



NEVADA MEDICAID AND NEVADA CHECK UP DENTAL PROGRAM MEMBER HANDBOOK

Have Questions? Visit us at: <u>www.libertydentalplan.com/NVMedicaid.</u> Call us at: 1-866-609-0418/TTY: 1-877-855-8039

IMPORTANTE: ¿Puede leer este aviso? Si no, alguien le puede ayudar a leerla. Además, es posible que recibir este aviso por escrito en su propio idioma.

Para obtener ayuda gratuita, llame ahora mismo al 1-866-609-0418/TTY: 1-877-855-8039 THIS HANDBOOK IS NOT A CERTIFICATE OF INSURANCE AND SHALL NOT BE CONSTRUED OR INTERPRETED AS EVIDENCE OF INSURANCE COVERAGE BETWEEN LIBERTY AND THE RECIPIENT.

Table of Contents

Welcome to LIBERTY Dental Plan	2
Notice of Nondiscrimination	4
Notice of Language Assistance	6
How to Reach LIBERTY	10
Member Rights and Responsibilities	12
Notice of Privacy Practice	15
Eligibility and Enrollment	16
Member ID Cards	18
Care Coordination and Case Management	20
Transportation Services	22
Interpreter/Translation Services	24
How to Get Dental Care	26
Continuity of Care	
Benefits and Services	32
Treatment Plan and Care	43
Emergency Services	49
Reporting and Solving Problems	54
Member Participation	66
Important Dental Tips	67
Definitions and Useful Terms	71
Frequently Asked Questions	79
Member Documents/Forms	80

Welcome to LIBERTY Dental Plan



The LIBERTY Dental Plan Difference

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

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

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

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

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

This handbook is a summary of the dental services available to you. Please keep this handbook for your reference as it contains important information regarding LIBERTY and its operations. Any questions you have about benefits, or to change your Dental Home, please call our Member Services Department at **1-866-609-0418 (TTY:1-877-855-8039)** or visit us online at <u>www.libertydentalplan.com/NVMedicaid.</u>

Our pledge to you

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



We look forward to serving you!

Notice of Nondiscrimination

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

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

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

If you need these services, please contact us at 1-888-401-1128 (TTY: 1-877-855-8039).

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

Phone: 1-888-704-9833 TTY: 1-877-855-8039 Fax: 1-833-250-1814 Email: <u>CivilRightsComplaint@libertydentalplan.com</u> Online: <u>https://www.libertydentalplan.com/Members/File-</u> <u>a- Grievance-or-Appeal.aspx</u>

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

U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 1-800-537-7697 (TDD) Online at: <u>https://ocrportal.hhs.gov/ocr/portal/lobby.jsf</u> Complaint forms are available at <u>http://www.hhs.gov/ocr/office/file/index.html</u>

Notice of Language Assistance

If you, or someone you support, have questions about LIBERTY Dental Plan, you have the right to get help and information in your language at no cost. To speak to an interpreter, call **1-888-401-1128/TTY: 1-877- 855-8039**. (English)

እርስዎ፣ ወይም እርስዎ የሚያግዙት ግለሰብ፣ ስለ LIBERTY Dental Plan ጥያቄ ካላቸሁ፣ ያለ ምንም ክፍያ በቋንቋዎ እርዳታና መረጃ የማግኘት መብት አላቸሁ። ከአስተርጓሚ ጋር ለመነጋገር፣ 1-888-401-1128/TTY: 1-877-855- 8039 ይደውሉ።). (Amharic)

إذا كان لديك أو شخص ما تساعده أية استفسارات عن LIBERTY Dental Planلديك الحق في تلقي المساعدة والمعلومات بلغتك مجاناً للتحدث إلى مترجم فوري، اتصل على الرقم TTY:1-877-855-8039/1-888-401-1128) (Arabic)

如果您, 或您正在幫助的人, 有關於LIBERTY Dental Plan 方面的問題, 您有權利免費以您的母語得到幫助和訊息 想 要跟一位翻譯員通話, 請致電 1-888-401-1128/TTY: 1-877-855-8039. (Chinese)

اگر شما یا شخصی که به وی کمک می کنید، سؤالاتی در مورد LIBERTY Dental Planدارید، شما حق دارید که کمک و اطلاعات را به زبان خودتان و به طور رایگان دریافت کنید برای گفتگو با مترجم شفاهی، با شماره تماس بگیریدFarsi) TTY:1-877-855-8039/1-888-401-1128)

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de LIBERTY Dental Plan, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez **1-888-401-1128/TTY: 1-877-855-8039**. (French) Falls Sie oder jemand, dem Sie helfen, Fragen zum LIBERTY Dental Plan haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer **1-888-401-1128/TTY: 1-877-855-8039** an. (German)

No dakayo, wenno maysa a tao a tultulunganyo, ket adda kayatyo a saludsoden maipanggep iti LIBERTY Dental Plan, adda karbenganyo a dumawat iti tulong ken impormasion iti bukodyo a pagsasao nga awan ti bayadanyo. Tapno makipatang iti maysa a mangipatarus iti pagsasao, tumawag iti numero nga **1-888-401-1128/TTY: 1-877-855-8039**. (**Ilocano**)

ご本人様、またはお客様の身の回りの方でもLIBERTY Dental Planについてご質問がございましたら、ご希望の 言語でサポートを受けたり、情報を入手したりすること ができます。料金はかかりません。通訳とお話される場 合1-888-401-1128/TTY: 1-877-855-8039までお電話くださ い (Japanese)

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 LIBERTY Dental Plan 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-888-401-1128/TTY: 1-877-855-8039 로 전화하십시오.。(Korean) Если у вас или лица, которому вы помогаете, имеются вопросы по поводу LIBERTY Dental Plan, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону **1-888-401-1128/TTY: 1-877-855-8039.** (Russian)

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de LIBERTY Dental Plan, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al **1-888- 401-1128/TTY: 1-877-855-8039. (Spanish)**

'Afai olo'o iai se fesili iate oe, po o se tasi olo'o e fesoasoani i ai, e uiga i le LIBERTY Dental Plan polokalame, o iai iate oe le aia tatau e maua atu ai i se fesoasoani po o se fa'atamalaga e uiga i lena polokalame i le gagana fa'asamoa, auno ma se togiga o tupe. Ina ia talatalanoa i se tagata ua malamalama ai i le gagana fa'asoma, po o se tagata fa'aliliu gagana, vili atu e lau telefoni **1-888-401-1128/TTY: 1-877-855-8039**. (Samoan)

Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa LIBERTY Dental Plan may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa **1-888-401-1128/TTY: 1-877-855-8039. (Tagalog)**

หากคุณ หรือคนที่คุณกำลังช่วยเหลือมีคำถามเกี่ยวกับ LIBERTY Dental Plan, คุณมีสิทธิที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของคุณได้โดยไ ม่มีค่าใช้จ่าย พูดคุยกับล่าม โทร 1-888-401-1128/TTY: 1-877-855-8039. (Thai)

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về LIBERTY Dental Plan, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi **1-888-401-1128/TTY: 1-877-855-8039. (Vietnamese)**

How to Reach LIBERTY

If you have questions about your dental benefits, locating a participating provider, or for help scheduling an appointment, please contact LIBERTY's Member Services Department toll-free at **1-866-609-0418**. Business hours are Monday through Friday 5:00 am to 5:00 pm Pacific Standard Time. Hearing or speech-impaired members may call **1-877-855-8039**.

