

# Member Handbook



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What you need to know about your benefits

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

2025



Los Angeles County  
Prepaid Health Plan (PHP)

Sacramento County  
Geographic Managed Care (GMC)

# Other languages and formats

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## Other languages

You can get this Member Handbook and other plan materials for free in other languages. Call 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). The call is free. Read this Member Handbook to learn more about language assistance services, such as interpreter and translation services.

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## Other formats

You can get this information for free in other formats, such as Braille, 20-point font large print, audio, and accessible electronic formats at no cost to you. Call 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). The call is free.



# Confidential Communications

## *Right to Request Confidential Communications*

You have the right to request that We communicate with You about Your Personal Health Information (PHI) by alternative means or to alternative locations. We must accommodate Your request if it is reasonable and specifies the alternative means or location where Your PHI should be delivered. A confidential communications request shall be implemented by the health insurer within seven 7 calendar days of the receipt of an electronic transmission or telephonic request or within 14 calendar days of receipt by first-class mail. We shall 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. A health care service plan shall 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, and includes services described in Sections 6924, 6925, 6926, 6927, 6928, 6929, and 6930 of the Family Code, and Sections 121020 and 124260 of the Health and Safety Code, obtained by a patient at or above the minimum age specified for consenting to the service specified in the section.



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

- Online: Liberty's website by visiting:  
<https://www.Libertydentalplan.com/About-Liberty/Privacy-1/Request-Confidential-Communications.aspx>
  - By mail to: Privacy Officer, Liberty Dental Plan, PO Box 26110, Santa Ana, CA 92799-6110
  - By telephone to: Liberty's Member Services at (888) 703-6999 (for Los Angeles County) or (877) 550-3875 (for Sacramento County)
  - By TDD/TTY: 711
- 



## Interpreter services

**Liberty provides oral interpretation services, including sign language, from a qualified interpreter, on a 24-hour basis, at no cost to you.**

You do not have to use a family member or friend as a interpreter. For free interpreter, linguistic and cultural services and help available 24 hours a day, 7 days a week, or to get this handbook in a different language, call 888-703-6999 (for Los Angeles County), or 877-550-3875 (for Sacramento County), TTY 877-855-8039. The call is toll free.

## English

**ATTENTION:** If you need help in your language, call 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY: 877-855-8039). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). These services are free.

## الشعار بالعربية (Arabic)

تنبیه: إذا كنت بحاجة إلى مساعدة بلغتك، فاتصل على الرقم 1-888-703-6999 (لمقاطعة لوس أنجلوس) أو 1-877-550-3875 (لمقاطعة ساكرامنتو)، الهاتف النصي المساعدات والخدمات للأشخاص ذوي الإحتياجات الخاصة متوفرة. 1-877-855-8039. أيضاً، مثل المستندات المكتوبة بطريقة برايل والأحرف بالطباعة الكبيرة. هذه الخدمات مجانية



## Հայերեն պիտակ (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե Ձեր լեզվով օգնության կարիք ունեք, զանգահարեք 888-703-6999 (Լոս Անջելես վարչաշրջանի համար) կամ 877-550-3875 (Սակրամենտո վարչաշրջանի համար) հեռախոսահամարով, TTY՝ 877-855-8039: Մատչելի են նաև աջակցություններ և ծառայություններ հաշմանդամների համար, օրինակ՝ փաստաթղթերը բրայլով կամ մեծ տառատեսակով: Այս ծառայությունները մատուցվում են անվճար

## 简体中文标语 (Chinese)

注意：如果您需要语言方面的帮助，请拨打 888-703-6999 (Los Angeles 县) 或 877-550-3875 (Sacramento 县), TTY : 877-855-8039。可为残疾人士提供援助和服务，例如盲文版和大字体文件。这些服务是免费的。

## ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ 888-703-6999 (Los Angeles ਕਾਊਂਟੀ ਲਈ) 'ਤੇ ਜਾਂ 877-550-3875 (Sacramento ਕਾਊਂਟੀ ਲਈ) 'ਤੇ ਕਾਲ ਕਰੋ, TTY: 877-855-8039. ਅਪੰਗਤਾਵਾਂ ਵਾਲੇ ਲੋਕਾਂ ਲਈ ਸਹਾਇਕ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਵੱਡੇ ਪ੍ਰਿੰਟ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।



## हिंदी टैगलाइन (Hindi)

ध्यान दें: यदि आपको अपनी भाषा में सहायता चाहिए तो 888-703-6999 (Los Angeles काउंटी के लिए) पर या 877-550-3875 (Sacramento काउंटी के लिए) पर कॉल करें (TTY: 877-855-8039). विकलांग लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में दस्तावेज़ भी उपलब्ध हैं। ये सेवाएं निःशुल्क हैं।

## Nqe Lus Hmoob Cob (Hmong)

CEEB TOOM: Yog nej xav tau kev pab txhais koj yam lus cia li hu 888-703-6999 (rau Cheeb Nroog Los Angeles) los sis 877-550-3875 (rau Cheeb Nroog Sacramento) (TTY: 877-855-8039). Tej khoom pab thiab tej kev pab rau cov neeg uas xiam oob qhab, xws li cov ntaub ntawv uas muaj braille thiab muaj tsiaj ntawv loj, los kuj muaj thiab. Tej kev pab no los pub dawb tsis them nqi li.

## 日本語表記 (Japanese)

注意：日本語によるヘルプが必要な場合は、888-703-6999（ロサンゼルス郡）、877-550-3875（サクラメント郡）、または877-855-8039（TTY）にお電話ください。障害をお持ちの方のために、点字や大きい活字の文書などによる支援およびサービスもご用意しています。これらのサービスは無料でご利用いただけます。

## 한국어 태그라인 (Korean)

주의: 본인이 사용하는 언어로 도움을 받고자 할 경우 888-703-6999 (로스앤젤레스 카운티) 또는 877-550-3875(새크라멘토 카운티) (TTY: 877-855-8039) 번으로 연락하시기 바랍니다. 장애인을 위한 점자 또는 큰 활자 문서와 같은 지원 및 서비스도 이용할 수 있습니다. 이러한 서비스는 무료입니다.



### ຄຳບັນຍາຍເບັນພາສາລາວ (LAOTIAN)

ຂໍ້ຄວນໃສ່ໃຈ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອເບັນພາສາຂອງທ່ານ ໃຫ້ໂທຫາ 888-703-6999 (ສຳລັບ Los Angeles County) ຫຼື 877-550-3875 (ສຳລັບ Sacramento County) (TTY: 877-855-8039). ການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການຕ່າງໆ ສຳລັບຄົນພິການ ເຊັ່ນວ່າ: ເອກະສານທີ່ເປັນຕົວອັກສອນສຳລັບຄົນພິການຕາ ແລະ ພິມເປັນຕົວໃຫຍ່ ກໍ່ມີໃຫ້ພ້ອມໃຊ້ງານໄດ້. ການບໍລິການເຫຼົ່ານີ້ ແມ່ນບໍ່ໄດ້ເສຍຄ່າ.

### Mien Tagline (Mien)

COR-FIM JANGX LONGX: Beiv taux gorngv meih qiemy longc mienh tengx faan benx meih nyei fingz waac bun muangx nor douc waac lorx taux 888-703-6999 (Liouh yiem njiec Los Angeles nquenc) (TTY: 877-855-8039). Maaih jaa sic tengx goux aengx caux nzie weih gong se duqv mbenc liouh bun ninh mbuo wuaaic fangx mienh longc beiv taux benx sou-nzangc pokc bun hluo doqc aengx caux domh sou-daan bun longc. Naaiv deix nzie weih gong se bun wang-henh longc maiv zuqc feix zinh nyaanh oc.

### ប្រាសាទសម្រាប់ភាសាខ្មែរ (Cambodian)

ចំណាំ: ប្រសិនបើអ្នកត្រូវការជំនួយភាសាសម្រាប់សមាសភាព សូមទូរសព្ទទៅលេខ 888-703-6999 (សម្រាប់ខោនធី Los Angeles) ឬលេខ 877-550-3875 (សម្រាប់ខោនធី Sacramento), TTY: 877-855-8039 ។ ជំនួយនិងសេវាកម្មសម្រាប់ជនពិការ ដូចជាឯកសារជាអក្សរសម្រាប់ជនពិការភ្នែក និងអក្សរពុម្ពធំ ក៏មានផងដែរ។ សេវាកម្មទាំងនេះមានដោយមិនគិតថ្លៃ។

### فارسی زبان به مطلب (Farsi)

توجه: اگر به کمک در زبان خود نیاز دارید با شماره

1-877-550-3875 (برای Los Angeles County) یا شماره 1-800-703-6999 (برای Sacramento County) تماس بگیرید، TTY: 877-855-8039.

کمک‌ها و خدمات برای افراد دارای معلولیت، مانند اسناد به خط بریل یا چاپ بزرگ‌نمایی شده نیز وجود دارد. این خدمات مجانی هستند.



### **Русский слоган (Russian)**

ОБРАТИТЕ ВНИМАНИЕ! Если вам нужна помощь на родном языке, позвоните по телефону 888-703-6999 (в округе Лос-Анджелес) или 877-550-3875 (в округе Сакраменто), линия ТТУ: 877-855-8039. Также предоставляются услуги и материалы в специальных форматах для людей с особыми потребностями, например документы, набранные шрифтом Брайля и крупным шрифтом. Такие услуги предоставляются бесплатно.

### **Mensaje en español (Spanish)**

ATENCIÓN: Si necesita ayuda en su idioma, llame al 888-703-6999 (para el condado de Los Ángeles) o al 877-550-3875 (para el condado de Sacramento), TTY: 877-855-8039. También se encuentran disponibles ayudas y servicios para personas con discapacidades, como documentos en braille y en letra grande. Estos servicios son gratuitos.

### **Tagalog Tagline (Tagalog)**

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika tumawag sa 888-703-6999 (para sa County ng Los Angeles) o 877-550-3875 (para sa County ng Sacramento), TTY: 877-855-8039. Ang mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malalaking letra, ay makukuha rin. Ang mga serbisyong ito ay libre.



## แท็กไถ่ภาษาไทย (Thai)

หมายเหตุ: หากท่านต้องการความช่วยเหลือในภาษาของท่าน ให้โทรไปที่ 888-703-6999 (สำหรับ ลอสแอนเจลิสเคาน์ตี้) หรือ 877-550-3875 (สำหรับ แซคราเมนโตเคาน์ตี้), TTY: 877-855-8039. มีทั้งอุปกรณ์ช่วยและบริการต่าง ๆ สำหรับคนพิการเช่นเอกสารที่เป็นอักษรเบรลล์หรือตัวพิมพ์ใหญ่ ไม่ต้องเสียค่าใช้จ่ายสำหรับบริการเหล่านี้

## Примітка українською (Ukrainian)

ЗВЕРНІТЬ УВАГУ! Якщо вам потрібна допомога рідною мовою, зателефонуйте на номер 888-703-6999 (в окрузі Лос-Анджелес) або 877-550-3875 (в окрузі Сакраменто), лінія TTY: 877-855-8039. Також надаються послуги та матеріали в спеціальних форматах для людей з особливими потребами, наприклад документи, набрані шрифтом Брайля та крупним шрифтом. Такі послуги надаються безкоштовно.

## Khẩu hiệu tiếng Việt (Vietnamese)

LƯU Ý: Nếu quý vị cần hỗ trợ với ngôn ngữ của quý vị, hãy gọi theo số 888-703-6999 (dành cho Quận Los Angeles) hoặc 877-550-3875 (dành cho Quận Sacramento), TTY: 877-855-8039. Cũng có sẵn các hỗ trợ và dịch vụ dành cho người khuyết tật, như tài liệu chữ nổi braille và bản in chữ lớn. Các dịch vụ này là miễn phí.



# Welcome to Liberty!

Thank you for joining Liberty. Liberty is a dental plan for people who have Medi-Cal. Liberty works with the State of California to help you get the dental care you need.

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## Member Handbook

This Member Handbook tells you about your coverage under Liberty. Please read it carefully and completely. It will help you understand and use your benefits and services. It also explains your rights and responsibilities as a member of Liberty.

