

# Liberty Dental Plan of Florida Medicaid Dental Program

## Member Handbook

### Have Questions?

Visit us at: [www.libertydentalplan.com/FLMedicaid](http://www.libertydentalplan.com/FLMedicaid)

Call us at: 1-833-276-0850

1-877-855-8039



Making members shine, one smile at a time™

## Auxiliary Aids

This information is available for free in other languages. Please contact our customer service number at 1-833-276-0850 and TTY/TTD 1-877-855-8039, Monday through Friday from 8:00 a.m. to 8:00 p.m. (ET).

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**Spanish:** Esta información se encuentra disponible de forma gratuita en otros idiomas. Si usted no habla inglés, llámenos al 1-833-276-0850; TTY: 1-877-855-8039. Ofrecemos servicios de interpretación y podemos ayudarle a responder preguntas en su idioma. También podemos ayudarle a encontrar un proveedor de salud que pueda comunicarse con usted en su idioma.

**Spanish:** Esta información está disponible de forma gratuita en otros formatos. Si usted no habla inglés, llámenos al 1-833-276-0850; TTY: 1-877-855-8039. Ofrecemos servicios de interpretación y podemos ayudarle a responder preguntas en su idioma. También podemos ayudarle a encontrar un proveedor de salud que pueda comunicarse con usted en su idioma.

**Haitian Creole:** Enfòmasyon sa a disponib gratis nan lòt lang. Si ou pa pale lang Anglè, rele nou nan 1-833-276-0850; TTY: 1-877-855-8039. Nou ka jwenn sèvis entèprèt pou ou, epitou nou kapab ede reponn kesyon ou yo nan lang ou pale a. Nou kapab ede ou jwenn yon pwofesyonèl swen sante ki kapab kominike avèk ou nan lang ou pale a."

**Haitian Creole:** Enfòmasyon sa yo disponib gratis sou lòt fòm. Si ou pa pale lang Anglè, rele nou nan 1-833-276-0850; TTY: 1-877-855-8039. Nou ka jwenn sèvis entèprèt pou ou, epitou nou kapab ede reponn kesyon ou yo nan lang ou pale a. Nou kapab ede ou jwenn yon pwofesyonèl swen sante ki kapab kominike avèk ou nan lang ou pale a."

**Vietnamese:** Thông tin này được cung cấp miễn phí bằng các ngôn ngữ khác. "Nếu bạn không nói được tiếng Anh, hãy gọi cho chúng tôi theo số 1-833-276-0850; TTY: 1-877-855-8039. Chúng tôi có quyền truy cập vào các dịch vụ thông dịch viên và có thể giúp trả lời các câu hỏi của bạn bằng ngôn ngữ của bạn. Chúng tôi cũng có thể giúp bạn tìm một nhà cung cấp dịch vụ chăm sóc sức khỏe có thể nói chuyện với bạn bằng ngôn ngữ của bạn."

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## Non-Discrimination Notice

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

LIBERTY provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

LIBERTY provides free language assistance services to people whose primary language is not English, which may include:

- Qualified interpreters
- Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact LIBERTY’s Civil Rights Coordinator, Sydney Lee.

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, Sydney Lee:

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

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Sydney Lee, 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, electronically through the Office for Civil Rights Complaint Portal,

available at <http://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

LIBERTY's HIPAA Privacy Notice provides you with information about your rights and our legal duties and privacy practices with respect to Protected Health Information (PHI), including how we use and disclose your PHI. You can always request a written copy of our most current privacy notice from LIBERTY's Privacy Officer by calling 888.704.9833, or online at: [www.libertydentalplan.com/HIPAA-Privacy-Notice](http://www.libertydentalplan.com/HIPAA-Privacy-Notice)

## Important Contact Information

You can contact	Where	Times
<b>Member Services Help Line</b>	1-833-276-0850	Available 24 hours
<b>Member Services Help Line TTY</b>	1-877-855-8039	Available 24 hours
<b>Website</b>	<a href="http://www.libertydentalplan.com/FLMedicaid">www.libertydentalplan.com/FLMedicaid</a>	Available 24 hours
<b>Office Address</b>	P.O. Box 15149 Tampa, FL 33684-5149	Monday - Friday 8:00 a.m. to 5:00 p.m.
<b>Office Telephone Number</b>	1-833-276-0850	Monday - Friday 8:00 a.m. to 8:00 p.m.
<b>Oral Health Risk Assessment (OHRA)</b>  <b>Adult OHRA QR Code</b>   <b>Child OHRA QR Code</b> 	<p>To better assist your dental and healthcare needs complete an OHRA. Adult members should complete an OHRA within 90 days of joining the Plan. For members under 21 years of age, all pregnant enrollees, and enrollees with diagnosed development disabilities complete the OHRA within 60 days of enrolment to ensure LIBERTY can better meet your needs. By completing the short survey Liberty can help you coordinate your care by letting us know about oral health care needs. There are many ways to complete an OHRA:</p> <ul style="list-style-type: none"> <li>• Use your smartphone to scan the QR code.</li> <li>• A paper copy of the OHRA is in your Welcome Packet to complete and send to Liberty.</li> <li>• You will receive a Welcome Call where you can complete the OHRA over the phone with a live agent in your preferred language.</li> <li>• Or visit us at our website at:</li> </ul> <p><a href="http://www.Libertydentalplan.com/FLMedicaid">www.Libertydentalplan.com/FLMedicaid</a></p> <p>You may also contact Member Services to complete the OHRA: 1-833-276-0850 or TTY 1-877-855-8039</p>	
<b>Healthy Behaviors Reward Program</b>	<p>Join our Healthy Behaviors Reward Program by visiting: <a href="http://www.Libertydentalplan.com/FLMedicaid">www.Libertydentalplan.com/FLMedicaid</a> or contacting Member Services: 1-833-276-0850 or TTY 1-877-855-8039.</p> <p>More information about the Healthy Behaviors Reward Program is on page 20.</p>	
<b>To report suspected cases of abuse, neglect, abandonment, or</b>	<p>1-800-96-ABUSE (1-800-962-2873) TTY: 711 or 1-800-955-8771</p> <p><a href="http://www.myflfamilies.com/services/abuse/abuse-hotline/how-report-abuse">www.myflfamilies.com/services/abuse/abuse-hotline/how-report-abuse</a></p>	

<b>exploitation of children or vulnerable adults</b>	
<b>For Medicaid Eligibility</b>	1-866-762-2237 TTY: 711 or 1-800-955-8771 <a href="http://www.myflfamilies.com/medicaid#ME">www.myflfamilies.com/medicaid#ME</a>
<b>To report Medicaid Fraud and/or Abuse</b>	1-888-419-3456 <a href="http://www.apps.ahca.myflorida.com/mpi-complaintform/">www.apps.ahca.myflorida.com/mpi-complaintform/</a>
<b>To file a complaint about a health care facility</b>	1-888-419-3456 <a href="http://www.ahca.myflorida.com/MCHQ/Field_Ops/CAU.shtml">www.ahca.myflorida.com/MCHQ/Field_Ops/CAU.shtml</a>
<b>To request a Medicaid Fair Hearing</b>	1-877-254-1055 1-239-338-2642 (fax) <a href="mailto:www.MedicaidHearingUnit@ahca.myflorida.com">www.MedicaidHearingUnit@ahca.myflorida.com</a>
<b>To file a complaint about Medicaid services</b>	1-877-254-1055 TDD: 1-866-467-4970 <a href="http://www.ahca.myflorida.com/Medicaid/complaints/">www.ahca.myflorida.com/Medicaid/complaints/</a>
<b>To find information about urgent care- after hours</b>	1-833-276-0850 (TTY 1-877-855-8039)
<b>For an emergency</b>	9-1-1 or go to the nearest emergency room

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# Welcome to LIBERTY Dental Plan

**LIBERTY Dental Plan** has a contract with the Florida Agency for Health Care Administration to provide dental services to people with Medicaid. This is called the **Florida Dental Program**. You are enrolled in our dental plan. This means we will offer you Medicaid dental services. We work with a group of dental providers to help meet your dental needs.

