L.A. Care Medicare Plus (HMO D-SNP) FAQ Sheet



LIBERTY is passionate about improving the oral health outcomes of diverse, low-income populations.

- When will the L.A. Care Medicare Plus dental benefit go into effect?
 The benefit goes into effect January 1, 2024.
- 2. Who is LIBERTY dental?

LIBERTY is a privately held dental benefits corporation that was established in 2001. LIBERTY has built a solid reputation by meeting and exceeding our clients, providers and members expectations allowing us to maintain customer loyalty with over 99% client retention.

- 3. What will be the Exclusive Provider Organization (EPO) network?

 LIBERTY's Exclusive Provider Organization (EPO) network is CA Choice Medicare

 Advantage DUALS.
- 4. How are these benefits different from what Medi-Cal provides?
 L.A. Care Medicare Plus (HMO D-SNP) is offering additional benefits to members over and above the Medi-Cal dental benefits. Coordination of benefits will be established to ensure
- above the Medi-Cal dental benefits. Coordination of benefits will be established to ensure that members receive access to both their Medicare and Medi-Cal benefits.
- 5. Are members allowed to use DentiCal (Medi-Cal) after exhausting their LIBERTY benefits or will the member need to first exhaust their DentiCal benefits before using LIBERTY Dental? Providers will bill LIBERTY first (primary payor). Denti-Cal is the secondary payor or last resort. If additional benefits are offered and covered by Denti-Cal, providers must submit claims for these services directly to Denti-Cal.
- 6. Will the members be issued a separate dental card to access benefits?

 No. A separate Dental ID card will not be provided. It is recommended that members present their LA Care ID card and Medicaid (Medi-Cal) ID card during their appointment.
- 7. Will the member need to have a referral to see a specialist?

 No. Referrals are not required on this plan.



8. How would the member obtain a prior authorization?

When the office submits a prior-authorization, the member will receive a copy of the final determination. Members can also call LIBERTY to obtain a status of the authorization.

9. Does a member need to be assigned to a dentist or dental office?

Assignment is not required but the member must see a LIBERTY/Denti-cal in-network provider.

10. Can members keep their same dental provider under Denti-Cal?

LIBERTY's CA Choice Medicare Advantage DUALS network consists of a Medi-Cal participant network. All providers listed on the directory are LIBERTY + Denti-Cal providers. If a Denti-Cal provider is not listed in the LIBERTY network, members have the option to nominate a dentist here: www.libertydentalplan.com/lacaremedicare

11. Will implants be covered by LIBERTY dental?

No. Implants are not a covered benefit.

12. What is the denture coverage for this plan?

Denture coverage guidelines will fall under Denti-cal.

For more information on Denti-cal benefits, please contact the state Medi-Cal Dental Program to request coverage at: Smile, California PH: **1-800-322-6384**https://smilecalifornia.org/contact-us/

13. How much will I have to pay?

You will pay \$0 for any covered services.

14. What if a member has another private dental plan? Sometimes beneficiaries will buy a freestanding dental or vision plan to reduce or eliminate their Share of Cost. How will the coordination of benefit occur?

If a member has a private plan, that policy will be primary and Medicare Secondary.

15. How can I obtain information on what is covered under this plan?

For more information on dental benefits, please call LIBERTY's toll-free number: **1-855-552-8243** TTY 1-800-735-2922 or visit https://client.libertydentalplan.com/lacaremedicare