Our Address:

LIBERTY Dental Plan of Nevada, Inc. 6385 S. Rainbow Blvd., Suite 200 Las Vegas, NV 89118

Fax: 1-888-401-1129

You can also contact us online at: www.libertydentalplan.com/NVMedicaid

LIBERTY's Free Mobile App and Online Services:

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

LIBERTY's Mobile App features include:

- ✓ Locate a Network Provider
- ✓ View Dental Plan Benefits/Covered Services
- ✓ Check Eligibility
- ✓ Electronic Dental ID Cards
- ✓ Frequently Asked Questions (FAQS)

LIBERTY's Online Services include:

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

Nevada Medicaid Eligibility:

- Phone: Northern Nevada 775-684-7200 Southern Nevada 702-486-1646 Toll Free 1-800-992-0900
- Website: https://accessnevada.dwss.nv.gov

Member Rights and Responsibilities

LIBERTY must comply with all federal and Nevada laws that apply to member rights. We also make sure our staff and the providers that we work with observe and protect those rights when providing services to Medicaid members, as required by the Code of Federal Regulations (CFR), Enrollee Rights, 42 CFR § 438.100, which is available online at: <u>eCFR: 42 CFR</u> <u>438.100-- Enrollee rights.</u>

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

As a LIBERTY member, you have the right:

- To be treated with courtesy and respect.
- Have your dignity and privacy respected at all times.
- To keep your medical and dental data secure.
- To be given details about your dental benefits and how to use them, including what is covered.
- To be able to pick your primary care dentist/dental home that is in LIBERTY's network, including specialists if you have a chronic condition.
- To change your primary care dentist/dental home when you request it.
- To have choices about your dental care, including the right to refuse treatment.
- To receive information on available treatment options and alternatives in a way you can understand.
- To file a grievance, either over the phone or in writing, about LIBERTY, a dental provider/specialist, or the care you got.

- To ask for an appeal verbally or in writing of a decision made by LIBERTY that was not in your favor.
- To ask for a State Fair Hearing and be informed when an expedited hearing is possible.
- To ask for verbal interpretation services in your preferred language at no cost to you.
- To get written Member documents in other forms (such as braille, large-size print, and audio) upon request and in a timely manner based on the type needed at no cost to you.
- To prepare advance directives.
- To ask for a copy of your dental records following federal and state laws that apply and ask that your dental records be updated or corrected.
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- To get a copy of your Member Handbook once a year, or when you ask, at no cost to you.

As a LIBERTY member, you have the responsibility to:

- Show your Nevada Medicaid ID card from the State and/or your LIBERTY ID card when getting dental care.
- Show up to your dental visits on time. If you need to cancel, let your Dental Home know at least 24 hours before your visit to reschedule.
- Not let anybody else use your ID card.
- Let the State of Nevada Welfare office know of any changes in your family, including pregnancy, that might affect eligibility or enrollment, as well as any name, phone number, or address updates.

- Take part in your dental health by seeing your dentist regularly and following what you and your dentist agree is best for you.
- Provide dentist with honest and detailed dental information.
- Tell your dentist if you have any sudden changes to your physical and dental health.
- Understand your dental plan and its benefits, the services you can get, what is not covered, and any limits on covered services.
- Treat your dental home, dentist, office staff, and LIBERTY staff, with respect and courtesy.
- Follow all the dental office's rules about care and conduct.
- Ask your dentist questions to determine the possible risks, benefits, outcomes, and cost of treatment and non-treatment and what options you have.
- Work with your dental home in following a care plan, or letting the dentist know why the treatment cannot be followed right away.
- Use LIBERTY's grievances or appeals processes in this handbook to ask us to take another look at something you don't agree with or when you are unhappy with a provider or Plan decision.
- Let LIBERTY know if you have any other dental insurance or coverage.
- Know and follow what is covered by your plan when looking to get dental care.
- Take part in your own care by following your dentist's or specialist's care plan.
- Call or contact LIBERTY for any questions or information about the Plan at **1-866-609-0418/TTY: 1-877-855-8039.**

Notice of Privacy Practice

A statement describing LIBERTY's policies and procedures for preserving the confidentiality of dental records. This Notice of Privacy Practices is available on our website at:

https://www.libertydentalplan.com/About-LIBERTY/Compliance/HIPAA- Privacy-Notice

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

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 have the right to make changes to this notice from time to time and to make the changed notice effective for all PHI we keep. If we make a major change to this notice, we will let you know and will describe the change to you.

Eligibility and Enrollment

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

Who can become a member?

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

Can I disenroll?

Nevada Medicaid and Nevada Check Up recipients enrolled in a medical Managed Care Organization (MCO) are automatically enrolled with LIBERTY. You will be automatically disenrolled if any of the following conditions occur:

- You are no longer eligible for Medicaid or Nevada Check Up
- You move to a part of the state that is not covered by a MCO
- If you "opt out" of your MCO

If there is not a network provider in your area, LIBERTY will arrange for services at an out-of-network provider.

If you experience poor quality of care, you can change your provider at any time, and you can exercise your right to the grievance process.

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

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

Member ID Cards

Each covered member will get an Identification (ID) card from Nevada Medicaid, and one issued by LIBERTY. You need to bring both your ID card(s) with you to all dental appointments. If you lost your ID card or need to correct any information on the card, you can call LIBERTY at **1-866-609-0418/TTY: 1-877-855-8039** to ask for a new one. You can visit us online at <u>www.libertydentalplan.com/NVMedicaid</u>, or by using the free LIBERTY app on your mobile device or computer to request your ID card. ID cards are mailed in 5 working days from the date requested.