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

In this Member Handbook, Liberty is sometimes referred to as “we” or “us”. Members are sometimes called “you.” Some capitalized words have special meaning in this Member Handbook.

Call 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039) to ask for a copy of the contract. You may also ask for another copy of the Member Handbook at no cost to you or visit our website at [www.Libertydentalplan.com](http://www.Libertydentalplan.com) to view the Member Handbook.

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## Contact us


Liberty is here to help. If you have questions, call 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). We are here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. You can also visit us online at any time at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).

Thank you,

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

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 Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).

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Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).

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# 1. Getting started as a member

## How to get help

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

## Member Services

Liberty's Member Services is here to help you. We can:

- Answer questions about your dental plan and covered services
- Help you choose or change a primary care dentist (PCD)
- Tell you where to get the care you need
- Help you get interpreter services if you do not speak English
- Help you get information in other languages and formats

If you need help, call 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). We are here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. You can also visit Member Services online at any time at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).

## Who can become a member

Every state may have a Medicaid program. In California, Medicaid is called **Medi-Cal**.

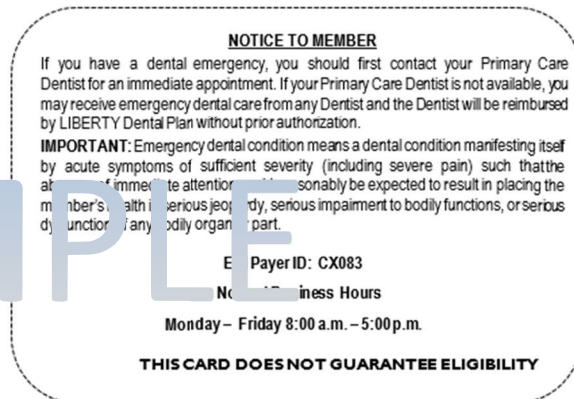
You qualify for Liberty because you qualify for Medi-Cal and live in Los Angeles or Sacramento Counties. If you live in Sacramento County, you can contact the Department of Human Assistance at 800-541-5555 or visit <https://ha.saccounty.gov/Pages/default.aspx>. If you live in Los Angeles County, you can contact the Department of Public Social Services at 866-613-3777 or visit <https://dpss.lacounty.gov/en/resources/contact.html>. You might also qualify for Medi-Cal through Social Security because you are getting SSI or SSP. For questions about enrollment, call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077). Or visit <http://www.healthcareoptions.dhcs.ca.gov>. For questions about Social Security, call the Social Security Administration at 1-800-772-1213. Or go to <https://www.ssa.gov/locator/>.

Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).



## Identification (ID) cards

As a member of Liberty, you will get a dental plan ID card. You must show your dental plan ID card and your Medi-Cal Benefits Identification Card (BIC) when you get any dental services. Your Medi-Cal BIC card is the benefits identification card sent to you by the State of California. You should carry both cards with you at all times. Here are sample BIC and dental plan ID cards to show you what yours will look like:



If you do not get your dental plan ID card within a few weeks of enrolling, or if your card is damaged, lost or stolen, call Member Services right away. Liberty will send you a new card for free. Call 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). If you do not have a Medi-Cal BIC card or if your card is damaged, lost or stolen, call the local county office. Go to <http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx> to locate the local county office.



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY 877-855-8039. Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).

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# 2. About your dental plan

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## Dental plan overview

Liberty is a dental plan for people who have Medi-Cal in Los Angeles and Sacramento Counties. Liberty works with the State of California to help you get the dental care you need.

Talk with one of the Liberty Member Services Representatives to learn more about the dental plan and how to make it work for you. Call 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039).

## When your coverage starts and ends

When you enroll in Liberty, you will receive a Liberty Member ID card within seven (7) calendar days of enrollment. Please show the Medi-Cal Benefits Identification Card (BIC) and your Liberty Member ID card every time you go for any dental services. The Liberty Member ID card is proof that you are enrolled with Liberty.

Your Medi-Cal coverage will need to be renewed every year. If your local county office cannot renew your Medi-Cal coverage electronically, the county will send you a Medi-Cal renewal form. Complete this form and return it to your local county human services agency. You can return your information online, in person, by phone, or other electronic means if available in your county.

You must see the dentist listed on your Liberty Dental Plan ID card. If you did not choose a dentist when you enrolled, a dentist will be assigned to you. You can call 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039) to choose a different dentist. Your PCD's name and telephone number are on your Liberty Dental Plan ID card.

You can end your Liberty coverage and choose another dental plan at any time. For help choosing a new plan, call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077). Or visit <http://www.healthcareoptions.dhcs.ca.gov>.

You can also ask to end your Medi-Cal. You must follow DHCS procedures if you ask to end your coverage.



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).

Sometimes Liberty can no longer serve you. Liberty must end your coverage if:

- You move out of the county or are in prison.
- You no longer have Medi-Cal.
- You request to be disenrolled from Liberty.
- You qualify for certain waiver programs.
- You need a major organ transplant (excluding kidneys).
- You become enrolled with a commercial dental plan.
- You let someone else use your dental benefits.

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## Special considerations for American Indians in managed care

If you are American Indian, you have the right to not enroll in a Medi-Cal managed care dental plan. If you have been enrolled in Liberty, you can ask to leave at any time. If you leave Liberty, you will get your dental care from Medi-Cal Dental Fee-for-Service. You can also get dental care at an Indian Health Service Division of Oral Health site. You may also stay with or disenroll from Liberty while getting dental services from these locations. For information on enrollment and disenrollment call 888-703-6999 (for Los Angeles County), or 877-550-3875 (for Sacramento County), (TTY 877-855-8039).

## How your dental plan works

Liberty is a dental plan contracted with DHCS. Liberty works with dentists, dental specialists, and other providers in your service area (our network) to provide dental care to you, the member. Liberty Member Services will tell you how Liberty works and how to get the dental care you need. Member Services can help you:

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

To learn more, call 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Or find member service information online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).

## Changing dental plans

You may leave Liberty and join another dental plan in your county at any time. Call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077) to choose a new plan. You can call between 8:00 a.m. and 6:00 p.m. Monday through Friday or visit [www.healthcareoptions.dhcs.ca.gov](http://www.healthcareoptions.dhcs.ca.gov).

It takes up to 30 days to process your request to leave Liberty and enroll in another plan. To find out the status of your request, call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077).

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

You may qualify for an expedited disenrollment if you meet the following:

- The eligible member has not used benefits under their dental plan, which Liberty is required to pay, during the month disenrollment is requested.
- Disenrollment of eligible members for one of the following reasons, requires supporting documentation:
  - The member is an American Indian, a member of an American Indian household, or chooses to receive dental services through an Indian Health Service (IHS) and has written acceptance from the IHS facility for care on a fee-for-service basis.
  - The member is receiving services under the Foster Care or Adoption Assistance Program or has been placed in the care of Child Protective Services. The disenrollment request must be submitted by the authorized foster parent, the authorized adoptive parent, or the licensed agency providing protective services.
  - The member has a complex medical condition, the disenrollment request is submitted with supporting documentation of the medical condition, treatment plan, and duration of the treatment by the Medi-Cal Dental fee-for-service dentist.
  - The member is enrolled in a Medi-Cal Waiver Program that requires special at-home care.
  - The member is participating in a pilot project with the state.
  - HCO incorrectly enrolled the member in the wrong Plan or gave out incorrect information.
  - The member submitted a non-expedited request that meets the requirements that was not processed timely by HCO.
  - The member has moved or been placed outside of the plan service area.



- The member has experienced a breakdown in the doctor-patient relationship that cannot be resolved.
- The member requires nursing facility services and will remain in long-term care for more than 2 consecutive months.
- The member is deceased but is not yet reflected by the Medi-Cal Eligibility Date System.

You may ask to leave Liberty in person at your local county human services office.

Find your local office at <http://www.dhcs.ca.gov/services/medi-cal/pages/countyoffices.aspx>. Or call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077).

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## Continuity of care

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

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 12 months before the date of initial enrollment with Liberty. All cases of Continuity of Care will be reviewed by the Case Management team.

You can ask for Continuity of Care if you are in active treatment for covered services or have an active pre-approval for covered services. Members who have the following documented conditions, listed under California law, also qualify for Continuity of Care, upon request:

- Newborn care between birth to 36 months.
- Pregnancy and Postpartum care.
- Serious chronic or acute conditions.
- Surgery scheduled within 180 days of the termination or effective date of coverage.
- Terminal Illness.

Liberty will notify you when we receive your request for Continuity of Care, the date the request was received, and the timeframe for the Plan to decide, by telephone call, text message, email, or written letter.



Liberty will review and complete your request for Continuity of Care within the following timeframes:

- Urgent requests - as soon as your condition requires but no longer than 3 calendar days from the date received.
- Immediate attention requests - as soon as your condition requires but no longer than 15 calendar days from the date received.
- Non-urgent requests - as soon as your condition requires but no longer than 30 calendar days from the date received.

Liberty will send you a letter letting you know if we approved or denied your request for Continuity of Care:

- Denied requests – will include a reason for our decision and your right to file a grievance or appeal. For more information on the grievance and appeals process, see Chapter 8 Reporting and Solving Problems in this Member Handbook.
- Approved requests – will include a reason for our decision, the time period the Continuity of Care will be active, the process that takes place after the Continuity of Care period ends, and your right to choose a different in-network dentist.

## Continuity of Care Restart Period

If you change your managed care dental plan after initial enrollment or if you lose and later recover your Medi-Cal eligibility during the 12-month Continuity of Care period, the Continuity of Care period may start over one time. If you change your managed care dental plan or if you lost then recovered eligibility a second time (or more), the Continuity of Care period will not start over, and you will not have the right to a new 12 months of Continuity of Care.

If you return to Medi-Cal Fee-for-Service, if applicable, and later re-enrollee in a managed care plan, the Continuity of Care period will not start over.

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## College students who move to a new county or out of California

Emergency services and urgent care are available to all Medi-Cal members statewide regardless of county of residence. As long as you are eligible, Medi-Cal will cover emergency services and urgent care in another state. Medi-Cal will also cover emergency care that requires hospitalization in Canada and Mexico if the service is approved and the doctor and hospital meet Medi-Cal rules. Medi-Cal does not cover emergency, urgent or any other services outside of the United States, except for Canada and Mexico.

If you move to a new county to attend college, you may still be able to get dental services, even if Liberty does not serve your new county, but you must notify Liberty. Or you may be able to get services through regular Medi-Cal Dental, also known as Fee-for-Service (FFS) Medi-Cal. This is called continuity of care. **Liberty provides continuity of care services for college students if:**

- It is an emergency

To learn more about continuity of care services, call 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039).

## Dentists who leave Liberty

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

Liberty provides continuity of care services for:

- Services that are not finished by the dentist before leaving Liberty.
- Services that are not finished by an out-of-network dentist when you become active with Liberty.

Liberty provides continuity of care services if:

- The services are covered under your dental plan.
- The services are medically necessary.
- The services meet our clinical guidelines.
- You did not have access to a Liberty dental provider.



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).

Liberty does **not** provide continuity of care services if:

- The services are not covered under your dental plan.
- The services are not medically necessary.
- The services do not meet our clinical guidelines.
- You did have access to a Liberty dental provider.

To learn more about continuity of care services, call 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039).

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## Costs

### Member costs

Liberty serves people who qualify for Medi-Cal. In most cases, Liberty members do not have to pay for covered services, premiums, co-pays or deductibles. Covered services are dental services that Liberty is responsible to pay for. If you get a bill for any fees or copayments for a covered service, do not pay the bill. Call member services right away at 888-703-6999 (for Los Angeles County), 877-550-3875 (for Sacramento County) (TTY 877-855-8039). For a list of covered services, go to Chapter 4 Benefits and Services.

Except for emergency services or urgent care, you must get pre-approval from Liberty before you visit a dentist outside the Liberty network. If you do not get pre-approval and you go to a dentist outside of the network, you may have to pay for the dental care you got from that provider. For a list of covered services, read Chapter 4, “Benefits and Services” in this handbook. You can also find the Provider Directory on the Liberty website at <http://www.Libertydentalplan.com/>.