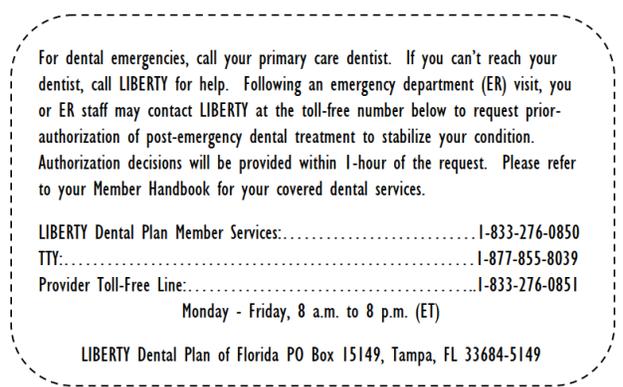
This handbook will be your guide for all dental services available to you. You can ask us any questions or get help making appointments. If you need to speak with us, just call us at **1-833-276-0850** or **TTY: 1-877-855-8039**.

## Section 1: Your Plan Dental Identification Card (ID card)

You should have received your dental ID card in the mail. Call us if you have not received your card or if the information on your card is wrong. Each member of your family in our plan should have their own dental ID card.

Always carry your dental ID card and show it each time you go to a dental appointment or the hospital. Never give your dental ID card to anyone else to use. If your dental ID card is lost or stolen, call us so we can give you a new dental ID card.

Your dental ID card will look like this:



## Section 2: Your Privacy

Your privacy is important to us. You have rights when it comes to protecting your health information, such as your name, Plan identification number, race, ethnicity, and other things that identify you. We will not share any health information about you that is not allowed by law.

If you have any questions, call Member Services. Our privacy policies and protections are:

A statement describing LIBERTY's policies and procedures for preserving the confidentiality of dental records is available and will be furnished to you upon request. As required by law, this notice is about your rights, our legal duties and privacy practices with respect to the privacy of Personal Health Information (PHI).

This notice also talks about the way we may collect, use and disclose your PHI. We must follow the orders of the notice currently in effect. We keep the right to make changes to this notice from time to time and to make the changed notice effective for all PHI we keep. You can find our most current privacy notice on our website at <https://www.Libertydentalplan.com/About-LIBERTY/Compliance/Website-Privacy-Policy.aspx> LibertyLIBERTY.

Call our Member Services at **1-833-276-0850** or **TTY 1-877-855-8039** for a written copy of this notice.

## Section 3: Getting Help from Member Services

Our Member Services Department can answer all of your questions. We can help you choose or change your Primary Dental Provider (PDP for short), find out if a service is covered, get referrals, find a provider, replace a lost ID card, and explain any changes that might affect you or your family's benefits.

### Contacting Member Services

You may call us at **1-833-276-0850** or **TTY 1-877-855-8039**, Monday to Friday, 8:00 a.m. to 8:00 p.m., but not on State approved holidays (like Christmas Day and Thanksgiving Day). When you call, make sure you have your identification card (ID card) with you so we can help you. (If you lose your ID card, or if it is stolen, call Member Services.)

### Contacting Member Services after Hours

If you call when we are closed, please leave a message. We will call you back the next business day. If you have an urgent question, you may call our Member Services after hours at **1-833-276-0850** or **TTY 1-877-855-8039**. Our nurses are available to help you 24 hours a day, 7 days a week.

## Section 4: Do You Need Help Communicating?

**If you do not speak English**, we can help. We have people who help us talk to you in your language. We provide this help for free.

**For people with disabilities:** If you use a wheelchair, or are blind, or have trouble hearing or understanding, call us if you need extra help. We can tell you if a provider's office is wheelchair accessible or has devices for communication. Also, we have services like:

- Telecommunications Relay Service. This helps people who have trouble hearing or talking to make phone calls. Call 711 and give them our Member Services phone number. It is **1-833-276-0850**. They will connect you to us.
- Information and materials in large print, audio (sound); and braille
- Help in making or getting to appointments
- Names and addresses of providers who specialize in your disability

All of these services are provided free to you.

## Section 5: When Your Information Changes

If any of your personal information changes, let us know as soon as possible. You can do so by calling Member Services. We need to be able to reach you about your dental needs.

The Department of Children and Families (DCF) needs to know when your name, address, county, or telephone number changes as well. Call DCF toll free at **1-866-762-2237 (TTY 1-800-955-8771)** Monday through Friday from 8 a.m. to 5:30 p.m. You can also go online and make the changes in your Automated Community Connection to Economic Self Sufficiency (MyACCESS) account at <https://myaccess.myflfamilies.com/>. If you receive Supplemental Security Income (SSI), you must also contact the Social Security Administration (SSA) to report changes. Call SSA toll free at **1-800-772-1213 (TTY 1-800-325-0778)**, Monday through Friday from 8 a.m. to 7 p.m. You may also contact your local Social Security office or go online and make changes in your Social Security account at <https://secure.ssa.gov/RIL/SiView.do>.

## Section 6: Changes to your Dental Plan

If your dental plan experiences a significant change that affects you as an enrollee, it is the plan's responsibility to inform you (the enrollee) at least 30 days before the intended effective date of the change.

## Section 7: Your Medicaid Eligibility

You must be covered by Medicaid and enrolled in our plan for LIBERTY to pay for your dental services and dental care appointments. This is called having **Medicaid eligibility**. If you receive SSI, you qualify for Medicaid. If you do not receive SSI, you must apply for Medicaid with DCF.

Sometimes things in your life might change, and these changes can affect whether you can still have Medicaid. It is very important to make sure that you have Medicaid before you go to any appointments. Just because you have a Plan ID Card does not mean you still have Medicaid. Do not worry! If you think your Medicaid has changed or if you have

any questions about your Medicaid, call our Member Services Department. We can help you check on your coverage.

### **If you Lose your Medicaid Eligibility**

If you lose your Medicaid and get it back within 180 days, you will be enrolled back into our plan.

## **Section 8: Enrollment in Our Plan**

### **Initial Enrollment**

When you first join our plan, you have 120 days to try our plan. If you do not like it for any reason, you can enroll in another dental plan. Once those 120 days are over, you are enrolled in our plan for the rest of the year. This is called being **locked-in** to a plan. Every year you have Medicaid and are in the dental program, you will have an open enrollment period.

### **Open Enrollment Period**

Each year, you will have 60 days when you can change your plan if you want. This is called your **open enrollment period**. The State's Enrollment Broker will send you a letter to tell you when your open enrollment period is.

You do not have to change plans during your open enrollment period. If you do choose to leave our plan and enroll in a new one, you will start with your new plan at the end of your open enrollment period. Once you are enrolled in the new plan, you are locked-in until your next open enrollment period. You can call the Enrollment Broker at **1-877-711-3662 (TDD 1-866-467-4970)** to change plans.

## **Section 9: Leaving Our Plan (Disenrollment)**

Leaving a plan is called **disenrolling**. By law, people cannot leave or change plans while they are locked-in except for specific reasons. If you want to leave our plan while you are locked-in, call the State's Enrollment Broker to see if you would be allowed to change plans.