Your LIBERTY Insurance ID card will include:

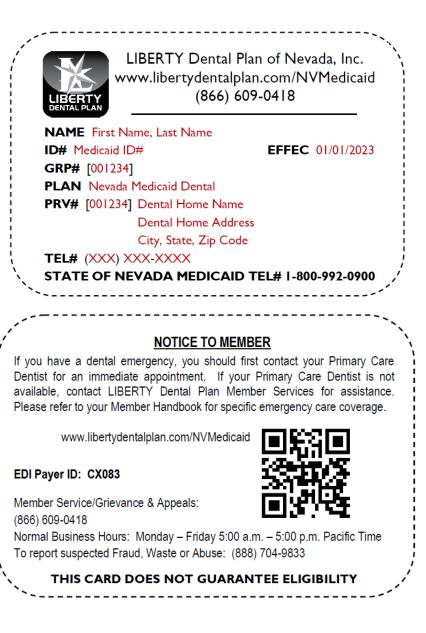
- Your Medicaid ID number
- Your first name and last name
- The name, address, and phone number of your dental home
- Your effective date with LIBERTY for dental benefits
- What to do if you need emergency dental care
- The number to call to speak to LIBERTY's Member Services Department or to file a grievance (complaint) or an appeal
- The number to call to report any suspected fraud, waste, or abuse

LIBERTY will send you a new card when:

- Your coverage starts
- You ask for one
- When a name is changed
- When you pick a new dental home

Effective: March 22, 2023

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



Care Coordination and Case Management

LIBERTY's goal is to get you the right care, at the right time, from the right provider. You may qualify for Care Coordination/Case Management if you are pregnant, a young adult transitioning from foster care, have a serious medical or behavioral health condition, a dental condition that requires extra support, or have difficulty accessing dental services due to limited resources or conditions. A Care Coordinator or Case Manager can help you get the care you need. Your Health Plan Case Manager may work with us to coordinate your dental care along with other medical services, community-based organizations, and/or the state of Nevada.

To better serve you and your oral health needs

LIBERTY would like to know how to best meet your oral health needs. The Oral Health Risk Assessment (OHRA) form helps LIBERTY to collect health information, establish your care needs, and make sure you receive proper dental care and coordination of services at no cost to you.

You can also complete the OHRA form online by visiting <u>www.libertydentalplan.com/NVMedicaid</u> and clicking on the Oral Health Risk Assessment quick link or using this QR code.



You can also call our Member Services Department at **1-866-609-0418/TTY:1-877-855-8039** to complete the OHRA with a live representative. We ask all our new members to complete the OHRA form so we can determine your care needs.

Enrolling in Case Management

You can request to be enrolled in Case Management at any time by calling Member Services toll-free at **1-866-609-04518** /TTY 1-877-855-8039, or you can email our Case Management Department at: <u>casemanager.nv@libertydentalplan.com</u> or you can ask your dental provider, or an authorized representative, to make a referral for you.

LIBERTY H.E.A.R.T.

LIBERTY maintains a Health Education and Resource Team (H.E.A.R.T.). This dedicated team of Health and Literacy Coordinators covers urban Clark and urban Washoe Counties. They provide outreach and education to Medicaid and Nevada Check Up members to ensure dental benefits are used through community outreach events. Community outreach evens include, in-person and virtual talks, community-based training, offering educational materials and information, supporting community events, and activities,

Health Education and Resource Team We're here to help Follow us on Social Media for upcoming events, dental tips, and much more! LIBERTY Dental Plan of Nevada

Tag us #LibertyLovesMySmile

coordinating access to preventive services with local dentists, and joining in sponsorship opportunities including dental supply donations. To find out more, call Member Services or follow H.E.A.R.T. on social media.

Transportation Services

Do you need a ride to your appointment?

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

How do I schedule transportation?

Transportation services are managed through MTM (Medicaid Transportation Management) to provide you with non-emergency transportation to your dental appointments. You can schedule trips by:

- Contacting MTM's Customer Care Center at 1-844-879-7341 24 hours a day including weekends and holidays
- Using "MTM Link" a mobile application and web portal that lets members and medical facilities book, view, and manage trips from a mobile device or computer by visiting https://www.mtm-inc.net/nevada/

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

When do I have to call?

You must call at least 3 days before your non-urgent appointment to set up transportation. If you have less than 3 days before your appointment or if it is for urgent services, you should still call MTM at **1-844-879-7341** for help. MTM schedules routine trips Monday through Friday from 7:00 a.m. to 5:00 p.m. Pacific Standard Time.

What information do I need to know when I call?

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

What if I have a complaint about transportation?

You can file a complaint if you:

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

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

Interpreter/Translation Services

We want to make sure you fully understand your dental benefits. If English is not your first language, LIBERTY will provide interpretation and translation services in your preferred language at no cost to you. To ask for language services or to let us know your preferred language, please call us at **1-866-609-0418/TTY: 1-877-855-8039**.

Who do I call for an interpreter?

To ask for an interpreter call LIBERTY's Member Services Department at **1-866-609-0418**.

The Member Services Department can help if you:

- Have problems hearing, please call TTY 1-877-855-8039
- Have problems seeing or reading
- Need materials in other formats including large print, Braille or Audio.
- Do not speak English
- Do not read English

How can I find a dentist who speaks my language?

The Provider Directory lists all languages spoken, including sign language, at each Dental Office and if the office is accepting new members. You can also see an up-to-date and searchable provider directory anytime by visiting us online at <u>www.libertydentalplan.com/NVMedicaid</u>. For help finding a dental provider who speaks your preferred language, or if you need a free provider directory, call Member Services at **1-866-609-0418/TTY: 1-877-855-8039** and we will mail one to you.

If you cannot locate or access a dental provider that speaks your preferred language, interpreter services can be provided at no cost to you.

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

To make sure that you can communicate with your dentist, we can arrange for interpreter services during your appointments, at no cost to you.

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

- Call LIBERTY at 1-866-609-0418/TTY: 1-877-855-8039
- Call at least 48 hours before your dental appointment
- Provide the language that you speak
- Provide details on the dental office where you will have services
- Provide details on your appointment date/time

How to Get Dental Care

What is a Dental Home?

A Dental Home is the primary care dentist or pediatric dentist that you or your child have been assigned to for your dental care needs. A Dental Home should be established by 12 months of age. A Dental Home is a dentist you see regularly to provide dental care and will always be available to you. Your Dental Home will help you care for your teeth by giving you dental assistance and dental treatment, including referrals for specialty care when needed.

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

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

How do I change my dentist (Dental Home)?

You may call our Member Services Department at **1-866-609-0418/TTY: 1-877-855-8039** to change your Dental Home. A Member Services Representative will assist you in locating a network provider over the phone. You can also locate providers online at <u>www.libertydentalplan.com/NVMedicaid</u> click on 'Find & Select a Dentist' to do a search or use our LIBERTY Mobile App to change your Dental Home.

How can I find a Dentist?

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

The LIBERTY Provider Directory lists the providers we have in our network, including Federally Qualified Health Centers (FQHCs). The Provider Directory tells you if the provider is taking new patients and includes the office and provider names, addresses, phone numbers, business hours and languages spoken.

The Provider Directory is available online at: <u>www.libertydentalplan.com/NVMedicaid</u>; click on 'Find & Select a Dentist' to do a search. If you need a printed Provider Directory, at no cost, call **1-866-609-0418/TTY: 1-877-855-8039**.

How do I make an appointment?

