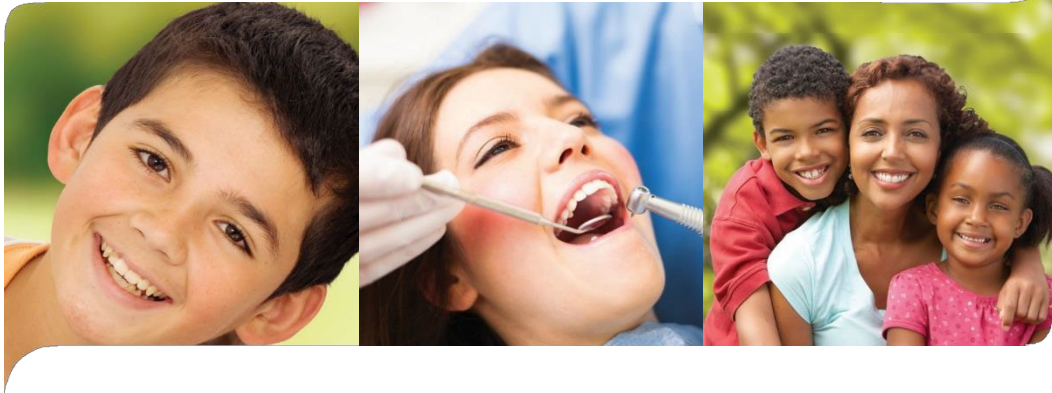


LIBERTY'S FLORIDA MEDICAID DENTAL PROGRAM MEMBER HANDBOOK



Have Questions? Visit us at:
www.libertydentalplan.com/FLMedicaid

Call us at **1-833-276-0850**

1-877-855-8039 TTY

LIBERTY Dental Plan of Florida, Inc.



**Making members shine, one
smile at a time™**

www.libertydentalplan.com

Auxiliary Aids

LIBERTY Dental Plan (“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 Monday through Friday, 8:00 a.m. to 8:00 p.m. at: **1-833-276-0850; 1-877-855-8039 TTY.**

Non-Discrimination Notice

Discrimination is against the law. 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 brinda ayuda y servicios gratuitos a personas con discapacidades, y servicios de idioma gratuitos a personas cuyo idioma materno no es el inglés, como por ejemplo:

- Intérpretes calificados, incluso intérpretes del lenguaje de señas
- Información escrita en otros idiomas y formatos, incluso en letra grande, audio, formatos electrónicos accesibles, etc.

Si necesita estos servicios, comuníquese con nosotros al **1-833-276-0850; 1-877-855-8039 TTY.**

LIBERTY offre des matériels et services d’assistance aux personnes handicapées et des services gratuits d’interprétation et de traduction aux personnes dont la langue maternelle n’est pas l’anglais, notamment des services:

- d’interprètes, y compris des services d’interprètes de langage gestuel
- d’information écrite dans d’autres langues et formats, y compris des services d’impression en gros caractères, des services audio, des services en formats électroniques d’accessibilité, etc.

Si vous avez besoin de ces services, veuillez communiquer avec nous au **1-833-276-0850** ou par télécopieur (TTY) au **1-877-855-803**

LIBERTY ofri moun ki gen andikap sèvis epi èd ki gratis, epi li ofri moun ki pa gen anglè kòm lang manman yo sèvis lang gratis tankou:

- Entèprèt kalifye, kòm entèprèt pou lang siy.
- Enfòmasyon ekri nan lòt lang ak sou lòt fòm, tankou lèt laj, odyo, fòm ki aksesib elektwonikman, etc.

Si w bezwen sèvis sa yo, tanpri sonnen nou nan nimewo **1-833-276-0850; 1-877-855-8039 TTY**.

LIBERTY fornisce assistenza e servizi gratuiti alle persone con disabilità e servizi linguistici gratuiti alle persone che abitualmente utilizzano una lingua diversa dall'inglese, ad esempio:

- Interpreti qualificati, inclusi quelli specializzati nella lingua dei segni.
- Informazioni scritte in altre lingue e in altri formati, quali stampa a caratteri grandi, audio, formati elettronici accessibili, ecc.