You can leave our plan at any time for the following reasons (also known as **For Cause Disenrollment** reasons)<sup>1</sup> :

- We do not cover a service for moral or religious reasons.

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<sup>1</sup> For the full list of For Cause Disenrollment reasons, please see Florida Administrative Rule 59G-8.600, Disenrollment from Managed Care Plans, at: <https://ahca.myflorida.com/medicaid/rules/adopted-rules-service-specific-policies>

You can also leave our plan for the following reasons, if you have completed our appeal process<sup>2</sup>:

- You receive poor quality of care, and the Agency for Health Care Administration agrees with you after they have looked at your medical records.
- You cannot get the services you need through our plan, but you can get the services you need through another plan.
- Your services were delayed without a good reason.

If you have any questions about whether you can change plans, call Member Services **1-833-276-0850** or **TTY at 1-877-855-8039** or the State's Enrollment Broker at 1-877-711-3662 (TDD 1-866-467-4970).

### **Removal from Our Plan (Involuntary Disenrollment)**

The Agency for Health Care Administration can remove you from our plan (and sometimes the SMMC program entirely) for certain reasons. This is called **involuntary disenrollment**. These reasons include:

- You lose your Medicaid eligibility.
- You move outside of where we operate, or outside the state of Florida.
- You knowingly use your plan ID card incorrectly or let someone else use your plan ID card.
- You fake or forge prescriptions.
- You or your caregivers behave in a way that makes it hard for us to provide you with care.

If the Agency removes you from our plan because you broke the law or for your behavior, you cannot come back to the SMMC program.

## **Section 10: Managing Your Care**

If you have a dental condition that requires extra support and coordination, you may have a case manager with us. If you have a medical condition or illness that requires extra support and coordination, you may have a case manager with your Medicaid health plan. Whether you have a dental case manager or a health plan case manager, your case manager can help you get the services you need. Your health plan case manager may work with us to coordinate your dental care with your other health care

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<sup>2</sup> To learn how to ask for an appeal, please turn to page Section 13, Member Satisfaction, on page on pages 20 through 25

services. If you have a case manager assigned by your Medicaid health plan, call Member Services and ask to speak to Case Management.

Your dental plan case manager is your go-to person. They will help you figure out how to get the dental services you need.

### **Changing Case Managers**

You can change case managers at any time. To change case managers, Call 1-866-976-0413. There may be a time when we need to change your case manager. If we do, we will send a letter to let you know and we may give you a call.

#### **Important Things to Tell Your Case Manager**

If you don't like a service or provider, tell your case manager. You should tell your case manager if:

- You don't like a service
- You have concerns about a service provider
- Your services aren't right
- You get new health insurance
- You go to the hospital or emergency room
- Your name, telephone number, address, or county changes

## **Section 11: Accessing Services**

Before you get a service or go to some dental appointments, we have to make sure that you need the service and that it is medically right for you. This is called **prior authorization**. To do this, we look at your medical history and information from your dentist, doctor, or other health care providers. Then we will decide if that service can help you. More information about the services that require prior authorization can be found in Section 13. We use rules from the Agency for Health Care Administration to make these decisions.

### **Continuing Your Care**

When you first enroll in our plan, you may already be receiving services from a provider(s). We will make sure you keep getting the care your providers give you. You can keep getting your care from that provider for up to 90 days.

Before 90 days, your provider must check with us to keep giving your services to you. If your provider is not in our plan, we will help you find a new provider that is in our plan, schedule an appointment, and move your health records to the new provider. If you have questions, call Member Services.

## Providers in Our Plan

For the most part, you must use dentists and other dental providers that are in our **provider network**. Our provider network is the group of dentists and other dental providers that we work with. You can choose from any provider in our provider network. This is called your **freedom of choice**. If you use a dental provider that is not in our network, you may have to pay for that appointment or service.

You will find a list of providers that are in our network in our provider directory on Liberty's website [www.Libertydentalplan.com/FLMedicaid](http://www.Libertydentalplan.com/FLMedicaid). If you do not have a provider directory, call **1-833-276-0850** or **TTY 1-877-855-8039** Liberty.

## Providers Not in Our Plan

There are times when you can get services from providers who are not in our plan when the services are reviewed and approved by Liberty. If you need a service and we cannot find a provider in our plan for these services, we will help you find another provider that is not in our plan. Remember to check with us first before you use a provider that is not in our provider network. If you have questions, call Member Services.

## When We Pay for Your Services

We will cover most of your dental services, but some services may be covered by your medical plan. Contact Member Services at **1-833-276-0850** or **TTY 1-877-855-8039** for help with arranging these services.

## What Do I Have to Pay For?

You may have to pay for appointments or dental services that are not covered. A **covered service** is a service we must provide in the Medicaid program. All the services listed in this handbook are covered services. Remember, just because a service is covered, does not mean you will need it. You may have to pay for services if we did not approve it first.

If you get a bill from a provider, call Member Services at **1-833-276-0850** or **TTY 1-877-855-8039**. Do not pay the bill until you have spoken to us. We will help you.

## Services for Children<sup>3</sup>

We provide all medically necessary dental services for our members who are ages 0 – 20 years old. This is the law. This is true even if we do not cover a service or the service has a limit. As long as your child's dental services are medically necessary, dental services have:

- No dollar limits; or
- No time limits, like hourly or daily limits

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<sup>3</sup> Also known as "Early and Periodic Screening, Diagnosis, and Treatment" or "EPSDT" requirements.

Your dental provider may need to ask us for approval before giving your child the service. Call Member Services at **1-833-276-0850** or **TTY 1-877-855-8039** if you want to know how to ask for these services.

### **Moral or Religious Objections**

If we do not cover a service because of a religious or moral reason, we will tell you that the service is not covered. In these cases, you must call the State's Enrollment Broker at 1-877-711-3662 (TDD 1-866-467-4970). The Enrollment Broker will help you find a provider for these services.

## **Section 12: Helpful Information About Your Benefits**

### **Choosing a Primary Dental Provider (PDP)**

One of the first things you will need to do when you enroll in our plan is choose a primary dental provider (PDP). This is a general dentist or pediatric dentist. You will contact your PDP to make an appointment for services such as regular dental visits, or when you have a dental problem. Your PDP will also help you get care from other providers or specialists. This is called a **referral**. You can choose your PDP by calling Member Services.

You can choose a different PDP for each family member, or you can choose one PDP for the entire family. If you do not choose a PDP, we will assign a PDP for you and your family.

You can change your PDP at any time. To change your PDP, call Member Services.

### **Choosing a PDP for Your Child**

It is important that you select a PDP for your child to make sure they get their well-child dental screenings each year. These visits are regular check-ups that help keep your child's teeth healthy. These visits can help find problems and keep your child healthy.<sup>4</sup>

You can take your child to a pediatric dentist or dentist.

### **Preventive Care**

You do not need a referral for dental services to prevent dental problems and keep your mouth healthy. Dental services to prevent dental problems and keep your mouth healthy can be a review of your mouth by a dental provider (screenings or exams), teeth cleanings, and thin plastic coatings painted onto the grooves of your back chewing teeth (sealants). These services are free.

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<sup>4</sup> For more information about the screenings and assessments that are recommended for children, please refer to the "Recommendations for Preventative Pediatric Health Care – Periodicity Schedule" at [Periodicity Schedule \(aap.org\)](http://aap.org).

## Specialist Care and Referrals

Sometimes, you may need to see a provider other than your PDP for dental problems like special conditions, injuries, or illnesses. Talk to your PDP first. Your PDP will refer you to a **specialist**. A specialist is a provider that focuses on one type of dental service.