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

Write down the date and time of the appointment on your calendar. Please be sure to be on time to your appointment to avoid having to reschedule.

On the date of your appointment, present your LIBERTY ID card and your Medicaid ID Card. The ID numbers on both cards are the same.

It is important that you show up for your dental appointments. If you are unable to make it to your appointment for any reason, you must let your Dental Home know at least 24 hours before your appointment.

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

Call our Member Services Department at **1-866-609-0418/TTY: 1-877-855-8039** to change your Dental Home prior to having services. Our Member Services Department will assist you in changing your Dental Home. Members have the freedom to be assigned to any dentist in LIBERTY's provider network.

How do I get services from a dental Specialist?

Your Dental Home must submit a referral request to LIBERTY for approval to see a dental specialist such as an endodontist, oral surgeon, and/or periodontist.

Only services that have been pre-approved for you by LIBERTY, may be performed by a dental specialist. Your dental specialist will submit a request for pre-approval if you need more services. Services completed by a pediatric dentist (pedodontist) do not require a specialist referral. If you would like for your child to see a pediatric dentist, call our Member Services Department to change your child's Dental Home.

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

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

Benefits will not be paid for services performed by an out-ofnetwork dentist, unless you have written approval from LIBERTY or if it is an emergency situation.

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

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

Medical/Dental Emergency:

LIBERTY covers emergency dental care. Emergency coverage is available if, without treatment, your health may be in serious danger, you may experience serious harm to bodily functions or serious dysfunction of any bodily organ or part.

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

For medical emergencies, call your primary care physician, call 911, or go to the nearest emergency room.

For more information see the Emergency Services section in this handbook.

Continuity of Care

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

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

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

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

What if my dentist stops working with LIBERTY?

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

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

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

- The services are covered under your dental plan
- The services are medically necessary
- The services meet our clinical guidelines; and
- You do not have access to a LIBERTY dental provider

LIBERTY will **<u>not</u>** continue your care if:

- The services are not covered under your dental plan
- The services are not medically necessary
- The services do not meet our clinical guidelines; or
- You had access to a LIBERTY dental provider

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

Benefits and Services

What your dental plan covers

As a member of LIBERTY, the following dental services are included in your dental plan. These covered services are free to you if they are medically necessary. Care is needed if it:

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

Type of Service **Examples** Diagnostic Exams and x-rays Preventive Cleanings, fluoride treatments, sealants Restorative Fillings, crowns Endodontic Pulpotomies, root canals Periodontal Gum surgery Prosthodontics. Immediate and complete dentures, relines Removable Oral and Maxillofacial Extractions (Tooth removed) Surgery Adjunctive Sedation, general anesthesia

We offer these types of dental services:

Summary of Benefits:

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

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

² Adults age 21 and over receive coverage under special circumstances and services must be pre-approved by LIBERTY to be covered.

Nevada Medicaid Members under age 21

The following is an example of dental services and the amounts allowed for **members** <u>under age 21</u> that do not require pre-approval:

Covered services for members under age 21 that do not require pre-approval:							
	Per Rolling Months: Lifetime						
Service	3	6	12	36	60		
Periodic Exam		1					
Limited Exam		2					
Comprehensive Exam			1				
Screening and Assessment		1	1				
Oral Exams for Children 0-3		1					
Full Mouth X-rays				1			
Periapical (Single) X-rays			13				
Bitewing X-rays		1					
Panoramic X-ray				1			
Teeth Cleaning		1					
Fluoride Services		1	1				
Sealants					1		
Fillings (Per Tooth)				1			
Crowns (Per Tooth)						1	
Pulpotomy (Per Tooth)				1			
Root Canals (Per Tooth)						1	
Periodontal Scaling/Root							
Planing (Deep Cleaning)		1	1				
Cleaning		1					
Extractions						1	
Full Dentures					1		
Partial Dentures					1		
Palliative Treatment		2					

<u>Members of LIBERTY Dental Plan, under age 21, also receive</u> additional benefits for the following services:

- One additional fluoride service every 12 months at the Primary Care Physician (PCP) or Mobile based provider.
- One additional screening every 12 months at the PCP or Mobile based provider.
- Caries risk assessment covered once per 12 months.

For more information on the dental benefits for members under the age of 21, you can visit our website at: <u>https://client.libertydentalplan.com/Content/documents/N</u> <u>VMedicaid/LDP_NV_Medicaid_DentalPlan_FactSheet.pdf</u>

You can also call our Member Services Department at **1-866-609-0418/TTY: 1-877-822-8039** with any questions you have on your dental benefits.

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

- ✓ Any service not listed under section 'What Does Your Dental Plan Cover' must be prior authorized.
- All services performed by a dental specialist require a referral and pre-approval.

Services completed by a pediatric dentist do not require a specialist referral. If you would like for your child to see a pediatric dentist, call our Member Services Department at 1-866-609-0418/TTY: 1-877-822-8039 to change your child's Dental Home.

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

Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

In Nevada, the EPSDT program is called Healthy Kids. Children **under the age of 21** qualify for EPSDT benefits when covered under Medicaid. EPSDT services identify healthcare issues early to prevent the child's health from getting worse.

The EPSDT program recommends that all children have an established Dental Home by 12 months of age to help with early intervention. Children that need services that are not part of their benefits may get them under EPSDT.

LIBERTY will decide medical necessity (need) based on information and documents your Dental Home sends us. EPSDT services are provided at no cost to you. Call LIBERTY at **1-866-609-0418/TTY: 1-877-855-8039** for more information or contact your Dental Home and speak to your Primary Care Dentist.

Nevada Medicaid Adult Members ages 21 and over:

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

Covered Limited Emergency Services for adult members age 21 and over that do not require prior approval:						
Service		r Ro	lling			
		3 6 12		36 60		Lifetime
Periodic Exam		1				
Limited Exam		2				
Comprehensive Exam ¹			1			
Screenings and Assessments		1				
Full Mouth X-rays				1		
Periapical (Single) X-rays			13			
Bitewing X-rays		1				
Panoramic X-ray				1		
Fillings (Per Tooth) ²				1		
Crowns (Per Tooth) ²						1
Extractions (Per Tooth)						1
Full dentures ³					1	
Partial dentures ³					1	
Denture adjustments ⁴		1				

¹ Only allowed to determine the need for dentures and to look at existing dentures.

² Fillings and crowns are allowed for pregnant adults or adults ages 21 or over when the tooth is used to support an existing partial denture.

 ³ Partial dentures are allowed for adults ages 21 and over when at least 4 or more teeth in a row are missing, third molars (wisdom teeth) not included.
⁴ Denture relines are allowed a maximum of 6 per 60 rolling months. Denture repairs are allowed a maximum of 10 per 60 rolling months.

