



NEVADA MEDICAID AND NEVADA CHECK UP DENTAL PROGRAM MEMBER HANDBOOK

Have Questions

Visit us at: www.libertydentalplan.com/NVMedicaid

Call us at: 1-866-609-0418/ TTY: 1-877-855-8039

IMPORTANTE

¿Puede leer este aviso?

Si no, alguien le puede ayudar a leerla. Además, es posible que recibir este aviso por escrito en su propio idioma.

Para obtener ayuda gratuita, llame ahora mismo al
1-866-609-0418/ TTY: 1-877-855-8039

Call Member Services toll-free at 1-866-609-0418/TTY: 1-877-855-8039. Liberty is here to help Monday through Friday, 5:00 a.m. to 5:00 p.m. Visit online at www.libertydentalplan.com/NVMedicaid

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

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Welcome to Liberty Dental Plan



The Liberty Dental Plan Difference

At Liberty Dental Plan of Nevada, Inc. ("Liberty"), our goal is to provide you with local access to quality dental care. We use tools to help improve and maintain your overall dental health.

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

You have joined the State of Nevada's Medicaid or Nevada Check Up Dental Program. Your dental care is received through Liberty's network of dentists. As a member of this dental plan, we encourage you to take an active part in the success of your dental health.

Liberty highly recommends that you see your dentist on a regular basis. You can choose a network dentist from our list of providers to be your Dental Home or Dental Office. You will receive your essential covered dental care services at that location. Liberty and our network of dentists and specialists are here to help schedule dental care services for you.

We want you to understand your dental program, benefits, and services. We can help you with covered and non-dental services, along with how to get transportation to and from your scheduled dental appointments.

This handbook is a summary of the dental services available to you. Please keep this handbook to look for important information about Liberty and our operations.

Any questions you have about dental benefits, transportation, or changing your Dental Home, please call our Member Services Department at **1-866-609-0418 (TTY: 1-877-855-8039)** or visit us online at www.libertydentalplan.com/NVMedicaid.

Our pledge to you

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



We look forward to helping you!

Call Member Services toll-free at 1-866-609-0418/TTY: 1-877-855-8039. Liberty is here to help Monday through Friday, 5:00 a.m. to 5:00 p.m. Visit online at www.libertydentalplan.com/NVMedicaid

Non-Discrimination Notice

Discrimination is against the law. Liberty Dental Plan (“Liberty”) complies with all applicable State and Federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, age, mental disability, physical disability, sex characteristics (including intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes), religion, ancestry, ethnic group identification, medical condition, genetic information, marital status, or gender.

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

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

If you need these reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact us at 1-866-609-0418 (TTY: 1-877-855-8039).

How to File a Civil Rights Grievance

If you believe Liberty has failed to provide these services or has discriminated against you in any way listed above, you can file a grievance with Liberty’s Civil Rights Coordinator:

- **Mail:**

Liberty Dental Plan of Nevada, Inc.
c/o Civil Rights Coordinator
P.O. Box 401086, Las Vegas, NV 89140

- **In Person:**

6385 S Rainbow Blvd., Suite 200, Las Vegas, NV 89118

- **Phone:** 1-866-609-0418 / TTY: 1-877-855-8039

- **Fax:** 1-833-250-1814

- **Email:** CivilRightsComplaint@Libertydentalplan.com

Call Member Services toll-free at 1-866-609-0418/TTY: 1-877-855-8039. Liberty is here to help Monday through Friday, 5:00 a.m. to 5:00 p.m. Visit online at www.libertydentalplan.com/NVMedicaid

- **Online:** <https://www.libertydentalplan.com/Members/File-a-Grievance-or-Appeal.aspx>

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

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

U.S. Department of Health and Human Services complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services (§ 92.11)

ATTENTION: If you speak a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-866-609-0418 (TTY: 1-877-855-8039) or speak to your provider. **(English)**

አማርኛ (Amharic)

Call Member Services toll-free at 1-866-609-0418/TTY: 1-877-855-8039. Liberty is here to help Monday through Friday, 5:00 a.m. to 5:00 p.m. Visit online at www.libertydentalplan.com/NVMedicaid

ማሳሰቢያ፡- አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ ድጋፍ አገልግሎት በነፃ ይቀርብልዎታል። መረጃን በተደራረብ ቅርጸት ለማቅረብ ተገቢ የሆኑ ተጨማሪ እገዛዎች እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ። በስልክ ቁጥር 1-866-609-0418 (TTY: 1-877-855-8039) ይደውሉ ወይም አገልግሎት አቅራቢዎን ያናግሩ።

العربية (Arabic)

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-866-609-0418 (1-877-855-8039) أو تحدث إلى مقدم الخدمة.

中文 (Chinese)

注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-866-609-0418（文本电话：1-877-855-8039）或咨询您的服务提供商。

فارسی (Farsi)

توجه: اگر فارسی صحبت می کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با شماره 1-866-609-0418 (تله‌تایپ: 1-877-855-8039) تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.

Français (French)

ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-866-609-0418 (TTY: 1-877-855-8039) ou adressez-vous à votre prestataire.

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen zugänglichen Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-866-609-0418 (TTY: 1-877-855-8039) an oder sprechen Sie mit Ihrem Provider.

Ilocano

PANANGIKASO: No agsasaoka iti Ilocano, magun-odmo dagiti libre a serbisio ti tulong iti pagsasao. Libre met laeng a magun-odan dagiti maitutop a katulungan ken serbisio a mangipaay iti impormasion kadagiti ma-akses a pormat. Awagan ti 1-866-609-0418 (TTY: 1-877-855-8039) wenno makisarita iti mangipapaay kenka.

日本語 (Japanese)

注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料をご利用いただけます。1-866-609-0418（TTY：1-877-855-8039）までお電話ください。または、ご利用の事業者にご相談ください。

한국어 (Korean)

주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-866-609-0418 (TTY: 1-877-855-8039)번으로 전화하거나 서비스 제공업체에 문의하십시오.

РУССКИЙ (Russian)

ВНИМАНИЕ! Если вы говорите на русском языке, вы можете бесплатно воспользоваться услугами языковой поддержки. Также бесплатно предоставляются соответствующие вспомогательные средства и услуги, обеспечивающие доступ к информации в удобном формате. Позвоните по телефону 1-866-609-0418 (TTY: 1-877-855-8039) или обратитесь к своему поставщику стоматологических услуг.

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles'

de forma gratuita' ayuda y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-866-609-0418 (TTY: 1-877-855-8039) o hable con su proveedor.

Samoa

MO LOU SILAFIA: Afai e te tautala i se gagana e ese mai le Igilisi, o loo avanoa auaunaga fesoasoani i gagana ia te oe e le totogia. O fesoasoani fa'aopopo talafeagai ma auaunaga e maua ai faamatalaga I lomiga e faigofie ona maua o loo faapea foi ona maua e le totogia. Vala'au 1-866-609-0418 (TTY: 1-877-855-8039) pe talanoa i lau auaunaga.

Tagalog

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo pero magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-866-609-0418 (TTY: 1-877-855-8039) o makipag-usap sa iyong provider.

ไทย (Thai)

หมายเหตุ: หากคุณใช้ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่มีเสียค่าใช้จ่าย โปรดโทรติดต่อ 1-866-609-0418 (TTY: 1-877-855-8039) หรือปรึกษาผู้ให้บริการของคุณ

Tiếng Việt (Vietnamese)

LƯU Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-866-609-0418 (Người khuyết tật: 1-877-855-8039) hoặc trao đổi với người cung cấp dịch vụ của quý vị.

How to Reach Liberty

If you have questions about your dental benefits, locating a network provider, or need help scheduling an appointment, please call Liberty's Member Services Department toll-free at **1-866-609-0418**.

Business hours are Monday through Friday from 5:00 am to 5:00 pm Pacific Standard Time (PST). Hearing or speech-impaired members please call **1-877-855-8039**.

- **In-Person Address:**

6385 S Rainbow Blvd., Suite 200, Las Vegas, NV 89118

- **Mailing Address:**

Liberty Dental Plan of Nevada, Inc.
Member Services Department
P.O. Box 401086
Las Vegas, NV 89140

- **Fax:** 1-888-401-1129

- **Online:** www.libertydentalplan.com/NVMedicaid

Liberty's Free Mobile App and Online Services:

Liberty's Mobile App and Online Services offer free, quick, and easy online services for you to access your account information. This puts our most popular online features at your fingertips.

Liberty's Mobile App features include:

- Find a Network Provider
- Look at Your Dental Plan Benefits/Covered Services
- Access Your Member Handbook
- Check Eligibility
- View or Download Member ID Card
- Look at Frequently Asked Questions (FAQS)

Liberty's Online Services include:

- Locate a Network Provider
- View Dental Plan Benefits/Covered Services
- Check Claims History
- View Claims Status
- Print/Request Dental ID Cards
- Complete an Oral Health Risk Assessment Form

Division of Social Services (DSS), Medicaid Eligibility:

- **Phone:**
 - Northern Nevada: 1-775-684-7200
 - Southern Nevada: 1-702-486-1646
 - Toll Free: 1-800-992-0900
- **Email:** welfare@dss.nv.gov
- **Website:** <https://accessnevada.nv.gov/public/landing-page> or https://dss.nv.gov/Medical/2_General_Information/.

Member Rights and Responsibilities

Liberty must meet the terms of all federal and Nevada State laws that apply to your rights. We also make sure our staff and network providers follow and protect your rights when providing services to our Medicaid members, as required by the Code of Federal Regulations, Enrollee Rights, 42 CFR § 438.100, which is available online at: [eCFR: 42 CFR 438.100 -- Enrollee rights.](#)

Once you are enrolled with Liberty, you will have access to the Member Handbook online at:

[https://client.libertydentalplan.com/NVMedicaid/Member/DocumentsAndResources.](https://client.libertydentalplan.com/NVMedicaid/Member/DocumentsAndResources)

After becoming a member with Liberty, our Member Services team will give you a Welcome phone call and you will receive a Welcome Packet outlining your next steps. We're happy to provide you with a printed free copy of your Member Handbook within five (5) business days from the date of your request. The Member Handbook includes your Member Rights and Responsibilities. Simply give our Member Service Department a call, or ask during the Welcome Call, and one of our friendly, trained representatives will be ready to assist you with your request.

As a Liberty member, you have the right:

- To be treated with courtesy, respect, and dignity, with your privacy protected at all times. This includes keeping your medical and dental data secure.
- To be given details about your dental benefits and how to use them, including what is covered, how to obtain dental health care services for out-of-plan services, available in network dental providers, and your rights and responsibilities.

Call Member Services toll-free at 1-866-609-0418/TTY: 1-877-855-8039. Liberty is here to help Monday through Friday, 5:00 a.m. to 5:00 p.m. Visit online at www.libertydentalplan.com/NVMedicaid

- To know how and where to access benefits available under Nevada Medicaid and Nevada Check Up that Liberty does not cover.
- To understand why Liberty has denied, delayed, or limited a service or treatment.
- To receive informed consent for covered services. To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- To be informed of procedures for recommending changes in policies and services.
- To access quality and performance indicators, including member satisfaction.
- To receive explanations of fraud, waste, and abuse and how to report it.
- To freely select and/or change your primary care dentist/dental home within Liberty's network, including specialists for chronic conditions, your choices can be based on your personal preferences, including a provider's background, language proficiency, cultural and/or racial preferences.
- To have choices about your dental care, including the right to refuse treatment.
- To ask for continued care if your dentist leaves the Liberty network.
- To request a second opinion, at no cost.
- To prepare advance directives.
- To have Minor Consent Services and to receive specific information about the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program for children.
- To receive information on available treatment options and alternatives in a way you can understand, regardless of cost or benefit coverage.

- Freedom from Liberty preventing a provider from advising on your behalf.
- To be informed about the policy on referrals for specialty care and other benefits.
- To have an appointment when you need one.
- To be given the definition of emergency care in case you have a life-threatening illness or injury.
- To access all medically necessary dental services and emergency dental services outside of Liberty's network as required by law.
- To receive an explanation of procedures for urgent medical situations and how to use non-emergency transportation.
- To file a grievance, either over the phone or in writing, about Liberty, a dental provider/specialist, or the care you received.
- To appeal a denial or adverse benefit determination made by Liberty (verbally or in writing).
- To request a State Fair Hearing if you disagree with a denial or adverse benefit determination made by Liberty after appealing, or if a decision hasn't been received within thirty (30) calendar days. Information on expedited Fair Hearings will also be provided.
- To expect a timely resolution for grievances and appeals, within required timeframes.
- To access free interpretation services in your preferred language.
- To receive fully translated written member information in your preferred language, including grievance and appeals notices.
- To receive written Member documents in alternative formats (such as braille, large-size print, audio, and accessible electronic formats) promptly upon request, at no cost to you.
- To obtain and request updates or corrections to your dental records (including electronic records) at no cost, in accordance with applicable federal and state laws.