If you have a case manager, make sure you tell your case manager about your **referrals**. The case manager will work with the specialist to get you care.

## Second Opinions

You have the right to get a **second opinion** about your care. This means talking to a different provider to see what they have to say about your care. The second provider will give you their point of view. This may help you decide if certain services or treatments are best for you. There is no cost to you to get a second opinion.

Your PDP, case manager or Member Services can help find a provider to give you a second opinion. You can pick any of our providers. If you are unable to find a provider with us, we will help you find a provider that is not in our provider network. If you need to see a provider that is not in our provider network for the second opinion, we must approve it before you see them.

## Hospital Care

If you need to go to the hospital for an appointment, surgery or overnight stay, your PDP will help to request approval for dental services. We must approve a dental provider's services in the hospital before you go, except for emergencies. We will not pay for a dental provider's services in a hospital unless we approve them ahead of time or it is an emergency.

If you have a case manager, they will work with you and your dental provider to get services in place for after you leave the hospital.

## Emergency Care

You have a dental **emergency** medical condition when you need immediate attention to stop bleeding, relieve severe pain, or save a tooth. Some examples are:

- Abscess
- Bleeding that will not stop
- Infection

Emergency services are what you get when you are very ill or injured. These services try to keep you alive or to keep you from getting worse. They are usually delivered in an emergency room.

**If your condition is severe, call 911 or go to the closest emergency facility right away. You can go to any hospital or emergency facility.** If you are not sure if it is an emergency, call your PDP. Your PDP will tell you what to do.

We pay for emergency services that are provided by a dental provider, even if they are not part of our plan or in our service area. Medicaid or your Medicaid health plan pays the cost of the hospital or emergency facility and for any care not provided by a dental provider. You also do not need to get approval ahead of time to get emergency care or for the services that you receive in an emergency room to treat your condition.

If you have an emergency when you are away from home, get the medical care you need. Be sure to call Member Services when you are able and let us know.

## **Urgent Care**

Urgent Care is not Emergency Care. Urgent Care is needed when you have an injury or illness that must be treated within 48 hours. Your health or life are not usually in danger, but you cannot wait to see your PDP or it is after your PDP's office has closed. Be sure to ask us before you use an Urgent Care center, or you may have to pay for those services.

If you need Urgent Care after office hours and you cannot reach your PDP, call our 24 hour on call service at **1-833-276-0850** or **TTY 1-877-855-8039**.

You may also find the closest Urgent Care center to you by looking online or in the yellow pages.

## **Filling Prescriptions**

We do not pay for prescription drugs. If your PDP orders a drug for you, we can help you get that drug through Medicaid or your Medicaid health plan. You can call Member Services or your dental case manager if you need help.

## **Member Reward Programs**

We offer dental programs to help keep you healthy and to help encourage you to live a healthier life. We call these **Healthy Behavior Programs**. You can earn **rewards** while participating in these program. Our plan offers the following dental programs to eligible enrollees:

**Rural Healthy Behaviors:** Enrollees in qualifying zip codes who complete a dental check-up with their primary dentist in-person or with tele-dental will receive a reward.

**Healthy Moms and Babies:** Pregnant enrollees and their children ages 0 up to the age of 1 to who receive a dental exam and preventive service during pregnancy and baby must have an office visit by 1 year old before the age of 1 will receive a reward.

**Healthy Habits:** Enrollees ages 4 to 14 who brush at least 2 times per day for 2 weeks and complete the challenge calendar at home will receive one of the following rewards: coloring book with crayons, sticker book, or drawstring backpack. Children participating in Healthy Habits are not eligible for the Healthy Kids reward program.

**Healthy Kids:** Enrollees ages 2 to 20 years old who receive an in-person dental exam within 180 days of enrollment and make 2 dental recall visits in a calendar year will receive a reward. Children participating in Healthy Kids are not eligible for the Healthy Habits reward program.

Please remember that rewards cannot be transferred. If you leave our plan for more than 180 days, you may not receive your reward. Healthy Behavior Program rewards are awarded once per enrollee every 12 months.

If you have questions or want to join any of these programs, please call us **1-833-276-0850** or **TTY 1-877-855-8039** Please visit us at [www.Libertydentalplan.com/FLMedicaid](http://www.Libertydentalplan.com/FLMedicaid) for more details on the Healthy Behaviors Program.

## Quality Enhancement Programs

We want you to get quality health care. We offer additional programs that help make the care you receive better. The programs are:

- **Tele-Dentistry:**  
You can call our Member Services Department at **1-833-276-0850** or **TTY 1-877-855-8039** if you have questions on how to receive emergency services through tele-dentistry.
- **Over the Counter (OTC)**  
You can receive \$10 per individual (\$30 per family) every quarter to buy over the counter oral health related products online. Any unused benefit dollars at the end of the quarter will expire and does not carry over.

You also have a right to tell us about changes you think we should make.

To get more information about our quality enhancement program or to give us your ideas, call Member Services at **1-833-276-0850** or **TTY 1-877-855-8039**.

## Section 13: Your Plan Benefits: Dental Services

The table below lists the dental services that we cover. Remember, you may need a referral from your doctor, dentist, or approval from us before you go to an appointment or use a service. Services must be medically necessary in order for us to pay for them<sup>5</sup>. You may have a \$3.00 copayment per day for a non-emergency dental visit in a federally qualified health center.

If there are changes in covered services or other changes that will affect you, we will notify you in writing at least 30 days before the effective date of the change.

If you have questions about any of the covered dental services, please call Member Services.

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<sup>5</sup> You can find the definition for Medical Necessity in the Florida Medicaid Definitions Policy at: [www.ahca.myflorida.com/medicaid/rules/adopted-rules-general-policies](http://www.ahca.myflorida.com/medicaid/rules/adopted-rules-general-policies)

Coverage/ Limitations				
Service	Description	Children (ages 0-20)	Adults (ages 21+)	Prior Authorization <b>LIBERTY</b>
		LIBERTY	LIBERTY	
<b>Dental exams</b>	A review of your tooth, teeth, or mouth by a dentist	<ul style="list-style-type: none"> <li>• Complete exams are covered 1 time every 3 years</li> <li>• Check-up exams are covered 2 times every year</li> <li>• Emergency exams are covered as medically necessary</li> </ul>	<ul style="list-style-type: none"> <li>• Complete exams for dentures are covered 1 time every 3 years</li> <li>• Emergency exams are covered as medically necessary</li> </ul>	
<b>Dental screenings</b>	A review of your mouth by a dental hygienist	<ul style="list-style-type: none"> <li>• Covered 2 times every year</li> <li>• May be done in a school or Head Start program</li> </ul>		
<b>Dental X-rays</b>	Internal pictures of teeth with different views	All types of dental x-rays are covered	<p>Only some types of dental x-rays are covered:</p> <ul style="list-style-type: none"> <li>- 1 full mouth set of x-rays every 3 years</li> <li>- 1 view of the whole mouth (panoramic)</li> </ul>	