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

and over that do not require prior approval:						
Service		r Ro	lling	Lifetime		
		6	12	36	60	
Alveoloplasty (smoothing of gums)						1 per quadrant
Palliative treatment		2				

Covered Limited Emergency Services for adult members age 21

As a member of LIBERTY, age 21 and over, you also receive these additional benefits for the following services:

- Teeth cleaning (prophylaxis) once every 12 rolling months
- D1354 Interim Caries Arresting Medicament application per tooth – 2 every 12 months
- Caries (cavities) and Periodontal (gums) Risk Assessment 1 every 12 months
- Silver diamine fluoride 2 every 12 months

Adults ages 21 and over require the following services to be pre-approved:

- All services performed by a dental specialist require a referral and pre-approval
- Fillings
- Crowns
- Periodontal Maintenance (for pregnant adults only)
- Periodontal scaling/root planing (deep cleaning) (for pregnant adults only)

Services that are not covered in your dental plan:

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

- Non-dental related services
- Any dental procedure that is not specifically listed as covered under this dental plan
- Procedures, appliances, or restorations to treat Temporomandibular Joint (TMJ) Dysfunction
- Services for cosmetic purposes
- Elective tooth removals (extractions)
- Procedures that are determined not to be medically necessary by a LIBERTY dentist
- Procedures performed to restore tooth structure lost from abrasion, erosion, attrition or abfraction (tooth grinding, clinching or wear not from decay)
- Procedures to change the position of the way your upper and lower teeth come together and the space between them
- Any services performed outside of your Dental Home office, unless approved by LIBERTY or covered as emergency dental care
- Routine dental service performed by a dentist or dental specialist in an inpatient/outpatient hospital setting

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

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

The following is an example of additional dental services, and the allowed amounts for adult members, over age 21, that are pregnant:

Additional Covered Services for adult Members age 21 and over that are pregnant								
Service		Per Rolling Months:						
		6	12	36	60			
Comprehensive Exam			1					
Interim Caries Arresting Medication		1						
Teeth Cleaning		1						
Topical Fluoride		1						
Gingivectomy/ Gingivoplasty					4			
Periodontal Scaling/Root Planing (Deep Cleaning)			1					
Periodontal Maintenance	1							

As a LIBERTY pregnant member age 21 and over, you also receive these additional services at your Dental Home while you are pregnant:

- Two additional cleanings (prophylaxis) every 12 rolling months
- 1 deep cleaning (D4341-D4342 or D4346) every 12 months
- 1 root canal every 12 months

Additional pregnancy-related services are available only when you are determined eligible for pregnancy-related services by the Welfare Division.

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

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

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

Do I have to get prior authorization for services?

There are some services that are covered but you must get pre-approval before you can get them done. Pre-approval means that LIBERTY has reviewed the services your Dental Home or dental specialist has requested and agrees that the care is medically necessary (needed).

For services that require pre-approval, your Dental Home will send LIBERTY the request with the needed information to decide if the services are medically necessary. The request will be reviewed by LIBERTY and you, and your Dental Home will be notified in writing of the decision to approve or deny the services.

Only a licensed dentist who works for LIBERTY can deny services requested by your Dental Home due to medical necessity (need). Standard pre-approvals are processed within 14 calendar days of receipt and urgent pre-approval requests are processed within 72 hours of receipt.

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

41

You or your Dental Home may request up to 14 additional calendar days if more time is needed for you to send additional information you want LIBERTY to consider.

LIBERTY may also request up to 14 additional calendar days if we think it is in your best interest to gather additional information. Requests for extensions must be approved by the Division of Health Care Financing and Policy (Medicaid Program). Requests will be submitted by LIBERTY to the Division and the results shared with you.

Treatment Plan and Care

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

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

What if I want a second opinion?

You can request a second opinion from another LIBERTY dentist or an out-of-network dentist for any reason at no cost.

To request a second opinion, please call our Member Services Department at **1-866-609-0418/TTY: 1-877-855-8039**.

Your Dental Home may also request a second opinion for you. They will submit the forms needed with supporting x-rays to LIBERTY. All requests for second opinions are handled by LIBERTY within 5 business days of receipt of the request. If you or your dentist believe it is an emergency, let LIBERTY know and your case may be completed within 72 hours of receipt.

LIBERTY will contact your Dental Home about any concerns you may have. Once you have been told that your second opinion is approved, you can schedule an appointment. You can request a copy of LIBERTY's policy for a second opinion, at no cost to you.

Do I need to submit claims?

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

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

Can I ask for copies of my dental records?

Yes. You can ask LIBERTY for a copy of your dental records, and for a copy of all the information that was used by the Plan to make a decision on a claim, pre-approval, appeal or grievance. We will give you one free copy of the requested records we have on file from your provider. For a copy of your full dental records, you will need to speak with your Dental Home.

If you would like to ask for a copy of your records that LIBERTY has on file or the information used to make a decision on a claim, pre-approval, appeal or grievance, please send your request in writing to one of the following:

Mail:	LIBERTY Dental Plan				
	Member Services Department				
	P.O. Box 401086				
	Las Vegas, NV 89140				

In Person: 6385 S Rainbow Blvd #200 Las Vegas, NV 89118

Fax: 1-888-401-1129

What if I have other insurance coverage?

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

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

How can I report suspected fraud, waste or abuse?

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

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

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

Some types of health care fraud are:

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

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

Phone:	1-888-704-9833/TTY: 1-877-855-8039
Fax:	1-714-389-3529
E-mail:	compliancehotline@libertydentalplan.com
Mail:	LIBERTY Dental Plan Compliance Department 340 Commerce, Suite 100 Irvine, CA 92602
In person:	6385 S Rainbow Blvd #200 Las Vegas, NV 89118

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

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

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

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

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

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

Emergency Services

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

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

You do not need pre-approval to receive emergency/urgent dental services from any in-network or out-of-network provider. You have the right to use any provider for emergency/urgent services. You can also call LIBERTY's Member Services at **1-866-609-0418/TTY: 1-877-855-8039**; LIBERTY's 24-hour on-call service will help you.

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

Directions for what to do in an emergency

If you require emergency dental care, call your Dental Home to schedule an immediate appointment. For urgent or unexpected dental conditions that occur after-hours or on weekends, contact your Dental Home for instructions on how to proceed.

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

The dentist may need you to pay in full for the emergency dental care. However, LIBERTY will refund you for covered dental emergency services that you paid for. If you pay a bill for emergency care, send a copy within 90 calendar days to:

Mail: LIBERTY Dental Plan Member Services Department P.O. Box 401086 Las Vegas, NV 89140

Fax: 1-888-401-1129

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

Services covered under emergency care

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

Emergency dental services covered by LIBERTY include dental screenings, examination, and evaluation by a dentist or dental specialist.

The dentist will determine the emergency services necessary to alleviate any emergency symptoms.

