- Order x-rays, or services if you need them

When you need routine dental care, you will call your PCD for an appointment. Be sure to call your PCD before you get dental care unless it is an emergency. For an emergency, call **911** or go to the nearest emergency room.

To learn more about dental care and services your plan covers, and what it does not cover, read Chapter 4 in this handbook.

Urgent dental care

Urgent dental care is **not** for an emergency or life-threatening condition. It is for services

you need to prevent serious damage to your health from a sudden illness, injury or complication of a condition you already have. Urgent care appointments require care within 48 hours. If you are outside **LIBERTY**'s service area, urgent care services may be covered. Urgent care needs could be a cold, sore throat, fever, ear pain, sprained muscle or maternity services.

For urgent dental care, call your PCD. If you cannot reach your PCD, call **888-703-6999** (TTY **800-735-2929**) for assistance.

If you need urgent dental care out of the area, go to the nearest urgent care facility. You do not need pre-approval (prior authorization).

Emergency dental care

For emergency dental care, call **911** or go to the nearest emergency room (ER). For emergency care, you do **not** need pre-approval (prior authorization) from **LIBERTY**.

Emergency dental care is for life-threatening medical conditions. This care is for an illness or injury that a reasonable layperson (not a health care professional) with average knowledge of health and medicine could expect that, if you don't get care right away, your health (or your unborn baby's health) could be in danger, or a body function, body organ or body part could be seriously harmed. Examples include:

- Extreme mouth, tooth or gum pain
- Bleeding of the mouth or gums that will not stop
- Extreme swelling of the mouth or gums
- Infection of the mouth or gums
- Injuries to the teeth or gums

Do not go to the ER for routine dental care. You should get routine dental care from your PCD, who knows you best. If you are not sure if your dental condition is an emergency, call your PCD. You may also call **LIBERTY** 24/7 at **888-703-6999** (TTY **800-735-2929**).

If you need emergency care away from home, go to the nearest emergency room (ER), even if it is not in the **LIBERTY** network. If you go to an ER, ask them to call **LIBERTY**. You or the hospital to which you were admitted should call **LIBERTY** within 24 hours after you get emergency care. If you are traveling outside the U.S., other than to Canada or Mexico, and need emergency care, **LIBERTY** will **not** cover your care.

If you need emergency transportation, call **911**. You do not need to ask your PCD or **LIBERTY** first before you go to the ER.

If you need care in an out-of-network hospital after your emergency (post-stabilization

care), the hospital will call **LIBERTY**.

Remember: Do not call **911** unless it is an emergency. Get emergency care only for an emergency, not for routine dental care or a minor illness like a cold or sore throat. If it is an emergency, call **911** or go to the nearest emergency room.

Advance directives

An advance health directive is a legal form. On it, you can list what health care you want in case you cannot talk or make decisions later on. You can list what care you do **not** want. You can name someone, such as a spouse, to make decisions for your health care if you cannot.

You can get an advance directive form at drugstores, hospitals, law offices and doctors' offices. You may have to pay for the form. You can also find and download a free form online. You can ask your family, PCD or someone you trust to help you fill out the form.

You have the right to have your advance directive placed in your medical records. You have the right to change or cancel your advance directive at any time.

You have the right to learn about changes to advance directive laws. **LIBERTY** will tell you about changes to the state law no longer than 90 days after the change.

Where to get care

You will get most of your care from your PCD. Your PCD will give you all of your routine dental preventive (wellness) care. You will also go to your PCD for other treatment when needed.

Be sure to call your PCD before you get non-emergency dental care. Your PCD will refer (send) you to specialists if you need them.

To get help with your health questions, you can also call **888-703-6999 (TTY 800-735-2929)**

If you need urgent dental care, call your PCD. Urgent dental care is care you need within 48 hours but is not an emergency. It includes care for such things as a lost filling or crown, a chipped tooth without pain, food stuck between teeth or a dull toothache.

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

Moral objection

Some providers have a moral objection to some services. This means they have a right

to **not** offer some covered services if they morally disagree. If your provider has a moral objection, he or she will help you find another provider for the needed services.

LIBERTY can also work with you to find a provider.

You should get more information before you enroll. Call the new PCD, that you want. Or call **LIBERTY** at **888-703-6999 (TTY 800-735-2929)** to make sure you can get the health care services you need.

Provider Directory

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

The **LIBERTY** Provider Directory lists PCDs, specialists, Federally Qualified Health Centers (FQHCs) and Indian Health Service Facilities (IHF)s.

The Provider Directory has **LIBERTY** network provider names, addresses, phone numbers, business hours and languages spoken. It tells if the provider is taking new patients. It also gives the level of physical accessibility for the building, such as parking, ramps, stairs with handrails, and restrooms with wide doors and grab bars.

You can find the online Provider Directory at www.libertydentalplan.com.

If you need a printed Provider Directory, call **888-703-6999 (TTY 800-735-2929)**.

Provider network

The provider network is the group of doctors, hospitals and other providers that work with **LIBERTY**. You will get your covered services through the **LIBERTY** network.

If your provider in the network, including a PCD, hospital or other provider, has a moral objection to providing you with a covered service, such as family planning or abortion, call **888-703-6999 (TTY 800-735-2929)**. Go to Chapter 4 for more about moral objections.

If your provider has a moral objection, he or she can help you find another provider who will give you the services you need. **LIBERTY** can also work with you to find a provider.

In network

You will use providers in the **LIBERTY** network for your health care needs. You will get preventive and routine care from your PCD. You will also use specialists, hospitals and other providers in the **LIBERTY** network.

To get a Provider Directory of network providers, call [888-703-6999](#) (TTY 800-735-2929). You can also find the Provider Directory online at www.libertydentalplan.com.

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

Except for emergency care, you may have to pay for care from providers who are out of network.

Out-of-network or Out-of-service area

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

If you need help with out-of-network services, call [888-703-6999](#) (TTY 800-735-2929).