If you opt to receive dental services that are not covered services under this plan, a participating dental provider may charge you his or her usual and customary rate for those services. Prior to providing a patient with dental services that are not a covered benefit, the dentist should give you a treatment plan that includes each expected service and the estimated cost of each service. If you would like more information about dental coverage options, you may call member services at 888-703-6999 (for Los Angeles County), 877-550-3875 (for Sacramento County) (TTY 877-855-8039). To fully understand your coverage, you may wish to carefully review this evidence of coverage document.

### Asking Liberty to pay you back for expenses

If you get a bill for a covered service, call 888-703-6999 (for Los Angeles County), 877-550-3875 (for Sacramento County) (TTY 877-855-8039) right away. If you pay for a service that you think Liberty should cover, file a claim with us. Call 888-703-6999 (for Los Angeles County), 877-550-3875 (for Sacramento County) (TTY 877-855-8039) to ask for a claim form, or for help to file a claim. Use a claim



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).

form and tell us in writing why you had to pay to ask for a claim form, or for help to file a claim. Use a claim form and tell us in writing why you had to pay.

If you paid for services, you already received, you may qualify to be reimbursed (paid back) if you meet all of the following conditions:

- The service you received is a covered service that Liberty is responsible to pay for. Liberty will not pay you back for a service that is not covered.
- You received the covered service after you became eligible for Medi-Cal.
- You ask to be paid back within one year from the date you received the covered service.
- You provide proof that you paid for the covered service, such as a detailed receipt from the dental office.
- You received the covered service from a Medi-Cal dentist in the Liberty's network. You do not need to meet this condition if you received emergency services or another service that Medi-Cal allows out of network providers to perform without pre-approval.
- If the covered service normally requires pre-approval, you provide proof from the dentist that shows a medical need for the covered service.

If you do not meet one of the above conditions, Liberty will not pay you back. Liberty will tell you of its decision to reimburse you in a letter called a Notice of Action. If you meet all of the above conditions, the Medi-Cal enrolled dentist should pay you back for the full amount you paid. If the Medi-Cal dentist refuses to pay you back, Liberty will pay you back for the full amount you paid. Liberty must pay you back within 45 working days of receipt of your claim.

### **For members with a share of cost**

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



## How a dentist gets paid

Liberty pays dentists in these ways:

- Capitation payments
  - Liberty pays some dentists a set amount of money every month for each Liberty member. This is called a capitation payment. Liberty and dentists work together to decide on the payment amount.
- Fee-for-service payments
  - Some dentists give dental care to Liberty members and then send Liberty a bill for the services they provided. This is called a fee-for-service payment. Liberty and dentists work together to decide how much each service costs.

To learn more about how Liberty pays dentists, call 888-703-6999 (for Los Angeles County), 877-550-3875 (for Sacramento County) (TTY 877-855-8039).

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## Provider Incentive Program

A copy of Liberty Liberty's provider incentive program is available upon request. If you would like to request a copy, please call Member Services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039).



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).

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# 3. How to get dental care

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## Getting dental services

**PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW HOW AND WHERE YOU CAN GET DENTAL CARE.**

You can start getting dental care services on your effective date of enrollment in Liberty. Always carry with you your dental plan ID card and Medi-Cal Benefits Identification Card (BIC) card and any other dental insurance cards with you. Never let anyone else use your Liberty ID card or BIC card. Dentists are also called dental providers.

New members must choose a primary care dentist (PCD) in our network. The Liberty network is a group of dentists who work with us. You must choose a PCD within 30 days from the time you become a member in Liberty. If you do not choose a PCD, we will choose one for you.

You may choose the same PCD or different PCDs for all family members in Liberty.

If you have a dentist you want to keep, or you want to find a new PCD, you can look in the dental Provider Directory. It has a list of all PCDs in our plan network. The dental Provider Directory has other information to help you choose. If you need a dental Provider Directory, call 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). You can also find the dental Provider Directory on our website at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).

If you cannot get the care you need from a participating dental provider in our network, your PCD must ask Liberty for approval to send you to an out-of-network provider.

Read the rest of this chapter to learn more about PCDs, our dental Provider Directory and our dental provider network.

When you call for an appointment with your PCD, tell the person who answers the phone that you are a member of Liberty. Give your dental plan ID number.



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).

To get the most out of your dental visit:

- Bring your Medi-Cal benefits identification card (BIC)
- Bring your dental plan ID card
- Bring your valid California ID card or driver's license
- Know your Social Security Number
- Bring your list of medications
- Be ready to talk with your Primary Care Dentist (PCD) about any dental problems you've noticed for yourself or your children.

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

## Getting to your appointment

If you don't have a way to get to and from your appointments for covered services, we can help arrange transportation for you. This service is called non-emergency medical transportation and is not for emergencies. This type of transportation is available for services and appointments to are not related to emergency services and may be available at no cost to you. Go to Chapter 4 (Benefits and Services) and review section Non-Emergency Medical Transportation.

## Routine dental care

Oral health is an important part of overall health and well-being. Liberty recommends that children begin seeing a dentist by their first tooth or their first birthday. Routine care is regular dental care. Liberty covers routine care from your PCD. Some services may be referred to dentists that are specialists, and some services may require pre-approval (prior authorization).

## Initial Dental Health Appointment

As a new member of Liberty, you need to have an initial dental health appointment (IDHA) with your PCD within the first 120 days of enrollment. Your PCD will look at your oral condition and determine your dental needs. Your PCD will assess your oral care needs and develop a plan to keep your teeth, gums, and mouth in good condition.

Your PCD information is available on your Liberty Dental Plan ID card to schedule an IDHA. Your PCD may ask you some questions about your health history or may ask you to complete a questionnaire. Your PCD will also tell you about health education counseling and classes that may help you. Oral health education and tips are also available for free on Liberty's website, [www.Libertydentalplan.com](http://www.Libertydentalplan.com).



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).

IDHA for new members must be available within 28 days of asking to schedule an appointment. If you need help scheduling an IDHA with your PCD, call Member Services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039).

Take your Medi-Cal BIC and your Liberty ID card to your appointment. It is a good idea to take a list of your medications and questions with you to your IDHA. Be ready to talk with your PCD about your dental needs and concerns. Be sure to call your PCD's office if you are going to be late or cannot go to your appointment.

All dental services must meet Medi-Cal requirements to be covered. Dental services that may be covered for children are:

- Exams and x-rays
- Cleanings
- Fluoride treatments
- Sealants
- Fillings
- Crowns
- Tooth extractions
- Root canal treatment
- Braces

Dental services that may be covered for adults are:

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

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



## Urgent dental care

Liberty covers urgent dental care. You may need urgent dental care if you have one of the following examples:

- A chipped tooth
- Lost filling, crown, or bridge
- Dull toothache

If you need to see a dentist right away but it is not an emergency, urgent care appointments are available within 72 hours.

During normal office hours, call your dentist for help. If it is after office hours, try calling your dentist first. If you cannot reach your dentist, call Liberty anytime at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039) for assistance.

## Emergency dental care

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

During normal office hours, call your dentist for help. If it is after office hours, try calling your dentist first. If you cannot reach your dentist, call Liberty anytime at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039) for assistance.

You may also call 911 or go to the nearest hospital. If you are away from home, you can find a dentist that is close to you to get emergency care. Dentists who are not contracted with Liberty may charge you for emergency care. If you pay for emergency care, we will pay you back.

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

If you need help, call 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). We are here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free.



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).

## Where to get dental care

### Dentists

You will choose a primary care dentist (PCD) from the Liberty dental Provider Directory. Your PCD must be a participating dentist. This means the dentist is in our network. To get a copy of our dental Provider Directory, call 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039).

You will get most of your care from your PCD. Your PCD will give you most of your routine dental care. Your PCD will refer (send) you to specialist if you need them.

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

If you were seeing a dentist for certain conditions before you were a member of Liberty, you may be able to keep seeing that dentist. This is called continuity of care. You can read more about continuity of care in Chapter 2 About your benefits of this handbook. To learn more, call 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039).

### Dental Provider Directory

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

The Liberty dental Provider Directory lists dentists, dental specialists, community clinics, Federally Qualified Health Centers (FQHCs), and Rural Health Clinics (RHCS).

The dental Provider Directory has names, provider addresses, phone numbers, business hours and languages spoken. It tells if the provider is taking new patients, the provider's cultural and linguistic capabilities (i.e., languages offered by the provider or language interpreters, including American Sign Language). It also gives the level of physical accessibility for the building, such as parking, ramps, stairs with handrails and accessible restrooms.

You can find the online dental Provider Directory at [www.Libertydentalplan.com/Find-a-Dentist/Find-a-Dentist](http://www.Libertydentalplan.com/Find-a-Dentist/Find-a-Dentist).

If you need a printed Provider Directory, call 888-703-6999 (for Los Angeles County), 877-550-3875 (for Sacramento County) (TTY 877-855-8039).



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).

## Dental provider network

The dental provider network is the group of dentists and specialty dentists that work with Liberty to provide Medi-Cal Dental covered services to Medi-Cal members.

### In network

You will use dentists in the Liberty network for your dental care needs. You will get preventive and routine care from your PCD. You will also use specialists and other providers in our network.

To get a dental Provider Directory of network providers, call 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Or you can find our dental Provider Directory online at [www.Libertydentalplan.com/Find-a-Dentist/Find-a-Dentist](http://www.Libertydentalplan.com/Find-a-Dentist/Find-a-Dentist)

For urgent or emergency dental care, call your PCD. If you would like assistance to schedule an appointment, or are not in your home area, call 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039).

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

### Out of network

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

If you need help with out-of-network services, call 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039).

If you are outside of our service area and need care that is not an emergency, call your PCD right away. Or call 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039).

If you have questions about out-of-network or out-of-area care, 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039).



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).

## Primary care dentist (PCD)

Your primary care dentist (PCD) is the licensed dental provider you go to for most of your dental care. Your PCD also helps you get other types of care you need. New members must choose a PCD within 30 days of enrolling in Liberty. You may choose a general dentist as your PCD.

You can also choose a Federally Qualified Health Center (FQHC), community clinic, American Indian Health Clinic or other primary care facility that has dental services as your PCD if they are in the Liberty network and if you qualify for their services. These are centers that are located in areas that do not have many dental care services.

You can choose the same or different PCDs for everyone in your family who is a member of Liberty.

If you do not choose a PCD within 30 days, a dentist who works with member care in Liberty will select a PCD for you.

Your PCD will:

- Get to know your dental needs
- Keep your dental records
- Give you the preventive and routine dental care you need
- Refer (send) you to a specialist if you need one

You can look in the dental Provider Directory to find a PCD in the Liberty network. The dental Provider Directory has a list of FQHCs that work with Liberty.

You can find our dental Provider Directory online at [www.Libertydentalplan.com/Find-a-Dentist/Find-a-Dentist](http://www.Libertydentalplan.com/Find-a-Dentist/Find-a-Dentist)

or call 888-703-6999 (for Los Angeles County), 877-550-3875 (for Sacramento County) (TTY 877-855-8039). You can also call to find out if the PCD you want is taking new patients.

## Choice of Dentists

You know your dental care needs best, so it is best if you choose your PCD.

It is best to stay with one PCD so he or she can get to know your dental care needs. However, if you want to change to a new PCD, you can change one time each month. You must choose a PCD who is in the Liberty dental provider network and is taking new patients.

Your new choice will become your PCD on the first day of the next month after you make the change.



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).

To change your PCD, call 888-703-6999 (for Los Angeles County), 877-550-3875 (for Sacramento County) (TTY 877-855-8039).

Liberty can change your PCD if the PCD is not taking new patients, has left our network, or does not give care to patients your age. Liberty or your PCD may also ask you to change to a new PCD if you cannot get along with or agree with your PCD, or if you miss or are late to appointments. If we need to change your PCD, we will tell you in writing.

If your PCD changes, you will get a letter and new dental plan member ID card in the mail. It will have the name of your new PCD. Call Member Services if you have questions about getting a new ID card. You can go online to Liberty's website <https://www.Libertydentalplan.com>, download the Liberty mobile app on your smartphone, or call 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039) if you need help or need to request a new ID card.