- To access your protected health information, including the right to inspect or obtain a copy, or both.
- To request in writing the transmission of your Protected Health Information (PHI) to another person or entity you designate.
- To request amendment to your protected health information.
- To request an accounting of disclosures of your information.
- To request restriction of the uses and disclosures of your information, including the right to receive confidential communications.
- To access your Member Handbook online at any time or request a printed copy at no cost, fulfilled within five (5) business days of your request.
- To take part in Liberty's Member Advisory Committee and make recommendations to policies and services.
- To receive information about Liberty's structure, operations, and provider incentive plans.
- To have access to Liberty's health education programs and outreach services to improve dental health.
- To get free legal help from your local legal aid or other group.
- To use your rights without consequences affecting how Liberty, dental providers, or how Nevada Medicaid treats you.

As a Liberty member, you have the responsibility to:

- Read your Member Handbook to understand your dental plan, its benefits, what is not covered, and any limits on the services covered.
- Show your Nevada Medicaid ID card from the State and/or your Liberty ID card when getting dental care.
- Do not let anybody else use your dental member ID card.
- Notify the Division of Social Services (DSS) if you or a family member experience a qualifying life event, such as pregnancy,

that may affect eligibility or enrollment.

- Notify the Division of Social Services (DSS) with any changes to your income, household composition, marital status, address, phone number, or additional medical/dental insurance coverage.
- Allow your dental and medical care team to see your dental and medical history electronically through HealthIE Nevada.
- Take part in your dental health by seeing your dentist regularly and following what you and your dentist agree is best for you.
- Provide your dentist with honest and detailed dental information.
- Inform your dentist if you have sudden changes to your dental or physical health.
- Ask your dentist questions to determine the possible risks, benefits, outcomes, and cost of treatment and non-treatment, and what options you have.
- Work with your dental home by following a care plan or letting the dentist know why the treatment cannot be followed right away.
- Take responsibility for your actions if you refuse treatment or do not follow your dentist or specialist treatment plan, instructions, or advice.
- Using the emergency room for true emergencies only.
- Go to your dental appointments on time. If you need to cancel or are running late, notify your Dental Home at least 24 hours in advance to reschedule.
- Treat your dental home, dentist, office staff, and Liberty staff with respect and courtesy.
- Follow the dental office's rules about care and conduct.
- Use Liberty's grievances or appeals processes to ask us to take another look at something you don't agree with or when you are unhappy with a provider or Liberty's decision.
- Tell us if you think there is provider fraud/abuse.

- Communicate and provide feedback on your needs and expectations to your dental home and Liberty.
- Formulating advance directives and to expect that those directives will be carried out.

Call or contact Liberty for any questions or information about the Plan at **1-866-609-0418/TTY: 1-877-855-8039**.

Notice of Privacy Practice

A statement describing Liberty's policies and procedures for preserving the confidentiality of dental records. This Notice of Privacy Practices is available on our website at: <https://www.libertydentalplan.com/About-LIBERTY/Compliance/HIPAA-Privacy-Notice.aspx>

You can also call our Member Services Department at **1-866-609-0418/TTY: 1-877-855-8039** to ask for a printed copy of this notice at no cost to you.

Confidential Communications

As required by law, this notice is about your rights, our legal duties, and privacy practices with respect to the privacy of Protected Health Information (PHI). This notice also talks about the way we can collect, use, and disclose your PHI. We must follow the notice currently in effect. We have the right to make changes to this notice from time to time and to make the changed notice effective for all the PHI we keep. If we make a material change to this notice, we will let you know and will describe the change to you.

We will not disclose medical information related to Sensitive Services provided to a Protected Individual to the Subscriber or any plan enrollees other than the Protected Individual receiving care, absent an express written authorization of the Protected Individual receiving care.

A Protected Individual means any adult covered by the Subscriber's health care service plan or a minor who can consent to a health care service without the consent of a parent or legal guardian, pursuant to state or federal law.

"Protected Individual" does not include an individual that lacks the capacity to give informed consent for health care pursuant to Section 813 of the Probate Code.

Call Member Services toll-free at 1-866-609-0418/TTY: 1-877-855-8039. Liberty is here to help Monday through Friday, 5:00 a.m. to 5:00 p.m. Visit online at www.libertydentalplan.com/NVMedicaid

A health care service plan will not require a Protected Individual to obtain the Subscriber or other enrollee's authorization to receive Sensitive Services or to submit a claim for Sensitive Services if the protected individual has the right to consent to care.

Sensitive Services means all health care services related to mental or behavioral health, sexual and reproductive health, sexually transmitted infections, substance use disorder, gender affirming care, and intimate partner violence.

Liberty must fulfill reasonable requests by individuals to receive communications of protected health information by alternative means or at alternative locations.

To request confidential communications from Liberty, please call Member Services or you can submit a request in writing by mail or fax to any of the following:

- **Email:** Privacy Officer at privacy@libertydentalplan.com

- **Mail:**

Liberty Dental Plan of Nevada, Inc.

Privacy Officer

P.O. Box 401086, Las Vegas, NV 89140

- **Phone:** 1-866-609-0418/ TTY: 1-877-855-8039

Eligibility and Enrollment

Liberty is a dental plan for people who qualify for Nevada Medicaid or Nevada Check Up in certain areas of Washoe County or Clark County, Nevada. Payments are sent directly to the dental care providers for services provided to our members.

Who can become a member?

You are eligible for Liberty services because you qualify for Nevada Medicaid or Nevada Check Up and live in a covered area of Washoe County or Clark County, Nevada. The Division of Social Services (DSS) determines Nevada Medicaid and Nevada Check Up eligibility for our members. Online applications can be completed using Access Nevada <https://accessnevada.nv.gov/public/landing-page> or https://dss.nv.gov/Medical/2_General_Information/.

Disenrollment with cause:

You can ask to disenroll from Liberty if:

- If you move to a part of the state that is outside of the service area of Clark or Washoe Counties, Nevada.

Involuntary Disenrollment:

You must be disenrolled from Liberty if you:

- No longer reside in the state of Nevada or Clark or Washoe counties.
- Are deceased.
- No longer qualify for medical assistance under one of the Medicaid eligibility categories in the eligible population.
- If you live in a nursing home for more than 180 days, you will be moved from our health plan to a different type of Medicaid coverage called Fee-For-Service (FFS).
- Nevada Medicaid members receiving Hospice services. Nevada Check Up members will not be disenrolled.

- Recipients enrolled in a waiver program.

If you need to authorize the release of your dental records, Liberty can assist you. Complete Liberty's Authorization to Disclose Protected Health Information (PHI) on our website. You can submit the Authorization to Disclose PHI in writing by email, mail, or fax to any of the following:

- **Website:** [Liberty Dental Plan | Privacy | PHI Disclosure Form](#)
- **Mail:**

Liberty Dental Plan of Nevada, Inc.
Privacy Department
P.O. Box 401086
Las Vegas, NV 89140

- **In Person:**
6385 S Rainbow Blvd #200, Las Vegas, NV 89118
- **Fax:** 1-888-401-1129

Member ID Cards

Each covered member will get an Identification (ID) card from Nevada Medicaid or Nevada Check Up, and one from Liberty. You need to bring both your ID card(s) with you to your dental visits. If you lose your Liberty ID card or need to correct any information on the card, call Member Services at **1-866-609-0418/TTY: 1-877-855-8039** to ask for a new one.

You can also visit us online at www.libertydentalplan.com/NVMedicaid or by using the free Liberty app on your mobile device or computer to request your ID card. ID cards are mailed in five (5) business days from the date of the request.

Your Liberty ID card will include:

- Your Medicaid dental ID number
- Your first name and last name

Call Member Services toll-free at 1-866-609-0418/TTY: 1-877-855-8039. Liberty is here to help Monday through Friday, 5:00 a.m. to 5:00 p.m. Visit online at www.libertydentalplan.com/NVMedicaid

- The name, address, and phone number of your dental home/primary care dentist
- The date you started with Liberty for dental benefits
- What to do if you need emergency dental care
- The number to call to speak to Liberty's Member Services Department or to file a grievance (complaint) or an appeal
- The number to call to report any suspected fraud, waste, or abuse

Liberty will send you a new card when:

- Your coverage starts
- You ask for one
- When you pick a new dental home/primary care dentist

Sample of what your Liberty Insurance ID Card will look like:

LIBERTY Dental Plan of Nevada, Inc.
www.libertydentalplan.com/NVMedicaid
(866) 609-0418

NAME First Name, Last Name

ID# Medicaid ID#

EFPEC 1/1/2025

GRP# [000000]

PLAN Nevada Medicaid Dental

PRV# [000000] Dental Home Name

Dental Home Address

City, State, Zip Code

TEL# (000) 000-0000

STATE OF NEVADA MEDICAID TEL# 1-800-992-0900

NOTICE TO MEMBER

If you have a dental emergency, you should first contact your Primary Care Dentist for an immediate appointment. If your Primary Care Dentist is not available, contact LIBERTY Dental Plan Member Services for assistance. Please refer to your Member Handbook for specific emergency care coverage.

www.libertydentalplan.com/NVMedicaid

EDI Payer ID: CX083



Member Service/Grievance & Appeals:

(866) 609-0418

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

To report suspected Fraud, Waste or Abuse: (888) 704-9833

THIS CARD DOES NOT GUARANTEE ELIGIBILITY

Care Coordination and Case Management

Liberty's goal is to get you the right care, at the right time, from the right provider. You will qualify for Care Coordination/Case Management if you are pregnant, a young adult transitioning from foster care, have a serious medical or behavioral health condition, a dental condition that requires extra support, or have difficulty accessing dental services due to limited resources or conditions.

A Care Coordinator or Case Manager can help you get the care you need such as scheduling an appointment with your Primary Dental Provider (PDP) or dental specialist. Your Managed Care Entity (Health Plan) Case Manager can work with us to coordinate your dental care along with other medical services, community-based organizations, and/or the state of Nevada.

To better serve you and your oral health needs

Liberty recommends that you complete an Oral Health Risk Assessment (OHRA) to help us meet your health needs. The survey takes 2-3 minutes to complete. The answers you provide help us connect you to the services you need. We can also connect you to other health services and community resources in your area to help improve your quality of life.

To take the survey online, scan the QR code below with your smart phone, or go to our website at

<https://memberohra.libertydentalplan.com/Language> or you can call our Member Services Department at **1-866-609-0418/TTY: 1-877-855-8039** to complete the OHRA form.



For better dental and healthcare support, Liberty encourages you to complete the OHRA within these timeframes:

- Adult Members: Within the first ninety (90) days of enrollment
- Child Members (Under 21): Within sixty (60) days of enrollment
- Pregnant Members: Within thirty (30) days of enrollment

Enrolling in Case Management

You can ask to enroll in Case Management at any time by calling our Member Services toll-free at **1-866-609-0418/TTY:1-877-855-8039**. Our Member Service Representatives are trained to assist you with your specific needs and will help refer you if you meet program requirements. You can also ask your dental home, primary care dentist, or an authorized representative to ask for you.

Liberty Community Smiles Outreach Team

Liberty has a Community Smiles Outreach Team within the Community Smiles Program. This dedicated team of Representatives and Engagement Specialists covers urban Clark and urban Washoe Counties, Nevada. Liberty's Community Smiles Outreach Team provides outreach and education to Nevada Medicaid and Nevada Check Up members to ensure dental benefits are used through community outreach events.

Community outreach engagements include in-person and virtual talks, community-based training, offering educational materials and information, supporting community events and activities, coordinating access to preventive services with local dental providers, and joining in sponsorship opportunities including dental supply donations.

To find out more, call our Member Services at **1-866-609-0418/TTY: 1-877-855-8039**.

Transportation Services

Do you need a ride to your appointment?

Non-Emergency Medical Transportation (NEMT) is provided to Nevada Medicaid and Nevada Check Up members to get medically necessary covered non-emergency medical transportation services.

Urban Clark and Urban Washoe Service Areas:

Liberty will coordinate with Medicaid Transportation Management (MTM) to ensure transportation services are secured on behalf of members.

How do I schedule transportation?

Transportation services are handled through Medicaid Transportation Management (MTM) to give you NEMT to your dental appointments.

You can schedule transportation by:

- Call MTM's Customer Care Center at **1-844-879-7341 (TTY: 7-1-1)**
- Using "MTM Link" smartphone app or the web portal that lets you and dental facilities book, view, and manage trips. Go online to <https://www.mtm-inc.net/nevada/> or download the mobile app on your smartphone through the app store of your choice.

You can call our Member Services Department at **1-866-609-0418/TTY: 1-877-855-8039** to help set up free transportation.

When do I have to call?

You must call at least three (3) working days before your non-urgent appointment to set up transportation. If you have less than three (3) working days before your appointment or if your appointment is for urgent services, call MTM at 1-844-879-7341 (TTY: 7-1-1) for help. MTM schedules routine trips Monday through Saturday from 7:00 a.m. to 6:00 p.m. PST.