Se hai bisogno di questi servizi, contattaci ai seguenti numeri: **1-833-276-0850; 1-877-855-8039 (TELESCRIVENTE)**.

Компания LIBERTY предоставляет бесплатные специализированные материалы и услуги лицам с ограниченными возможностями здоровья и бесплатные услуги перевода тем, для кого английский не является основным языком общения, в том числе:

- услуги квалифицированных переводчиков и сурдопереводчиков;
- письменную информацию на других языках и в других форматах (напечатанную крупным шрифтом, в виде аудиозаписи, в доступных электронных форматах и др.)

Если вы нуждаетесь в данных услугах, обращайтесь к нам по телефону **1-833-276-0850; линия 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: 1-800-735-2929**
- **Fax: 1-888-273-2718**
- **Email: compliance@libertydentalplan.com**
- **Online: <https://www.libertydentalplan.com/About-LIBERTY-Dental/Compliance/Contact-Compliance.aspx>**

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: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

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

"If you do not speak English, call us at **1-833-276-0850; 1-877-855-8039 TTY**. We have access to interpreter services and can help answer your questions in your language. We can also help you find a health care provider who can talk with you in your language."

Spanish: Si usted no habla inglés, llámenos al **1-833-276-0850; 1-877-855-8039 TTY**. 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.

French: Si vous ne parlez pas anglais, appelez-nous **1-833-276-0850; 1-877-855-8039 TTY**. Nous avons accès à des services d'interprétariat pour vous aider à répondre aux questions dans votre langue. Nous pouvons également vous aider à trouver un prestataire de soins de santé qui peut communiquer avec vous dans votre langue.

Haitian Creole: Si ou pa pale lang Anglè, rele nou **1-833-276-0850; 1-877-855-8039 TTY**. 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."

Italian: "Se non parli inglese chiamaci al **1-833-276-0850; 1-877-855-8039 TTY**. Disponiamo di servizi di interpretariato e siamo in grado di rispondere alle tue domande nella tua lingua. Possiamo anche aiutarti a trovare un fornitore di servizi sanitari che parli la tua lingua."

Russian: «Если вы не разговариваете по-английски, позвоните нам по номеру **1-833-276-0850; 1-877-855-8039 TTY**. У нас есть возможность воспользоваться услугами переводчика, и мы поможем вам получить ответы на вопросы на вашем родном языке. Кроме того, мы можем оказать вам помощь в поиске поставщика медицинских услуг, который может общаться с вами на вашем родном языке».

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

Important Contact Information

You can contact	Where	Times
Member Help Line TTY	1-877-855-8039	Available 24 hours
Website	www.libertydentalplan.com/FLMedicaid	Available 24 hours
Office Address	7870 Woodland Center Blvd. Tampa, FL 33614	Monday - Friday 8:00 a.m. to 5:00 p.m.
Office Telephone Number	1-833-276-0850	Monday - Friday 8:00 a.m. to 8:00 p.m.

Member Helpline	1-833-276-0850
Member Help Line TTY	1-877-855-8039
To report suspected cases of abuse, neglect, abandonment, or exploitation of children or vulnerable adults	1-800-96-ABUSE (1-800-962-2873) TTY: 711 or 1-800-955-8771 http://www.myflfamilies.com/service-programs/abuse-hotline
For Medicaid Eligibility	1-866-762-2237 TTY: 711 or 1-800-955-8771 http://www.myflfamilies.com/service-programs/access-florida-food-medical-assistance-cash/medicaid
To report Medicaid Fraud and/or Abuse	1-888-419-3456 https://apps.ahca.myflorida.com/mpi-complaintform/
To file a complaint about a health care facility	1-888-419-3450 http://ahca.myflorida.com/MCHQ/Field_Ops/CAU.shtml
To request a Medicaid Fair Hearing	1-877-254-1055 1-239-338-2642 (fax) MedicaidHearingUnit@ahca.myflorida.com
To file a complaint about Medicaid services	1-877-254-1055 TDD: 1-866-467-4970 http://ahca.myflorida.com/Medicaid/complaints/
To find information about urgent care- after hours	1-833-276-0850 (TTY 1-877-855-8039)
For an emergency	9-1-1 Or go to the nearest emergency room

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Welcome to LIBERTY Dental Plan

LIBERTY Dental Plan (LIBERTY) 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 Health Program (DHP)**. You are enrolled in our dental health plan. This means that 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 Health 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.