If you are outside of the **LIBERTY** service area and need care that is **not** an emergency or urgent, call your PCD right away. Or call [888-703-6999](#) (TTY 800-735-2929). [

For emergency care, call **911** or go to the nearest emergency room. **LIBERTY** covers out-of-network emergency care. If you travel to Canada or Mexico and need emergency services requiring hospitalization, **LIBERTY** will cover your care. If you are traveling internationally outside of Canada or Mexico and need emergency care, **LIBERTY** will **not** cover your care.

If you need health care services for a California Children's Services (CCS) eligible condition and **LIBERTY** does not have a CCS-paneled specialist in the network who can provide the care you need, you may be able to go to a provider outside of the provider network at no cost to you. To learn more about the CCS program, read the Benefits and Services chapter of this handbook.]

If you have questions about out-of-network or out-of-service area care, call [888-703-6999](#) (TTY 800-735-2929).

Dentists

You will choose your PCD from the **LIBERTY** Provider Directory. The doctor you choose

must be a participating provider. This means the provider is in the **LIBERTY** network. To get a copy of the **LIBERTY** Provider Directory, call **888-703-6999** (TTY **800-735-2929**). Or find it online at www.libertydentalplan.com.

You should also call if you want to check to be sure the PCD you want is taking new patients.

If you had a doctor before you were a member of **LIBERTY**, you may be able to keep that doctor for a limited time. This is called continuity of care. You can read more about continuity of care in this handbook. To learn more, call **888-703-6999** (TTY **800-735-2929**).

If you need a specialist, your PCD will refer you to a specialist in the **LIBERTY** network.

Remember, if you do not choose a PCD, **LIBERTY** will choose one for you. You know your health care needs best, so it is best if you choose. If you are in both Medicare and Medi-Cal, you do not have to choose a PCD.

If you want to change your PCD, you must choose a PCD from the **LIBERTY** Provider Directory. Be sure the PCD is taking new patients. To change your PCD, call **888-703-6999** (TTY **800-735-2929**).

Hospitals

In an emergency, call **911** or go to the nearest hospital.

If it is not an emergency and you need hospital care, your PCD will decide which hospital you go to. You will need to go to a hospital in the network. The hospitals in the **LIBERTY** network are listed in the Provider Directory. Hospital services, other than emergencies, require pre-approval (prior authorization).

Primary care dentist (PCD)

You must choose a PCD within 30 days of enrolling in **LIBERTY**. Depending on your age and sex, you may choose a general dentist as your PCD.

You can also choose an Indian Health Service Facility (IHF), Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) as your PCD. Depending on the type of the provider, you may be able to choose one PCD for your entire family who are members of **LIBERTY**.

If you do not choose a PCD within 30 days of enrollment, **LIBERTY** will assign you to a PCD. If you are assigned to a PCD and want to change, call **888-703-6999** (TTY **800-**

[735-2929](#)). The change happens the first day of the next month.

Your PCD will:

- Get to know your health history and 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
-

You can look in the Provider Directory to find a PCD in the **LIBERTY** network. The Provider Directory has a list of IHFs, FQHCs and RHCs that work with **LIBERTY**.

You can find the **LIBERTY** Provider Directory online at www.libertydentalplan.com. Or you can request a Provider Directory to be mailed to you by calling [888-703-6999](#) (TTY [800-735-2929](#)). You can also call to find out if the PCD you want is taking new patients.

Choice of doctors and other providers

You know your health 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 health care needs. However, if you want to change to a new PCD, you can change anytime. You must choose a PCD who is in the **LIBERTY** 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 [888-703-6999](#) (TTY [800-735-2929](#)).

LIBERTY may ask you to change your PCD if the PCD is not taking new patients, has left the **LIBERTY** 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 **LIBERTY** needs to change your PCD, **LIBERTY** will tell you in writing.

If you change PCDs, you will get a new **LIBERTY** 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

When you need health 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 card and **LIBERTY** ID card to your appointment
- Ask for transportation to your appointment, if needed
- Ask for language assistance or interpretation services, if needed
- Be on time for your appointment
- Call right away if you cannot keep your appointment or will be late
- Have your questions and medication information ready in case you need them

If you have an emergency, call **911** or go to the nearest emergency room.

Payment

You do **not** have to pay for covered services. In most cases, you will not get a bill from a provider. You may get an Explanation of Benefits (EOB) or a statement from a provider. EOBs and statements are not bills.

If you do get a bill, call **888-703-6999** (TTY **800-735-2929**). Tell **LIBERTY** the amount charged, the date of service and the reason for the bill. You are **not** responsible to pay a provider for any amount owed by **LIBERTY** for any covered service. Except for emergency care or urgent care, you may have to pay for care from providers who are not in the network. If you need covered health care services, you may be able to get them at an out-of-network provider at no cost to you, as long as they are medically necessary and not available in the network.

If you get a bill or are asked to pay a co-pay that you think you did not have to pay, you can also file a claim form with **LIBERTY**. You will need to tell **LIBERTY** in writing why you had to pay for the item or service. **LIBERTY** will read your claim and decide if you can get money back. For questions or to ask for a claim form, call **888-703-6999** (TTY **800-735-2929**).

Referrals

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

Your PCD will send a referral form **LIBERTY** to ask for a specialist. **LIBERTY** will review and decide if you need a specialist. If **LIBERTY** approves your referral, you will receive an approved authorization in the mail, we will also send the approved authorization to your PCD and the specialist. The specialist will treat you for the necessary dental treatment and let you know when you need to go back to your PCD.

If you have a health problem that needs special medical care for a long time, you may need a standing referral. This means you can go to the same specialist more than once without getting a referral each time.

If you have trouble getting a standing referral or want a copy of the **LIBERTY** referral policy, call [888-703-6999](tel:888-703-6999) (TTY [800-735-2929](tel:800-735-2929)).