What information do I need to know when I call?

- The street address, including the city and zip code of both where you need to be picked up from, where they are taking you, and your telephone number.
- If you have a Nevada Medicaid ID number, please be ready to provide it.
- The date and time of your appointment.
- Any special needs, including if you need someone to ride with you.
- Minors under age 18 must travel with an adult that is 18 years old or older. Members 15-17 years of age can travel alone if MTM has an approved Parental Consent Form on file.
- Minors under age 18 that are legally married, emancipated, or obtaining family planning services can travel alone.
- Transportation is only an option when you choose to get care at the closest network provider for the type of care needed.

What if I have a complaint about transportation?

You can file a complaint if you:

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

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

Interpreter/Translation Services

We want to make sure you fully understand your dental benefits. If English is not your primary language, Liberty will provide you with free interpretation and translation services in your requested language. To

ask for free language services or to let us know your preferred language, please call us at **1-866-609-0418/TTY: 1-877-855-8039**.

Who do I call for an interpreter?

To ask for an interpreter call Liberty's Member Services Department at 1-866-609-0418/TTY: 1-877-855-8039.

The Member Services Department can help if you:

- Have trouble hearing.
- Have trouble seeing or reading.
- Need materials in other formats including large print, Braille, or Audio.
- Do not speak English.
- Do not read English.

How can I find a dentist who speaks my language?

Liberty's Provider Directory lists all languages spoken, including sign language, at each Dental Home/Office and if the office is accepting new members. You can also see an up-to-date and searchable provider directory anytime by visiting us online at <http://www.libertydentalplan.com/NVMedicaid> and selecting "Provider Directory".

For help finding a dental provider who speaks your primary language, or if you need a free printed provider directory, call Member Services at **1-866-609-0418/TTY: 1-877-855-8039** and we will mail the provider directory to you.

If you cannot locate or access a dental provider that speaks your preferred language, free interpreter services can be provided to you.

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

To make sure that you can talk with your dentist, you can ask for free

interpreter services for your scheduled appointments.

To ask for free face-to-face interpretation services, you must:

- Call Liberty at **1-866-609-0418/TTY: 1-877-855-8039**.
- Call at least 72 hours before your dental visit.
- Give us the primary language that you speak.
- Give us the details to the Dental Home/Office that you will be seen at.
- Give us the date and time of your scheduled appointment.

How to Get Dental Care

What is a Dental Home?

A “Dental Home” is the Primary Care Dentist or Pediatric Dentist that you or your child have been assigned to for your dental care needs. A Dental Home should be set up for children by twelve (12) months of age. A Dental Home is a dentist you see regularly for dental care and will always be available to you. Your Dental Home will help you care for your teeth by giving you dental assistance and dental treatment, including referrals for specialty care when needed.

If you have been to a dental office in the past, please check to see if the office is in Liberty’s provider network. To locate a Dental Home right for you and your family, call our Member Services Department at **1-866-609-0418/TTY: 1-877-855-8039**.

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

How do I change my dentist (Dental Home)?

You can call our Member Services Department at **1-866-609-0418/TTY: 1-877-855-8039** to change your Dental Home. A Member Services

Representative will help you in locating a network provider over the phone. Confirmation of your new dentist will be on your Liberty member ID card.

You can also locate providers online at <http://www.libertydentalplan.com/NVMedicaid> on the “Find & Select a Dentist” page or use our Liberty Mobile App to change your Dental Home to better meet your social or oral health needs.

If you need to authorize the release of your dental records, Liberty can assist you. Complete Liberty’s Authorization to Disclose Protected Health Information (PHI) on our website. You can submit the Authorization to Disclose PHI in writing by email, mail, or fax to any of the following:

- **Website:** [Liberty Dental Plan | Privacy | PHI Disclosure Form](#)
- **Mail:**

Liberty Dental Plan of Nevada, Inc.
Privacy Department
P.O. Box 401086
Las Vegas, NV 89140

- **In Person:**
6385 S Rainbow Blvd #200, Las Vegas, NV 89118
- **Fax:** 1-888-401-1129

How can I find a Dentist?

A list of dentists in your area can be found in Liberty’s Provider Directory. The Provider Directory will list all the providers we have in our network, including Federally Qualified Health Centers (FQHCs).

The Provider Directory tells you if the provider is taking new patients and includes the office and provider names, addresses, phone numbers,

business hours, and languages spoken by the staff.

In Liberty's effort to improve dental health outcomes and health equity of our members, the Provider Directory includes information about special needs accessibility, tele-dentistry, the race/ethnicity of providers, and any special training they have completed.

The Provider Directory is updated monthly and available online at: www.libertydentalplan.com/NVMedicaid; on the 'Find & Select a Dentist' page or use our Liberty's Mobile App. If you need a free printed Provider Directory, call Member Services at **1-866-609-0418/TTY: 1-877-855-8039**.

How do I make an appointment?

When you call your Dental Home, tell them that you are a Liberty member. Let them know you are calling to make an appointment with the dentist and see which dates and times are best for you.

Write down the date and time of the appointment on your calendar. Please be sure to be on time for your appointment so you will not have to reschedule.

On the date of your appointment, present your Liberty ID card and your Nevada Medicaid or Nevada Check Up ID card. The ID numbers on both cards are the same.

It is important that you show up for your dental appointments. If you cannot make it to your dental appointment for any reason, you must let your Dental Home know at least twenty-four (24) hours before your appointment.

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

Call our Member Services Department at **1-866-609-0418/TTY: 1-877-**

855-8039 to change your Dental Home prior to having dental services. Our Member Services Department will help you change your Dental Home. You have the freedom to be assigned to any Liberty network provider.

How do I get services from a dental specialist?

Your Dental Home must send a specialty referral to Liberty asking for approval to a dental specialist such as an Endodontist, Oral Surgeon, and/or Periodontist.

Only services that have been pre-approved by Liberty can be performed by a dental specialist. Your dental specialist will submit a prior authorization if you need more services. Services completed by a Pediatric Dentist (Pedodontist) do not require a specialty referral. If you would like your child to see a Pediatric Dentist, call our Member Services Department at **1-866-609-0418/TTY: 1-877-855-8039** to change your child's Dental Home.

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

In-network dentists have agreed to join Liberty's network to treat our members. Out-of-network dentists have not joined our network.

Benefits will not be paid for services performed by an out-of-network dentist unless you have written approval from Liberty or if it is an emergency.

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

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

Dental Emergency:

Liberty covers emergency dental care. Emergency care is available if,

without treatment, your health may be in danger, you may experience serious harm to bodily functions, or serious dysfunction of any bodily organ or part.

A dental emergency can be pain, bleeding, or swelling that can cause harm to you or your teeth if not fixed right away. Emergency dental care is available 24 hours a day, 7 days. You do not need approval from Liberty to get emergency care.

For medical emergencies, call your primary care physician, call 911, or go to the nearest emergency room. For more information see the Emergency Services section in this handbook.

Continuity of Care

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

You can keep seeing your dentist for up to twelve (12) months from the date you are enrolled with Liberty. If your dentist does not join our network by the end of the twelve (12) months, you will need to switch to a dentist in Liberty's network.

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

To qualify for Continuity of Care you must have an existing relationship with the out-of-network dentist. The out-of-network dentist must provide records supporting that you have completed at least one non-emergency appointment during the twelve (12) months before the date of initial enrollment with Liberty. All cases of continuity of care will be reviewed by the Utilization Management team.

Members transitioning from Fee-For-Service (FFS) or another dental plan to Liberty can also request continuity of care.

If a member is disenrolling from Liberty and moving to Fee-For-Service

(FFS) coverage, please contact your local Division of Nevada Medicaid office for information on the continuity of care and transition of care process.

- **Website:** <https://dhcfp.nv.gov/Contact/home/>
- **Locations:**

Carson City District Office 1919 College Parkway, Suite 120 Carson City, Nevada 89706 Phone: 1-775-684-3651 TTY: 7-1-1	Las Vegas District Office 1210 S. Valley View, Suite 104 Las Vegas, NV 89102 Phone: 1-702-668-4200 TTY: 7-1-1 Fax: 1-702-668-4280	Reno District Office 745 W. Moana Lane, Suite 200 Reno, NV 89509 Phone: 1-775-687-1900 TTY: 7-1-1 Fax: 1-775-687-1901
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Northern Nevada:

- 1-775-687-1900 | 1-800-992-0900 | TTY: 7-1-1

Southern Nevada:

- 1-702-668-4200 | 1-800-992-0900 | TTY: 7-1-1

What if my dentist stops working with Liberty?

If your dentist stops working with Liberty, you may be able to keep getting services from that dentist. This is another form of continuity of care. Liberty will continue your care for:

- Services that have not been finished by the dentist before leaving the Liberty network.
- Services that have not been finished by an out-of-network dentist when you became enrolled with Liberty.

Liberty will continue your care if the following terms are met:

- The services are covered under your dental plan.
- The services are medically necessary (needed).

- The services meet our clinical guidelines.
- You do not have access to a Liberty dental provider in your area.

Liberty will not continue your care if:

- The services are not covered under your dental plan.
- The services are not medically necessary (needed).
- The services do not meet our clinical guidelines.
- You had access to a Liberty dental provider in your area.

To learn more about continuity of care, please call our Member Services Department at **1-866-609-0418/TTY: 1-877-855-8039**.

Covered Benefits and Services

What your dental plan covers:

The following dental services are included in your Liberty dental plan. These covered services are free to you if they are medically necessary (needed).

Care is needed if it:

- Stops, prevents, and removes dental disease.
- Maintains your dental health.
- Stops pain and illness related to dental disease.
- Returns the form and function of the way your teeth come together.
- Corrects defects or injuries to the face.

We offer these types of dental services:

Summary of Covered Services by Age/Category			
Services	Newborn to Age 20	Adults 21 or older	Pregnant Adults 21 or Older
Comprehensive Exam	YES	YES Value Added Benefit offered by Liberty	YES
Focused Exam	YES	YES	YES
Periodic Exam	YES	NO	YES
X-rays	YES	YES	YES
Caries Risk Assessment	YES	NO	NO
Application of caries arresting medicament	YES	YES	YES
Prophylaxis (cleaning)	YES	YES	YES
Fluoride	YES	NO	YES
Fluoride Varnish	YES	NO	YES
Fillings: Amalgams (silver)/ Composites (white)	YES	YES Value Added Benefit offered by Liberty	YES
Restorative Crowns	YES	YES Prior authorization is required. Covered services are for adjacent/ abutment tooth for partials.	YES
Scaling and Root Planing (deep cleaning)	YES	NO	YES

Call Member Services toll-free at 1-866-609-0418/TTY: 1-877-855-8039. Liberty is here to help Monday through Friday, 5:00 a.m. to 5:00 p.m. Visit online at www.libertydentalplan.com/NVMedicaid

Periodontal Maintenance	YES	NO	YES
Root Canals	YES	NO	YES
Full Dentures	YES	YES	YES
Extractions	YES	YES	YES
Emergency Services	YES	YES	YES

Nevada Medicaid Members under age 21

The table below includes the following examples of the dental services and the allowed amounts that Nevada Medicaid covers for members under age 21 that do not require prior authorization:

COVERED SERVICES FOR MEMBERS UNDER AGE 21 THAT DO NOT REQUIRE PRIOR AUTHORIZATION						
Service	Per Rolling Months					Lifetime
	3	6	12	36	60	
Periodic Exam		1				
Limited Exam		2				
Comprehensive Exam			1			
Screenings and Assessments		1	1*			
Oral Exams for Children 0-3		1				
Full Mouth X-rays				1		
Periapical (Single) X-rays			13			
Bitewing X-rays		1				
Panoramic X-ray				1		
Teeth Cleaning		1				
Fluoride Services		1	1*			

Sealants					1	
Fillings (Per Tooth)				1		
Restorative crowns (per tooth)						1
Pulpotomy (Per Tooth)				1		
Root Canals (Per Tooth)						1
Periodontal Scaling Root Planing (Deep Cleaning)			1			
Cleaning		1				
Extractions						1
Full Dentures					1	
Partial Dentures					1	
Palliative Treatment		2				
<p>*Liberty members, under age 21, receive additional benefits:</p> <ul style="list-style-type: none"> • One (1) additional fluoride service every twelve (12) months performed by a primary care physician (PCP), their office clinical staff, or by Mobile Unit based providers. • One (1) additional screening service every twelve (12) months performed by a PCP, or their office clinical staff, or by Mobile Unit based providers. • Caries risk assessment: One (1) per twelve (12) months. 						