## Appointments and visits

When you need dental care:

- Call your PCD
- Have your Liberty ID number ready on the call
- Leave a message with your name and phone number if the office is closed
- Take your BIC and dental plan ID card to your appointment
- Ask Liberty for transportation to your appointment, if needed
- Ask Liberty for needed language assistance or interpreting services before your appointment to have services at the time of your visit
- Bring an identification card or driver license
- Be on time for your appointment
- Call right away if you cannot keep your appointment or will be late
- Have your questions ready in case you need them

## Payment

You do not have to pay any deductibles or co-pays for covered services. You should not get a bill from a dentist. You may get an Explanation of Benefits (EOB) or a statement from a dentist. EOBs and statements are not bills.

If you do get a bill, call 888-703-6999 (for Los Angeles County), 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Tell us the amount charged, the date of service and reason for the bill.



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Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).

If you get a bill or are asked to pay a co-pay, you can also file a claim form. You will need to tell us in writing why you had to pay for the item or service. We will read your claim and decide if you can get money back. For questions or to ask for a claim form, call 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039).

## Referrals

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

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

If you want a copy of our referral policy, call 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039).

You do not need a referral for:

- PCD visits
- Urgent or emergency care

## Pre-approval (prior authorization)

For some types of care, your PCD or dental specialist will need to ask us before you get the care. This is called prior authorization or pre-approval. It means that Liberty agrees that the care is medically necessary. Dental care is medically necessary if it is to prevent and eliminate orofacial disease, infection, and pain, to restore the form and function of the dentition, or to correct facial disfiguration or dysfunction. Dental services must meet Medi-Cal program rules for medical necessity.

These dental services need pre-approval, even if you receive them from a dental provider in the Liberty network:

- Root canals
- Crowns
- Full/partial dentures
- Deep cleanings (scaling and root planing)
- General anesthesia and IV sedation

Other dental services your dentist recommends may also require pre-approval.

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



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).

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

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

## Second opinions

You might want a second opinion about care your PCD says you need, or about your diagnosis or treatment plan. For example, you may want a second opinion if you are not sure you need a prescribed treatment or surgery.

To get a second opinion call Member Services at 888-703-6999 (for Los Angeles County), 877-550-3875 (for Sacramento County), or TTY 877-855-8039.

We will pay for a second opinion if you or your network dentist asks for it, and you get the second opinion from a network dentist. You do not need permission from us to get a second opinion if the dentist you choose for a second opinion is approved. We will decision within 5 working days for standard requests. If you have urgent request, we will decide within 72 hours.

Call Member Services at 888-703-6999 (for Los Angeles County), 877-550-3875 (for Sacramento County) (TTY 877-855-8039).

If we deny your request for a second opinion, we must send you a Notice of Action (NOA). You may file a grievance or appeal. To learn more about grievances and appeals, go to the “Reporting and Solving Problems” Chapter in this handbook.

## Timely Access to Care

Liberty must provide appointments within the following timeframes:

- Routine appointments (including preventive care) – 4 weeks
- Specialist appointments – 30 business days (ages 21+); 30 calendar days (under age 21)
- Urgent care appointments – 72 hours
- Emergency care – Must be available 24 hours, 7 days per week



## Dental Health Education Services

Dental health education services are part of preventive services and primary dental health care visits.

LIBERTY cares about more than just teeth. We care about our members' overall health and wellness. Our Community Smiles Outreach Team works directly in the communities to engage members in their oral healthcare, the available resources, and how to use their dental benefits.

We provide easy access to dental resources and educational material at no charge. Oral health and wellness tips are available by visiting [www.libertydentalplan.com](http://www.libertydentalplan.com).

Like and follow LIBERTY on Instagram and Facebook, @libertydentalplan, to learn more tips about preventative dental care, see updates on local events where you can talk to your local Community Smiles Outreach representative about your oral health concerns and receive free giveaways like dental hygiene kits.



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).

# 4. Benefits and services

## What your dental plan covers

In this section, we explain all of your covered services as a member of Liberty. Your covered services are free as long as they are medically necessary. Care is medically necessary if it is to prevent and eliminate orofacial disease, infection, and pain, to restore the form and function of the dentition, and to correct facial disfiguration or dysfunction.

We offer these types of dental services:

Type of Service	Examples
▪ Diagnostic	Exams, x-rays
▪ Preventive	Cleanings, fluoride treatments, sealants (for children)
▪ Restorative	Fillings, crowns
▪ Endodontic	Pulpotomies, root canals
▪ Periodontal	Gum surgery, deep cleaning
▪ Removable Prosthodontics	Immediate and complete dentures, partial dentures, relines
▪ Oral and Maxillofacial Surgery	Extractions
▪ Orthodontics	Braces (for children)
▪ Adjunctives	Sedation, general anesthesia

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



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).37

## Summary of benefits

Below is a summary of dental benefits for adults and 6:

✓ Benefit      ✗ Not a benefit

Procedure	Benefit		Not a benefit	
	Full Scope	Limited Scope	Pregnancy Related	Residing in a Facility (SNF/ICF)
Oral Evaluation (Under age 3 only)	✓	✗	✗	✓
Initial Exam (Age 3+)	✓	✗	✓	✓
Periodic Exam (Age 3+)	✓	✗	✓	✓
Regular Cleanings	✓	✗	✓	✓
Fluoride treatment	✓	✗	✓	✓
Restorative Services – Fillings	✓	✗	✓	✓
Crowns*	✓	✗	✓	✓
Scaling and Root Planing (deep cleaning)**	✓	✗	✓	✓
Periodontal Maintenance (gums)	✓	✗	✓	✓
Anterior Root Canals (in front)	✓	✗	✓	✓
Posterior Root Canals (in back)	✓	✗	✓	✓
Partial Dentures	✓	✗	✓	✓
Full Dentures	✓	✗	✓	✓
Extractions/Oral and Maxillofacial Surgery	✓	✓	✓	✓
Emergency Services	✓	✓	✓	✓

### Exceptions:

\*1. Not a benefit under age 13. Crowns on molars or premolars (back teeth) may be covered based on medical necessity.

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



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## Postpartum Care Extension Program

The Postpartum Care Extension Program provides extended coverage for Medi-Cal members during pregnancy and after pregnancy. The program extends coverage by Liberty for up to 12 months after the end of the pregnancy regardless of income, citizenship, or immigration status and no additional action is needed.

Medically necessary services include covered services that are reasonable and necessary to:

- Protect life;
- Prevent significant illness or significant disability;
- Alleviate severe pain;
- Achieve age-appropriate growth and development; and
- Attain, maintain and regain functional capacity.

For members under age 21, medically necessary services include all covered services identified above, and any other necessary services, treatment or other measures to correct or ameliorate defects and physical and mental illnesses and conditions, as required by the federal Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. This includes care that is necessary to fix or help relieve a physical or mental illness or condition or to maintain the member's condition to keep it from getting worse.

EPSDT provides a broad range of prevention, diagnostic, and treatment services for low-income infants, children and adolescents under age 21. The EPSDT benefit is more robust than the benefit for adults and is designed to assure that children receive early detection and care so that health problems are averted or diagnosed and treated as early as possible. The goal of EPSDT is to assure that individual children get the health care they need when they need it the right care at the right time in the right setting.



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Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).39

## Frequency of services

Dental services are covered if medically necessary. However, for some services, there are limits on how many times you may receive the service within a given period of time. Below are common services where there are limits:

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

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## Teledentistry services

Teledentistry is a way of getting services without being in the same physical location as your dentist. Teledentistry may involve having a live conversation with your provider or may involve sharing information with your dentist without a live conversation. It is important that both you and your dentist agree that the use of teledentistry for a particular service is appropriate for you. You can contact your dentist to learn which types of services may be available through teledentistry.

Your personal health information cannot be shared without your permission and will not be transmitted unless through an encrypted (protected) format.

If you receive teledentistry services, you have the ability to receive in-person services from the dentist or dental practice or assistance in arranging a referral for in-person services.




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Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).40

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

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

It is important to note that not all situations are appropriate for teledentistry 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 follow the established standards by the state of California.

## Non-Emergency Medical Transportation

You are entitled to use Non-Emergency Medical Transportation (NEMT) when you physically or medically are not able to get to your medical appointment by car, bus, train, or taxi, and the plan pays for your dental condition.

NEMT is an ambulance, litter van, wheelchair van or air transport. NEMT is not a car, bus or taxi. Liberty allows the lowest cost NEMT for your dental needs when you need a ride to your appointment. That means, for example, if you are physically or medically able to be transported by a wheelchair van, Liberty will not pay for an ambulance. You are only entitled to air transport if your medical condition makes any form of ground transportation not possible.

NEMT must be used when it is:

- Physically or medically needed as determined with a written prescription by a physician; or
- You are not able to physically or medically use a bus, taxi, car or van to get to your appointment.
- Approved in advance by Liberty with a written prescription by a physician.

To ask for NEMT, please call Liberty at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039) at least 10 business days (Monday- Friday) before your appointment. For urgent appointments, please call as soon as possible. Please have your member ID card ready when you call.



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Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).41

### *Limits of NEMT*

There are no limits for receiving NEMT to or from dental appointments covered under Liberty when a provider has prescribed it for you.

### *What Does Not Apply?*

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

### *Cost to Member*

There is no cost when transportation is authorized by Liberty.

## **Non-Medical Transportation**

You can use Non-Medical Transportation (NMT) when you are:

- Traveling to and from an appointment for a Liberty covered service prescribed by your provider.

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

To ask for NMT services, please call Liberty 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039) at least 10 **business** days (Monday-Friday) before your appointment or call as soon as you can when you have an urgent appointment. Please have your member ID card ready when you call.

### *Limits of NMT*

There are no limits for receiving NMT to or from dental appointments covered under Liberty when a provider has prescribed it for you.

### *What Does Not Apply?*

NMT does not apply if:

- An ambulance, litter van, wheelchair van, or other form of NEMT is medically needed to get to a covered service.
- The service is not covered by Liberty. A list of covered services is in this member handbook.

### *Cost to Member*

There is no cost when transportation is allowed by Liberty.



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Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).42

## Community Health Worker (CHW) services

Liberty covers community health worker (CHW) services for members when recommended by a licensed provider to prevent disease, disability, and other oral health conditions or their progression. CHW services have no service location limits.

Services may include:

- Oral health education to promote the Member’s oral health or address barriers to dental health care, including providing information consistent with established or recognized oral health care standards.
- Oral health navigation, including providing information, training, and support to help get health care and community resources.
- Screening and assessment services that help connect a member to services to improve their oral health.

## What your dental plan does not cover\*

- Porcelain crowns with high noble metal (gold).
- Procedures that are considered “global” or “inclusive” with a non-covered benefit.
- Flexible base partial dentures.
- Orthodontic treatment (braces).
- Restorative and crown services when the prognosis of the tooth is questionable due to non-restorability or periodontal involvement.
- Restorative and crown services that are provided solely to replace tooth structure due to attrition, abrasion, erosion, or for cosmetic purposes.
- Deep cleaning when the x-rays do not show a significant amount of bone loss.
- Metal-based partial dentures unless there is an existing or treatment-planned full denture on the other arch.
- Fixed partial denture (bridge) unless exceptional medical conditions are present.
- Implants and implant-related services unless exceptional medical conditions are present.




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Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).43

Medical Condition Exceptions may apply.

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



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).44

## Services you cannot get through Liberty or Medi-Cal

There are some services that neither Liberty nor Medi-Cal will cover, including:

- California Children's Services (CCS).
- Non-dental related services.
- Any dental service that is not covered by the Medi-Cal Dental Program.
- Dental services started before active coverage or after termination of coverage with the Plan.
- Dental, appliances, or restorations to treat Temporomandibular Joint Dysfunction (TMJ).
- Dental services that are determined to be for cosmetic purposes based on professional review.
- Dental services that are determined not to be medically necessary based on professional review.
- Dental services to restore tooth structure lost from abrasion, erosion, teeth grinding, or clenching.
- Dental services or appliances that are provided by a dentist who specializes in Prosthodontics solely for cosmetic purposes.
- Dental services for the removal of third molar teeth (wisdom teeth) that do not have meaningful signs of decay, irreversible pain, and infection and/or the teeth are not blocking the eruption of other teeth.
- Dental services that would change the way teeth come together to bite and chew.
- Any dental service performed outside of your assigned PCD or specialist, unless expressly authorized by Liberty.
- Any routine dental service performed by a dentist or specialist in an inpatient/outpatient hospital setting.