Coverage/ Limitations				
Service	Description	Children (ages 0-20) LIBERTY	Adults (ages 21+) LIBERTY	Prior Authorization LIBERTY
			x-ray every 5 years - Other single tooth x-rays as needed	
<b>Teeth Cleanings</b>	Basic cleanings that may include brushing, flossing, scrubbing, and polishing teeth	<ul style="list-style-type: none"> <li>Covered 2 times every year</li> <li>May be done in a school or Head Start program</li> </ul>		
<b>Fluoride</b>	A medicine put on teeth to make them stronger	<ul style="list-style-type: none"> <li>Fluoride is covered:               <ul style="list-style-type: none"> <li>4 times every year for children that are 0-5 years old</li> <li>2 times every year for children that are 6-20 years old</li> </ul> </li> <li>May be done in a school or Head Start program</li> </ul>		
<b>Sealants</b>	Thin, plastic coatings painted into the grooves	<ul style="list-style-type: none"> <li>We cover sealants 1 time every 3 years for each adult</li> </ul>		

Coverage/ Limitations				
Service	Description	Children (ages 0-20) LIBERTY	Adults (ages 21+) LIBERTY	Prior Authorization LIBERTY
	of adult chewing surface teeth to help prevent cavities	<p>chewing (back) tooth</p> <ul style="list-style-type: none"> <li>• May be done in a school or Head Start program</li> </ul>		
<b>Oral Health Instructions</b>	Education on how to brush, floss, and keep your teeth healthy	<ul style="list-style-type: none"> <li>• We cover oral health instructions 2 times every year</li> <li>• May be done in a school or Head Start program</li> </ul>		
<b>Space Maintainers</b>	A way to keep space in the mouth when a tooth is taken out or missing	Covered as medically necessary		
<b>Fillings and Crowns</b>	A dental service to fix or repair teeth	Covered as medically necessary		
<b>Root Canals</b>	A dental service to fix the inside part of a tooth (nerve)	Covered as medically necessary		
<b>Periodontics</b>	Deep cleanings that may involve both	Covered as medically necessary		

Coverage/ Limitations				
Service	Description	Children (ages 0-20) LIBERTY	Adults (ages 21+) LIBERTY	Prior Authorization LIBERTY
	your teeth and gums			
<b>Prosthodontics</b>	Dentures or other types of objects to replace teeth	<ul style="list-style-type: none"> <li>• 1 upper, 1 lower, or 1 set of full dentures</li> <li>• 1 upper, 1 lower, or 1 set of partial dentures</li> <li>• 1 flipper to replace front teeth</li> <li>• 1 improvement for denture fit and comfort (reline) for each denture every year</li> </ul>	<ul style="list-style-type: none"> <li>• 1 upper, 1 lower, or 1 set of full dentures</li> <li>• 1 upper, 1 lower, or 1 set of partial dentures</li> <li>• 1 improvement for denture fit and comfort (reline) for each denture every year</li> </ul>	Ask us for approval before you go to an appointment for these services
<b>Orthodontics</b>	Braces or other ways to correct teeth location	Covered as medically necessary		Ask us for approval before you go to an appointment for these services
<b>Extractions</b>	Tooth removal	Covered as medically necessary	Covered as medically necessary	
<b>Sedation</b>	A way to provide dental services where a patient is asleep or	Covered as medically necessary	Covered as medically necessary	

Coverage/ Limitations				
Service	Description	Children (ages 0-20) LIBERTY	Adults (ages 21+) LIBERTY	Prior Authorization LIBERTY
	partially asleep			
<b>Ambulatory Surgical Center or Hospital- based Dental Services</b>	Dental services that cannot be done in a dentist office.  These are services that need to be provided with different equipment and possibly different providers	Covered as medically necessary for any dental services needed	Covered as medically necessary for extractions	Ask us for approval before you go to an appointment for these services

## Section 14: Cost Sharing for Services

Cost sharing means the portion of costs for certain covered services that is your responsibility to pay. Cost sharing can include coinsurance, copayments, and deductibles. If you have questions about your cost sharing requirements, please contact Member Services.

### Your Plan Benefits: Expanded Benefits

Expanded benefits are extra goods or services we provide to you, free of charge. Call Member Services to ask about getting expanded benefits. These extra services are provided to adults that are ages 21 years or older. For pregnant women that are ages 21 years and older, more services may be available to help with a healthy pregnancy.

Service	Description	Coverage/ Limitations		
		Adults (ages 21+) LIBERTY	Additional Services for Pregnant Adults (ages 21+) LIBERTY	Prior Authorization LIBERTY
<b>Dental exams</b>	A review of your tooth, teeth, or mouth by a dentist	<ul style="list-style-type: none"> <li>Complete exams are covered 1 time every 3 years</li> <li>Check-up exams are covered 2 times every year</li> </ul>	Additional dental exams are covered as medically necessary	
<b>Dental screenings</b>	A review of your mouth by a dental hygienist	Covered 2 times every year	Additional dental screenings are covered as medically necessary	
<b>Dental X-rays</b>	Internal pictures of teeth with different views	All types of dental x-rays are covered	Additional dental x-rays are covered as medically necessary	
<b>Teeth Cleanings</b>	Basic cleanings that	Covered 2 times every year	Additional dental cleanings	

	may include brushing, flossing, scrubbing, and polishing teeth		are covered as medically necessary	
<b>Fluoride</b>	A medicine put on teeth to make them stronger	Covered 2 times every year	Additional fluoride is covered as medically necessary	
<b>Sealants</b>	Thin, plastic coatings painted into the grooves of adult chewing surface teeth to help prevent cavities	Covered 1 time every 3 years for each adult chewing (back) tooth		
<b>Oral Health Instructions</b>	Education on how to brush, floss, and keep your teeth healthy	Covered 2 times every year	Additional oral health instructions are covered as medically necessary	
<b>Fillings</b>	A dental service to fix or repair teeth	Some filling services are covered for front and back (chewing) teeth as medically necessary		
<b>Periodontics</b>	Deep cleanings that may involve both your teeth and gums	Some deep cleaning services are covered as medically necessary	Additional deep cleanings are covered as medically necessary	
<b>General Services</b>	Dental consultations to visit a dentist for an	Covered as medically necessary	Additional general services are covered as	

	opinion and dental pain treatment		medically necessary	
<b>Diabetic Testing</b>	Dental office diabetes testing	Covered 1 time every year		
<b>Dental Office Visit for Persons with Disabilities</b>	A visit to the dental office to get comfortable with the office and the dentist before dental work is done	Covered for persons with intellectual disabilities 1 time for every new dental office or dentist		

**Your Plan Benefits: Pathways to Prosperity**

The Plan shall assess members who may be experiencing barriers to employment, economic self-sufficiency, and independence gain access to care coordination/case management services and health-related social needs, such as housing assistance, food sustainability, vocational training, and educational support services.

**Section 15: Member Satisfaction**

**Complaints, Grievances, and Plan Appeals**

We want you to be happy with us and the care you receive from our providers. Let us know right away if at any time you are not happy with anything about us or our provider(s). This includes if you do not agree with a decision we have made.