For more information on the dental benefits for members under the age of twenty-one (21), you can visit our website at: Liberty Dental Plan | Nevada Medicaid | Members Documents and Resources

<https://client.libertydentalplan.com/Content/documents/NVMedicaid/LDP-NV-Medicaid-DentalPlan-BenefitSheet.pdf>

You can also call our Member Services at **1-866-609-0418/TTY: 1-877-855-8039** with any questions you have on your dental benefits.

Newborns through age 20 (0-20 years) require the following services to have a prior authorization:

- Any service not listed under the section “What Does Your Dental Plan Cover” must be prior authorized.
- All services performed by a dental specialist require a referral and prior authorization.

Services completed by a Pediatric Dentist do not require a specialist referral. If you would like for your child to see a Pediatric Dentist, call Member Services at **1-866-609-0418/TTY: 1-877-855-8039** to change your child’s Dental Home.

Additional benefits under Early and Periodic Screening, Diagnostic and Treatment (EPSDT) can be available for members under the age of twenty-one (21) when they are medically necessary. If you have questions on EPSDT, please contact your Dental Home and speak to your dentist.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

The EPSDT program recommends that all children have an established Dental Home by twelve (12) months of age to help with early intervention.

Children under the age of twenty-one (21) qualify for EPSDT benefits when covered under Medicaid. EPSDT services identify healthcare issues early to prevent the child’s health from getting worse. EPSDT allows for the following:

- Dental services that are medically necessary and covered by Medicaid but are not part of the current Nevada Medicaid or Nevada Check Up Programs.
- Dental services that are needed more often than the frequency allowed by the Nevada Medicaid or Nevada Check Up Programs.
- Dental services include relief of pain and infection, restoration of teeth, and maintenance of dental health.

In these cases, the member may be eligible for EPSDT when the documentation from the child's Dental Home supports the medical necessity (need) to correct and improve the member's condition.

Liberty will decide medical necessity (need) based on information and documents your Dental Home sends us. EPSDT services are provided at no cost to you.

Call our Member Services at **1-866-609-0418/TTY: 1-877-855-8039** for more information or contact your Dental Home and speak to your Primary Care Dentist.

Nevada Medicaid Adult Members ages 21 and over:

The table below includes the following examples of the dental services, and the allowed amounts that Nevada Medicaid covers for adult members ages 21 and over:

SERVICES FOR ADULT MEMBERS AGES 21 AND OVER						
Service	Per Rolling Months					Lifetime
	3	6	12	36	60	
Limited Exam		2				
Focused Exam		1				
Comprehensive Exam <ul style="list-style-type: none"> Value added benefit offered by Liberty. 			1			
Screenings and Assessments		1				
Full Mouth X-rays				1		
Periapical (Single) X-rays			13			
Bitewing X-rays		1				
Panoramic X-ray				1		
Fillings (Per Tooth) <ul style="list-style-type: none"> Prior authorization is required. Covered services are for adjacent/ abutment tooth for partials. 				1		
Crowns <ul style="list-style-type: none"> Prior authorization is required. Covered services are for adjacent/abutment tooth for partials. 						1
Extractions						1
Full dentures					1	

Call Member Services toll-free at 1-866-609-0418/TTY: 1-877-855-8039. Liberty is here to help Monday through Friday, 5:00 a.m. to 5:00 p.m. Visit online at www.libertydentalplan.com/NVMedicaid

<p>Partial dentures</p> <ul style="list-style-type: none"> Partial dentures are allowed for adults ages 21 and over when at least four (4) or more teeth in a row are missing, not including third (3rd) molars (wisdom teeth). 				1	
<p>Denture relines</p> <ul style="list-style-type: none"> Denture relines are allowed three (3) per arch every sixty (60) months. No additional payment is allowed within six (6) months of delivery date of appliance. 		1			
<p>Alveoloplasty (smoothing of gums)</p> <ul style="list-style-type: none"> Only allowable in preparation for full dentures. 					1 per quadrant
<p>Palliative treatment</p>		2			

Liberty members, ages 21 and over, receive additional benefits for the following services:

- Teeth cleaning (prophylaxis) one (1) every twelve (12) rolling months.
- Interim Caries Arresting Medicament (D1354) application per tooth – two (2) every twelve (12) months.

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

- All services performed by a dental specialist require a referral and

prior authorization.

- Fillings.
- Crowns.
- Periodontal Maintenance (for pregnant adults only).
- Periodontal scaling/root planing (deep cleaning) (for pregnant adults only).

Services that are not covered by your dental plan:

There are some services that are not covered by Liberty or Nevada Medicaid, including:

- Non-dental related services.
- Any dental procedure that is not specifically listed as covered under the Nevada Medicaid or Nevada Check Up plans.
- Dental services started before active coverage or after termination of coverage with Liberty.
- Procedures, services, appliances, or restorations to treat Temporomandibular Joint Dysfunction (TMJ).
- Dental services that are determined to be for cosmetic purposes by a Liberty dentist.
- 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 are determined not to be medically necessary (needed), by a Liberty dentist.
- Procedures performed to restore tooth structure lost from abrasion, erosion, attrition, or abfraction (tooth grinding, clinching, or wear not from decay).
- Procedures to change the position of the way your upper and lower teeth come together and the space between them.

- Any services performed outside of your Dental Home office, unless approved by Liberty or covered as emergency dental care.
- Routine dental service performed by a dentist or dental specialist in an inpatient/outpatient hospital setting.

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

Nevada Medicaid Adult Members, ages 21 and over, that are pregnant:

The table below includes the following examples of additional dental services, and the allowed amounts that Nevada Medicaid covers for **adult members, over age 21, that are pregnant:**

ADDITIONAL COVERED SERVICES FOR PREGNANT, ADULT MEMBERS, AGES 21 AND OVER					
Service	Per Rolling Months				
	3	6	12	36	60
Comprehensive Exam			1		
Interim Caries Arresting Medication		1			
Teeth Cleaning		1			
Topical Fluoride		1			
Gingivectomy/ Gingivoplasty					4
Periodontal Scaling Root Planing (Deep Cleaning)			1		
Periodontal Maintenance	1				

As a member of Liberty, who is pregnant and age twenty-one (21) and

over, you also receive these additional services at your Dental Home while you are pregnant:

- Two (2) additional cleanings (prophylaxis) every twelve (12) rolling months.
- One (1) additional scaling (D4346) every twelve (12) months.
- One (1) root canal every twelve (12) months.

Additional pregnancy-related services are available only when you are determined eligible for pregnancy-related services by the Division of Social Services (DSS).

It is important that you notify the Division of Social Services (DSS) immediately when your pregnancy has been confirmed by a medical professional so your additional dental benefits can be received. You can call the Division of Social Services (DSS) Customer Service unit at:

Northern Nevada:

- 1-775-684-7200 | 1-800-992-0900 | TTY: 7-1-1

Southern Nevada:

- 1-702-486-1646 | 1-800-992-0900 | TTY: 7-1-1

Pregnancy-related dental services stop on the date of delivery, except for services that were approved but not completed prior to the end of the pregnancy.

Do I have to get prior authorization for services?

There are some services that are covered but you must get pre-approval/prior authorization before you can get them done. Prior authorization requests mean that Liberty has reviewed the services your Dental Home or dental specialist have requested and agrees that the care is medically necessary (needed).

For services that require pre-approval/prior authorization, your Dental

Home will send Liberty the request with the needed information to decide if the services are medically necessary. The request will be reviewed by a Liberty dentist. Liberty will notify you, and your Dental Home, in writing of our decision to approve or deny the services requested.

Only a licensed dentist who works for Liberty can deny services requested by your Dental Home due to medical necessity (need). Standard prior authorization requests are processed within seven (7) calendar days of receipt of prior authorization request and urgent/expedited prior authorization requests are processed within seventy-two (72) hours of receipt of request.

You or your Dental Home can request up to fourteen (14) additional calendar days if more time is needed for you to send additional information you want Liberty to consider.

Liberty can also request up to fourteen (14) additional calendar days if we think it is in your best interest to gather additional information. Requests for extensions must be approved by the Nevada Health Authority, Nevada Medicaid. Requests will be submitted by Liberty to Nevada Medicaid and the results shared with you.

Requesting a service authorization extension

You, your authorized representative, or your dental provider can ask us for up to fourteen (14) more calendar days to send additional documentation you want Liberty to consider. Liberty may also ask for more time if it helps you, but we must get permission from Nevada Medicaid first. We will call you and send you a letter within two (2) calendar days, if this happens and will carry out our determination as expeditiously as your health condition requires and no later than the date the extension expires. If you disagree with our decision to take

more time, you have the right to file a grievance (complaint) about the delay.

If your previously approved services are going to be reduced, stopped, or paused, Liberty will send you a notice at least ten (10) days before the change. The notice will be sent with the following actions:

- **Death of a Member:** Liberty has confirmation that the member has passed away.
- **Written Request:** Member clearly states in writing that they no longer want services or gives information that leads to a reduction or end of services, understanding that this will happen because of the information provided.
- **Institute Admission:** Member has been admitted to an institution and is no longer eligible for covered services.
- **Address Unknown:** Liberty cannot reach the member because mail is returned with no forwarding address.
- **Other Medicaid Jurisdiction.** The member has been approved for services in a different area.
- **Treatment Change:** The members provider changes the type of care the member needs.

If any of these situations happen, Liberty will make sure to send you a notice as soon as possible.

Notice of Adverse Benefit Determination

A Notice of Adverse Benefit Determination (NABD) is a written notice of a decision made by Liberty about dental benefits or services. A NABD could be a denial, delay, reduction, change, or ending of your dental benefits. When Liberty sends you a NABD it will tell you all the rights you have if you do not agree with the decision we made. You have the right to appeal the NABD decision.

A NABD notice that denies, delays, changes, ends, reduces, or pauses your services, in full or partly, must include the following:

- A statement of the action Liberty intends to take.
- A clear and direct explanation of our decision.
- How we made the decision, including Liberty and Nevada Medicaid rules and guidelines.
- The reason for the decision and how your condition does not meet the conditions of the rules or guidelines.

Treatment Plan and Care

Once your oral exam has been done at your Dental Home, you will be given a treatment plan. Your dentist will discuss the benefits and importance of treatment against non-treatment along with any alternative treatment options.

You have the right to receive information on available treatment options, choices, and to take part in decisions about your health care including the right to refuse treatment.

What if I want a second opinion?

You can request a second opinion from another Liberty dentist or an out-of-network dentist for any reason at no cost. To request a second opinion, please call our Member Services Department at **1-866-609-0418/TTY: 1-877-855-8039**.

Your Dental Home can also request a second opinion for you. They will submit the forms needed with supporting x-rays to Liberty. All requests for second opinions are handled by Liberty within five (5) business days of receipt of the request.

If you or your dentist believe it is an emergency, let Liberty know and your second opinion may be completed within seventy-two (72) hours

of receipt. Liberty will call your Dental Home about any concerns you may have. Once you have been told that your second opinion is approved, you can schedule an appointment. You can request a copy of Liberty 's policy for a second opinion for free.

Do I need to submit claims?

You do not need to file claims directly with Liberty. Claims are sent by your Dental Home on your behalf.

Services done by a dental specialist are reported to Liberty by the specialist. If you receive services from an out-of-network provider due to an emergency after-hours or out-of-area situation, please see the Emergency Service section of this handbook for more information.

Can I ask for copies of my dental records?

Yes. You can ask Liberty for a copy of your dental records and for a copy of all the information that was used by the Plan to decide on a claim, prior authorization, appeal, or grievance (complaint).

We will give you one (1) free copy of the requested records we have on file from your provider. For a copy of your full dental records, you will need to speak with your Dental Home.

If you would like to ask for a copy of your records that Liberty has on file or the information used to decide on a claim, prior authorization, appeal, or grievance, please send your request in writing to one of the following:

- **Mail:**

Liberty Dental Plan of Nevada, Inc.
Member Services Department
P.O. Box 401086, Las Vegas, NV 89140

- **In Person:**

6385 S Rainbow Blvd #200, Las Vegas, NV 89118

- **Fax:** 1-888-401-1129

Once your authorization to release records is submitted and reviewed, Liberty will provide you with a copy of the records for your review.

To request assistance in obtaining your dental records and authorizing release, please call our Member Services Department at **1-866-609-0418/TTY: 1-877-855-8039**.

What if I have other insurance coverage?

As a member, you must tell us if you have any other health insurance (third party liability). If you or anyone in your family has other dental insurance, you must tell Liberty, the Division of Social Services (DSS), and your dentist.

Any other insurance coverage is considered primary to your coverage with Liberty and must pay first, with the exception of the Ryan White Program.

You can have other dental insurance through your job, or your children can have other dental insurance through another parent. You must tell Liberty if you have any other coverage by calling Member Services at **1-866-609-0418/TTY: 1-877-855-8039**. When you visit your Dental Home, you must also let them know about any other insurance coverage. This will help us make sure all your services are paid. You will also need to advise Division of Social Services (DSS) to prevent eligibility issues.