Read each of the sections below to learn more. Or call 888-703-6999 (for Los Angeles County), or 877-550-3875 (for Sacramento County) (TTY 877-855-8039).

### California Children's Services (CCS)

CCS is a state program that treats children under 21 years of age with certain health conditions, diseases or chronic health problems and who meet the CCS program rules. If Liberty or your primary care physician (PCP) believes your child has a CCS condition, he or she will be referred to the CCS program.

CCS program staff will decide if your child qualifies for CCS services. If your child can get these types of care, CCS providers will treat him or her for the CCS condition. Liberty will continue to cover types of service that do not have to do with the CCS condition such as physicals, vaccines and well-child checkups.

Liberty does not cover care given by the CCS program. For CCS to cover these problems, CCS must approve the provider, services and equipment.




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Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).45



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Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).46

CCS does not cover all problems. CCS covers most problems that physically disable or that need to be treated with medicines, surgery or rehabilitation (rehab). CCS covers children with problems such as:

- Congenital heart disease
- Cancers
- Tumors
- Hemophilia
- Sickle cell anemia
- Thyroid problems
- Diabetes
- Serious chronic kidney problems
- Liver disease
- Intestinal disease
- Cleft lip/palate
- Spina bifida
- Hearing loss
- Cataracts
- Cerebral palsy
- Seizures that are not controlled
- Rheumatoid arthritis
- Muscular dystrophy
- AIDS
- Severe head, brain or spinal cord injuries
- Severe burns
- Severely crooked teeth

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

To learn more about CCS, call 888-703-6999 (for Los Angeles County), or 877-550-3875 (for Sacramento County) (TTY 877-855-8039).



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Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).<sup>47</sup>

## Other Medi-Cal programs and services

There are other Medi-Cal programs and services, including: Community Smiles Program and Healthy Behaviors Program.

Read each of the sections below to learn more about other Medi-Cal programs and services.

### Liberty's Community Smiles Program

Liberty's Community Smiles Program is a no-cost self-service program to connect our members with community resources.

You can use the Community Smile Program for free or reduced-cost services like food, healthcare, housing, personal safety, transportation, and education.

If you would like to search for resources available in your area, scan the QR code, below, with your smartphone or visit Liberty's homepage at <https://communityresources.Libertydentalplan.com>.



### Liberty's Healthy Behaviors Program

Liberty's Healthy Behaviors Program is an incentive program for Medi-Cal members who have not visited a dentist in the last 12 months. Liberty members, both adults and children, who schedule and complete an appointment with their assigned PCD, in person, will qualify for a \$25.00 gift card. Our plan offers the following dental programs to eligible members:

**Healthy Babies (1<sup>st</sup> Tooth 1<sup>st</sup> Birthday):** Enrollees up to the age of 1 years old who complete a dental visit with their Primary Care Dentist at their assigned Dental Home will be eligible for a reward once per lifetime.

**Healthy Kids:** Enrollees ages 1 – 20 years old who complete an annual dental visit, sealant, and/or fluoride varnish application with their Primary Care Dentist at their assigned Dental Home will be eligible for a reward once per calendar year.

**Healthy Moms:** Pregnant Enrollees who complete a dental visit during their pregnancy at their assigned Dental Home will be eligible for a reward once per pregnancy.



**Healthy Start:** New Enrollees who complete their Initial Health Appointment (IHA) within 180 days of their plan enrollment will be eligible for a reward once per lifetime.

**Healthy Habits:** Enrollees ages 1 – 20 years old who complete an annual dental visit and two dental cleanings within a calendar year for at least two consecutive years will be eligible for a reward once per calendar year.

Eligible members who complete the Oral Health Risk Assessment (OHRA) will also be automatically enrolled into our Healthy Behaviors Program. You can complete and return the OHRA form attached to Liberty, complete the form online by visiting [www.libertydentalplan.com](http://www.libertydentalplan.com), or by calling Member Services at 888-703-6999 (for Los Angeles County), 877-550-3875 (for Sacramento County), or TTY 877-855- 8039.



For more information about the requirements for the Healthy Behaviors Program or to request your next dental appointment, scan the QR code, below, with your smartphone camera to make an appointment that works best for you.



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

- **Medi-Cal Waivers:** A program that provides additional services to specific groups of individuals, limited services to specific geographic areas, and provides medical coverage to individuals who may not otherwise be eligible for Medi-Cal.
- **Medicare Part D Prescription Drug Program:** A law that includes a prescription drug benefit for Medicare Part D members.
- **Vision Care Program:** A health benefit that is covered for most members eligible under Medi-Cal.

## Coordination of benefits

Liberty offers services to help you coordinate your dental care needs at no cost to you. If you have questions or concerns about your dental care or your child's dental care, call 888-703-6999 (for Los Angeles County), or 877-550-3875 (for Sacramento County) (TTY 877-855-8039).



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Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).49

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# 5. Child and youth preventive dental services

Child and youth members under 21 years old can get dental services as soon as they are enrolled. This makes sure they get the right preventive dental services. This chapter explains these services.

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## Dental check-ups

Keep your baby's gums clean by gently wiping the gums with a washcloth every day. At about four to six months "teething" will begin as the baby teeth start to come in. You should make an appointment for your child's first dental visit as soon as their first tooth comes in or by their first birthday, whichever comes first. The following Medi-Cal dental services are free or low-cost services for:

### Babies ages 0 to 3:

- Baby's first dental visit
- Baby's first dental exam
- Dental exams (every 6 months; every 3 months from birth to age 3)
- X-rays
- Teeth cleaning (every 6 months)
- Fluoride varnish (every 6 months)
- Fillings
- Tooth removal
- Emergency services
- Sedation (if medically necessary)

### Kids ages 4-12:

- Dental exams (every 6 months)
- X-rays
- Teeth cleaning (every 6 months)
- Fluoride varnish (every 6 months)
- Molar sealants
- Fillings



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).50

- Root canal treatment
- Tooth removal
- Emergency services
- Sedation (if medically necessary)

### Teens ages 13-20:

- Dental exams (every 6 months)
- X-rays
- Fluoride varnish (every 6 months)
- Teeth cleaning (every 6 months)
- Orthodontics (braces) for those who qualify
- Fillings
- Crowns
- Root canal treatment
- Partial and full dentures
- Scaling and root planning
- Tooth removal
- Emergency services
- Sedation (if medically necessary)

If you have questions or want to learn more about covered Medi-Cal dental services, call 888-703-6999 (for Los Angeles County), or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). You may also visit the Liberty at [www.Libertydentalplan.com](http://www.Libertydentalplan.com)

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## Help getting child and youth preventive dental services

Liberty will help members under 21 years old to get the services they need. Liberty can:

- Tell you about available services
- Help find in-network providers or out-of-network providers, when needed
- Help make appointments

Provide care coordination to get the right care even if Liberty is not responsible for paying for that care.



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).51

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# 6. Rights and responsibilities

As a member of Liberty, you have certain rights and responsibilities. This chapter will explain those rights and responsibilities. This chapter will also provide legal notices that you have a right to as a member of Liberty.

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## Your rights

Liberty members have these rights:

- To be treated with respect, giving due consideration to the Member's right to privacy and the need to maintain confidentiality of the Member's medical and dental information.
- To be provided with information about the plan and its services, including Covered Services, providers, and member rights and responsibilities.
- To get fully translated written member information in your preferred language, including all grievance and appeals notices.
- To be able to choose a Primary Care Dentist within the Contractor's network that meets your cultural needs.
- To participate in decision making regarding their own dental care, including the right to refuse treatment.
- To voice grievances, either verbally or in writing, about the organization or the care received.
- To receive oral interpretation services for their language.
- To have access to Federally Qualified Health Centers, Indian Health Service Facilities, and Emergency Services outside the Contractor's network pursuant to the federal law.
- To request a State Hearing, including information on the circumstances under which an expedited hearing is possible.
- To have access to, and where legally appropriate, receive copies of, amend or correct their Dental Record.
- To disenroll upon request.
- To receive written Member informing materials in alternative formats (including Braille, large size print, and audio format) upon request and in a timely fashion appropriate for the format being requested and in accordance with W & I Code Section 14182 (b)(12).
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- To receive information on available treatment options and alternatives, presented in a manner appropriate to the Member's condition and ability to understand.

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Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).52



## 6 | Rights and responsibilities

- To receive a copy of his or her dental records, and request that they be amended or corrected, as specified in federal regulations.
  - Freedom to exercise these rights without adversely affecting how they are treated by the Contractor, providers, or the State.
  - To take part in Liberty's Community Advisory Committee and make recommendations.
  - To ask for an appeal, verbally or in writing, of a decision made by Liberty that was not in your favor.
  - To receive oral interpretation services for your language.
  - To receive fully translated written member information in your preferred language, including grievances and appeals notices.
  - To receive informed consent when you have treatment for covered and non-covered services.
  - To receive a truthful written diagnosis and treatment plan (description of dental problem and recommended services).
  - To be provided information about the definitions of emergency care in case you have a life-threatening illness or injury.
  - To have an appointment when you need one.
  - To formulate advance directives.
  - To access Minor Consent Services.
  - To request a second opinion, at no cost.
  - To request continuity of care if your dentist leaves Liberty's network.
  - To know and understand why Liberty has denied, delayed, or limited a service or treatment.
  - To ask for an Independent Medical Review (IMR) if Liberty has denied, modified, or delayed your dental service or treatment.
  - To have access to Liberty's health education programs and outreach services to improve dental health.
  - To get free legal help at your local legal aid office or other group.
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Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).53

## Your responsibilities

Liberty members have these responsibilities:

- Reading your Member Handbook.
- Use your Medi-Cal BIC and Liberty ID cards when you go to your appointment or get services.
- Not allowing other people to use your Medi-Cal BIC and Liberty ID cards.
- Let Liberty know if your ID card was lost or stolen.
- Know the name of your PCD and your Case Manager if you have one.
- Know about your dental plan and understand the rules for getting care.
- Complete your IDHA with your PCD within the first 120 days of enrollment.
- Complete and return the OHRA form to Liberty, or complete the form online, or by calling Member Services within the first 90 days of enrollment.
- Having treatment completed with your assigned PCD or specialist.
- Be respectful to Liberty staff, your PCD, or other providers who are giving you care.
- Follow all the dental office's rules about care and conduct.
- Follow the referral process for specialty care.
- Give your PCD, specialist, and Liberty, to the best of your knowledge, correct information about your physical and dental health.
- Tell your PCD or specialist if you have any sudden changes to your physical and dental health.
- Tell your PCD or specialist that you understand the treatment plan and what is required of you.
- Stay with the treatment plan that you understood and agreed to with your PCD or specialist.
- Tell Liberty about your needs and expectations of your PCD or specialist.
- Schedule and keep your planned appointments with your PCD or specialist.
- Tell your PCD or specialist ahead of time if you are unable to make your planned appointments at least 24 hours in advance, or if you are going to be late.
- Your actions if you refuse treatment or do not follow your PCD's or specialist's treatment plan, instructions, and advice.
- Understand your dental benefits, including what is and is not covered.
- Pay any fees or monies to your dental office when agreeing to complete services not covered under your plan.
- Use the emergency room for true emergencies only.
- Tell us about any other insurance you have.
- Tell us if you have any changes in address, family status, or other health.
- Tell us if you think there is provider fraud/abuse.
- Report fraud, waste, or abuse to Liberty or the California DHCS.