Adults and Minors do not need a referral for:

- PCD visits
- Urgent or emergency care visits
- Eligible dental services

Pre-approval

For some types of care, your PCD or specialist will need to ask **LIBERTY** for permission before you get the care. This is called asking for prior authorization, prior approval, or pre-approval. It means that **LIBERTY** must make sure that the care is dentally necessary or needed.

Care is dentally necessary if it is reasonable and necessary to protect your life, keeps you from becoming seriously ill or disabled, or reduces severe pain from a diagnosed disease, illness or injury.

The following services always need pre-approval, even if you receive them from a provider in the **LIBERTY** network:

- Services out of the **LIBERTY** service area
- Specialized treatments

For some services, you need pre-approval (prior authorization). Under Health and Safety Code Section 1367.01(h)(2), **LIBERTY** will decide routine pre-approvals within 5

working days of when **LIBERTY** gets the information reasonably needed to decide.

For requests in which a provider indicates or **LIBERTY** determines that following the standard timeframe could seriously jeopardize your life or health or ability to attain, maintain, or regain maximum function, **LIBERTY** will make an expedited (fast) pre-approval decision. **LIBERTY** will give notice as quickly as your health condition requires and no later than 72 hours after receiving the request for services.

LIBERTY does **not** pay the reviewers to deny coverage or services. If **LIBERTY** does not approve the request, **LIBERTY** will send you a Notice of Action (NOA) letter. The NOA letter will tell you how to file an appeal if you do not agree with the decision.

LIBERTY will contact you if **LIBERTY** needs more information or more time to review your request.

You never need pre-approval for emergency care, even if it is out of the network. This includes labor and delivery if you are pregnant.

Second opinions

You might want a second opinion about care your provider says you need or about your diagnosis or treatment plan. For example, you may want a second opinion if you are not sure you need a prescribed treatment or surgery, or you have tried to follow a treatment plan and it has not worked.

If you want to get a second opinion, you can choose an in-network provider of your choice. For help choosing a provider, call **888-703-6999** (TTY **800-735-2929**).

LIBERTY will pay for a second opinion if you or your network provider asks for it and you get the second opinion from a network provider. You do not need permission from **LIBERTY** to get a second opinion from a network provider.

If there is no provider in the **LIBERTY** network to give you a second opinion, **LIBERTY** will pay for a second opinion from an out-of-network provider. **LIBERTY** will tell you within 5 business days if the provider you choose for a second opinion is approved. If you have a chronic, severe or serious illness, or face an immediate and serious threat to your health, including, but not limited to, loss of life, limb, or major body part or bodily function, **LIBERTY** will decide within 72 hours.

If **LIBERTY** denies your request for a second opinion, you may appeal. To learn more about appeals, go to **page 48** in this handbook.

4. Benefits and services

What your health plan covers

This section explains all of your covered services as a member of **LIBERTY**. Your covered services are free as long as they are dentally necessary and provided by an in-network provider. Your health plan may cover medically necessary services from an out-of-network provider. But you must ask **LIBERTY** for this. Care is dentally necessary if it is reasonable and necessary to protect your life, keeps you from becoming seriously ill or disabled, or reduces severe pain from a diagnosed disease, illness or injury.

LIBERTY offers these types of services:

- Outpatient (ambulatory) services
- Emergency services
- Palliative care
- Preventive and wellness services and chronic disease management
- Pediatric services
- Non-emergency medical transportation (NEMT)
- Non-medical transportation (NMT)

Read each of the sections below to learn more about the services you can get.

Medi-Cal benefits

Outpatient (ambulatory) services

- **Anesthesiologist services**

LIBERTY covers anesthesia services that are dentally necessary when you receive outpatient care.

- ***Outpatient surgery***

LIBERTY covers outpatient surgical procedures. Those needed for diagnostic purposes, procedures considered to be elective, and specified outpatient medical procedures require pre-approval (prior authorization).

Emergency services

- ***Inpatient and outpatient services needed to treat a dental emergency***

LIBERTY covers all services that are needed to treat a dental emergency that happens in the U.S. or requires you to be in a hospital in Canada or Mexico. A dental emergency is a dental condition with severe pain or serious injury. The condition is so serious that, if it does not get immediate medical attention, anyone with an average knowledge of health and medicine could expect it to result in:

- Serious risk to your health; **or**
- Serious harm to bodily functions; **or**
- Serious dysfunction of any bodily organ or part; **or**

Palliative care

LIBERTY covers palliative care for children and adults, which help reduce physical, emotional, social and spiritual discomforts.

Palliative care is patient - and family - centered care that improves quality of life by anticipating, preventing and treating suffering. Palliative care does not require the member to have a life expectancy of six months or less. Palliative care may be provided at the same time as curative care.

Preventive and wellness services and chronic disease management

The plan covers:

- United States Preventive Services Task Force A and B recommended preventive services

Pediatric services

The plan covers:

- Early and periodic screening, diagnostic and treatment (EPSDT) services.

- If you or your child are under 21 years old, **LIBERTY** covers well-child visits. Well-child visits are a comprehensive set of preventive, screening, diagnostic, and treatment services.
- **LIBERTY** will make appointments and provide transportation to help children get the care they need.
- Preventive care can be regular health check-ups and screenings to help your doctor find problems early. Regular check-ups help your doctor look for any problems with your medical, dental, vision, hearing, mental health, and any substance use disorders. **LIBERTY** covers screening services any time there is a need for them, even if it is not during your regular check-up. Also, preventive care can be shots you or your child need. **LIBERTY** must make sure that all enrolled children get needed shots at the time of any health care visit.
- When a dental problem is found during a check-up or screening, there may be care that can fix or help the problem. If the care is dentally necessary and **LIBERTY** is responsible for paying for the care, then **LIBERTY** covers the care at no cost to you. These services include:
 - Dental and dental specialty care
 - Dental case management, targeted case management, and dental education
 - Reconstructive surgery, which is surgery to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease to improve function or create a normal appearance.
- If the care is dentally necessary and **LIBERTY** is not responsible for paying for the care, then **LIBERTY** will help you get the right care you need. These services include:
 - Treatment for dental issues, which could be orthodontics

Non-emergency medical transportation (NEMT)

You are entitled to use non-emergency medical transportation (NEMT) when you physically or medically are not able to get to your medical, dental, mental health and substance use disorder appointment by car, bus, train or taxi, and the plan pays for your medical or physical condition. Before getting NEMT, you need to request the service through your doctor, and they will prescribe the correct type of transportation to meet your medical 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 can physically or medically be transported by a wheelchair van, **LIBERTY** will not pay for an ambulance. You are only entitled to air transport if your medical condition makes any form of ground transportation impossible.