Reporting Fraud, Waste, and Abuse

Liberty has multiple ways that allow you to confidentially report potential violations to Liberty and the U.S. Department of Health & Human Services, Office of Inspector General (HHS-OIG). These options include the following:

Call Member Services toll-free at 1-866-609-0418/TTY: 1-877-855-8039. Liberty is here to help Monday through Friday, 5:00 a.m. to 5:00 p.m. Visit online at www.libertydentalplan.com/NVMedicaid

- **Liberty's Corporate Compliance Hotline:** 1-888-704-9833
- **Liberty's Compliance Unit email:**
compliancehotline@libertydentalplan.com
- **Liberty's Special Investigations Unit Hotline:** 1-888-704-9833
- **Liberty's Special Investigations Unit email:**
SIU@libertydentalplan.com
- Fraud, waste, and abuse can be confidentially reported to the U.S. Department of Health & Human Services, Office of Inspector General (HHS-OIG) Whistle Phone number at 1-800-HHS-TIPS (1-800-447-8477 or TTY 1-800-377-4950).

Fraud is knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program or to obtain, by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by, or under the custody or control of, any health care benefit program.

Examples of fraud can include:

- Billing for services and treatments that were not completed.
- Misrepresenting the services or treatments performed (submitting a different dental procedure code to increase reimbursement).
- Soliciting, offering, or receiving a kickback, bribe, or rebate.
- Waste includes practices that, directly or indirectly, result in unnecessary costs to the Medicaid Program, such as overusing services. Waste is not normally considered to be caused by criminally negligent actions but rather by the misuse of resources.
- Examples of waste may include:
 - Over-utilization of services or treatments.
 - Misuse of resources.

Abuse includes actions that can, directly or indirectly, result in unnecessary costs to the Medicaid Program. Abuse involves paying for items or services when there is no legal entitlement to that payment, and the provider has not knowingly or intentionally misrepresented facts to obtain payment.

Examples of waste can include:

- Misusing dental procedure codes on a claim.
- Charging excessively for services, treatments, or supplies.
- Billing for services that were not medically necessary (needed).

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

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

Health care fraud includes, but is not limited to, making planned statements that are not true, misrepresentations, or leaving out important facts on purpose from any record, bill, claim, or any other form to get payment, services, or any type of compensation for health care services that you are not allowed.

Health care fraud, waste, and abuse cost taxpayers billions of dollars each year. You can help stop fraud by reporting it.

Some types of health care fraud are:

- Using someone else's ID card to get a service or product.
- Loaning, selling, or giving your ID card to someone.
- Doctors billing for a service not performed, or billing for a service or product that is not needed.

- Faking eligibility information to gain coverage.
- Members seeking prescriptions for opioids or controlled substances which are not medically necessary (needed).
- Providers writing prescriptions for opioids or controlled substances which are not medically necessary (needed).

To report possible unethical business practices or potential illegal activity regarding our Dental Plan, our providers, vendors, or members, you can contact Liberty at the following:

- **Phone:** 1-888-704-9833/TTY: 1-877-855-8039
- **Fax:** 1-714-389-3529
- **E-mail:** compliancehotline@libertydentalplan.com
- **Mail:**

Liberty Dental Plan of Nevada, Inc.

Special Investigation Unit

P.O. Box 401086, Las Vegas, NV 89140-1086

- **In person:**
6385 S Rainbow Blvd #200, Las Vegas, NV 89118

You can remain unidentified if you want. All information received will be treated as confidential, and the results of investigations will be discussed only with persons having a real reason to receive the information.

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

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

- Member and provider surveys used to measure satisfaction.
- Supporting members that have been identified for assistance and helping with the coordination of their care.

- Educating members through newsletters, health fairs, and other means.
- Reviewing the types and quality of services given to members.
- Giving members access to various educational materials and tools online.
- Measuring various access standards like how long it takes for a member to get an appointment.
- Member Advisory Committee (application in Forms section).

Phone calls are also monitored to make sure calls are answered timely and that the information provided is correct and complete. All member complaints are reviewed and tracked for any trends or areas for improvement.

Liberty's contracted dentists have gone through strict credentialing procedures, background checks, and office reviews. Each dentist must follow strict contractual rules and be reviewed on a regular basis to ensure compliance with Nevada and federal laws.

Both fraud and abuse can expose providers to criminal and civil liability. Liberty expects all providers and members to comply with applicable laws and regulations, including, but not limited to, the following:

- Federal and State False Claims Act
- Qui Tam Provision (Whistleblower)
- Anti-Kickback Statute
- Physician Self-Referral Law (Stark Law)
- HIPAA
- Social Security Act
- US Criminal Codes

State & Federal False Claims Laws

The Federal False Claims Act is a law that prohibits a person or entity,

from “knowingly” presenting or causing to be presented a false or fraudulent claim for payment or approval to the Federal government, and from “knowingly” making, using, or causing to be made a false record or statement to get a false or fraudulent claim paid or approved by the Federal government. The Federal False Claims Act also prohibits a person or entity from conspiring to defraud the government by getting a false or fraudulent claim allowed or paid. These prohibitions extend to claims submitted to Federal health care programs, such as Medicare or Medicaid.

The Federal False Claims Act broadly defines the terms “knowing” and “knowingly.” Specifically, knowledge will have been proven for purposes of the Federal False Claims Act if the person or entity: (1) has actual knowledge of the information; (2) acts in deliberate ignorance of the truth or falsity of the information; or (3) acts in reckless disregard of the truth or falsity of the information. The law specifically provides that a specific intent to defraud is not required to prove that the law has been violated.

Whistleblower Protection Act: Private persons are permitted to bring civil actions for violations of the Federal False Claims Act on behalf of the United States (also known as “qui tam” actions) and are entitled to receive percentages of monies obtained through settlements, penalties and/or fines collected. Persons bringing these claims, also known as relators or whistleblowers, are granted protection under the law.

Specifically, any whistleblower who is discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against by his or her employer because of reporting violations of the Federal False Claims Act will be entitled to reinstatement with seniority, double back pay, interest, special damages sustained as a result of discriminatory

treatment, and attorneys' fees and costs.

Anti-Kickback Statute: The Anti-Kickback Statute is the popular name for The Medicare and Medicaid Fraud and Abuse Statute, 42 U.S.C. § 1320a-7b (b). The Anti-Kickback Statute is a federal criminal law. It prohibits offering or accepting kickbacks to generate health care business.

The Anti-Kickback Statute is a healthcare law that prohibits individuals and entities from a willful and payment of “remuneration” or rewarding anything of value – such as position, property, or privileges – in exchange for patient referrals that involve payables by the Federal healthcare programs. These payables include, but are not limited to, drugs, medical supplies, and healthcare services availed by Medicare or Medicaid beneficiaries. Under the provisions of the Anti-Kickback Statute, the law prohibits the soliciting, receiving, offering, or paying any remuneration (including any kickback, bribe, or rebate) directly or indirectly, overtly, or covertly, in cash or kind.

Stark Law Physician Self-Referral Law: The Physician Self-Referral Law-the Stark Law refers to Section 1877 of the Social Security Act (the Act) 42 U.S.C. 1395nn. The Physician Self-Referral Law, commonly referred to as the Stark law, prohibits physicians (including dentists) from referring patients to receive “designated health/dental services” payable by Medicare or Medicaid from entities with which the physician (including dentist) or immediate family member has a financial relationship.

Law now insists that any medical professional who provides such a referral to a Medicare or Medicaid patient must concurrently provide written notice of that patient’s right to go elsewhere along with a list of nearby alternatives.

Finalizing new, permanent exceptions for value-based arrangements to that will permit physicians and other health care providers to design and enter value-based arrangements without fear that legitimate activities to coordinate and improve the quality of care for patients and lower costs would violate the physician self-referral law. This supports the Center of Medicare and Medicaid Services (CMS) broader push to advance coordinated care and innovative payment models across Medicare, Medicaid, and private plans.

Liberty requires all its providers and members to report violations and suspected violations on the part of its employees, associates, persons, or entities providing care or services to all Medicaid enrollees.

Examples of such violations include bribery, false claims, conspiracy to commit fraud, theft, or embezzlement, false statements, mail fraud, health care fraud, obstruction of a state and/or federal health care fraud investigation, money laundering, failure to provide medically necessary services, marketing schemes, illegal remuneration schemes, identity theft, or enrollees' medication fraud.

Emergency Services

Emergency dental services should be provided immediately on a twenty-four (24) hour basis, seven (7) days a week, with unrestricted access, to Members who present at any qualified Provider, with an In-Network or Out-of-Network Provider. If you reasonably believe that not getting immediate care could be dangerous to your life or to a part of your body, call 911, or go to the nearest hospital.

Emergency dental care services can include care for a bad injury, severe pain, or a sudden serious dental condition. All follow-up care should be done at your assigned Dental Home. Do not go back to the emergency

room for follow-up dental care.

You do not need prior authorization to receive emergency dental services from an in-network or out-of-network provider. You have the right to use any provider for emergency services.

Urgent dental services or coverage means those problems which, though not life-threatening, could result in serious injury or disability unless dental attention is received. Urgent care may be provided directly by your primary care dentist or directed by Liberty through other arrangements. Non-emergency transportation is also available. Refer to the “Transportation Services” section in this Handbook.

You can call Liberty’s Member Services to speak with a licensed dentist at **1-866-609-0418/TTY: 1-877-855-8039**. Liberty’s on-call service allows members to speak with a licensed dentist twenty-four (24) hours per day, seven (7) days per week, virtually, or over the phone.

You can also visit www.libertydentalplan.com/NVMedicaid to find a dentist and location where emergency/urgent dental care is provided. Your Dental Home will inform you about their after-hours urgent dental care policy, including how to contact a dental provider twenty-four (24) hours a day, seven (7) days a week for emergency/urgent services.

Directions for what to do in an emergency

If you require emergency dental care, call your Dental Home to schedule an immediate appointment. For urgent or unexpected dental conditions that occur after-hours or on weekends, contact your Dental Home for instructions on what steps to take. If your Dental Home is not available, or you are out of the area and cannot contact Liberty for help, you can call any licensed dentist to receive emergency care. The dentist may need you to pay in full for the emergency dental care. However, Liberty will refund you for covered dental emergency services that you

paid for. If you pay a bill for emergency care, send a copy within ninety (90) calendar days to:

- **Mail:**

Liberty Dental Plan of Nevada, Inc.
Member Services Department
P.O. Box 401086
Las Vegas, NV 89140

- **Fax:**1-888-401-1129

You should let Liberty know as soon as possible after you receive emergency dental services by calling our Member Services at **1-866-609-0418/ TTY: 1-877-855-8039**.

What services are covered under emergency care?

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

Emergency dental services covered by Liberty include dental screenings, examinations, and evaluations by a dentist or dental specialist. The dental provider will determine the emergency services necessary to relieve any emergency symptoms.

Medical emergencies are not covered by Liberty if the services are done in a hospital setting which are covered by your Medical Health Plan, if Liberty determines the services were not dental in nature, or if the services are not covered under your dental plan.

Special Programs

Healthy Behaviors Program

Liberty's Healthy Behaviors Program goals are to help keep you healthy and to help encourage you to live a healthier life. As a member of the Nevada Medicaid or the Nevada Check Up Program, you or your child may be eligible for a \$25 gift card reward.

Who is eligible:

- Infants under the age of 1, or
- Child members between the ages of 1-20, or
- An adult 21 or older enrolled as a pregnant person, and
- A member that has not seen a Liberty dentist in the last twelve (12) months.

How does it work?

- Get a dental checkup or other preventive care service (in person).
- Sign up and provide your updated contact information and email address at www.libertydentalplan.com/NVMedicaid.
- A Healthy Rewards gift card will be emailed to you.

To request your next dental appointment, scan the QR code, below, with your smartphone camera to make an appointment that works best for you.



If you have questions or want to join the program go to our website at <https://memberohra.libertydentalplan.com/Language> or you can call our Member Services Department at **1-866-609-0418/TTY: 1-877-855-**

8039 for more details on the Healthy Behaviors Program.

Tele-dentistry

Need to speak with a dentist about an urgent issue or unsure whether you need treatment? Liberty provides tele-dentistry as a way of getting services without being in the same physical location as your dentist.

Tele-dentistry can involve having a private and secure live conversation with your provider or can involve sharing information with your dentist without a live conversation. Your personal health information cannot be shared without your permission and will not be transmitted unless through an encrypted (protected) format.

It is important that both you and your dentist agree that the use of tele-dentistry for a particular service is appropriate for you. You can contact your dentist to learn which types of services may be available through tele-dentistry.

When you use tele-dentistry services it is important that the provider asks for your informed consent (approval). Informed consent for tele-dentistry services can include, but are not limited to:

- Giving you the option to access services through a face-to-face visit or through tele-dentistry.
- Tell you about the type of tele-dentistry services that will be used, and procedures for responding to electronic communications with the provider.
- Issue or risk about confidentiality and security of personal health information when using tele-dentistry services.
- The limitations on the availability and appropriateness of dental services provided through tele-dentistry.