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Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).<sup>54</sup>



## Ways to get involved as a member

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

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### Liberty's Community Advisory Committee

We have a group called Community Advisory (previously Public Policy) Committee (CAC) This group is made up of Medi-Cal members, community stakeholders, and Plan support staff. The group talks about how to improve Liberty policies and is responsible for:

- Recommending ways to better serve our members.
- Reviewing quality metrics to ensure member satisfaction.
- Suggesting improvements to Liberty's programs.
- Reviewing Liberty's financial reports.



If you would like to be a part of this group, call 888-703-6999 (for Los Angeles County), or 877-550-3875 (for Sacramento County) (TTY 877-855-8039).



## Non-discrimination notice

Discrimination is against the law. Liberty follows state and federal civil rights laws and does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

Liberty provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
  - Qualified sign language interpreters
  - Written information in other formats (braille, large print, audio, accessible electronic formats, and other formats)
- Free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Liberty between 8:00 a.m. to 5:00 p.m. by calling 888-703-6999 (for Los Angeles County), or 877-550-3875 (for Sacramento County). If you cannot hear or speak well, please call (TTY 877-855-8039) or 711 to use the California Relay Service.

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## How To File a Grievance

If you believe that Liberty has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with Liberty's Civil Rights Coordinator. You can file a grievance by phone, in writing, in person, or electronically:

- **By phone:** Contact Liberty's Civil Rights Coordinator between 8:00 a.m. to 5:00 p.m., Monday through Friday, by calling 888-704-9833. Or, if you cannot hear or speak well, please call 877-855-8039.
- **By Mail:** Fill out a complaint form or write a letter and send it to:
 

**Liberty Dental Plan**  
**Civil Rights Coordinator**  
**P.O. Box 26110**  
**Santa Ana, CA 92799-6110**

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Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).56



- In person: Visit your doctor's office or Liberty and say you want to file a grievance.
- Electronically: Visit Liberty's website at [www.Libertydentalplan.com/Legal/Grievances](http://www.Libertydentalplan.com/Legal/Grievances).

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

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

- By phone: Call **916-440-7370**. If you cannot speak or hear well, please call **711 (Telecommunications Relay Service)**.
- By Mail: Fill out a complaint form or send a letter to:  
**Office of Civil Rights**  
**Department of Health Care Services**  
**Office of Civil Rights**  
**P.O. Box 997413, MS 0009**  
**Sacramento, CA 95899-7413**  
Complaint forms are available at [http://www.dhcs.ca.gov/Pages/Language\\_Access.aspx](http://www.dhcs.ca.gov/Pages/Language_Access.aspx).
- Electronically: Send an email to [CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov).

## OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**.
- By mail: Fill out a complaint form or send a letter to:  
**U.S. Department of Health and Human Services**  
**200 Independence Avenue, SW**  
**Room 509F, HHH Building**  
**Washington, D.C. 20201**  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.
- Online: Visit the Office for Civil Rights Complaint Portal at [U.S. Department of Health & Human Services - Office for Civil Rights](http://www.hhs.gov/ocr/office/file/index.html)

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Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).57



## Ways to get involved as a member

Liberty wants to hear from you. Each quarter (every 3 months), Liberty has meetings to talk about what is working well and how Liberty can improve. Members are invited to attend. Come to a meeting!

### Liberty's Community Advisory Committee

Liberty has a group called Community Advisory Committee (CAC). This group is made up of Medi-Cal members, community stakeholders, and Plan support staff. You can join this group if you would like. The group talks about how to improve Liberty's policies and is responsible for:

- Recommending ways to better serve our members.
- Reviewing quality metrics to ensure member satisfaction.
- Suggesting improvements to LIBERTY's programs
- Reviewing LIBERTY's financial reports



If you would like to be a part of this group, call 888-703-6999 (for Los Angeles County), or 877-550-3875 (for Sacramento County) (TTY 877-855-8039).

You can using any of the following:

- **QR Code:** Scan the QR code above.
- **Online:** Go to <https://www.libertydentalplan.com/Members/Member-Facing-Committee.aspx>.
- **Email:** Print and complete the form and send it to [QM@libertydentalplan.com](mailto:QM@libertydentalplan.com).
- **Mail and Fax:** Complete the form and return it to LIBERTY by fax at 888-334-6027 or mail to:  
LIBERTY Dental Plan of California  
Quality Management Department  
P.O. Box 26110, Santa Ana, CA 92799-6110

The CAC Application form can be found in Chapter 10 Forms of this Handbook or online as listed above.



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).58

## Notice of Privacy Practices

A STATEMENT DESCRIBING LIBERTY'S POLICIES AND PROCEDURES FOR PRESERVING THE CONFIDENTIALITY OF MEDICAL RECORDS IS AVAILABLE AND WILL BE FURNISHED TO YOU UPON REQUEST.

As required by law, this notice is about your rights, our legal duties, and privacy practices with respect to the privacy of Personal Health Information (PHI). This notice also talks about the way we may collect, use, and disclose your PHI. We must follow the orders of the notice currently in effect. We keep the right to make changes to this notice from time to time and to make the changed notice effective for all PHI we keep. You can find our most current privacy notice on our website at: [www.Libertydentalplan.com/About-Liberty/Compliance/HIPAA-Privacy-Notice](http://www.Libertydentalplan.com/About-Liberty/Compliance/HIPAA-Privacy-Notice).

You can find Liberty's statement of its policies and procedures for protecting your medical information (called a "Notice of Privacy Practices") on our website at: [www.Libertydentalplan.com/About-Liberty/Compliance/HIPAA-Privacy-Notice](http://www.Libertydentalplan.com/About-Liberty/Compliance/HIPAA-Privacy-Notice). Or <https://www.dhcs.ca.gov/formsandpubs/laws/priv/Documents/Notice-of-Privacy-Practices-English.pdf>.

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## Notice about laws

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

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## Notice about Medi-Cal as a payer of last resort, other coverage, and tort recovery

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

Medi-Cal members may have other health coverage (OHC), also referred to as private insurance. As a condition of Medi-Cal eligibility, you must apply for or retain any available OHC when they are free.

Federal and state laws require Medi-Cal members to report OHC and any changes to an existing OHC. You may have to repay DHCS for any benefits paid by mistake if you do not report OHC quickly. Submit your OHC online at <http://dhcs.ca.gov/OHC>.



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).59

If you do not have access to the internet, you can report OHC to Liberty by calling 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039 or 711). Alternatively, you can call DHCS's OHC Processing Center at 1-800-541-5555 (TTY 1-800-430-7077 or 711) or 1-916-636-1980.

DHCS has the right and responsibility to be paid back for covered Medi-Cal services for which Medi-Cal is not the first payer. For example, if you are injured in a car accident or at work, auto or workers' compensation insurance may have to pay for your health care first or pay back Medi-Cal if Medi-Cal pays.

If you are injured, and another party is liable for your injury, you or your legal representative must notify DHCS within 30 days of filing a legal action or a claim. Submit your notification online to:

- Personal Injury Program at <https://dhcs.ca.gov/PIForms>
- Workers' Compensation Recovery Program at <https://dhcs.ca.gov/WC>

To learn more, visit the DHCS Third Party Liability and Recovery Division website at <https://dhcs.ca.gov/tplrd> or call 1-916-445-9891.

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## Notice of Action

Liberty will send you a Notice of Action (NOA) letter any time Liberty denies, delays, terminates, or modifies a request for dental care services. If you disagree with Liberty's decision, you can always file an appeal with Liberty. Go to the "Appeals" section in Chapter 7 of this handbook for important information on filing your appeal. When Liberty sends you a NOA it will tell you all the rights you have if you disagree with a decision we made.

### ***Contents in notices***

If Liberty bases denials, delays, modifications, terminations, suspensions, or reductions to your services in whole or in part on medical necessity, your NOA must contain the following:

- A statement of the action Liberty intends to take
- A clear and concise explanation of the reasons for Liberty's decision
- How Liberty decided, including the rules Liberty used
- The reasons for the decision. Liberty must clearly state how your condition does not meet the rules or guidelines.

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Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).60



## Translations

Liberty is required to fully translate and provide written member information in common preferred languages, including all grievance and appeals notices.

The fully translated notice must include the medical reason for Liberty's decision to deny, delay, modify, terminate, suspend, or reduce a request for health care services.

If translation in your preferred language is not available, Liberty is required to offer verbal help in your preferred language so that you can understand the information you get.



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).61

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# 7. Reporting and solving problems

There are two kinds of ways to report and solve problems:

- Use a **complaint** (or **grievance**) when you have a problem with Liberty, or a provider, or with the dental care or treatment you got from a provider
- Use an **appeal** when you don't agree with Liberty's decision not to cover service.

You have the right to file a grievance and appeal with Liberty to tell us about your problem. This does not take away any of your legal rights and remedies. We will also not discriminate or retaliate against you for complaining to us. Letting us know about your problem will help us improve care for all members.

You may contact Liberty first to let us know about your problem. Call us between 8:00 a.m. and 5:00 p.m. at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039 or 711). Tell us about your problem.

If your grievance or appeal is still not resolved after 30 days, or you are unhappy with the result, you can call the California Department of Managed Health Care (DMHC). Ask DMHC to review your complaint or conduct an Independent Medical Review (IMR). If your matter is urgent, such as those involving a serious threat to your health, you may call DMHC right away without first filing a grievance or appeal with Liberty. You can call DMHC for free at 1-888-466-2219 (TTY 1-877-688-9891 or 711). Or go to: <https://www.dmhca.ca.gov>.

The California Department of Health Care Services (DHCS) Medi-Cal Managed Care Ombudsman can also help. The Ombudsman can help with problems the plan has not resolved; problems joining, changing or leaving a plan; and other problems with a Medi-Cal managed care plan. You can call the Ombudsman at **1-888-452-8609**, Monday through Friday from 8:00 a.m. to 5:00 p.m.

You can also file a grievance with your county eligibility office about your Medi-Cal eligibility. If you are not sure who you can file your grievance with, call 888-703-6999 (for Los Angeles County), or 877-550-3875 (for Sacramento County) (TTY 877-855-8039).

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Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).62



“The California Department of Managed Healthcare is responsible for regulating healthcare service plans. If you have a grievance against your health plan, you should first telephone your health plan at 888-703-6999 (for Los Angeles County), 877-550-3875 (for Sacramento County), or TTY 877-855-8039 and use your health plan’s grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (888-466-2219) and a TDD line (877-688-9891) for the hearing and speech impaired. The department’s internet website [www.dmhc.ca.gov](http://www.dmhc.ca.gov) has complaint forms, IMR application forms, and instructions online.”

## Independent Medical Review (IMR)

Cases denied by Liberty for covered services that are found not to be medically necessary, may be eligible for the DMHC IMR program. Members may request a form for an IMR of their case by calling Liberty at 888-703-6999 (for Los Angeles County), or 877-550-3875 (for Sacramento County) or TTY 877-855-8039, going online to Liberty’s website at [www.libertydentalplan.com](http://www.libertydentalplan.com) or in writing to:

Liberty Dental Plan  
PO Box 26110  
Santa Ana, CA 92799-6110

You can also ask the DMHC for the IMR form by calling 888-466-2219 or visiting their website at [www.dmhc.ca.gov](http://www.dmhc.ca.gov). IMR is only available for certain medical services.

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## Complaints

A complaint (or grievance) can be about care you get from a network provider. A complaint can also be about Liberty. See below for more about appeals and State Hearings. You can file your complaint with your PCD or with Liberty.

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Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).63



You can file a complaint with us online, by phone, by mail, by email, by fax, or in person. There is no time limit to file a complaint.

- **Online:** Go to our website at <https://www.libertydentalplan.com/Members/File-a-Grievance-or-Appeal.aspx> and select “California Grievance Form – Submit Online”. Fill out the required fields, tell us what happened, and how we can help you. Your complaint will automatically be sent to Liberty’s Grievances and Appeals Department.
- **By Email:** Email us your complaint, including your name, dental plan ID number, and the reason for the complaint. Send your email to [GandA@libertydentalplan.com](mailto:GandA@libertydentalplan.com). We highly recommend that your email to Liberty is protected (encrypted) to keep your personal health information safe.
- **By Fax:** Fax your written complaint to 833-250-1814.
- **By Phone:** Call 888-703-6999 (for Los Angeles County), or 877-550-3875 (for Sacramento County) or TTY 877-855-8039. Give your dental plan ID number, your name, and the reason for your complaint.
- **By Mail:** call 888-703-6999 (for Los Angeles County), or 877-550-3875 (for Sacramento County) or TTY 877-855-8039. Ask to have a form sent to you. When you get the form, fill it out. Be sure to include your name, dental plan ID number, and the reason for your complaint. Tell us what happened and how we can help you.