Carry your dental ID card at all times and show it each time you go to a dental appointment. 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:



For dental emergencies, call your primary care dentist. If you can't reach your dentist, call LIBERTY for help. Following an emergency department (ER) visit, you or ER staff may contact LIBERTY at the toll-free number below to request prior-authorization of post-emergency dental treatment to stabilize your condition. Authorization decisions will be provided within 1-hour of the request. Please refer to your Member Handbook for your covered dental services.

LIBERTY Dental Plan Member Services:.....1-833-276-0850

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

Provider Toll-Free Line:.....1-833-276-0851

Monday - Friday, 8 a.m. to 8 p.m. (ET)

LIBERTY Dental Plan of Florida PO Box 15149, Tampa, FL 33684-5149

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 our website at <https://www.libertydentalplan.com /About-LIBERTY- Dental/Compliance/Privacy-Policy.aspx>.

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, help update your address 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

Our staff and dentists are available 24-hours a day, 7 days a week at **1-833-276-0850** or **TTY 1-877-855-8039**.

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:

- Florida Relay. Call **711** to receive assistance communicating with standard (voice) telephone users.
- Telecommunications Relay Service. This helps people who have trouble hearing or talking to make phone calls. Call **1-877-855-8039** 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 health care 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 (ACCESS) account at <https://dcf-access.dcf.state.fl.us/access/index.do>. You may 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 7 a.m. to 7 p.m. You may also contact your local Social Security office or go online and make changes in your *my* Social Security account at <https://secure.ssa.gov/RIL/SiView.do>.

Section 6: Your Medicaid Eligibility

In order for you to go to your dental appointments and for LIBERTY to pay for your services, you have to be covered by Medicaid and enrolled in our plan. This is called having **Medicaid eligibility**. DCF decides if someone qualifies for Medicaid.

Sometimes things in your life might change, and these changes can affect whether or not 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 that 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 and we can help you check on it.

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.

If you have Medicare

If you have Medicare, continue to use your Medicare ID card when you need medical services (like going to the doctor or the hospital), but also give the provider your Medicaid Plan ID card too.

If you are having a baby

If you have a baby, he or she will be covered by us on the date of birth. Call Member Services to let us know that your baby has arrived and we will help make sure your baby is covered and has Medicaid right away.

It is helpful if you let us know that you are pregnant **before** your baby is born to make sure that your baby has Medicaid. Call DCF toll free at **1-866-762-2237** while you are pregnant. DCF will make sure your baby has Medicaid from the day he or she is born.

They will give you a Medicaid number for your baby. Let us know the baby's Medicaid number when you get it.

Section 7: Enrollment in Our Plan

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

Open enrollment is a period that starts **60 days** before the end of your year in our plan. The State's Enrollment Broker will send you a letter letting you know that you can change plans if you want. This is called your **Open Enrollment** period. You do not have to change plans. If you leave our plan and enroll in a new one, you will start with your new plan at the end of your year in our plan. Once you are enrolled in the new plan, you will have another 60 days to decide if you want to stay in that plan or change to a new one before you are locked-in for the year. You can call the Enrollment Broker at **1-877-711-3662 (TDD 1-866-467-4970)** to change plans.

Section 8: Leaving Our Plan (Disenrollment)

Leaving a plan is called **disenrolling**. If you want to leave our plan while you are locked-in, you have to call the State's Enrollment Broker. By law, people cannot leave or change plans while they are locked-in except for very special reasons. The Enrollment Broker will talk to you about why you want to leave the plan. The Enrollment Broker will also let you know if the reason you stated allows you to change plan.

You can leave our plan at any time for the following reasons (also known as **Good Cause Disenrollment** reasons¹ :

- You are getting care at this time from a provider that is not part of our plan but is a part of another health plan.
- We do not cover a service for moral or religious reasons.
- You are an American Indian or Alaskan Native.