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

Summary of Special Programs:

Healthy Behaviors Program:

LIBERTY's Healthy Behaviors Program helps our members take charge of their dental health. As a member of the Nevada Medicaid or Nevada Check Up Program, you or your child may be eligible for a \$25 gift card reward.

Who is eligible:

- An infant under age 1,
- A child between the ages of 1-20, or
- A pregnant member and,
- Have not seen a dentist as a LIBERTY Member in the last 12 months.

How does it work?

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

Tele-dentistry:

Need to speak with a dentist about an urgent issue or unsure whether you need treatment? LIBERTY's Tele-dentistry programs provide you convenient access to a LIBERTY staff dentist during business hours, using a secure audio/video call.

To request a Tele-dentistry appointment, visit <u>www.libertydentalplan.com</u> and follow the instructions on the website or call Member Services at **1-866-609-0418/TTY: 1-877-855-8039.**

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

BRUSH Select Program:

We cover caries risk assessments for adults with your Dental Home to help you find possible risk factors to cause dental diseases such as smoking, poor oral hygiene habits, and more. You can ask your provider to give you a caries risk assessment and discuss your results. LIBERTY offers educational resources on our website to help tackle these risk factors.

Visit <u>www.libertydentalplan.com/NVMedicaid</u> to access these resources.

Community Smiles Program:

LIBERTY has a free and private program to help you search for local and free or reduced-cost community programs to meet your non-dental needs such as food, housing, job training, and more. Visit https://communityresources.libertydentalplan.com/to search for programs in your area.

Reporting and Solving Problems

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

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

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

You should always contact LIBERTY first to let us know about your problem. Call us Monday through Friday 5:00 a.m. to 5:00 p.m. (PST) at **1-866-609-0418/TTY: 1-877-855-8039** to tell us about our problem.

How do I submit a grievance (complaint)?

You may file a grievance in person, over the telephone or in writing at any time. Our Member Service Representatives will help you and can take your grievances over the telephone.

You can also send your grievance in the following ways:

Mail: LIBERTY Dental Plan of Nevada, Inc. Grievance and Appeals Department P.O. Box 26110 Santa Ana, CA 92799

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

Fax: 1-833-250-1814

Email: <u>NVGandA@libertydentalplan.com</u> or

Online at: <u>https://www.libertydentalplan.com/NV-</u> Medicaid-Check-Up/File-a-Grievance.aspx?state=NV

Grievance forms are also available on our website, <u>https://www.libertydentalplan.com/NVmedicaid</u> under the File a Grievance or Appeal section. A grievance form is not required to submit a grievance. LIBERTY will review your grievance submitted in any form.

You can also ask your provider or someone else to help you file a grievance. If someone files a grievance on your behalf, they must have your written consent. This is called an authorized representative.

We will start working on your grievance the first day that it is received. We will also send you a letter within 5 calendar days to tell you that we received your grievance. The letter will include a form that you can complete and return to us if you want to give us more information about your concerns.

If you need help filing your grievance, we can help you. We can give you free language services. Please call the Member Services Department at **1-866-609-0418/TTY 1-877-855-8039**.

When will I get a response to my grievance?

LIBERTY will review your concern and send you an answer as quickly as your health condition requires. We will take no longer than 30 calendar days from the day we receive your grievance to send you an answer in writing.

You or your Dental Home may request up to 14 additional calendar days if more time is needed for you to send additional information you want LIBERTY to consider.

LIBERTY may also request up to 14 additional calendar days if we think it is in your best interest to gather additional information. Requests for extensions must be approved by the Division of Health Care Financing and Policy/Medicaid Division. Requests will be submitted by LIBERTY to Medicaid and the results shared with you.

If we are going to take more than 30 calendar days to send you an answer, we will call you and mail a letter within 2 calendar days. If you disagree with our decision to take more time, you may file a grievance about the extension.

IMPORTANT: Grievances are not eligible for the State Fair Hearing process described later in this document.

What is an appeal?

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

Notice of Adverse Benefit Determination (NABD):

A NABD is a written notice of a decision made by LIBERTY about a dental benefit or service. An adverse decision could be a denial, reduction, change or termination of dental benefits.

Members have the right to appeal an NABD that may include, but is not limited to:

- A denial or partial denial of a requested service
- A denial, in whole or in part, of payment for a service
- A failure by LIBERTY to provide services in a timely manner
- A failure BY LIBERTY to act within specified timeframes

If we sent you a NABD telling you that we are denying, delaying, changing, or ending services, and you do not agree with the decision, you can file an appeal.

If you are currently getting treatment and you want to continue getting treatment, you must ask for an appeal within 10 calendar days from the date written on the NABD or before the date the NABD says services will stop. When you request the appeal, tell us that you want to continue receiving services.

How do I submit an appeal?

You may file an appeal in person, over the telephone or in writing. Our Member Service Representatives will help you and can take your appeal over the telephone. You can also send your appeal to us in the following ways:

Mail: LIBERTY Dental Plan of Nevada, Inc. Grievance and Appeals Department P.O. Box 26110 Santa Ana, CA 92799

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

Fax: 1-833-250-1814

Email: NVGandA@libertydentalplan.com or

Online at: <u>https://www.libertydentalplan.com/NV-</u> Medicaid-Check-Up/File-a-Grievance.aspx?state=NV

Appeal forms are also available on our website, <u>https://www.libertydentalplan.com/NVmedicaid</u> under the File a Grievance or Appeal section. An Appeal Form is not required to submit an appeal. LIBERTY will review your appeal submitted in any format.

All appeals must be submitted within 60 calendar days from the date written on the NABD letter you received.

You can also ask your provider or someone else to help you file an appeal. If someone files an appeal on your behalf, they must have your written consent. This is called an authorized representative.

We will start working on your appeal the first day that it is received. LIBERTY will provide you with the chance to review your file in person or we can mail a copy of it to you. We will also send you a letter within 5 calendar days to tell you that we received your appeal. The letter will include a form that you can complete and return to us if you want to give us more information about your appeal. If you need help completing the form, please call our Member Services Department at **1-866-609-0418/TTY: 1-877-855-8039**.

It is very important that you provide us with as much information as possible to explain why you think our original decision to deny, reduce, change or terminate your services was incorrect. You may provide this information to us over the telephone, in writing, or in person. Your appeal should include the following:

- Your Medicaid ID number
- Your date of birth
- Your mailing address
- The number associated with our NABD
- The date of service
- An explanation of why you feel LIBERTY's decision was wrong
- Any supporting documents or records

If your dentist, or a member of our staff thinks you need a fast decision because 30 calendar days would put your life, health, or ability to function in danger, we will immediately notify our staff dentist who will review your appeal. If our staff dentist believes you need a decision quickly, we will treat your appeal as an expedited (fast) appeal as described later in this document.

When will I get a response to my appeal?

LIBERTY staff and dental care professionals will review your appeal. The LIBERTY staff reviewing your appeal will not be the same people who made the first decision to deny, reduce, change or terminate your services, and they do not work for the individuals who were involved in making the original decision.