<b>What You Can Do:</b>		<b>What We Will Do:</b>
<b>If you are not happy with us or our providers, you can file a Complaint</b>	You can: <ul style="list-style-type: none"> <li>• Call us at any time. 1-833-276-0850 TTY 1-877-855-8039</li> </ul>	We will: <ul style="list-style-type: none"> <li>• Try to solve your issue within one business day.</li> </ul>
<b>If you are not happy with us or our providers, you can file a Grievance</b>	You can: <ul style="list-style-type: none"> <li>• Write us or call us at any time.</li> <li>• Call us to ask for more time to solve your grievance if you think more time will help.</li> </ul> LIBERTY Dental Plan	We will: <ul style="list-style-type: none"> <li>• Review your grievance and send you a letter with our decision within 30 days.</li> </ul>

	<p>Grievance Department  P.O. Box 15149  Tampa, FL 33684  1-833-276-0850  TTY 1-877-855-8039  Fax 1-833-250-1814</p> <p>Online  <a href="https://www.Libertydentalplan.com/Legal/Grievances.aspx">https://www.Libertydentalplan.com/Legal/Grievances.aspx</a></p>	<p>If we need more time to solve your grievance, we will:</p> <ul style="list-style-type: none"> <li>• Send you a letter with our reason and tell you about your rights if you disagree.</li> </ul>
<p><b>If you do not agree with a decision we made about your services, you can ask for an Appeal</b></p>	<p>You can:</p> <ul style="list-style-type: none"> <li>• Write us, or call us and follow up in writing, within 60 days of our decision about your services.</li> <li>• Ask for your services to continue within 10 days of receiving our letter, if needed. Some rules may apply.</li> </ul> <p>LIBERTY Dental Plan  Appeals Department  P.O. Box 15149  Tampa, FL 33684  1-833-276-0850  TTY 1-877-855-8039  Fax 1-833-250-1814</p> <p>Online  <a href="https://www.Libertydentalplan.com/Legal/Grievances.aspx">https://www.Libertydentalplan.com/Legal/Grievances.aspx</a></p>	<p>We will:</p> <ul style="list-style-type: none"> <li>• Send you a letter within 5 business days to tell you we received your appeal.</li> <li>• Help you complete any forms.</li> <li>• Review your appeal and send you a letter within 30 days to answer you.</li> </ul>
<p><b>If you think waiting for 30 days will put your health in danger, you can ask for an Expedited or “Fast” Appeal</b></p>	<p>You can:</p> <ul style="list-style-type: none"> <li>• Write us or call us within 60 days of our decision about your services.</li> </ul> <p>LIBERTY Dental Plan  Fast Appeal  P.O. Box 15149  Tampa, FL 33684  1-833-276-0850  TTY 1-877-855-8039  Fax 1-833-250-1814</p>	<p>We will:</p> <ul style="list-style-type: none"> <li>• Give you an answer within 48 hours after we receive your request.</li> <li>• Call you the same day if we do not agree that you need a fast appeal and send you a letter within two days.</li> </ul>

	Online <a href="https://www.Libertydentalplan.com/Legal/Grievances.aspx">https://www.Libertydentalplan.com/Legal/Grievances.aspx</a>	
<b>If you do not agree with our appeal decision, you can ask for a Medicaid Fair Hearing</b>	<p>You can:</p> <ul style="list-style-type: none"> <li>• Write to the Agency for Health Care Administration Office of Fair Hearings. PO Box 7237 Tallahassee, FL 32314-7237</li> <li>• Ask us for a copy of your medical record.</li> <li>• Ask for your services to continue within 10 days of receiving our letter, if needed. Some rules may apply.</li> </ul> <p>**You must finish the appeal process before you can have a Medicaid Fair Hearing.</p>	<p>We will:</p> <ul style="list-style-type: none"> <li>• Provide you with transportation to the Medicaid Fair Hearing, if needed.</li> <li>• Restart your services if the state agrees with you.</li> </ul> <p>If you continued your services, we may ask you to pay for the services if the final decision is not in your favor.</p>

**Fast Plan Appeal**

If we deny your request for a fast appeal, we will transfer your appeal into the regular appeal time frame of 30 days. If you disagree with our decision not to give you a fast appeal, you can call us to file a grievance.

**Medicaid Fair Hearings (for Medicaid Enrollees)**

You may ask for a fair hearing at any time up to 120 days after you get a Notice of Plan Appeal Resolution by calling or writing to:

Agency for Health Care Administration  
 Medicaid Fair Hearing Unit  
 P.O. Box 7237  
 Tallahassee, FL 32314-7237  
 1-877-254-1055 (toll-free)  
 1-239-338-2642 (fax)  
[MedicaidFairHearingUnit@ahca.myflorida.com](mailto:MedicaidFairHearingUnit@ahca.myflorida.com)

If you request a fair hearing in writing, please include the following information:

- Your name
- Your member number

- Your Medicaid ID number
- A phone number where you or your representative can be reached

You may also include the following information, if you have it:

- Why you think the decision should be changed
- The service(s) you think you need
- Any medical information to support the request
- Who you would like to help with your fair hearing

After getting your fair hearing request, the Agency for Health Care Administration will tell you in writing that they got your fair hearing request. A hearing officer who works for the State will review the decision we made.

If you are a Title XXI MediKids enrollee, you are not allowed to have a Medicaid Fair Hearing.

### **Review by the State (for MediKids Enrollees)**

When you ask for a review, a hearing officer who works for the state reviews the decision made during the plan appeal. You may ask for a review by the state up to 30 days after you get the notice. **You must finish your appeal process first.**

You may ask for a review by the state by calling or writing to:

Agency for Health Care Administration  
 P.O. Box 7237  
 Tallahassee, FL 32314-7237  
 1-877-254-1055 (*toll-free*)  
 1-239-338-2642 (*fax*)  
[MedicaidHearingUnit@ahca.myflorida.com](mailto:MedicaidHearingUnit@ahca.myflorida.com)

After getting your request, the Agency for Health Care Administration will tell you in writing that they got your request.

### **Continuation of Benefits for Medicaid Enrollees**

If you are now getting a service that is going to be reduced, suspended or terminated, you have the right to keep getting those services until a final decision is made for your **Plan appeal or Medicaid fair hearing**. If your services are continued, there will be no change in your services until a final decision is made.

If your services are continued and our decision is not in your favor, we may ask that you pay for the cost of those services. We will not take away your Medicaid benefits. We cannot ask your family or legal representative to pay for the services.

To have your services continue during your appeal or fair hearing, you must file your appeal and ask to continue services within this timeframe, whichever is later:

- 10 days after you receive a Notice of Adverse Benefits Determination (NABD), or
- On or before the first day that your services will be reduced, suspended or terminated

## Section 16: Your Member Rights

As a recipient of Medicaid and an enrollee in a plan, you also have certain rights. You have the right to:

- Be treated with courtesy and respect
- Always have your dignity and privacy considered and respected
- Receive a quick and useful response to your questions and requests
- Know who is providing medical services and who is responsible for your care
- Know what member services are available, including whether an interpreter is available if you do not speak English
- Know what rules and laws apply to your conduct
- Be given easy to follow information about your diagnosis, and openly discuss the treatment you need, choices of treatments and alternatives, risks, and how these treatments will help you
- Participate in making choices with your provider about your dental care, including the right to say no to any treatment, except as otherwise provided by law
- Be given full information about other ways to help pay for your health care
- Know if the provider or facility accepts the Medicare assignment rate
- To be told prior to getting a service how much it may cost you
- Get a copy of a bill and have the charges explained to you
- Get medical treatment or special help for people with disabilities, regardless of race, national origin, religion, handicap, or source of payment
- Receive treatment for any health emergency that will get worse if you do not get treatment
- Know if medical treatment is for experimental research and to say yes or no to participating in such research
- Make a complaint when your rights are not respected
- Ask for another doctor when you do not agree with your doctor (second medical opinion)

- Get a copy of your medical record and ask to have information added or corrected in your record, if needed
- Have your medical records kept private and shared only when required by law or with your approval
- To file a grievance about any matter other than a Plan's decision about your services.
- To appeal a Plan's decision about your services
- Receive services from a provider that is not part of our Plan (out-of-network) if we cannot find a provider for you that is part of our Plan
- Speak freely about your health care and concerns without any bad results
- Freely exercise your rights without the Plan or its network providers treating you badly
- Get care without fear of any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation
- Receive information on beneficiary and Plan information
- Obtain available and accessible services covered under the Plan