¹ For the full list of Good Cause Disenrollment reasons, please see Florida Administrative Rule 59G-8.600:
https://www.flrules.org/gateway/RuleNo.asp?title=MANAGED_CARE&ID=59G-8.600

You can also leave our plan for the following reasons, if you have completed our appeal process²:

- 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 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.
- 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 for Health Care Administration removes you from our plan because you broke the law or for your behavior, you cannot come back to the SMMC program.

Section 9: 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 case manager may work with us to coordinate your dental care with your other health care services. If you have a case manager assigned by your Medicaid health plan, call Member Services to let us know.

² To learn how to ask for an appeal, please turn to page Section 13, Member Satisfaction, on pages 25 through 28.

Tips on How to Prevent Medicaid Fraud and Abuse:

- DO NOT share 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.
 - LIBERTY and Florida Medicaid do not use door-to-door visits or calls, such as telemarketing or robocalls, to provide information to enrollees or Medicaid beneficiaries.
 - Be careful with links included in texts or emails you did not ask for, or on social media platforms.
- Review your Explanation of Medicaid Benefits (EOMB) statement for accuracy by paying close attention to the services and dates listed in the medical summary and verifying if you have received those services; return only those EOMBs with services listed that you did not receive.

Report Any Suspicious Medicaid Fraud or Abuse Activity:

- Bureau of Medicaid Program Integrity at the Florida Agency for Health Care Administration online at: <https://apps.ahca.myflorida.com/mpi-complaintform>.
- Florida Office of Attorney General Fraud complaint online at <http://myfloridalegal.com>.

Section 10: 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. 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 **120 days**.

Before **120** 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. If you do not have a provider directory, call **1-833-276-0850** or TTY **1-877-855-8039** to get a copy or visit our website at www.libertydentalplan.com/FLMedicaid.

Providers Not in Our Plan

There are sometimes when you can get services from providers who are not in our plan. 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. The table below will help you to decide which plan pays for a service.

Type of Dental Service(s):	Dental Plan Covers:	Medical Plan Covers:
Dental Services	Covered when you see your dentist or dental hygienist	Covered when you see your doctor or nurse
Scheduled dental services in a hospital or surgery center	Covered for dental services by your dentist	Covered for doctors, nurses, hospitals, and surgery centers
Hospital visit for a dental problem	<i>Not covered</i>	Covered
Prescription drugs for a dental visit or problem	<i>Not covered</i>	Covered
Transportation to your dental service or appointment	<i>Not covered</i>	Covered

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 that we have to provide in the Medicaid program. All of the services listed in this handbook are covered services. Remember, just because a service is covered, does not mean that 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. Do not pay the bill until you have spoken to us. We will help you.

Questions? Call Member Services at 1-833-276-0850 or TTY at 1-877-855-8039 15
(Effective date 10/1/2020)

Services for Children³

We must 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

Your dental provider may need to ask us for approval before giving your child the service. Call Member Services 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 11: 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 see your PDP for 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.

³ Also known as “Early and Periodic Screening, Diagnosis, and Treatment” or “EPSDT” requirements.

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.⁴

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 child's mouth healthy. Dental services to prevent dental problems and keep your child's mouth healthy can be a review of your child's mouth by a dental provider (screenings or exams), teeth cleanings, and thin plastic coatings painted onto the grooves of your child's back-chewing teeth (sealants). These services are free.

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 health 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.

⁴ 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 www.aapd.org.

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** 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 if you need help.

Enrollee Reward Programs

We offer dental programs to help keep you healthy and to help you live a healthier life. We call these **healthy behavior programs**. You can earn rewards while participating in these programs. Our plan offers the following dental programs:

First Tooth/First Birthday: Children who receive a check-up with their primary dentist once they have their first tooth, between 6 and 12 months old, will receive a \$10.00 gift card for a baby supply store.

Pregnant Women: Women who receive a dental check-up during pregnancy within the first 6 months of enrolling with LIBERTY will receive a free mouth rinse. Women that receive a dental check-up during their first 6 months of pregnancy will receive a \$10.00 gift card for a baby supply store.