NEMT must be used when:

- It is physically or medically needed as determined with a written authorization by a doctor; or you are not able to physically or medically use a bus, taxi, car or van to get to your appointment.
- You need help from the driver to and from your residence, vehicle or place of treatment due to a physical or mental disability.
- It is approved in advance by **LIBERTY** with a written authorization by a doctor.

To ask for NEMT services that your doctor has prescribed, please call **LIBERTY** at **888-703-6999 (TTY 800-735-2929)** 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 medical, dental, mental health and substance use disorder appointments covered under **LIBERTY** when a provider has prescribed it for you. If the appointment type is covered by Medi-Cal but not through the health plan, your health plan will provide for or help you schedule your transportation.

What does not apply?

Transportation will not be provided 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 Medi-Cal. 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 (NMT)

You can use non-medical transportation (NMT) when you are:

- Traveling to and from an appointment for a Medi-Cal service authorized by your provider.
- Picking up prescriptions

LIBERTY allows you to use a car, taxi, bus or other public/private way of getting to your medical appointment for Medi-Cal-covered services. **LIBERTY** provides mileage reimbursement when transportation is in a private vehicle arranged by the member and not through a transportation broker, bus passes, taxi vouchers or train tickets.

Before getting approval for mileage reimbursement, you must state to **LIBERTY** by phone, by email or in person that you tried to get all other reasonable transportation choices and could not get one. **LIBERTY** allows the lowest cost NMT type that meets your medical needs.

To request NMT services that your provider authorized, call **LIBERTY** at **888-703-6999 (TTY 800-735-2929)** 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 medical, dental, mental health and substance use disorder appointments when a provider has authorized it for you. If the appointment type is covered by Medi-Cal but not through the health plan, your health plan will provide for or help you schedule your transportation.

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.
- You need assistance from the driver to and from the residence, vehicle or place of treatment due to a physical or medical condition.
- The service is not covered by Medi-Cal.

Cost to member

There is no cost when transportation is authorized by **LIBERTY**.

What your health plan does not cover

Dental services provided outside of Los Angeles County are not covered unless it is an emergency.

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
- Partial dentures unless there is an existing or treatment planned full denture on the other arch
- 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 arthrogryposis, 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.
 - Special Needs patients may qualify for implant services. Special Needs Patients are defined as those patients who have a physical, behavioral, developmental, or emotional condition that prohibits them from adequately responding to a provider's attempts to perform an examination.
 - Members in Skilled Nursing Facilities or Intermediate Care Facilities.
 - Members requiring dental-related hospital services in acute care hospital or surgi-centers with proper documentation of the qualifying condition medical condition.
- Fixed partial denture (bridge) unless exceptional medical conditions are present

Dental services

Medi-Cal covers some dental services, including:

- Diagnostic and preventive dental hygiene (such as examinations, X-rays and teeth cleanings)
- Emergency services for pain control (palliative treatment)
- Tooth extractions
- Fillings
- Root canal treatments (anterior/posterior)
- Crowns (prefabricated/laboratory)
- Scaling and root planning
- Periodontal maintenance
- Complete and partial dentures (when certain conditions are met)
- Orthodontics for children who qualify (based on Denti-Cal guidelines)

If you have questions or want to learn more about dental services, call Denti-Cal at 1-800-322-6384 (TTY 1-800-735-2922). You may also visit the Denti-Cal website at denti-cal.ca.gov.

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 dentally necessary based on professional review
- Dental services to restore tooth structure lost from abrasion, erosion, teeth grinding or clinching
- 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 [\(888-703-6999\)](tel:888-703-6999) (TTY [\(800-735-2929\)](tel:800-735-2929)).

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 PCD believes your child has a CCS condition, he or she will be referred to the CCS county program to be assessed for eligibility.

CCS program staff will decide if your child qualifies for CCS services. If your child qualifies to get this type of care, CCS providers will treat him or her for the CCS condition. [LIBERTY](#) will continue to cover the types of service that do not have to do with the CCS condition such as physicals, vaccines and well-child checkups.

[LIBERTY](#) does not cover services provided by the CCS program. For CCS to cover these services, CCS must approve the provider, services and equipment.

CCS does not cover all health conditions. CCS covers most health conditions that physically disable or that need to be treated with medicines, surgery or rehabilitation (rehab). CCS covers children with health conditions 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 under certain circumstances
- Rheumatoid arthritis
- Muscular dystrophy
- AIDS
- Severe head, brain or spinal cord injuries
- Severe burns
- Severely crooked teeth

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

To learn more about CCS, call [888-703-6999](tel:888-703-6999) (TTY [800-735-2929](tel:800-735-2929)).

Care coordination

LIBERTY offers services to help you coordinate your health care needs at no cost to you. If you have questions or concerns about your health or the health of your child, call [888-703-6999](tel:888-703-6999) (TTY [800-735-2929](tel:800-735-2929)).

5. Rights and responsibilities

As a member of **LIBERTY**, you have certain rights and responsibilities. This chapter explains these rights and responsibilities. This chapter also includes legal notices that you have a right to as a member of **LIBERTY**.