## **Section 17: Your Member Responsibilities**

As a recipient of Medicaid and a member in a dental plan, you also have certain responsibilities. You have the responsibility to:

- Give accurate information about your health to your plan and providers
- Tell your provider about unexpected changes in your health condition
- Talk to your provider to understand your dental problems and agree on a treatment plan. Make sure you understand a course of action and what is expected of you
- Listen to your provider, follow instructions for care, and ask questions
- Keep your appointments, and notify your provider if you will not be able to keep an appointment
- Be responsible for your actions if treatment is refused or if you do not follow the health care provider's instructions
- Make sure payment is made for non-covered services you receive
- Follow health care facility conduct rules and regulations

- Treat health care staff and case manager with respect
- Tell us if you have problems with any health care staff
- Use the emergency room only for real emergencies
- Notify your case manager if you have a change in information (address, phone number, etc.)
- Have a plan for emergencies and access this plan if necessary for your safety
- Report fraud, abuse and overpayment

## Section 18: Other Important Information

### Emergency Disaster Plan

Disasters can happen at any time. To protect yourself and your family, it is important to be prepared. There are three steps to preparing for a disaster: 1) Be informed; 2) Make a Plan and 3) Get a Kit. For help with your emergency disaster plan, call Member Services or your case manager. The Florida Division of Emergency Management can also help you with your plan. You can call them at **(850) 413-9969** or visit their website at [www.floridadisaster.org](http://www.floridadisaster.org)

### Tips on How to Prevent Medicaid Fraud and Abuse:

- DO NOT share your personal information, including your Medicaid number, with anyone other than your trusted providers.
- Be cautious of anyone offering you money, free or low-cost medical services, or gifts in exchange for your Medicaid information.
- Be careful with door-to-door visits or calls you did not ask for.

Be careful with links included in texts or emails you did not ask for, or on social media platforms.

### Fraud/Abuse/Overpayment in the Medicaid Program

To report suspected fraud and/or abuse in Florida Medicaid, call the Consumer Complaint Hotline toll-free at 1-888-419-3456 or complete a Medicaid Fraud and Abuse Complaint Form, which is available online at:

<https://apps.ahca.myflorida.com/mpj-complaintform/>

You can also report fraud and abuse to us directly by contacting LIBERTY DENTAL PLAN at:

Special Investigations Unit  
 1-888-704-9833 / TTY: 1-877-855-8039  
 SIU@Libertydentalplan.com

LIBERTY Dental Plan Compliance Department  
P.O. Box 15149  
Tampa, FL 33684

## **Abuse/Neglect/Exploitation of People**

You should never be treated badly. It is never okay for someone to hit you or make you feel afraid. You can talk to your PDP or case manager about your feelings.

If you feel that you are being mistreated or neglected, you can call the Abuse Hotline at 1-800-96-ABUSE (1-800-962-2873) or for TTY/TDD at 1- 800-955-8771.

You can also call the hotline if you know of someone else that is being mistreated.

Domestic Violence is also abuse. Here are some safety tips:

- If you are hurt, call your primary care provider
- If you need emergency care, call 911 or go to the nearest hospital. For more information, see the section called EMERGENCY CARE
- Have a plan to get to a safe place (a friend's or relative's home)
- Pack a small bag, give it to a friend to keep for you

If you have questions or need help, please call the National Domestic Violence Hotline toll free at 1-800-799-7233 (TTY 1-800-787-3224).

## **Getting More Information**

You have a right to ask for information. Call Member Services or talk to your case manager about what kinds of information you can receive for free. Some examples are:

- Your enrollee record;
- A description of how we operate;
- Quality performance ratings, including member satisfaction survey results;
  - [https://client.Libertydentalplan.com/FLMedicaid?\\_ga=2.230647260.1746809133.1724177183-1973667564.1720562198&\\_gl=1\\*1r89mpx\\*\\_ga\\*MTk3MzY2NzU2NC4xNzlwNTYyMTk4\\*\\_ga\\_MQ6J4GFNVZ\\*MTcyNDE4NDExOS40LjEuMTcyNDE4NDU2Ni41NS4wLjk3MDE2NDU1Nw](https://client.Libertydentalplan.com/FLMedicaid?_ga=2.230647260.1746809133.1724177183-1973667564.1720562198&_gl=1*1r89mpx*_ga*MTk3MzY2NzU2NC4xNzlwNTYyMTk4*_ga_MQ6J4GFNVZ*MTcyNDE4NDExOS40LjEuMTcyNDE4NDU2Ni41NS4wLjk3MDE2NDU1Nw)

## Section 19: Additional Resources

### Florida Department of Health Information

The Public Health Dental Program leads the Department of Health's efforts to improve and maintain the oral health of all persons in Florida. You can find the following types of information on their website:

- Community Water Fluoridation
- Oral health related sites
- School-based sealant programs

To find more information on the Public Health Dental Program, please visit:

[www.flhealth.gov/dental](http://www.flhealth.gov/dental)

To find information on the quality of oral health in your county, please visit:

<http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.OralHealthProfile>

### MediKids Information

For information on MediKids coverage please visit:

[http://ahca.myflorida.com/medicaid/Policy\\_and\\_Quality/Policy/program\\_policy/FLKidCare/MediKids.shtml](http://ahca.myflorida.com/medicaid/Policy_and_Quality/Policy/program_policy/FLKidCare/MediKids.shtml)

## Section 20: Forms

Form	Go online at
Member Grievance and Appeal Form	<a href="http://www.libertydentalplan.com/Resources/Documents/ma_GA_Form_FL.pdf">http://www.libertydentalplan.com/Resources/Documents/ma_GA_Form_FL.pdf</a>
Authorization Form for Release of Records and Information	<a href="http://client.libertydentalplan.com/FLMedicaid/Enrollee/DocumentsAndResources/#tabEnrolleeDocs">http://client.libertydentalplan.com/FLMedicaid/Enrollee/DocumentsAndResources/#tabEnrolleeDocs</a>



## MEMBER GRIEVANCE AND APPEAL FORM

Your concerns are important to LIBERTY Dental Plan (LIBERTY). If you disagree with our decision on your requested or completed services, you can ask for an appeal. If you are not happy with your dental provider, services, or how you were treated, you can ask for a grievance (complaint).

You can file a grievance or appeal with LIBERTY:

- Fill out this form and:
  - Mail it to us at: Attn: **Grievances/Appeals P.O. Box 15149, Tampa, FL 33684**
  - Fax it to us at: **1-833-250-1814**
- Go online at:
  - <https://www.libertydentalplan.com/Members/File-a-Grievance-or-Appeal.aspx>
- Call:
  - Member Services
    - **1-833-276-0850**
    - **TTY: 1-877-855-8039**

### Important Information

- Please see your Member Handbook or Evidence of Coverage for more details on the filing limits for grievances and appeals.
- You can have someone ask for a grievance or appeal for you. We must have your written approval to let someone ask for a grievance or appeal for you.
- We will mail you a letter acknowledging receipt of your grievance/appeal.
- We will mail you a letter with our response to your grievance/appeal.
- Urgent (expedited) review is available for cases that involve serious threat to your dental health.
- You can ask for an additional time on your case, or we can ask for additional time if it is in your best interest.
- We will give you an interpreter at not cost.
- You or someone you authorization have the right to review your case file at any time.
- We will give you copies of your records at no cost.
- Please call our Member Services at the numbers listed above, if you need help filling out this form.

The acknowledgement and response letters will have the name and phone number of the person who is handling your case. You can call the that person to ask questions or add details to your case at any time.