Fluoride Alternative Products: Children can receive Xylitol products, like tooth gel, after completing certain service with their primary dentist.

School Based Services: Children can receive certain dental services in school, like a cleaning. Children may receive a coloring book, crayons, stickers or a backpack with a dental kit.

Please remember that rewards cannot be transferred. If you leave our plan for more than **180 days**, you may not receive your reward. 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**.

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.

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.

Section 12: 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 them⁵. 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 medical services, please call Member Services at **1-833-276-0850** or **TTY 1-877-855-8039**.

Service	Description	Coverage/ Limitations		Prior Authorization
		Children (ages 0-20) LIBERTY	Adults (ages 21+) LIBERTY	
Dental exams	A review of your tooth, teeth, or mouth by a dentist	<ul style="list-style-type: none"> Complete exams are covered 1 time every 3 years Check-up exams are covered 2 times every year Emergency exams are covered as medically necessary 	<ul style="list-style-type: none"> Complete exams for dentures are covered 1 time every 3 years Emergency exams are covered as medically necessary 	
Dental screenings	A review of your mouth by a dental hygienist	<ul style="list-style-type: none"> Covered 2 times every year May be done in a school or Head Start program 		

⁵ You can find the definition for Medical Necessity at http://ahca.myflorida.com/medicaid/review/General/59G_1010_Definitions.pdf
 Questions? Call Member Services at 1-833-276-0850 or TTY at 1-877-855-8039 20
 (Effective date 10/1/2020)

Service	Description	Coverage/ Limitations		Prior Authorization
		Children (ages 0-20) LIBERTY	Adults (ages 21+) LIBERTY	
Dental X-rays	Internal pictures of teeth with different views	All types of dental x-rays are covered	Only some types of dental x-rays are covered: <ul style="list-style-type: none"> - 1 full mouth set of x-rays every 3 years - 1 view of the whole mouth (panoramic) x-ray every 5 years - Other single tooth x-rays as needed 	
Teeth Cleanings	Basic cleanings that may include brushing, flossing, scrubbing, and polishing teeth	<ul style="list-style-type: none"> • Covered 2 times every year • May be done in a school or Head Start program 		
Fluoride	A medicine put on teeth to make them stronger	<ul style="list-style-type: none"> • Fluoride is covered: <ul style="list-style-type: none"> - 4 times every year for children that are 0-5 years old - 2 times every year for children that are 6-20 years old 		

Service	Description	Coverage/ Limitations		Prior Authorization
		Children (ages 0-20) LIBERTY	Adults (ages 21+) LIBERTY	
		<ul style="list-style-type: none"> • May be done in a school or Head Start program 		
Sealants	Thin, plastic coatings painted into the grooves of adult chewing surface teeth to help prevent cavities	<ul style="list-style-type: none"> • We cover sealants 1 time every 3 years for each adult chewing (back) tooth • May be done in a school or Head Start program 		
Oral Health Instructions	Education on how to brush, floss, and keep your teeth healthy	<ul style="list-style-type: none"> • We cover oral health instructions 2 times every year • May be done in a school or Head Start program 		
Space Maintainers	A way to keep space in the mouth when a tooth is taken out or missing	Covered as medically necessary		
Fillings and Crowns	A dental service to fix or repair teeth	Covered as medically necessary		
Root Canals	A dental service to fix the	Covered as medically necessary		

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

Service	Description	Coverage/ Limitations		Prior Authorization
		Children (ages 0-20) LIBERTY	Adults (ages 21+) LIBERTY	
	where a patient is asleep or partially asleep			
Ambulatory Surgical Center or Hospital-based Dental Services	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

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		Prior Authorization
		Adults (ages 21+) LIBERTY	Additional Services for Pregnant Adults (ages 21+) LIBERTY	
Dental exams	A review of your tooth, teeth, or mouth by a dentist	<ul style="list-style-type: none"> Complete exams are covered 1 time every 3 years Check-up exams are covered 2 times every year 	Additional dental exams are covered as medically necessary	
Dental screenings	A review of your mouth by a dental hygienist	Covered 2 times every year	Additional dental screenings are covered as medically necessary	
Dental X-rays	Internal pictures of teeth with different views	All types of dental x-rays are covered	Additional dental x-rays are covered as medically necessary	
Teeth Cleanings	Basic cleanings that may include brushing, flossing, scrubbing, and polishing teeth	Covered 2 times every year	Additional dental cleanings are covered as medically necessary	
Fluoride	A medicine put on teeth to make	Covered 2 times every year	Additional fluoride is covered as medically necessary	