It is important to note that not all situations are appropriate for tele-

dentistry services, and the providers will need to know your health history and complete an evaluation of your oral condition before any care can take place, including writing prescriptions. All prescriptions must be appropriate to treat your oral condition and following the established standards by the state of Nevada.

To request a tele-dentistry appointment, visit www.libertydentalplan.com/NVMedicaid or scan the QR code below and follow the instructions on the website or call our Member Services at **1-866-609-0418/TTY: 1-877-855-8039**.



Liberty also offers tele-dentistry after hours. If you have an urgent issue and are unable to reach your dental provider, call Member Services and ask to be connected to our After- Hours Tele-dentistry Program.

Community Smiles Program

Liberty's Community Smiles Program is a self-referral program to connect our members to free and low-cost community resources to address needs such as food insecurity, housing, personal safety, and lack of transportation.

Members can also self-search for programs on our website using the findhelp.org platform to help navigate themselves to any applicable programs. Members can access this resource via Liberty's homepage <https://communityresources.libertydentalplan.com/> on a computer or cell phone.

You can also scan the QR code below, with your smartphone camera to access the Community Smiles Program resources.



Call member services toll-free at 1-866-609-0418/TTY: 1-877-855-8039. Liberty is here to help Monday through Friday, 5:00 a.m. to 5:00 p.m. Visit online at www.libertydentalplan.com/NVMedicaid

B.R.U.S.H. Program: Liberty's Provider Incentive

At Liberty, we're committed to supporting lifelong oral health, starting with our youngest members. Through our B.R.U.S.H. Program, participating dental providers work closely with children and their families to establish a strong relationship and finding dental home early on. During a visit, your child's dentist will perform a comprehensive dental assessment to help identify their unique oral health needs.

As part of this program, Liberty partners with our providers to encourage high-quality, preventive care, and improved health outcomes.

A copy of Liberty's provider incentive program is available upon request. If you would like to request a copy, please call our Member Services at **1-866-609-0418/TTY: 1-877-855-8039**.

Grievances and Appeals

Filing a grievance or appeal. If you are unhappy with anything about Liberty or our dental providers, you should contact us as soon as possible.

- A **grievance (complaint)** is an expression of dissatisfaction: you have a problem with Liberty, a dental provider, or with the dental care or services you got from a dental provider.
- An **appeal** is a request to review an action or denial. An action is any denial that is limited, reduced, suspended, terminated, or payment is denied. An appeal is a way for you to challenge our action if you think we made a mistake. You can ask us to change a coverage decision by filing an appeal.

Liberty can help you with this process by calling Member Services at **1-866-609-0418/ TTY: 1-877-855-8039**. These services are free of charge.

A translator is available if you need to speak in your own language and can help you file your grievance (complaint) or appeal request. This service is free to all members.

We can accept your grievance (complaint) or appeal from someone else (your authorized representative) with your permission. For example: A friend, a family member, a provider who is part of Liberty, a provider that is not a part of Liberty, or a lawyer. If you want someone to speak for you, you will need to let us know this. This person is called your Authorized Representative. You can find an Authorized Representative form on our website at <https://www.libertydentalplan.com/Resources/Documents/National-AOR-Form-ENG.pdf>

You can present documents about your case, in person, or in writing. Non-emergency transportation is available if you need to bring your evidence in person through the state's transportation vendor, MTM (refer to the Transportation Section in this Handbook).

In order to be fair, cases will not be reviewed by the same person that made the first decision. All cases regarding clinical dental services are reviewed by a licensed dentist. We keep files of all your cases and copies are available free of charge. Your file may include: All your dental records, documents related to your case, the information from before and during the appeals process, benefits, rules, and criteria used to make the decision.

We will not discriminate against or take any action against you or the dental provider for filing, or supporting the filing, of a grievance (complaint) or appeal, including requests for a fast appeal.

GRIEVANCES (COMPLAINTS)

Call Member Services toll-free at 1-866-609-0418/TTY: 1-877-855-8039. Liberty is here to help Monday through Friday, 5:00 a.m. to 5:00 p.m. Visit online at www.libertydentalplan.com/NVMedicaid

A grievance (complaint) can be about the quality of care you received from a dental provider. A complaint can also be about Liberty. You, or a dental provider acting on your behalf, or an authorized representative, may file a grievance (complaint) over the phone or in writing at any time. There is no time limit to filing a grievance (complaint).

Tell us why you are unhappy with Liberty, your dental provider, or care or services you received. Your grievance (complaint) should include:

- Your first name and last name
- Your Medicaid ID number (which can be found on the front of your Liberty member ID card)
- Your date of birth
- Your mailing address and telephone number
- Date of your grievance (complaint)
- The reason why you are unhappy
- How you would like your grievance (complaint) to be resolved

IMPORTANT: Grievances (complaints) are not eligible for the State Fair Hearing process talked about later in this Handbook.

APPEALS

An appeal is different from a grievance (complaint). An appeal is a request for Liberty to review and/or change the decision we made about benefits for a requested service or payment from a dental provider.

If we sent you, or a provider acting on your behalf, or an authorized representative, a Notice of Adverse Benefit Determination (NABD) (denial letter), you can file an appeal. All appeals must be submitted within sixty (60) calendar days from the date on the NABD (denial letter).

It is very important that you give us as much information as you can about your appeal and tell us why you think our decision, on the NABD (denial letter), was wrong. Your appeal should include:

- Your first name and last name
- Your Medicaid ID number (which can be found on the front of your Liberty member ID card)
- Your date of birth
- Your mailing address and telephone number
- The authorization or claim number associated with the NABD (denial letter)
- The date of service(s) for payment denial(s)
- An explanation of why you feel Liberty's denial decision was wrong
- Any documents or records to support your appeal

EXPEDITED (FAST) APPEALS

You, your dental provider, or your authorized representative can ask for an expedited (fast) appeal if you think that waiting thirty (30) calendar days for an appeal decision could put your life, health, or your ability to attain, maintain, or regain maximum function in danger.

Liberty staff are also trained to identify when your appeal request should be reviewed quickly for a fast appeal. Liberty can expedite (rush) your appeal request based on information we get.

A clinical staff reviewer (a licensed dentist) will review your request for a fast appeal. It is important that you, or someone filing for you, provide Liberty with evidence (documentation to support your fast appeal) as soon as possible because there is limited time available to present evidence if we expedite your appeal. We will call you with a decision and send you a Notice of Appeal Resolution letter within two (2)

calendar days after we receive your request for a fast appeal.

Liberty will decide if your request meets the guidelines for an expedited appeal resolution. If a Liberty clinical staff reviewer decides that your appeal request does not meet the guidelines for a fast appeal, Liberty will still process your appeal within the regular thirty (30) calendar day timeframe. We will call you and send you a letter with this information within two (2) calendar days from when we get the expedited appeal request. If you disagree with our decision not to process a fast appeal you can file a grievance (complaint).

You or your dental provider can ask us for up to fourteen (14) extra calendar days to resolve your fast appeal. Liberty may also ask for more time if it helps you, but we must get permission from Nevada Medicaid first. We will call you and send you a letter within two (2) calendar days of extending the timeline. The letter will include the reason why we need more time and how the delay is in your best interest. If you disagree with our decision to take extra time you can file a complaint about the delay. You may also request a copy of your file, dental records, or any material related to the case free of charge.

HOW DO I FILE A GRIEVANCE (COMPLAINT) OR APPEAL?

You can file a grievance (complaint) or appeal online, by email, fax, mail, or in person. Our Member Services Department will help you and can also take your grievance (complaint) or appeal over the telephone.

Liberty also has grievance (complaint) and appeal forms available on our Nevada website, under the “File a Grievance or Appeal” section www.libertydentalplan.com/NVMedicaid. A Liberty form is not required to submit a grievance (complaint) or an appeal. Liberty will review your grievance (complaint) or appeal submitted in any form.

You can send us your grievance (complaint) and appeal in the following

ways:

- **Online:** www.libertydentalplan.com/NVMedicaid
- **Email:** GandA@libertydentalplan.com
- **Fax:** 1-833-250-1814
- **Mail:**

Liberty Dental Plan of Nevada, Inc.
Grievance and Appeals Department
P.O. Box 401086
Las Vegas, NV 89140

- **Call us:** Monday through Friday from 5:00 a.m. to 5:00 p.m. (PST) at 1-866-609-0418 (TTY: 1-877-855-8039). Have your Liberty Dental plan member ID number.
- **In person:** Monday through Friday 8:00 a.m. to 5:00 p.m. (PST) 6385 S Rainbow Blvd #200, Las Vegas, NV 89118

WHEN WILL I GET A RESPONSE TO MY GRIEVANCE (COMPLAINT) OR APPEAL?

Liberty will start working on your grievance (complaint) or appeal the first day that it is received. Liberty will send you a letter within five (5) calendar days from the date we received your grievance (complaint) or appeal to tell you that we received your grievance (complaint) or appeal. You will get another letter with the outcome of your grievance (complaint) or appeal as quickly as your health condition requires, but no later than thirty (30) calendar days from when we got the appeal request.

REQUESTING AN APPEAL EXTENSION

You, your authorized representative, or your dental provider can ask us for up to fourteen (14) more calendar days to send additional evidence and documentation you want us to review for your appeal. Liberty may also ask for more time if it helps you, but we must get permission from

Nevada Medicaid first. We will call you and send you a letter within two (2) calendar days, if this happens. If you disagree with our decision to take more time, you have the right to file a grievance (complaint) about the delay.

CONTINUING YOUR BENEFITS DURING THE APPEAL PROCESS

You can ask Liberty to continue your dental care or restart your dental benefits while Liberty's internal appeal process is pending and while the State Fair Hearing is pending, if all the following conditions exist:

- You ask Liberty for an appeal, in writing, within ten (10) calendar days from the date Liberty said services would stop or from the date on the Notice of Adverse Benefit Determination (NABD) (denial letter), whichever date is later.
- You file the request for an appeal within sixty (60) calendar days following the date on the Notice of Adverse Benefit Determination (NABD) (denial letter).
- The appeal involves the termination, suspension, or reduction of a previously authorized course of treatment.
- The appeal involves services that Liberty had already authorized.
- The dental services were ordered by an authorized provider.
- The original periods covered by the original authorization have not expired.
- You request an extension of benefits. Say in your appeal or on your State Fair Hearing request form that you want to continue your dental benefits.

Liberty will continue benefits while the appeal is pending until one of the following occurs:

- You withdraw the appeal.
- Ten (10) calendar days have passed from the date of the Notice of Appeal Resolution (NAR), and you have not asked for a State Fair

Hearing with continuation of benefits.

- The Nevada Medicaid State Fair Hearings Unit makes a decision that is not in your favor.

If the final appeal decision or State Fair Hearing is not in your favor, you may have to pay the cost of any continued benefits that you received. Liberty will not take away your Nevada Medicaid benefits, and Liberty cannot ask your family or a legal representative to pay for the services you received.

If the final appeal decision is in your favor and the services were not given to you while the appeal was being looked at, Liberty will authorize the services for you as quickly as your health requires, but no later than seventy-two (72) hours from the date of the State Fair Hearing approval.

STATE FAIR HEARING

If you are not happy with an appeal decision that was made not in your favor, you, or an authorized representative, can ask for a State Fair Hearing. You can ask for a State Fair Hearing within ninety (90) calendar days of Liberty's Notice of Appeal Resolution (NAR). A copy of the State Fair Hearing request form is included with the Notice of Appeals Resolution (NAR) letter sent to you by Liberty. You can ask for a State Fair Hearing by sending your request in writing to Nevada Medicaid Hearings Unit. State policy inquiries and Fair Hearing requests.

- **Mailing Address:**

Nevada Medicaid Hearings Unit
9850 Double R. Blvd., Ste. 200,
Reno, NV 89521

- **Phone:** 1-775-684-3604
- **Fax:** 1-775-684-3610
- **Email:** medicaidhearings@nvha.nv.gov

If you need additional information about or help with the State Fair Hearing process, call the Nevada Medicaid Customer Service Unit at:

Northern Nevada:

- 1-775-687-1900 or TTY 711

Southern Nevada:

- 1-702-668-4200 or TTY 711

You, your authorized representative, or your dental provider have the right to ask for a State Fair Hearing from Nevada Medicaid after you have gone through Liberty's internal appeal process. There are cases where you can ask for a State Fair Hearing before your appeal is done, if:

- A delay could jeopardize your health.
- Liberty did not send you a decision on time.
- You did not get a written notice before services were denied or changed.
- We made a mistake that affected your member rights.

If Liberty fails to notify you that we have received your appeal or fails to make a decision on your appeal within the standard or fast appeal timeframes, you can ask for a State Fair Hearing.