Your rights

LIBERTY members have these rights:

- To be treated with respect, giving due consideration to your right to privacy and the need to maintain confidentiality of your medical information.
- To be provided with information about the plan and its services, including Covered Services.
- To be able to choose a PCD within **LIBERTY**'s network.
- To participate in decision making regarding your own health care, including the right to refuse treatment.
- To voice grievances, either verbally or in writing, about the organization or the care received.
- To receive care coordination.
- To request an appeal of decisions to deny, defer or limit services or benefits.
- To receive oral interpretation services for their language.
- To receive free legal help at your local legal aid office or other groups.
- To formulate advance directives.
- To request a State Hearing, including information on the circumstances under which an expedited hearing is possible.
- To disenroll upon request. Members that can request expedited disenrollment include, but are not limited to, those receiving services under the Foster Care or Adoption Assistance Programs and those with special health care needs.
- To access Minor Consent Services.

- To receive written member-informing materials in alternative formats (such as braille, large-size print and audio format) upon request and in a timely fashion appropriate for the format being requested and in accordance with Welfare & Institutions 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 your condition and ability to understand.
- To have access to and receive a copy of your medical records, and request that they be amended or corrected, as specified in 45 Code of Federal Regulations §164.524 and 164.526.
- Freedom to exercise these rights without adversely affecting how you are treated by **LIBERTY**, your providers or the State.
- To have access to Federally Qualified Health Centers, Indian Health Service Facilities, Rural Health Centers, and Emergency Services outside **LIBERTY**'s network pursuant to the federal law.

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

Notice of privacy practices

A STATEMENT DESCRIBING **LIBERTY** POLICIES AND PROCEDURES FOR PRESERVING THE CONFIDENTIALITY OF MEDICAL 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/About-LIBERTY-Dental/Compliance/Privacy-Policy.aspx>.

Call our Member Services at 888-703-6999 (TTY 800-753-2929) Monday through Friday for a written copy of this notice

Notice about laws

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

Notice about Medi-Cal as a payer of last resort

Sometimes someone else has to pay first for the services **LIBERTY** provides you. For example, if you are in a car accident or if you are injured at work, insurance or Workers Compensation has to pay first.

DHCS has the right and responsibility to collect for covered Medi-Cal services for which Medi-Cal is not the first payer. If you are injured, and someone else is liable for your injury, you or your legal representative must notify DHCS within 30 days of filing a legal action or a claim. Submit your notification online:

- Personal Injury Program at <http://dhcs.ca.gov/PI>
- Workers Compensation Recovery Program at <http://dhcs.ca.gov/WC>

To learn more, call 1-916-445-9891.

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. **LIBERTY** will take all reasonable measures to ensure that the Medi-Cal program is the payer of last resort.

You must apply for and keep other health coverage (OHC) that is available to you for free or is state-paid coverage. If you do not apply for or keep no-cost or state-paid OHC, your Medi-Cal benefits and/or eligibility will be denied or stopped. If you do not report changes to your OHC promptly, and because of this, receive Medi-Cal benefits that you are not eligible for, you may have to repay DHCS.

Notice about estate recovery

The Medi-Cal program must seek repayment from the estates of certain deceased Medi-Cal members from payments made, including managed care premiums, nursing facility services, home and community-based services, and related hospital and prescription drug services provided to the deceased Medi-Cal member on or after the member's 55th birthday. If a deceased member does not leave an estate or owns nothing when they die, nothing will be owed.

To learn more about the estate recovery, call 1-916-650-0490. Or get legal advice.

Notice of Action

LIBERTY will send you a Notice of Action (NOA) letter any time **LIBERTY** denies, delays, terminates or modifies a request for health care services. If you disagree with the plan's decision, you can always file an appeal with **LIBERTY**.

6. Reporting and solving problems

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

- A **complaint** (or **grievance**) is when you have a problem with **LIBERTY** or a 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 change your services

You can use the **LIBERTY** grievance and appeal process to let us know about your problem. This does not take away any of your legal rights and remedies. We will not discriminate or retaliate against you for complaining to us. Letting us know about your problem will help us improve care for all members.

You should always contact **LIBERTY** first to let us know about your problem. Call us between **Monday through Friday 8:00 a.m. to 5:00 p.m.** at **888-703-6999** (TTY **800-753-2929**) to tell us about your problem.

Our Member Service Representatives will help you and take your grievance or appeal over the telephone. **LIBERTY** will provide you with a written notice, letting you know we received your grievance or appeal, within 5 calendar days from the time we received it. The grievance and appeals process can take up to 30 calendar days. Once your grievance or appeal is complete, **LIBERTY** will send you a written notice letting you know our findings and decision.

If your grievance or appeal is still not resolved, or you are unhappy with the result, you can call the California Department of Managed Health Care (DMHC) at 1-888-466-2219 (TTY 1-877-688-9891).

The California Department of Health Care Services (DHCS) Medi-Cal Managed Care Ombudsman can also help. They can help if you have problems joining, changing or leaving a health plan. They can also help if you moved and are having trouble getting your Medi-Cal transferred to your new county. You can call the Ombudsman Monday through Friday, between 8:00 a.m. and 5:00 p.m. at 1-888-452-8609.

You can also file a grievance with your county eligibility office about your Medi-Cal

eligibility. If you are not sure who you can file your grievance with, call **888-703-6999** (TTY **800-753-2929**).

To report incorrect information about your additional health insurance, please call Medi-Cal Monday through Friday, between 8:00 a.m. and 5:00 p.m. at 1-800-541-5555.

Complaints

A complaint (or grievance) is when you have a problem or are unhappy with the services you are receiving from **LIBERTY** or a provider. There is no time limit to file a complaint. You can file a complaint with us at any time by phone, in writing or online.