Service	Description	Coverage/ Limitations		Prior Authorization
		Adults (ages 21+) LIBERTY	Additional Services for Pregnant Adults (ages 21+) LIBERTY	
	them stronger			
Sealants	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		
Oral Health Instructions	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	
Fillings	A dental service to fix or repair teeth	Some filling services are covered for front and back (chewing) teeth as medically necessary		
Periodontics	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	
Extractions	Tooth removal	Covered as medically necessary		
General Services	Dental consultations to visit a dentist for an opinion and	Covered as medically necessary	Additional general services are covered as medically necessary	

Service	Description	Coverage/ Limitations		Prior Authorization
		Adults (ages 21+) LIBERTY	Additional Services for Pregnant Adults (ages 21+) LIBERTY	
	dental pain treatment			
Diabetic Testing	Dental office diabetes testing	Covered 1 time every year		
Dental Office Visit for Persons with Disabilities	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		

**Section 13: 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.

	What You Can Do:	What We Will Do:
If you are not happy with us or our providers, you can file a Complaint	You can: <ul style="list-style-type: none"> • Call us at any time at 1-833-276-0850 TTY 1-877-855-8039 	We will: <ul style="list-style-type: none"> • Try to solve your issue within one business day.
If you are not happy with us or our providers, you can file a Grievance	You can: <ul style="list-style-type: none"> • Write us or call us at any time. • Call us to ask for more time to solve your grievance if you think more time will help. LIBERTY Dental Plan Grievance Department P.O. Box 15149	We will: <ul style="list-style-type: none"> • Review your grievance and send you a letter with our decision within 30 days. If we need more time to solve your grievance, we will:

	<p>Tampa, FL 33684 1-833-276-0850 TTY 1-877-855-8039</p>	<ul style="list-style-type: none"> • Send you a letter with our reason and tell you about your rights if you disagree.
<p>If you do not agree with a decision we made about your services, you can ask for an Appeal</p>	<p>You can:</p> <ul style="list-style-type: none"> • Write us, or call us and follow up in writing, within 60 days of our decision about your services. • Ask for your services to continue within 10 days of receiving our letter, if needed. Some rules may apply. <p>LIBERTY Dental Plan Appeals Department P.O. Box 15149 Tampa, FL 33684 1-833-276-0850 TTY 1-877-855-8039</p>	<p>We will:</p> <ul style="list-style-type: none"> • Send you a letter within 3 business days to tell you we received your appeal. • Help you complete any forms. • Review your appeal and send you a letter within 20 days to answer you.
<p>If you think waiting for 30 days will put your health in danger, you can ask for an Expedited or “Fast” Appeal</p>	<p>You can:</p> <ul style="list-style-type: none"> • Write us or call us within 60 days of our decision about your services. <p>LIBERTY Dental Plan Fast Appeal P.O. Box 15149 Tampa, FL 33684 1-833-276-0850 TTY 1-877-855-8039</p>	<p>We will:</p> <ul style="list-style-type: none"> • Give you an answer within 48 hours after we receive your request. • Call you the same day if we do not agree that you need a fast appeal and send you a letter within two days.
<p>If you do not agree with our appeal decision, you can ask for a Medicaid Fair Hearing</p>	<p>You can:</p> <ul style="list-style-type: none"> • Write to the Agency for Health Care Administration Office of Fair Hearings. • Ask us for a copy of your medical record. • Ask for your services to continue within 10 days of receiving our letter, if needed. Some rules may apply. <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"> • Provide you with transportation to the Medicaid Fair Hearing, if needed. • Restart your services if the state agrees with you. <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 **20 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 60127
Ft. Meyers, FL 33906
1-877-254-1055 (toll-free)
1-239-338-2642 (fax)
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
- 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 any time 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 60127
Ft. Myers, FL 33906
1-877-254-1055 (toll-free)
1-239-338-2642 (fax)
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 14: Your Enrollee 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
- Have your dignity and privacy respected at all times
- 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 information about your diagnosis, the treatment you need, choices of treatments, risks, and how these treatments will help you
- 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