LIBERTY will review your appeal and send you an answer in a Notice of Appeal Resolution letter within 30 calendar days from the day we receive your appeal.

You or your Dental Home may request up to 14 additional calendar days if more time is needed for you to send additional information you want LIBERTY to consider.

LIBERTY may also request up to 14 additional calendar days if we think it is in your best interest to gather additional information. Requests for extensions must be approved by the Division of Health Care Financing and Policy/Medicaid Division. Requests will be submitted by LIBERTY to Medicaid and the results shared with you.

If we are going to take more than 30 calendar days to send you an answer, we will call you and mail you a letter letting you know within 2 calendar days. If you disagree with our decision to take more time, you may file a grievance about the extension.

Expedited (fast) appeals

As described above, our staff is trained to identify when your request for a standard appeal should be treated as an expedited (fast) appeal.

You, or your dentist with your written consent, can ask for an expedited appeal if you believe 30 calendar days would put your life, health, or ability to function in danger. To ask for an expedited appeal, please call **1-866-609-0418/TTY: 1-877-855-8039**.

A staff dentist will review your request for an expedited appeal. It is important that you, or someone filing for you, provide LIBERTY with documentation to support your expedited appeal as soon as possible. We will call you with a decision within 72 hours from when we receive your request for an expedited appeal, and we will also send you a Notice of Appeal Resolution letter.

You may request up to 14 additional calendar days if more time is needed for you to send additional information you want LIBERTY to consider.

LIBERTY may also request up to 14 additional calendar days if we think it is in your best interest to gather additional information and will request permission from the Division of Health Care Financing and Policy (Nevada Medicaid) for the extension.

If we are going to take more than 72 hours to send you an answer, we will call you to tell you and we will mail you a letter letting you know of the delay within 2 calendar days. If you disagree with our decision to take more time, you may file a grievance about the extension.

If we decide that your health condition does not require us to treat your appeal as an expedited, we will treat it as a standard appeal and send you our decision within 30

calendar days. If you disagree with our decision to not expedite your appeal, you may file a grievance.

LIBERTY will not take any action against you if you request an expedited appeal. We will also not take punitive actions against your provider for supporting your appeal or asking for an expedited appeal for you.

May I ask for my benefits to be continued or restarted while I wait for a response to my appeal?

LIBERTY will continue or restart the dental benefits you are appealing if the following standards are met:

- Your request for a continuation of benefits is sent to LIBERTY within 10 calendar days from the NABD, or the date the NABD will go into effect (whichever is later).
- You filed an appeal within 60 calendar days from the date on the NABD.
- Your appeal is about the termination, suspension, or reduction of previously approved services.
- Your appeal is about services ordered by a LIBERTY dental provider.
- The service period covered by the original authorization has not expired; and
- You specifically requested to have your benefits continued

If LIBERTY fails to notify you that we have received your appeal or fails to make a decision on your appeal within the timeframes explained above, you may ask for a State Fair Hearing.

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

62

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

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

IMPORTANT: You must complete the appeal process with LIBERTY before you can ask for a State Fair Hearing.

State Fair Hearing

You or your dental provider have the right to ask for a Fair Hearing from the State of Nevada after you have gone through LIBERTY's internal appeal process.

If someone asks for a State Fair Hearing on your behalf, they must have your written consent. This is called an authorized representative. If you are not satisfied with the resolution to your appeal, you may contact the State Fair Hearings Unit within the Division of Health Care Financing and Policy at 1-775-684-3604 or 1-800-992-0900, extension 43604.

You can ask for a State Fair Hearing by completing and sending the State Fair Hearing request form in the Forms section of this handbook (and attach your LIBERTY Notice of Appeals Resolution letter) in one of the following ways:

Mail to:

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

Fax: 775-684-3610

Email: dhcfphearings@dhcfp.nv.gov

You can also go online to access the State Fair Hearing Request Form at http://dhcfp.nv.gov/resources/PI/Hearings/.

You or your dental provider must ask for a State Fair Hearing within 90 calendar days from the date on LIBERTY's Notice of Appeal Resolution letter. You may designate a person to act on your behalf to file the written State Fair Hearing request.

LIBERTY will continue or restart the dental benefits you are appealing during the State's Fair Hearing process, if the following standards are met:

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

Please note that if the outcome of the State Fair Hearing is not in your favor, you may have to pay the cost of any continued benefits received.

If you need information or help regarding your State Fair Hearing, call the Nevada Medicaid Customer Service Unit at:

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

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

Clark County: 702-386-0404 or 1-866-432-0404 Washoe County: 775-284-3491

If you need information or help, call us at: 1-866-609-0418 / TTY: 1-877-855-8039.

Member Participation

Member Advisory Committee

LIBERTY wants to hear from you. Once every 3 months, we meet to discuss how well we are doing and how we can improve.

This Committee is made up of LIBERTY members, LIBERTY's Dental Director and other support staff. We are always looking for members who would like to join our committee.

Committee members take part in:

- Reviewing quality reports, such as complaint data
- Development of educational materials
- Suggesting ways to improve LIBERTY's programs and services
- Helping to set policies that affect you

Committee members will be paid for every meeting they attend. If you're interested in the chance to participate, please contact LIBERTY at:

Call: 1-866-609-0418/TTY: 1-877-855-8039 and ask about taking part in the Member Advisory Committee.

Email: <u>QM@libertydentalplan.com</u>

Complete the application under the FORMS section of this handbook, and mail it to:

LIBERTY Dental Plan Quality Management P.O. Box 26110 Santa Ana, CA 92799-6110

Important Dental Tips

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

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

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

The importance of flossing

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

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

Brushing up on technique

Since there are many types of ways to brush your teeth and tools available, it's a good idea to ask your dentist which one to use. Included below are a few tips to help you develop a good brushing routine.

Brushing your teeth

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

Brushing gums

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

Brushing your tongue

• Brushing your tongue gently can help remove bacteria that causes bad breath

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

Benefits of a Dental Home

- Having a Dental Home helps you keep a healthy smile
- Families are encouraged to build a relationship with their Dental Home
- Patients become comfortable with the dentist, their staff and the office
- Promotes early and regular access to preventive and routine dental services
- Increases continuity of care, prevention, dental and overall health
- Decreases duplication of dental services caused by seeking dental care from multiple dental offices

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

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

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

Benefits of visiting the dentist during pregnancy:

You are more likely to develop red, swollen, and bleeding gums (gingivitis) during pregnancy. There is a link between dental disease and poor birth outcomes such as pre-term birth. Obtaining oral health care during pregnancy can support overall health.

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

Definitions and Useful Terms

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

Appeal: A request for review of a Notice of Adverse Benefit Determination (NABD) which denies, reduces, changes or terminates dental services.