- **By phone:** Call **LIBERTY** at **888-703-6999** (TTY **800-735-2929**) between [hours of operation]. Give your health plan ID number, your name and the reason for your complaint.
- **By mail:** Call **LIBERTY** at **888-703-6999** (TTY **800-735-2929**) and ask to have a form sent to you. When you get the form, fill it out. Be sure to include your name, health plan ID number and the reason for your complaint. Tell us what happened and how we can help you.

Mail the form to:

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

- Your dental office will have appeal forms available and forms are available on **LIBERTY**'s website. Go to www.libertydentalplan.com. At the "Home" page, click on the "GRIEVANCE FORMS" link at the top of the page followed by selecting "California Grievance Form".
- **Online:** Visit the **LIBERTY** website. Go to www.libertydentalplan.com. At the "Home" page, click on the "GRIEVANCE FORMS" link at the top of the page followed by selecting "California Grievance Form – Submit Online".

If you need help filing your complaint, we can help you. We can give you free language services. Call **888-703-6999** (TTY **800-735-2929**).

Within 5 days of getting your complaint, we will send you a letter letting you know we received it. Within 30 days, we will send you another letter that tells you how we resolved your problem. If you call **LIBERTY** about a grievance that is not about dental care coverage, medical necessity, or experimental or investigational treatment, and your

grievance is resolved by the end of the next business day, you may not receive a letter.

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 us at [888-703-6999 \(TTY 800-735-2929\)](#). We will make a decision within 72 hours of receiving your complaint, if LIBERTY finds an expedited review is needed.

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 our decision, you can file an appeal. Your PCD can also file an appeal for you with your written permission.

You must file an appeal within 60 calendar days from the date on the NOA you received. 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, please tell us that you want to continue receiving services.

You can file an appeal by phone, in writing or online:

- **By phone:** Call **LIBERTY** at [888-703-6999 \(TTY 800-735-2929\)](#) between [hours of operation]. Give your name, health plan ID number and the service you are appealing.
- **By mail:** Call **LIBERTY** at [888-703-6999 \(TTY 800-735-2929\)](#) and ask to have a form sent to you. When you get the form, fill it out. Be sure to include your name, health plan ID number and the service you are appealing.

Mail the form to:

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

- Your dental office will have appeal forms available and forms are available on **LIBERTY's website**. Go to www.libertydentalplan.com. At the "Home" page, click on the "GRIEVANCE FORMS" link at the top of the page followed by selecting "California Grievance Form".

- **Online:** Visit the **LIBERTY** website. Go to www.libertydentalplan.com. At the “Home” page, click on the “GRIEVANCE FORMS” link at the top of the page followed by selecting “California Grievance Form – Submit Online”.

If you need help filing your appeal, we can help you. We can give you free language services. Call **888-703-6999** (TTY **800-735-2929**).

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 **888-703-6999** (TTY **800-735-2929**). We will make a decision within 72 hours of receiving your appeal, if **LIBERTY** finds an expedited review is needed.

What to do if you do not agree with an appeal decision

If you filed an appeal and received a letter from **LIBERTY** telling you we did not change our decision, or you never received a letter telling you of our decision and it has been past 30 days, you can:

- Ask for a **State Hearing** from Department of Social Services, and a judge will review your case.
- Ask for an **Independent Medical Review (IMR)** from DMHC, and an outside reviewer who is not part of **LIBERTY** will review your case.

You will not have to pay for a State Hearing or an IMR.

You are entitled to both a State Hearing and an IMR. But if you ask for a State Hearing first, and the hearing has already happened, you cannot ask for an IMR. In this case, the State Hearing has the final say.

The sections below have more information on how to ask for a State Hearing or an IMR.

Independent Medical Reviews (IMR)

An IMR is when an outside reviewer who is not related to your health plan reviews your case. If you want an IMR, you must first file an appeal with **LIBERTY**. If you do not hear from your health plan within 30 calendar days, or if you are unhappy with your health

plan's decision, then you may then request an IMR. You must ask for an IMR within 6 months from the date on the notice telling you of the appeal decision.

You may be able to get an IMR right away without filing an appeal first. This is in cases where your health is in immediate danger.

The IMR form is available on our website at www.libertydentalplan.com. At the "Home" page, click on the "GRIEVANCE FORMS" link at the top of the page followed by selecting "IMR Form".

Here is how to ask for an IMR. The term "grievance" is for "complaints" and "appeals":

The California Department of Managed Health Care (the Department) regulates health care service plans. If you have a grievance against your health plan, you should first call your health plan at **888-703-6999** (TTY **800-735-2929**). Use your health plan's grievance process before you call the Department. Using this grievance process does **not** take away your legal rights or remedies.

If you need help with a grievance about an emergency, a grievance that your health plan could not solve or one that has not been resolved for more than 30 days, you may call the Department for help. You may also qualify for an IMR.

If you qualify for an IMR, there will be an impartial review of medical decisions the health plan made about the medical necessity of a proposed service or treatment, coverage decisions for experimental or investigational treatments, and payment disputes for emergency or urgent medical services.

The Department's toll-free telephone number is 1-888-466-2219 (TTY 1-877-688-9891). You can get claim forms, IMR applications and online instructions on the Department website at www.dmhc.ca.gov.

State Hearings

A State Hearing is a meeting with people from the DSS. A judge will help to resolve your problem. You can ask for a State Hearing only if you have already filed an appeal with **LIBERTY** and you are still not happy with the decision or if you have not received a decision on your appeal after 30 days, and you have not requested an IMR.

You must ask for a State Hearing within 120 days from the date on the notice telling you of the appeal decision. Your PCD can ask for a State Hearing for you with your written permission and if he or she gets approval from DSS. You can also call DSS to ask the State to approve your PCD's request for a State Hearing.

You can ask for a State Hearing by phone or mail.

- **By phone:** Call the DSS Public Response Unit at 1-800-952-5253 (TTY 1-800-952-8349).
- **By mail:** Fill out the form provided 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

The State Fair Hearing form is available on our website at www.libertydentalplan.com.