**LIBERTY  
DENTAL PLAN.**

**MEMBER GRIEVANCE AND APPEAL FORM**

The person handling your case will try to get more information to help resolved your case, including asking the dental office for records or a written response to your concerns.

<b>PART 1: ENROLLEE INFORMATION (PLEASE PRINT)</b>	
<i>First and Last Name</i>	<i>Today's date</i>
<i>Enrollee identification number</i>	<i>Date of Birth</i>
<i>Daytime Phone Number</i>	<i>Evening Phone Number</i>
<i>Preferred method of contact</i> <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail	<i>Email address</i>
<i>Best time to contact</i>  _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<i>Name and relation of person filing grievance/appeal (if other than the member)</i>
<i>Full mailing address</i>	

<b>PART 2: DENTAL OFFICE/PROVIDER INFORMATION (PLEASE PRINT)</b>	
<b>I am authorizing LIBERTY to request my information from the following office:</b>	
<i>Dental office, provider, or staff member name</i>	<i>Phone Number</i>
<i>Full street address</i>	



**LIBERTY  
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**MEMBER GRIEVANCE AND APPEAL FORM**

**PART 3: SUMMARY OF GRIEVANCE OR APPEAL**

**Please give us as many details as you can, if possible please provide the dates, names and any treatment. Include copies for all bills, checks, or other information related to your concerns.**

Empty box for providing details of the grievance or appeal.

\_\_\_\_\_  
**Enrollee Signature**

\_\_\_\_\_  
**Date**

*Encl: Notice of Language Assistance  
Non-Discrimination Notice  
State Regulatory Language*

Rev. 11.2021

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This is optional. We will review your case without a written appeal.

Questions? Call Member Services at 1-833-276-0850 or TTY at 1-877-855-8039

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**LIBERTY Dental Plan**

Authorization Form for Release of Records and Information

**A. Identification**

This document authorizes the use and or disclosure of confidential protected health information about the following person:

<b>Member's Name:</b>	
<b>Address:</b>	
<b>Date of Birth:</b>	
<b>Phone:</b>	
<b>Member's ID:</b>	

Please provide the names of the individuals, such as your Spouse, Children or other Relative, that you are authorizing to have access to your information.

<b>Name:</b>	<b>Signature:</b>

**B. Directions for Release**

This authorization applies in accordance with my directions that I authorize the dental office below to release my entire dental record and/or use protected health information pertaining to the member(s) listed in Section A to LIBERTY Dental Plan.

<b>Dental Office Name:</b>	
<b>Address:</b>	
<b>Phone:</b>	

**C. Authorization and Signature:** I authorize the release of my confidential protected health information, as described in my directions in Section B. I understand that this authorization is voluntary, that the information to be disclosed is protected by law, and the use/disclosure is to be made to conform to my direction.

I, \_\_\_\_\_, have read the contents of the Authorization , and I confirm that the contents are consistent with my directions. I understand that by signing this form, I am authorizing the use and /disclosure of my confidential health information.

**This Release From expires fifteen (15) calendar days from signature date.**

**Signature:**

**Date:**



**DESIGNATION OF HEALTH CARE SURROGATE**

I, \_\_\_\_\_, designate as my health care surrogate under S.765.202, Florida Statutes:

<b>Name:</b>	
<b>Address:</b>	
<b>Phone:</b>	

If my health care surrogate is not willing, able, or reasonably available to perform his or her duties, I designate as my alternate health care surrogate:

<b>Name:</b>	
<b>Address:</b>	
<b>Phone:</b>	

**INSTRUCTIONS FOR HEALTH CARE**

I authorize my health care surrogate to: (Initials required in blank spaces below)

Receive any of my health information, whether oral or recorded in any form or medium that:	
	1. Is created or received by a health care provider, health care facility, health plan, public health employer, life insurer, school or university or health care clearinghouse; and
	2. Relates to my past, present or future physical or mental health or condition; the provider of health care to me; or the past, present or future payment for the provisions of health care to me.

I further authorize my health care surrogate to:	
A. Make all health care decision for me, which means he or she has the authority to:	
	1. Provide informed consent, refusal of consent or withdraw of consent to any and all of my health care, including life-prolonging procedures.
	2. Apply on my behalf for private, public, government or veteran's benefits to defray the cost of health care.
	Access my health information reasonably necessary for the health care surrogate to make decisions involving my health and to apply for benefits for me.
	4. Decide to make an anatomical gift pursuant to part V, chapter 765, Florida Statutes.

## Advance Directive Form

<b>Specific instructions and restrictions for my health care surrogate:</b>

While I have decision making capacity, my wishes are controlling, and my physician and health care providers must clearly communicate to me the treatment plan or any change to the treatment plan prior to its implementation. To the extent that I am capable of understanding, my health care surrogate shall keep me reasonably informed of all decisions that he or she has made on my behalf and matters concerning me.

This health care surrogate designation is not affected by my subsequent incapacity except as provided in Chapter 765, Florida Statutes. Pursuant to section 765.104, Florida Statutes, I understand that I may, at any time while I retain my capacity, revoke or amend this designation by:

1. Signing a written and dated instrument which expresses my intent to amend or revoke this designation.
2. Physically destroying this designation through my own action or by that of another person in my presence and under my direction.
3. Verbally expressing my intention to amend or revoke this designation; or
4. Signing a new designation that is materially different from this designation.

My health care surrogate’s authority becomes effective when my primary physician determines that I am unable to make my own health care decisions unless I initial either or both of the following boxes:

If I initial this box  my health care surrogate’s authority to receive my health information takes effect immediately.

If I initial this box  my health care surrogate’s authority to make health care decisions for me takes effect immediately. Pursuant to section 765.204(3), Florida States, any instructions of health care decisions I make, either verbally or in writing, while I possess capacity shall supersede any instructions or health care decisions made by my surrogate that are in material conflict with those made by me.

## Advance Directive Form

**Sign and Date the form here:**

<b>Print Name:</b>	<b>Date Signed:</b>
<b>Address:</b>	
<b>Signature:</b>	

**Signature of Witnesses:**

<b>First Witness</b>	<b>Second Witness</b>
<b>Print Name:</b>	<b>Print Name:</b>
<b>Address:</b>	<b>Address:</b>
<b>Signature:</b>	<b>Signature:</b>
<b>Date:</b>	<b>Date:</b>



## Join our Member Facing Committee

LIBERTY wants to hear from you. Once a quarter, we meet to discuss how well we are doing and how we can improve. The Committee is made up of members, LIBERTY’s Dental Director and other support staff.

We are looking for members to join our committee with respect to the state you are currently residing in.

<i>State</i>	<i>Member Facing Committee Name</i>
California	<b>LIBERTY CA Public Policy Committee</b>
Florida	<b>LIBERTY FL Enrollee Advisory Committee</b>
Nevada	<b>LIBERTY NV Member Advisory Committee</b>

You will be a part of.

- Suggesting ways to improve programs and services
- Reviewing reports on the Plan’s quality metrics
- Helping to set policies that affect you

You will receive payment per hour for every meeting you attend. Submit your information below for a chance to participate. If selected, you will be contacted by LIBERTY.

<b>First name</b>		<b>Last name</b>	
<b>Date of birth</b>		<b>Daytime phone number</b>	
<b>LIBERTY ID Number</b>			
<b>Address</b>			
<b>City</b>		<b>State</b>	<b>Zip Code</b>
<b>Where do you work?</b>			
<b>What is your job title?</b>			
<b>Please select your education level:</b>			
<input type="checkbox"/> 8 <sup>th</sup> Grade <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Other			