If someone asks for a State Fair Hearing on your behalf, they must have your written approval. This is called an Authorized Representative. You can find an Authorized Representative form on our website at <https://client.libertydentalplan.com/NVMedicaid/Member/DocumentAndResources>. You can call our Member Services Department if you need assistance with the Authorized Representative form or if you would like a free copy of the form mailed to you.

The Nevada Medicaid Hearings Unit will let you know in writing when they have received your State Fair Hearing request. They will let you

know of the State Fair Hearing decision in writing as well.

When your appeal is about services you were getting, but they ended or were decreased, you can continue getting services during the State Fair Hearing. If you continue getting services, there will be no change in your services until a final State Fair Hearing decision is made. Please be sure to tell us if you want your services to continue.

If you continue getting services and the services are still denied after a State Fair Hearing, we may ask that you pay for the cost of those services. We will not take away your Medicaid benefits. We cannot ask your family or legal representative to pay for the services.

Liberty will meet the terms of the State Fair Hearing decision made by the Nevada Medicaid Hearings Unit. The Nevada Medicaid Hearings Unit's decision in these matters will be final. If the State Fair Hearing decision is to reverse an Adverse Benefit Determination made by Liberty, Liberty will pay for all costs associated with the hearing. Liberty will include, as parties to the Appeal, you and your representative or the legal representative of a deceased Member's estate.

YOU MAY BE ABLE TO GET FREE LEGAL HELP

Free Legal Services	Clark County	Washoe County
Nevada Legal Services	1-702-388-1641 1-866-432-0404	1-775-284-3491 1-800-323-8666
Senior Law Project	1-866-732-0404	1-800-323-8666
Nevada Disability Advocacy and Law Center	1-88-349-3843	1-800-992-5715

If you need more information or help with grievances (complaints) or appeals, call our Member Services Department toll-free at: **1-866-609-**

0418 / TTY: 1-877-855-8039.

Member Participation

WAYS TO GET INVOLVED AS A MEMBER

Liberty wants to hear from you. Once (1) every three (3) months, we have meetings to talk about what works well and how we can improve. Members are invited to attend and make recommendations. Join us and tell us what you think!

MEMBER ADVISORY COMMITTEE

We have a committee called the Member Advisory Committee (MAC). The MAC is made up of Nevada Medicaid and Nevada Check Up members, community stakeholders, and Liberty support staff. The MAC talks about how to improve Liberty policies and services takes part in:

- Reviewing quality reports to make sure members are happy.
- Recommending ways to better serve our members.
- Development of education materials.
- Helping to set policies that affect you.
- Reviewing member satisfaction survey results

MAC members will be paid for every meeting they attend. If you're interested in the chance to participate, please apply using the following:

- **QR Code:** Scan the QR code to access member application.



- **Call:** 1-866-609-0418/TTY: 1-877-855-8039 and ask about taking part in the MAC.
- **Email:** Print the form and send the completed application to QM@libertydentalplan.com

- **Online:** www.libertydentalplan.com/Members/Member-Facing-Committee.aspx

You can also complete the application under the “FORMS” section of this handbook and email, fax, or mail it to:

- **Email:** Liberty Dental Plan Quality Management at QM@libertydentalplan.com

- **Mail:**

Liberty Dental Plan of Nevada, Inc.
Quality Management Dept.
P.O. Box 401086
Las Vegas, NV 89140

- **Fax:** 1-888-334-6027

Important Dental Tips

Liberty Dental Plan helps you understand the connection between your oral health and your overall health. As a guide for your best dental care, we are here to help you, and your loved ones enjoy a healthy smile.

Taking care of your mouth is one of the best ways to prevent a wide range of health problems. Here are some ailments that are linked to poor oral health - so take care of your pearly whites.

- **Stroke and Blood Clots:** Gum disease is one of the most common preventable diseases in adults that may increase susceptibility of stroke and blood clots.
- **Respiratory Disease:** Bad bacteria from the mouth can be an agent for pneumonia and bronchitis.
- **Diabetes:** Gum disease may disrupt the control of blood sugar.
- **Kidney Disease:** Harmful bacteria from poor oral hygiene can weaken kidneys.

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

The importance of flossing

Cleaning between your teeth is every bit as important as brushing. Since brushing cannot effectively clean between teeth, it's important to use floss to get to those areas.

- Other items also are available to help you clean between your teeth. Ask your dentist which ones to use.
- Floss between your teeth once a day and brush your teeth at least twice a day.

Brushing up on technique

- Our toothbrushes need to be replaced every three months or when they are damaged.
- Choosing the right toothbrush plays a big role in our daily care routine. For example, using a soft toothbrush will help keep your teeth and gums healthy every day.
- It's a good idea to ask your dentist which one to use. Included below are a few tips to help you develop a good brushing routine:

Brushing your teeth

- Brush your teeth at least twice a day – once in the morning and once before bed.
- When brushing, use a gentle touch to avoid injuring your gum tissue.
- Use toothpaste with fluoride to help prevent tooth decay.
- Concentrate on brushing all surfaces.
- Use a gentle touch – it doesn't take much pressure to remove the plaque from your teeth; a vigorous scrubbing could irritate your

gums.

Brushing your gums

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

Brushing your tongue

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

The benefits of a Dental Home

A Dental Home is a dental office that people always go to for their dental care. A Dental Home can be a safe, friendly space where you can feel comfortable. It makes your visits easier and helps dentists spot and fix tooth problems early.

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

Benefits of establishing a Dental Home

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

The American Academy of Pediatrics (AAP), the American Dental Association (ADA), and the American Academy of Pediatric Dentistry

(AAPD) recommend establishing a “Dental Home” for your child by one year of age. Children who have a Dental Home are more likely to receive the preventive and routine dental care that is needed. A well-established Dental Home also includes the right referrals to dental specialists.

With the rising rate of tooth decay among young children, having a Dental Home can be key in promoting preventive care. In addition to implementing lifelong oral health at home, establishing, and maintaining an ongoing relationship between the dentist and the patient is important.

The Dental Home is an open door to all parts of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way.

Benefits of visiting the dentist during pregnancy

During pregnancy, hormonal changes can affect your teeth and gums, making oral care essential. You may notice gum sensitivity, bleeding, or increased risk of cavities due to changes in diet or morning sickness. Gentle, regular care and dental check-ups can help keep your smile healthy, supporting both you and your baby during this special time.

Getting oral health care during pregnancy can support overall health.

- Seeing your dentist for regular check-ups and cleanings during pregnancy can help in the treatment and prevention of cavities
- Maintaining good oral hygiene can help to prevent pregnancy gingivitis.

Definitions and Useful Terms

- **Access:** Your ability to obtain dental care determined by the availability of services, the acceptability, the location, transportation, hours of operation, and cost of care.

- **Appeal:** A way for you to challenge our action if you think we made a mistake. You can ask us to change a coverage decision by filing an appeal.
- **Authorization (Prior Authorization):** The notification of approval by Liberty that you can proceed with treatment requested by your dental provider.
- **Benefits:** The medically necessary (needed) dental services available under the Nevada Medicaid and Nevada Check Up Dental Program.
- **Benefit Plan:** The dental benefit plan provided under your Nevada Medicaid or Nevada Check Up coverage by Liberty.
- **Care Coordination /Case Management:** Services provided to help improve the quality of life for enrolled members with chronic medical/health conditions.
- **Caries:** Tooth decay or cavities.
- **Complaint:** See “Grievance”
- **Co-payment:** A payment paid by you in order to receive medical care.
- **Covered Services:** The dental services and treatment that are covered under the State of Nevada Medicaid or Nevada Check Up Program. Covered services may be reviewed for medical necessity (need) by Liberty prior to or after services and treatment are completed.
- **Dental Emergency:** An emergency is defined as a severe condition, including severe pain, that you could reasonably expect would result in putting your (or your unborn child, if pregnant) health in serious jeopardy; serious impairment to bodily functions; or serious dysfunction of any bodily organ or part if immediate dental care is not received.
- **Dental Home:** A Dental Home is the primary care dentist or

pediatric dentist that you have been assigned to for your dental care needs. A Dental Home promotes an ongoing relationship between the dentist and you, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way. The Dental Home should be established no later than twelve (12) months of age and includes referrals to dental specialists when appropriate. Also known as primary care dentist (PCD) or primary care provider (PCP).

- **Dental Insurance:** Coverage for services that help your teeth and gums, such as teeth cleanings, tooth removals, and tooth restorations.
- **Dental Records:** Refers to diagnostic intraoral and extraoral radiographs (x-rays), written treatment records including but not limited to progress notes, dental and periodontal chartings, treatment plans, consultation reports, or other written material relating to an individual's medical and dental history, diagnosis, condition, treatment, or evaluation.
- **Dental Specialist:** A dentist who provides specialty care such as an Endodontist, Oral Surgeon, Periodontist and Orthodontist.
- **Durable Medical Equipment:** Certain items your doctor orders for you to use at home. Examples are walkers, wheelchairs, or hospital beds.
- **Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program:** A federal program that provides additional medically necessary (needed) dental care services for children under the age of twenty-one (21).
- **Eligible:** Meeting the requirements to receive certain medical and dental benefits funded by the State of Nevada Medicaid or Nevada Check Up Program.

- **Emergency Care/Emergency Dental Service:** Emergency Dental Service and care include (and are covered by Liberty) a dental screening, examination, evaluation by a Dentist or dental specialist to determine if an emergency dental condition exists, and to provide care that would be acknowledged as within professionally recognized standards of care and in order to alleviate any emergency symptoms in a dental office. Medical emergencies are not covered by Liberty if the services are rendered in a hospital setting which are covered by a Medical Health Plan, or if Liberty determines the services were not dental in nature.
- **Emergency Medical Condition:** An emergency means your life could be threatened or you could be hurt permanently (disabled) if you don't get care quickly. If you are pregnant, it could mean harm to the health of you or your unborn baby.
- **Emergency Medical Transportation:** Your condition is such that you are unable to go to the hospital by any other means but by calling 911 for an ambulance.
- **Emergency Room Care:** A hospital room staffed and equipped for the treatment of people that require immediate medical care and/or services.
- **Emergency Services:** Services provided in an emergency room by a provider trained to treat a medical or behavioral health emergency.
- **Endodontist:** A dental specialist that treats disease and injuries to the pulp and root of a tooth.
- **Enrollee:** A Medicaid or Nevada Check Up member who is eligible to receive dental benefits through Liberty, also known as Member or Recipient.
- **Excluded Services:** Services that are not covered under the Medicaid benefit.

- **Exclusion:** Any dental procedure or services that is not available under the State of Nevada Medicaid or Check Up Program or through Liberty.
- **Fair Hearing:** A legal process through the State of Nevada Medicaid program that allows a member to request a re-evaluation of any denied or modified prior authorization or claim issued by Liberty. Also known as a State Fair Hearing.
- **General Dentist:** A licensed dentist who provides general dental services and who does not identify as a specialist.
- **Grievance:** A complaint you make about us or one of our network providers or pharmacies. This includes a complaint about the quality of your care.
- **Habilitation Services and Devices:** Services and devices that help you keep, learn, or improve skills and functioning for daily living.
- **Health Insurance:** Type of insurance coverage that pays for health, medical and surgical expenses incurred by you.
- **Home Health Care:** Health care services a person receives in the home including nursing care, home health aide services, and other services.
- **Hospice Services:** A program of care and support to help people who have a terminal prognosis live comfortably. A terminal prognosis means that a person has a terminal illness and is expected to have six months or less to live. An enrollee who has a terminal prognosis has the right to elect hospice. A specially trained team of professionals and caregivers provide care for the whole person, including physical, emotional, social, and spiritual needs.
- **Hospitalization:** The act of placing a person in a hospital as a patient.
- **Hospital Outpatient Care:** Care or treatment that does not require

an overnight stay in a hospital.

- **In-Network Benefits:** Benefits available to you when you receive services from a Liberty contracted provider.
- **Limitation:** The number of services and types of services allowed, and/or the most affordable dentally appropriate service.
- **Managed Care Organization (MCO):** A term used for a Health Plan that manages the cost and use of covered services and treatment to improve care.
- **Medical Necessity or Medically Necessary:** This describes the needed services to prevent, diagnose, or treat your medical condition or to maintain your current health status. This includes care that keeps you from going into a hospital or nursing home. It also means the services, supplies, or drugs meet accepted standards of medical practice or are otherwise necessary under current Nevada Medicaid coverage rules.
- **Member:** A Medicaid or Nevada Check Up member who is eligible to receive dental benefits through Liberty, also known as an Enrollee, Beneficiary, or Recipient.
- **Network:** A network is a directory of doctors, health care professionals, hospitals, and health care facilities that a plan has contracted with to provide medical care to its members.
- **Nevada Health Authority (NVHA):** Nevada Health Authority includes Nevada Medicaid and Public Employees Benefit Program (PEBP) and is the Department that oversees Nevada Medicaid.
- **Non-Covered Services:** A dental procedure or service that is not covered by the State of Nevada Medicaid or Nevada Check Up Program or Liberty.
- **Non-Participating Provider:** A provider or facility that is not employed, owned, or operated by our plan and is not under contract to provide covered services to members of our plan.