At the “Home” page, click on the “GRIEVANCE FORMS” link at the top of the page followed by selecting “State Fair Hearing Form”.

If you need help asking for a State Hearing, we can help you. We can give you free language services. Call [888-703-6999](tel:888-703-6999) (TTY [800-735-2929](tel:800-735-2929)).

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. **LIBERTY** must follow what the judge decides.

If you want the DSS 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 contact the DSS and ask for an expedited (fast) State Hearing. DSS must make a decision no later than 3 business days after it gets your complete case file from **LIBERTY**.

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 to report it.

Provider fraud, waste and abuse includes:

- Falsifying medical records
- Prescribing more medication than is medically necessary
- Giving more health care services than 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 health 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 health plan ID number

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 Investigations Unit
340 Commerce, Suite 100
Irvine, CA 92602

Or call our 24-Hour Fraud, Waste and abuse Hotline at (888) 704-9833.

7. Important numbers and words to know

Important phone numbers

- **LIBERTY** Member Services 888-703-6999 (TTY 800-703-2929)
- 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

Words to know

Active labor: The period of time when a woman is in the three stages of giving birth and either cannot be safely transferred in time to another hospital before delivery or a transfer may harm the health and safety of the woman or unborn child.

Acute: A medical condition that is sudden, requires fast medical attention and does not last a long time.

Appeal: A member's request for **LIBERTY** to review and change a decision made about coverage for a requested service.

Benefits: Health care services and drugs covered under this health plan.

California Children's Services (CCS): A program that provides services for children up to age 21 with certain diseases and health problems.

California Health and Disability Prevention (CHDP): A public health program that reimburses public and private health care providers for early health assessments to detect or prevent disease and disabilities in children and youth. The program helps children and youth who qualify have access to regular health care. Your PCD can provide CHDP services.

Case manager: Registered nurses or social workers who can help you understand major health problems and arrange care with your providers.

Certified Nurse Midwife (CNM): An individual licensed as a Registered Nurse and certified as a nurse midwife by the California Board of Registered Nursing. A certified nurse midwife is permitted to attend cases of normal childbirth.

Chronic condition: A disease or other dental problem that cannot be completely cured or that gets worse over time or that must be treated so you do not get worse.

Clinic: A facility that members can select as a primary care provider (PCD). It can be either a Federally Qualified Health Center (FQHC), community clinic, Rural Health Clinic (RHC), Indian Health Service Facility or other primary care facility.

Community-based adult services (CBAS): Outpatient, facility-based services for skilled nursing care, social services, therapies, personal care, family and caregiver training and support, nutrition services, transportation, and other services for members who qualify.

Complaint: A member's verbal or written expression of dissatisfaction about **LIBERTY**, a provider, or the quality of care or quality of services provided. A complaint is the same as a grievance.

Continuity of care: The ability of a plan member to keep getting Medi-Cal services from their existing provider for up to 12 months, if the provider and **LIBERTY** agree.

Coordination of Benefits (COB): The process of determining which insurance coverage (Medi-Cal, Medicare, commercial insurance or other) has primary treatment and payment responsibilities for members with more than one type of health insurance coverage.

County Organized Health System (COHS): A local agency created by a county board of supervisors to contract with the Medi-Cal program. Enrolled recipients choose their health care provider from among all COHS providers.

Copayment: A payment you make, generally at the time of service, in addition to the insurer's payment.

Coverage (covered services): The health care services provided to members of **LIBERTY**, subject to the terms, conditions, limitations and exclusions of the Medi-Cal contract and as listed in this Evidence of Coverage (EOC) and any amendments.

DHCS: The California Department of Health Care Services. This is the State office that oversees the Medi-Cal program.

Disenroll: To stop using this health plan because you no longer qualify or change to a new health plan. You must sign a form that says you no longer want to use this health plan or call HCO and disenroll by phone.

DMHC: The California Department of Managed Health Care. This is the State office that oversees managed care health plans.

Early and periodic screening, diagnosis and treatment (EPSDT): EPSDT services are a benefit for Medi-Cal members under the age of 21 to help keep them healthy. Members must get the right health check-ups for their age and appropriate screenings to find health problems and treat illnesses early.

Emergency medical condition: A medical, dental or mental condition with such severe symptoms, such as active labor (go to definition above) or severe pain, that someone with a prudent layperson's knowledge of health and medicine could reasonably believe that not getting immediate medical care could:

- Place your health or the health of your unborn baby in serious danger
- Cause impairment to a body function
- Cause a body part or organ to not work right

Emergency room care: An exam performed by a doctor (or staff under direction of a doctor as allowed by law) to find out if an emergency medical or dental condition exists. Dentally necessary services needed to make you clinically stable within the capabilities of the facility.

Emergency medical transportation: Transportation in an ambulance or emergency vehicle to an emergency room to receive emergency medical care.

Enrollee: A person who is a member of a health plan and receives services through the plan.

Excluded services: Services not covered by **LIBERTY**; non-covered services.

Federally Qualified Health Center (FQHC): A health center in an area that does not have many health care providers. You can get primary and preventive care at an FQHC.

Fee-For-Service (FFS): This means you are not enrolled in a managed care health plan. Under FFS, your doctor must accept “straight” Medi-Cal and bill Medi-Cal directly for the services you got.

Follow-up care: Regular dental care to check a patient’s progress during a course of treatment.

Fraud: An intentional act to deceive or misrepresent by a person who knows the deception could result in some unauthorized benefit for the person or someone else.

Grievance: A member’s verbal or written expression of dissatisfaction about **LIBERTY**, a provider, or the quality of care or services provided. A complaint is the same as a grievance.

Health Care Options (HCO): The program that can enroll you in or disenroll you from the health plan.