Authorization (Prior Authorization): The notification of approval by LIBERTY that you may proceed with treatment requested by your dental provider.

Benefits: The medically necessary dental services available under the Nevada Medicaid and Nevada Check Up Dental Program.

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

Care Coordination / Case Management: Services provided to help improve the quality of life for enrolled members with chronic medical/health conditions.

Caries: Tooth decay or cavities

Complaint: See "Grievance"

Covered Services: The dental services and treatment that are covered under the State of Nevada Medicaid or Nevada Check Up Program. Covered services may be reviewed for medical necessity by LIBERTY prior to or after services and treatment are completed.

Dental Emergency: A nemergency is defined as a severe condition, including severe pain, that you could reasonably expect would result in putting your health (or your unborn child, if pregnant) in serious jeopardy; serious impairment to bodily functions; or serious dysfunction of any bodily organ or part if immediate dental care is not received.

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

Dental Insurance: Coverage for services that help your teeth and gums, such as teeth cleanings, tooth removals, and tooth restorations.

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

Dental Specialist: A dentist who provides specialty care such as an endodontist, oral surgeon, periodontist and orthodontist.

DHCFP: The abbreviation for the State of Nevada Division of Health Care Financing and Policy, also known as the Medicaid Division.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program: A federal program that provides additional medically necessary dental care services for children under the age of 21.

Eligible: Meeting the requirements to receive certain medical and dental benefits funded by the State of Nevada Medicaid or Nevada Check Up Program.

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

Endodontist: A dental specialist that treats disease and injuries to the pulp and root of a tooth.

Enrollee: A Medicaid or Nevada Check Up member who is eligible to receive dental benefits through LIBERTY, also known as Member or Recipient.

Exclusion: Any dental procedure or service that is not available under the State of Nevada Medicaid or Nevada Check Up Program or through LIBERTY.

Fair Hearing: A legal process through the State of Nevada Medicaid program that allows a member to request a reevaluation of any denied or modified prior authorization or claim issued by LIBERTY. Also known as a State Fair Hearing.

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

Grievance: Any expression of dissatisfaction about any matter other than a Notice of Adverse Benefit Determination (NABD) letter issued by the Plan.

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

Limitation: The number of services and types of services allowed, and/or the most affordable dentally appropriate service.

Managed Care Organization (MCO): A term used for a Health Plan that manages the cost and use of covered services and treatment to improve care.

Medical Necessity or Medically Necessary: Services that are needed to treat and/or prevent illness of teeth, gums, and supporting tissue based on dental standards, your dentist, and what is the appropriate action based on your needs.

Member: A Medicaid or Nevada Check Up member who is eligible to receive dental benefits through LIBERTY, also known as an Enrollee or Recipient.

Non-Covered Services: A dental procedure or service that is not covered by the State of Nevada Medicaid or Nevada Check Up Program or LIBERTY.

Non-Participating Provider: A dentist that is not contracted with LIBERTY to provide services to LIBERTY members. Also known as an out-of-network provider.

Notice of Adverse Benefit Determination (NABD): A written decision made by LIBERTY regarding a dental benefit or payment. An adverse decision could be a denial, reduction, change, or termination of dental benefits. Members have the right to appeal adverse decisions to include (not all-inclusive):

- Denial or partial denial of a requested service(s)
- Denial or partial dental of payment for a service(s)
- Denial of a member's right to dispute financial liability
- Denial of a rural area member's request to seek services with an out-of-network provider.
- Failure to provide services in a timely manner
- Failure of LIBERTY to act within specified time frames

Oral Surgeon: A dental specialist who surgically treats diseases, injuries, deformities, defects, and the appearance of the mouth, jaws, and face.

Orthodontist: A dental specialist who treats and prevents problems with the way the upper and lower teeth fit together in biting or chewing.

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

Out-of-Network Provider: A dentist or specialist that is not contracted with LIBERTY to provide services to LIBERTY members. Also known as a non-participating provider.

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

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

Pediatric Dentist (Pedodontist): A dental specialist who only treats children from birth through adolescence.

Periodontist: A dental specialist who treats the disease of gums and the tissue around the teeth.

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

Prior Authorization (Pre-Approval): A request by a LIBERTY contracted dentist to approve services before they are performed.

Primary Care Dentist (PCD): A dentist contracted with LIBERTY to provide services to eligible Medicaid and Nevada Check Up members. The Primary Care Dentist is responsible to provide or arrange for needed dental services. Also known as a Dental Home.

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

Provider: General dentists, dental anesthesiologists, dental public health specialists, pediatric dentists, endodontists, oral surgeons, oral and maxillofacial surgeons, periodontists, prosthodontists, dental therapists, and dental hygienists including dental hygienists who hold a public health dental hygiene endorsement.

Provider Directory: A list of all contracted dental providers in the LIBERTY network.

Recipient: A Medicaid or Nevada Check Up recipient who is eligible to receive dental benefits through LIBERTY, also known as an Enrollee or Member.

Referral: A request from your Dental Home that says you need care from another provider, usually a dental specialist. Some covered services and treatments require a referral and pre-approval.

Requirements: Something that you must do, or a rule you must follow.

Responsibility: Something that you should do, or you are expected to do.

Service Area: The urban areas of Clark and Washoe Counties in Nevada where LIBERTY provides dental benefits.

Signature: Your name written in your handwriting.

Specialist: A dentist that has received advanced training in one of the dental specialties approved by the American Dental Association as a dental specialty, and practices as a specialist. Examples are endodontists, oral surgeons, and periodontists.

State Fair Hearing: A legal process through the State of Nevada Medicaid program that allows a member to request a re-evaluation of any denied or modified prior authorization or claim issued by LIBERTY. Also known as a Fair Hearing.

Urgent Care: See Emergency Care

Utilization Management (UM): A system used by LIBERTY to ensure that services provided are appropriate and medically necessary.

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

You/Your: Member, recipient, or "you", are equivalent in this document.

Frequently Asked Questions

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

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

Can I change my dental home?

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

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

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

How do I know what's covered under my dental plan? See the section on "Benefits and Services" of this handbook.

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

LIBERTY can help you set up transportation to your dental appointment. See the section on "Transportation Services" of this handbook.

Does LIBERTY offer interpreter services?

Yes. See the section "Interpretation/Translation" of this handbook.

What if I want a second opinion?

See the section "Treatment Plan and Care" of this handbook.

Member Documents/Forms

LIBERTY's member documents, forms, and resources can be located online at <u>www.libertydentalplan.com/NVMedicaid.</u>

Forms:

Coordination of Benefits Grievance and Appeals Form State Fair Hearing Form Oral Health Risk Assessment

Documents:

Nevada Medicaid Dental Fact Sheet Adult Provider Directory Child Provider Directory Your Rights Language Assistance Member Newsletters

Oral Health and Wellness:

Oral Health and Wellness Tips