- **Notice of Adverse Benefit Determination (NABD):** A written decision made by Liberty regarding a dental benefit or payment. An adverse decision could be a denial, reduction, change, or termination of dental benefits. Members have the right to appeal adverse decisions to include (not all- inclusive):
 - Denial or partial denial of a requested service(s).
 - Denial or partial dental of payment for a service(s).
 - Denial of a member’s right to dispute financial liability.
 - Denial of a rural area member’s request to seek services with an out-of-network provider.
 - Failure to provide services in a timely manner.
 - Failure of Liberty to act within specified time frames.
- **Oral Surgeon:** A dental specialist who surgically treats diseases, injuries, deformities, defects, and the appearance of the mouth, jaws, and face.
- **Orthodontist:** A dental specialist who treats and prevents problems with the way the upper and lower teeth fit together in biting or chewing.
- **Out-of-Area Coverage:** Benefits provided when you are out of the Plan’s Service Area, or away from your Dental Home.
- **Out-of-Network Provider:** A dentist or specialist that is not contracted with Liberty to provide services to Liberty members. Also known as a non-participating provider.
- **Palliative Care:** Treatment that relieves pain but does not fix the problem causing the pain or provides only a temporary fix.
- **Participating Dental Group, Dental Office, or Provider:** Providers, hospitals, home health agencies, clinics, and other places that gives you health care services, medical equipment, and long-term services and supports that are contracted with your health plan.

Participating providers are also “in-network providers” or “plan providers.”

- **Pediatric Dentist (Pedodontist):** A dental specialist who only treats children from birth through adolescence.
- **Periodontist:** A dental specialist who treats the disease of gums and the tissue around the teeth.
- **Physician Services:** Care provided by you by an individual licensed under state law to practice medicine, surgery, behavioral health.
- **Plan:** Plan refers to a Managed Care Organization offering medical services to its members.
- **Premium:** A monthly payment a health plan receives to provide you with health care coverage.
- **Prescription Drug Coverage:** Prescription drugs or medications covered (paid) by your health plan. Some over-the-counter medications are covered.
- **Prescription Drugs:** A drug or medication that, by law, can be obtained only by means of a physician’s prescription.
- **Primary Care Dentist (PCD):** A dentist contracted with Liberty to provide services to eligible Medicaid and Nevada Check Up members. The Primary Care Dentist is responsible to provide or arrange for needed dental services. Also known as a Dental Home.
- **Primary Care Physician:** Your primary care physician is the doctor or other provider you see first for most health problems. He or she makes sure you get the care you need to stay healthy. He or she also may talk with other doctors and health care providers about your care and refer you to them.
- **Primary Care Provider (PCP):** Physicians who practice general medicine, family medicine, general internal medicine, general pediatrics, or osteopathic medicine. They are responsible to provide, arrange, and coordinate all aspects of your health care.

Often, they are the first person you should contact if you need health care. Physicians who practice obstetrics and gynecology may function as PCPs for the duration of the health plan member's pregnancy.

- **Prior Authorization (Pre-Approval):** A decision by Liberty or the Nevada Health Authority that a health care service, treatment plan, prescription drug, or durable medical equipment is medically necessary. Sometimes it is called pre-authorization, prior approval or pre-certification.
- **Procedure Code:** A code that identifies a specific medical or dental service.
- **Provider:** A person who is authorized to give health care or services. Examples of providers include doctors, nurses, behavioral health providers, nursing homes and specialists.
- **Provider Directory:** A list of all contracted dental providers in the Liberty network.
- **Recipient:** A Nevada Medicaid or Nevada Check Up recipient who is eligible to receive dental benefits through Liberty, also known as an Enrollee, Beneficiary, or Member.
- **Referral:** A request from your Dental Home that says you need care from another provider, usually a dental specialist. Some covered services and treatments require a referral and pre-approval.
- **Rehabilitation Services and Devices:** Treatment you get to help you recover from an illness, accident, or major operation to restore you to the best possible functional level.
- **Requirements:** Something that you must do, or a rule you must follow.
- **Responsibility:** Something that you should do, or you are expected to do.

- **Service Area:** The urban areas of Clark and Washoe Counties in Nevada where Liberty provides dental benefits.
- **Signature:** Your name written in your handwriting.
- **Skilled Nursing Care:** Skilled Nursing Care means assessments, judgements, interventions, and evaluations of intervention, which require the training and experience of a licensed nurse. Skilled Nursing care includes, but is not limited to:
 - Performing assessments to determine the basis for action or the need for action.
 - Monitoring fluid and electrolyte balance.
 - Suctioning of the airway.
 - Central venous catheter care.
 - Mechanical ventilation.
 - Tracheotomy care.
- **Specialist:** A doctor who provides health care for a specific disease or part of the body.
- **State Fair Hearing:** A legal process through the State of Nevada Medicaid program that allows a member to request a re-evaluation of any denied or modified prior authorization or claim issued by Liberty. Also known as a Fair Hearing.
- **Urgent Care:** Care when you need to see a doctor and your doctor is not able to see you or the office is closed. Care is needed for a sudden illness, injury, or condition that is not an emergency but needs to be treated right away.
- **Utilization Management (UM):** A system used by Liberty to ensure that services provided are appropriate and medically necessary.
- **Us/We/Our:** Liberty Dental Plan of Nevada, Inc. (Liberty)
- **You/Your:** Member, recipient, or “you”, are equivalent in this document.

Frequently Asked Questions

How can I find a contracted Liberty dentist? Or change my dentist?

You can find dental providers on our website at www.libertydentalplan.com/NVMedicaid by clicking on “Find & Select a Dentist” to do a search or you can call our Member Services at **1-866-609-0418/TTY: 1-877-855-8039**. A Member Service Representative will help you find a dentist near you.

Can I change my dental home?

Yes. See the section on “How do I change my dentist (Dental Home)” of this handbook.

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

Call our Member Services at **1-866-609-0418/TTY: 1-877-855-8039** to request an ID card. You can also see the section on “Member ID Cards” of this handbook.

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

See the section on “Benefits and Services” of this handbook.

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

Liberty can help you set up non-emergency transportation to your dental appointment. See the section on “Transportation Services of this handbook.

Does Liberty offer interpreter services?

Yes. See the section “Interpretation/Translation” of this handbook.

What if I want a second opinion?

See the section “Treatment Plan and Care” of this handbook.

How do I exercise an advance directive?

An "advance directive," also called a "living will," is a written paper you can fill out. This paper tells your family and dental provider what you

want for your dental care if you can't speak for yourself. It lets you decide if you want to receive certain types of care, or if you want to stop care that keeps you alive if you become very sick. If you are an emancipated minor or over 18, you have the right to make these choices about your health and dental care at any time.

To exercise an advance directive please fill out Liberty's Authorize a Representative form and return to Liberty. The form can be found on our website at www.libertydentalplan.com/About-LIBERTY/Privacy-1/Authorize-a-Representative.aspx

Return the completed form to:

- **Email:** Nevada Privacy Officer at privacy@libertydentalplan.com

- **Mail:**

Liberty Dental Plan of Nevada, Inc.

Privacy Officer

P.O. Box 401086, Las Vegas, NV 89140

- **Fax:** 1-888-273-2718

Member Documents/Forms

Liberty's member documents, forms, and resources can be located online at www.libertydentalplan.com/NVMedicaid.

Forms:

[Authorize a Representative Form](#)

Coordination of Benefits

Grievance and Appeals Form

State Fair Hearing Request Form

Oral Health Risk Assessment

Documents:

Nevada Medicaid Dental Information Sheet

Adult Provider Directory

Child Provider Directory

Your Rights - Notice of Adverse Benefit Determination (NABD)

Language Assistance

Member Newsletters

Member Satisfaction Survey Results

Oral Health and Wellness Tips:

Adult/Child/Teen Care

NEVADA MEMBER ADVISORY COMMITTEE (MAC) APPLICATION

On behalf of Liberty Dental Plan, we would like to invite you to join our Member Advisory Committee. Liberty hosts a quarterly meeting to discuss our dental plan programs, outcomes, and how we serve our members. Liberty will reward you in the amount of \$50 for joining in each meeting!

- Member suggestions will help improve future and current programs and services.
- The committee will meet once (1) per quarter and four (4) times per year.
- Selected members who participate will be rewarded for each meeting attended.

What is your first and last name?

What is your date of birth?

What is your address?

What is your daytime phone number?

What is your Liberty member ID number?

Where do you work?

What is your job title?

Please select your education level:

- 8th Grade
 High School
 College
 Other _____

- **QR Code:** Scan the QR Code provided with the camera on your smartphone.



- **Online:** You can visit us at the following link:
www.libertydentalplan.com/Members/Member-Facing-Committee.aspx
- **Email:** Complete this form and email to
QM@libertydentalplan.com
- **Mail:**

Liberty Dental Plan of Nevada, Inc.
Quality Management Dept.
P.O. Box 401086
Las Vegas, NV 89140

- **Fax:** 1-888-334-6027

Oral Health Risk Assessment (OHRA) Form

CHILD ORAL HEALTH RISK ASSESSMENT



LIBERTY
DENTAL PLAN

Filling out this form is voluntary. The member will not be denied care based on your answers. This information is private.

Member's Name:	Date of Birth:	ID Number:
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Does the child have a dentist that they see often? (Within 6 months)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the child brush their teeth every day?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do the member's teeth hurt when eating cold, hot, or sugary foods? *	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the member live in an area with fluoridated drinking water?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the member snack between meals?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the member drink a lot of soda, juices, or energy drinks?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the member have cavities? *	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does a parent or guardian have a history of cavities?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If yes, relation(s): _____	
Do the member's teeth look like they have filmy matter called plaque? *	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the member go to bed with a bottle of milk, juice, or other drink? *	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the member pregnant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the member see a doctor often for a serious medical condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, circle all that apply: cancer, diabetes, kidney disease <input type="checkbox"/> other: _____	
Does the member have special health care needs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the member been told they have a mental, behavioral, or physical disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the member gone to the emergency room for dental problems in the past year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain: _____	
Are there any non-medical/social conditions that would affect the member's ability to obtain care?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, select all that apply: <input type="checkbox"/> food <input type="checkbox"/> housing <input type="checkbox"/> transportation <input type="checkbox"/> other: _____	
Is English your and your child's main language?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If no, language spoken: _____	
I consent to receive text/email messages from Liberty Dental Plan to help manage my oral health.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cell Phone: _____ Email Address: _____	

***If you have pain, swelling, bleeding, or infection please contact Liberty for immediate assistance.**

I understand that this information will be disclosed to my new dental plan.

Signature: _____ Date: _____

If not signed by the member (enrollee), please select one:

- Parent of minor Guardian
- Other representative: _____

Please return to: Liberty Dental Plan of Nevada, P.O. Box 401086, Las Vegas, NV 89140

ADULT ORAL HEALTH RISK ASSESSMENT**LIBERTY
DENTAL PLAN**

Filling out this form is voluntary. The member will not be denied care based on your answers. This information is private.

Member's Name:	Date of Birth:	ID Number:
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Has it been more than 12 months since you last saw a dentist?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do your teeth hurt when eating cold, hot, or sugary foods?*	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have pain in your mouth or gums?*	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have an infected tooth or teeth?*	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your mouth dry?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do your gums bleed when you brush or floss?*	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you had any gum (periodontal) treatments?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, list the last visit date: _____	
Do you wear full or partial fake teeth?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you pregnant?	Yes <input type="checkbox"/>

	No <input type="checkbox"/>
Do you see a doctor often for a serious medical condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, circle all that apply: cancer, diabetes, kidney disease other: _____	
Are you currently receiving radiation or chemotherapy	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have or been told that you have a mental, behavioral, or physical disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been to the emergency room for dental problems in the past year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, explain: _____	
Are there any non-medical/social conditions that would affect the member's ability to obtain care?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, select all that apply: <input type="checkbox"/> food <input type="checkbox"/> housing <input type="checkbox"/> transportation <input type="checkbox"/> other: _____	
If yes, explain: _____	
Is English your main language?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, language spoken: _____	

I consent to receive text/email messages from Liberty Dental Plan to help manage my oral health.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cell Phone: _____ Email Address: _____ _____	

***If you have pain, swelling, bleeding, or infection please contact Liberty for immediate assistance**

I understand that this information will be disclosed to my new dental plan.

Signature: _____ Date: _____

If not signed by the enrollee, please select one:

Parent of minor Guardian

Other representative: _____

Please return to: Liberty Dental Plan of Nevada, P.O. Box 401086, Las Vegas, NV 89140