Dental care providers: Dentists and specialists who work with **LIBERTY** or are in the **LIBERTY** network. **LIBERTY** network providers must have a license to practice in California and give you a service **LIBERTY** covers.

You need a referral from your PCD to go to a specialist. Your PCD must get pre-approval from **LIBERTY** before you get care from the specialist.

You do **not** need a referral from your PCD for some types of service, such as emergency care

Types of dental care providers:

- General dentist is a licensed doctor who treats common dental issues
- Dental hygienist is clinically trained and completed teeth cleanings
- Dental Assistant is a non-licensed person who helps your dentist give your dental care
- Endodontist is a licensed doctor who specializes in root canals
- Oral Surgeon is a licensed doctor who specializes in extractions and gum surgery
- Periodontist is a licensed doctor who specializes in treating the gums and dental implants
- Pediatric dentist is a licensed doctor who specializes in treating children ages 0-18 years old

Dental insurance: Insurance coverage that pays for dental expenses by repaying the insured for expenses or paying the care provider directly.

Hospital: A place where you get inpatient and outpatient care from doctors and nurses.

Managed care plan: A Medi-Cal plan that uses only certain doctors, specialists, clinics, pharmacies and hospitals for Medi-Cal recipients enrolled in that plan. **LIBERTY** is a managed care plan.

Dentally necessary (or dental necessity): Dentally necessary care are important services that are reasonable and protect life. This care is needed to keep patients from getting seriously ill or disabled. This care reduces severe pain by treating the disease, illness or injury. For members under the age of 21, Medi-Cal services includes care that is medically necessary to fix or help a physical or mental illness or condition, including substance use disorders, as set forth in Section 1396d(r) of Title 42 of the United States Code.

Medicare: The federal health insurance program for people 65 years of age or older, certain younger people with disabilities, and people with end-stage renal disease (permanent kidney failure that requires dialysis or a transplant, sometimes called ESRD).

Member: Any eligible Medi-Cal member enrolled with **LIBERTY** who is entitled to receive covered services.

Network: A group of doctors, clinics, hospitals and other providers contracted with **LIBERTY** to provide care.

Network provider (or in-network provider): Go to “Participating provider.”

Non-covered service: A service that **LIBERTY** does not cover.

Non-emergency medical transportation (NEMT): Transportation when you cannot get to a covered medical appointment by car, bus, train or taxi. **LIBERTY** pays for the lowest cost NEMT for your medical needs when you need a ride to your appointment.

Non-medical transportation: Transportation when traveling to and from an appointment for a Medi-Cal covered service authorized by your provider.

Non-participating provider: A provider not in the **LIBERTY** network.

Other health coverage (OHC): Other health coverage (OHC) refers to private health insurance. Services may include medical, dental, vision, pharmacy and/or Medicare supplemental plans (Part C & D).

Out-of-area services: Services while a member is anywhere outside of the service area.

Out-of-network provider: A provider who is not part of the **LIBERTY** network.

Palliative care: Care to reduce physical, emotional, social and spiritual discomforts for a member with a serious illness.

Participating hospital: A licensed hospital that has a contract with **LIBERTY** to provide services to members at the time a member receives care. The covered services that some participating hospitals may offer to members are limited by **LIBERTY**'s utilization review and quality assurance policies or **LIBERTY**'s contract with the hospital.

Participating provider (or participating doctor): A doctor, hospital or other licensed health care professional or licensed health facility, including sub-acute facilities that have a contract with **LIBERTY** to offer covered services to members at the time a member receives care.

Ian: Go to “Managed care plan.”

Post-stabilization services: Services you receive after an emergency medical condition is stabilized.

Pre-approval (or prior-authorization): Your PCD must get approval from **LIBERTY** before you get certain services. **LIBERTY** will only approve the services you need. **LIBERTY** will not approve services by non-participating providers if **LIBERTY** believes you can get comparable or more appropriate services through **LIBERTY** providers. A referral is not an approval. You must get approval from **LIBERTY**.

Primary care: Go to “Routine care.”

Primary care dentist (PCD): The licensed dentist you have for most of your dental care. Your PCD helps you get the care you need. Some care needs to be approved first, unless:

- You have an emergency.

Your PCD can be a:

- General dentist
- FQHC or RHC
- Clinic

Prior authorization (pre-approval): A formal process requiring a health care provider to get approval to provide specific services or procedures.

Prosthetic device: An artificial device attached to the body to replace a missing body part.

Provider Directory: A list of providers in the [LIBERTY](#) network.

Public health services: Health services targeted at the population as a whole. These include, among others, health situation analysis, health surveillance, health promotion, prevention services, infectious disease control, environmental protection and sanitation, disaster preparedness and response, and occupational health.

Qualified provider: Doctor qualified in the area of practice appropriate to treat your condition.

Reconstructive surgery: Surgery to correct or repair abnormal structures of the body to improve function or create a normal appearance to the extent possible. Abnormal structures of the body are those caused by a congenital defect, developmental abnormalities, trauma, infection, tumors, or disease..

Referral: When your PCD says you can get care from another provider. Some covered care services require a referral and pre-approval.

Routine care: Dentally necessary services and preventive care, well child visits, or care such as routine follow-up care. The goal of routine care is to prevent health problems.

Rural Health Clinic (RHC): A health center in an area that does not have many health care providers. You can get primary and preventive care at an RHC.

Serious illness: A disease or condition that must be treated and could result in death.

Service area: The geographic area [LIBERTY](#) serves. This includes the counties of [Los Angeles County](#)

Specialist (or specialty doctor): A doctor who treats certain types of health care problems. You will need a referral from your PCD to go to a specialist.

Triage (or screening): The evaluation of your health by a doctor or nurse who is trained to screen for the purpose of determining the urgency of your need for care.

Urgent care (or urgent services): Services provided to treat a non-emergency illness, injury or condition that requires medical care. You can get urgent care from an out-of-network provider if network providers are temporarily not available or accessible.