**Mail the form to:**

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

- **In Person:** You have the right to file your complaint in person with Liberty at the following address:  
Liberty Dental Plan  
1730 Flight Way, Ste. 125  
Tustin, CA 92782

If you need help filing your complaint, we can help you. We can give you free language services. Call 888-703-6999 (for Los Angeles County), or 877-550-3875 (for Sacramento County) or TTY 877-855-8039. Within 5 calendar days of getting your complaint, we will send you a letter telling you we received it. Within 30 days, we will send you another letter that tells you how we resolved your problem.

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Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).64



If you have an urgent matter involving a serious health concern, we will start an expedited (fast) review. We will give you a decision within 72 hours of receiving your complaint. To ask for an expedited review, call 888-703-6999 (for Los Angeles County), or 877-550-3875 (for Sacramento County) or TTY 877-855-8039.

Within 72 hours of getting your complaint, we will decide how we will handle your complaint and whether we will expedite it. If we find that we will not expedite your complaint, we will tell you that we will resolve your complaint within 30 days. You may contact DMHC directly for any reason, including if you believe your concern qualifies for expedited review, Liberty does not respond to you within the 72-hour period, or if you are unhappy with Liberty's decision.

## Appeals

An appeal is different from a complaint. An appeal is a request for Liberty to review and change a decision we made about coverage for a requested service. If we sent you a Notice of Action (NOA) letter telling you that we are denying, delaying, changing, or ending a service, and you do not agree with our decision, you can file an appeal, or your PCD can file an appeal for you.

You can file an appeal by online, by phone, by mail, by email, by fax, or in person. You must file an appeal within 60 calendar days from the date on the NOA you received.

You can file an appeal online, by phone, by mail, by email, by fax, or in person:

- **Online:** Go to our website at <https://www.libertydentalplan.com/Members/File-a-Grievance-or-Appeal.aspx> and select "California Grievance Form – Submit Online". Fill out the required fields, tell us what happened, and how we can help you. Your complaint will automatically be sent to Liberty's Grievances and Appeals Department.
- **By Email:** Email us your complaint, including your name, dental plan ID number, and the reason for the complaint. Send your email to [GandA@libertydentalplan.com](mailto:GandA@libertydentalplan.com). We highly recommend that your email to Liberty is protected (encrypted) to keep your personal health information safe.
- **By Fax:** Fax your written complaint to 833-250-1814.
- **By Phone:** call 888-703-6999 (for Los Angeles County), or 877-550-3875 (for Sacramento County) or TTY 877-855-8039. Give your name, health plan ID number, and the service you are appealing.
- **By Mail:** call 888-703-6999 (for Los Angeles County), or 877-550-3875 (for Sacramento County) or TTY 877-855-8039. Ask to have a form sent to you. When you get the form, fill it out. Be sure to include your name, dental plan ID number, and the service you are appealing.

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Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).<sup>65</sup>



**Mail the form to:**

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

- **In Person:** You have the right to file your complaint in person with Liberty at the following address:

Liberty Dental Plan  
1730 Flight Way, Ste. 125  
Tustin, CA 92782

If the notice that we sent tells you services will stop, you can keep receiving services during your appeal. To do that, you or your PCD must request an appeal within 10 days of the date the notice was mailed to you. You should tell us that you want to continue receiving services.

If you need help filing your appeal, we can help you. We can give you free language services. Call 888-703-6999 (for Los Angeles County), or 877-550-3875 (for Sacramento County) or TTY 877-855-8039. Within 5 days of getting your appeal, we will send you a letter letting you know we received it. Within 30 days, we will tell you our appeal decision and send you a Notice of Appeal Resolution (NAR) letter. If we do not give you our appeal decision within 30 days, you can request a State Hearing from the California Department of Social Services (CDSS) and an Independent Medical Review (IMR) with DMHC.

If you or your dentist wants us to make a fast decision because the time it takes to resolve your appeal would put your life, health, or ability to function in danger, you can ask for an expedited (fast) review. To ask for an expedited review, call 888-703-6999 (for Los Angeles County), or 877-550-3875 (for Sacramento County) or TTY 877-855-8039. We will make a decision within 72 hours of receiving your appeal.

## State Hearings

A State Hearing is a meeting with people from the California Department of Social Services (DSS). A judge will help to resolve your problem. You can ask for a State Hearing only **after** you have completed an appeal process within Liberty, and you are still not happy with the decision or if you have not received a decision on your appeal after 30 days.

You can ask for a State Hearing by phone or mail. You must ask for a State Hearing no later than 120 calendar days from the date on the notice telling you of the appeal decision. Your PCD can ask for a State Hearing for you if he or she gets approval from DSS.

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Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).66



Call DSS to ask the state to give approval for your PCD to ask for a State Hearing. If the notice that we sent tells you services will stop, you can keep receiving services during your State Hearing. To do that, you or your PCD must request a State Hearing within 10 days of the date the notice was mailed to you. You should say that you want to continue receiving services.

To ask for a State Hearing by phone, call the California Department of Social Services' (DSS) Public Response Unit at **1-800-952-5253. (TTD 1-800-952-8349).**

To ask for a State Hearing by mail, fill out the form provided to you with your appeals resolution notice. **Send it to:**

California Department of Social Services  
State Hearings Division  
P.O. Box 944243, MS 09-17-37  
Sacramento, CA 94244-2430

If you need help asking for a State Hearing, we can help you. We can give you free language services. Call 888-703-6999 (for Los Angeles County), or 877-550-3875 (for Sacramento County) or TTY 877-855-8039.

At the hearing, you will tell the judge why you disagree with Liberty 's decision. Liberty will tell the judge how we made our decision. It could take up to 90 days for the judge to decide your case. Liberty must follow what the judge decides.

If you want us to make a fast decision because the time it takes to have a State Hearing would put your life, health, or ability to function fully in danger, you or your PCD can write to DSS. You can ask for an expedited (fast) State Hearing. DSS must make a decision no later than 3 business days after it gets your request.

If you already had a State Hearing, you **cannot** ask for an IMR. But, if you ask for an IMR first and are not happy with the result, you can still ask for a State Hearing.

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## Fraud, waste and abuse

If you suspect that a provider or a person who gets Medi-Cal has committed fraud, waste or abuse, it is your right and responsibility to report it by calling the confidential toll-free number 1-800-822-6222 or submitting a complaint online at <https://www.dhcs.ca.gov/>.

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Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).67



Provider fraud, waste and abuse includes:

- Changing dental records
  - Prescribing more medication than is medically necessary
  - Giving more dental care services than are medically necessary
  - Billing for services that were not given
  - Billing for professional services when the professional did not perform the service
- Fraud, waste and abuse by a person who gets benefits includes:
- Lending, selling or giving a dental plan ID card or Medi-Cal Benefits Identification Card (BIC) to someone else
  - Getting similar or the same treatments or medicines from more than one provider
  - Going to an emergency room when it is not an emergency
  - Using someone else's Social Security number or dental plan ID number

To report fraud, waste and abuse, write down the name, address and ID number of the person who committed the fraud, waste or abuse. Give as much information as you can about the person, such as the phone number or the specialty if it is a provider. Give the dates of the events and a summary of exactly what happened.

**Mail your report to:**

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



# 8. Important numbers and words to know

## Important phone numbers

- Liberty Member Services – Los Angeles County: 888-703-6999
- Liberty Member Services – Sacramento County: 877-550-3875
- Liberty TDD/TTY: 877-855-8039
- Medi-Cal Dental Beneficiaries: 800-322-6384 (TTY 800-735-2922)
- DMHC Help Center: 888-466-2219
- Healthcare Options – Medi-Cal Managed Care: 800-430-4263
- Health Consumer Alliance: 888-804-3536
- Medi-Cal Eligibility: 800-545-555
- Medi-Cal Fair Hearing: 800-952-5253 (TTY 800-952-8349)
- Medi-Cal Managed Care: 800-430-4263 (TTY 800-430-7077)
- Medi-Cal Ombudsman: 888-452-8609

## Words to know

**American Indian:** Individual who meets the definition of “Indian” under federal law at 42 CFR section 438.14, which defines a person as an “Indian” if the person meets any of the following:

- Is a member of a federally recognized Indian tribe
- Lives in an urban center and meets one or more of the following:
  - Is a member of a tribe, band, or other organized group of Indians, including those tribes, bands or groups terminated since 1940 and those recognized now or in the future by the state in which they reside, or who is a descendant in the first or second degree of any such member
  - Is an Eskimo or Aleut or other Alaska Native
  - Is considered by the Secretary of the Interior to be an Indian for any purpose
  - Is determined to be an Indian under regulations issued by the Secretary of the Interior

**Appeal:** A member’s request asking Liberty to review and change a decision made about coverage



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).69

for a requested service. An appeal may be filed by your dentist.

**Applicable:** Applies to or refers to having an effect on someone or something.

**Authorization:** See Prior Authorization.

**Balance Billing:** Billing a patient for the difference between the dentist's actual charge and the amount paid by Liberty. Except for copayments and Share of Cost, balance billing is not allowed for covered services.

**Beneficiary:** Please see "Member".

**Beneficiary Identification Card (BIC):** The Medi-Cal identification card provided by the Department of Health Care Services to members. The BIC includes the beneficiary number and other important information.

**Benefits:** Dental services provided by a Liberty dentist that are available through Medi-Cal Dental.

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

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

**Clinical Screening:** An examination by a dentist to provide an opinion about the appropriateness of treatment proposed or provided by a different DMC dentist. Liberty may require a clinical screening under certain circumstances.

**Complaint:** A member's verbal or written expression of dissatisfaction, including any dispute, request for reconsideration, or appeal made by you, or a dentist on your behalf. A complaint can also be made by your representative. A complaint is the same as a grievance.

**Continuity of Care:** The ability of a member to keep getting Medi-Cal services from their existing out-of-network provider for up to 12 months if the provider and Liberty agree.

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

**Copayment:** A small portion of the dentist's fee that is paid by the beneficiary.

**Covered Services:** Medi-Cal services for which Liberty is responsible for payment. Covered services are subject to the terms, conditions, limitations, and exclusions of the Medi-Cal contract, any contract amendment, and as listed in this Member Handbook (also known as the Combined Evidence of Coverage (EOC) and Disclosure Form).

**DHCS:** The California Department of Health Care Services. This is the state office that oversees Medi-Cal Dental.

**Disenroll:** To stop using a dental plan because the member no longer qualifies, or changes to a new dental plan. The member must sign a form that says they no longer want to use the



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).70

## 8 | Important numbers and words to know

dental plan or call Health Care Options and disenroll by phone.

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

**Dental Managed Care Plan:** A Medi-Cal Dental plan that uses only certain dentists, dental specialists, providers, clinics, and hospitals for Medi-Cal recipients enrolled in that plan. Liberty is a managed care dental plan.

**Dental Specialist:** A dentist providing specialty care such as endodontics, oral surgery, pediatric dentistry, periodontics, and orthodontics (braces).

**Early and Periodic Screening, Diagnosis and Treatment (EPSDT):** A federal program that requires health care for children under age 21 through periodic screenings, diagnostic and treatment services. Dental care is included in the EPSDT program. Please also refer to “Medi-Cal for Kids and Teens”.

**Eligibility:** Refers to meeting the requirements to receive Medi-Cal benefits.

**Emergency Care:** A dental examination and/or evaluation by a Liberty dentist or dental specialist to determine if an emergency dental condition exists, and to provide care to treat any emergency symptoms within the capability of the facility within professionally recognized standards of care.

**Emergency Dental Condition:** A dental condition that the absence of immediate attention could reasonably be expected to result in placing the individual’s health in jeopardy, causing severe pain or impairing function.

**Endodontist:** A dental specialist who limits his or her practice to treating disease and injuries of the pulp and root of the tooth.

**Established patient:** A patient who has an existing relationship with a provider and has gone to that provider within a specified amount of time established by the health plan.

**Exclusion:** Refers to any dental procedure or service not available under Medi-Cal Dental.

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

**Grievance:** A member’s verbal or written expression of dissatisfaction about a service covered by Medi-Cal, Liberty, or a provider. A complaint filed with Liberty about a network provider is an example of a grievance.

**Identification:** Refers to something that proves who a person is, such as a driver’s license.

**Limitations:** Refers to the number of services allowed, type of service allowed, and/or the most affordable dentally appropriate service.



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Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).71

## 8 | Important numbers and words to know

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

**Medi-Cal for Kids and Teens:** A benefit for Medi-Cal members under the age of 21 through periodic screenings, diagnostic and treatment services. This benefit is also known as the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit under federal law. Dental care is included in the EPSDT program.

**Medically Necessary:** Covered services which are necessary and appropriate for the treatment of the teeth, gums, and supporting structures and that are (a) provided according to professionally recognized standards of practice; (b) determined by the treating dentist to be consistent with the dental condition; and (c) are the most appropriate type, supply and level of service considering the potential risks, benefits, and covered services which are alternatives.

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

**Non-Covered Service:** A dental procedure or service that is not a covered benefit.

**Non-Medical Transportation:** Transportation when traveling to and from an appointment for a Medi-Cal covered service authorized by a member's provider.

**Non-Participating Dentist:** A dentist who is not enrolled in Medi-Cal and is not authorized to provide services to Medi-Cal eligible beneficiaries.

**Notice of Authorization (NOA):** A computer-generated form sent to dentists in response to their request for authorization of services. (See Treatment Authorization Request.)

**Other Health Coverage / Other Health Insurance:** Coverage for dental related services you may have under any private dental plan, any insurance program, any other state or federal dental care program, or under other contractual or legal entitlement.

**Oral Surgeon:** A dental specialist who limits his or her practice to the diagnosis and surgical treatment of diseases, injuries, deformities, defects and appearance of the mouth, jaws and face.

**Orthodontist:** A dental specialist who limits his or her practice to the prevention and treatment of problems in the way the upper and lower teeth fit together in biting or chewing.

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

**Palliative Care:** Treatment that relieves pain but does not fix the problem causing the pain or provides only a temporary fix.

**Participating Dental Provider:** A provider enrolled in Medi-Cal that provides dental services to the Plan's member.

**Pediatric Dentist:** A dental specialist who limits his or her practice to treatment of children from birth through adolescence, providing primary and a full range of preventive care treatment.

**Periodontist:** A dental specialist who limits his or her practice to treatment of diseases of the gums and tissue around the teeth.



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).72

**Plan:** Please see “Dental Managed Care Plan”.

**Premium:** The amount of money that a person must pay monthly for dental coverage. Plan members do not have to pay a premium.

**Pre-Approval (Prior Authorization):** A request by a Liberty dentist to approve services before they are performed. Dentists receive a Notice of Authorization (NOA) from Liberty for approved services.

**Procedure Code:** A code number that identifies a specific medical or dental service.

**Prosthodontist:** A dental specialist who limits his or her practice to the replacement of missing teeth with dentures, bridges or other substitutes.

**Provider:** An individual dentist, Registered Dental Hygienist in an Alternative Practice (RDHAP), dental group, dental school or dental clinic enrolled in the Medi-Cal dental program to provide health care and/or dental services to Medi-Cal beneficiaries.

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

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

**Requirements:** Refers to something that you must do or rules you must follow.

**Responsibility:** Refers to something that you should do or are expected to do.

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

**Service area:** The geographic area Liberty serves. This includes the counties of Sacramento and Los Angeles.

**Share of Cost:** The share of health expenses that a beneficiary must pay or promise to pay before any Medi-Cal payments can be made for that month.

**Signature:** Refers to your name written in your handwriting.

**State Hearing:** A State Hearing is a legal process that allows beneficiaries to request a reevaluation of any denied or modified Treatment Authorization Request (TAR). It also allows a beneficiary or dentist to request a reevaluation of a reimbursement case.

**Treatment Authorization Request (TAR):** A request submitted by a Liberty dentist for approval of certain covered services before treatment can begin. A TAR is required for certain services and under special circumstances.

**TAR/Claim Form:** The form used by a dentist when requesting authorization to perform a service or to receive payment for a completed service.

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



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Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).73

# 9. Forms

## Member Grievance and Appeals Form



### WRITTEN MEMBER GRIEVANCE AND APPEAL FORM – CALIFORNIA PAGE 1

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

MEMBER INFORMATION (PLEASE PRINT)			
Member last name	Member first name	Today's date	
Member street address	City	State	ZIP code
Member phone number	Member identification number (see identification card)		
Employer or Group	Patient name	Relationship	

AUTHORIZED REPRESENTATIVE INFORMATION, IF APPLICABLE (PLEASE PRINT)			
I am authorizing Liberty Dental Plan to allow the following person to act on my behalf during the grievance/appeals process.			
Representative last name	Representative first name	Representative	phone number
Representative Signature	Member Signature		

If you need help completing this form, call our Member Services Department at **888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County)**, TTY **877-855-8039**, Monday through Friday 8:00 a.m. to 5:00 p.m. We can give you an interpreter at no cost if you need one. You or someone you authorize have the right to review your case file at any time. We will give you copies free of charge.



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).74



## Written Member Grievance and Appeal Form – California Page 2

### DENTAL OFFICE/PROVIDER INFORMATION (PLEASE PRINT)

I am authorizing Liberty Dental Plan to request my information, including chart records and x-rays, if applicable, from the following office:

Office number	Dental office name	Date of last visit	
Dental office street address		City	State ZIP Code
Dental office phone number		Name(s) of dental office staff involved (if known)	

**Medicaid Appeals must be filed within 60 days from the date on your Denial Letter.**

**Medicaid Grievances can be filed at any time.**

### SUMMARY OF GRIEVANCE OR APPEAL (PLEASE PRINT)

Please share any information you have about your grievance or appeal. Please give us as many details as you can, if possible, please provide the dates, names, and any treatment. If needed, you can attach an additional page.



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).75



Written Member Grievance and Appeal Form – California Page 3

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

Member Signature

Date

**PLEASE SEND THE COMPLETED SIGNED FORM TO:**

Mail To:  
**Liberty Dental Plan of California**  
**Grievances and Appeals Department**  
**P.O. Box 26110**  
**Santa Ana, CA 92799-6110**

- Fax to Liberty’s Grievances and Appeals Department at: **833-250-1814**
- Telephone Liberty Dental Plan’s Member Services Department at **866-703-6999 (for Los Angeles County), or 877-550-3875 (for Sacramento County, TTY (877) 855-8039**
- Electronically using the website online grievance filing process by visiting [www.Libertydentalplan.com](http://www.Libertydentalplan.com).
- Emailing us at: [GandA@Libertydentalplan.com](mailto:GandA@Libertydentalplan.com)

**You will receive a letter acknowledging receipt of your grievance or appeal within 5 calendar days of receipt by Liberty.**  
**You will receive a written resolution to your grievance or appeal within 30 calendar days of receipt by Liberty.**



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).76



## California Community Advisory Committee Application

**Thank you** for your interest in joining Liberty's California Community Advisory Committee (CAC). Please fill out this form and return it to Liberty. Information is found at the bottom of the page.

If you are accepted to join this Committee, you will receive payment for every eligible meeting you attend.

- The committee(s) will meet once (1) per quarter and four (4) times per year.
- Members will be compensated \$100 per quarter and no more than \$400 per year.

What is your first and last name?
What is your date of birth?
What is your address?
What is your daytime phone number?
What is your Liberty ID number?
Where do you work?
What is your job title?
Please select your education level: <input type="checkbox"/> 8 <sup>th</sup> Grade <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Other _____

- **QR Code:** Scan the QR Code provided with the camera on your smartphone.
- **Online:** Go online to <https://www.Libertydentalplan.com/Members/Member-Facing-Committee.aspx>.
- **Email:** Complete this form and email it to [QM@Libertydentalplan.com](mailto:QM@Libertydentalplan.com).

- **Mail/Fax:** Complete this form, mail, or fax to  
 Liberty Dental Plan of California,  
 Quality Management Dept.  
 P.O. Box 26110, Santa Ana, CA 92799-6110  
 Fax: 888-334-6027



You can contact us at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County), TTY/TDD 877-855-8039, Monday through Friday from 8:00 a.m. to 5:00 p.m. (PST) if you need help completing this form or if you have any question.



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).77

## Child Oral Health Risk Assessment Form



**LIBERTY  
DENTAL PLAN**

Child Oral Health Risk Assessment Form

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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Please check one:

1. Does the member have a dentist they see often? Yes  No
2. Does the member brush their teeth every day? Yes  No
3. Do the member's teeth hurt when eating cold, hot, or sugary foods? \* Yes  No
4. Does the member live in an area with fluoridated drinking water? Yes  No
5. Does the member snack between meals? Yes  No
6. Does the member drink a lot of soda, juices, or energy drinks? Yes  No
7. Does the member have cavities? \* Yes  No
8. Does a parent or guardian have a history of cavities? Yes  No   
 If yes, relation(s): \_\_\_\_\_
9. Do the member's teeth look like they have filmy matter called plaque? \* Yes  No
10. Does the member go to bed with a bottle of milk, juice, or other drink? \* Yes  No
11. Is the member pregnant? Yes  No
12. Does the member see a doctor often for a serious medical condition? Yes  No   
 If yes, select all that apply: cancer diabetes kidney disease  
other: \_\_\_\_\_
13. Does the member have special healthcare needs? Yes  No
14. Has the member been told they have a mental, behavioral, or physical disability? Yes  No
15. Has the member gone to the emergency room for dental problems in the past year? Yes  No   
 If yes, explain: \_\_\_\_\_
16. Are there any non-medical/social conditions that would affect the member's ability to obtain care? Yes  No   
 If yes, select all that apply: food housing transportation  
 other: \_\_\_\_\_



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).78

17. Is English the main language spoken at home? Yes  No

If not, what language is spoken: \_\_\_\_\_

18. I consent to receive text/email messages from Liberty Dental Plan to help manage my oral health. Yes  No

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



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).79

# Adult Oral Health Risk Assessment Form



**LIBERTY  
DENTAL PLAN.**

Adult Oral Health Risk Assessment Form

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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Please check one:

1. Has it been more than 12 months since you last saw a dentist? Yes  No
2. Do your teeth hurt when eating cold, hot, or sugary foods? \* Yes  No
3. Do you have pain in your mouth or gums? \* Yes  No
4. Do you have an infected tooth or teeth? \* Yes  No
5. Do you have a broken tooth or teeth? \* Yes  No
6. Is your mouth dry? Yes  No
7. Do your gums bleed when you brush or floss? \* Yes  No
8. Have you had any gum (periodontal) treatments? Yes  No   
If yes, list the last visit date: \_\_\_\_\_
9. Do you wear full or partial fake teeth? Yes  No
10. Are you pregnant? Yes  No
11. Does the member see a doctor often for a serious medical condition? Yes  No   
If yes, select all that apply: cancer diabetes kidney disease  
other: \_\_\_\_\_
12. Are you currently receiving radiation or chemotherapy? Yes  No
13. Have you been told you have a mental, behavioral, or physical disability? Yes  No
14. Have you been to the emergency room for dental problems in the past year? Yes  No   
If yes, explain: \_\_\_\_\_
15. Are there any non-medical/social conditions that would affect the member's ability to obtain care? Yes  No   
If yes, select all that apply: food housing transportation  
 other: \_\_\_\_\_
16. Is English the main language spoken at home? Yes  No



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).80

If not, what language is spoken: \_\_\_\_\_

17. I consent to receive text/email messages from Liberty Dental Plan to help manage my oral health Yes  No

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



Call member services at 888-703-6999 (for Los Angeles County) or 877-550-3875 (for Sacramento County) (TTY 877-855-8039). Liberty is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at [www.Libertydentalplan.com](http://www.Libertydentalplan.com).81