Questions? Call Member Services at 1-833-276-0850 or TTY at 1-877-855-8039 30
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- 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
- Decide how you want medical decisions made if you can't make them yourself (advanced directive)
- 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
- Get care without fear of restraint or seclusion used for bullying, discipline, convenience, or revenge
- Exercise these rights without changing the way LIBERTY Dental Plan or its network providers treat you

Section 15: Your Enrollee Responsibilities

As a recipient of Medicaid and an enrollee 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 make sure you understand a course of action and what is expected of you
- Listen to your provider, follow instructions and ask questions
- Keep your appointments or 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 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 16: 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 **1-850-413-9969** or visit their website at www.floridadisaster.org

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/mpi-complaintform/>

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

- **Special Investigations Unit: 1-888-704-9833**
- **E-mail: SIU@libertydentalplan.com**
- **Mail: LIBERTY Dental Plan Compliance Department
P.O. Box 15149
Tampa, FL 33684**

You can be nameless if you want. All information will be private, and the results will only be shared with people who need to know.

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;

LIBERTY wants to make getting to know us easy. Please visit us at www.libertydentalplan.com/FLMedicaid or call Member Services at **1-833-276-0850** or **TTY 1-877-855-8039** Monday through Friday 8:00 a.m. to 8:00 p.m.

You can ask us for information on:

- Member satisfaction scores
- Provider satisfaction scores
- Quality performance scores
- LIBERTY operations

Section 17: 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

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

Section 18: Forms



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

MEMBER INFORMATION (PLEASE PRINT)					
<i>Member last name</i>		<i>Member first name</i>		<i>Today's date</i>	
<i>Member street address</i>		<i>City</i>		<i>State</i>	<i>ZIP code</i>
<i>Member phone number</i>		<i>Member identification number (see identification card)</i>			
<i>Employer or Group</i>		<i>Patient name</i>		<i>Relationship</i>	
AUTHORIZED REPRESENTATIVE INFORMATION, IF APPLICABLE (PLEASE PRINT)					
I am authorizing LIBERTY Dental Plan to allow the following person to act on my					
<i>Representative last name</i>		<i>Representative first name</i>		<i>Representative phone number</i>	
<i>Representative Signature</i>		<i>Member Signature</i>			
DENTAL OFFICE/PROVIDER INFORMATION (PLEASE PRINT)					
I am authorizing LIBERTY Dental Plan to request my information, including chart					
<i>Office number</i>	<i>Dental office name</i>			<i>Date of last visit</i>	
<i>Dental office street address</i>		<i>City</i>		<i>State</i>	<i>ZIP Code</i>
<i>Dental office phone number</i>		<i>Name(s) of dental office staff involved (if known)</i>			

If you need help completing this form, call our Member Services Department at **(833) 276-0850**, or TTY **1-877-855-8039**, Monday through Friday 8:00 a.m. to 8:00 p.m. (ET). We can give you an interpreter at no cost, if you need one. You or someone you authorize have the right to review your case file at any time. We'll give you copies free of charge.

SUMMARY OF GRIEVANCE OR APPEAL

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

Member Signature **Date**

PLEASE SEND COMPLETED SIGNED FORM TO:

<p>Mail to LIBERTY Dental Plan of Florida Grievances and Appeals Department P.O. Box 15149 Tampa, FL 33684</p>	<ul style="list-style-type: none"> • Fax to LIBERTY’s Grievances and Appeals Department fax at (833) 250-1816 • Telephone by calling LIBERTY’s Member Services Department at (833) 276-0850, or TTY 1-877-855-8039 • Electronically by using the website online grievance filing process by visiting www.libertydentalplan.com/FLMedicaid. • Emailing us at: FLGandA@libertydentalplan.com
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You may request a copy of your records associated with your active grievance or appeal in writing to LIBERTY at the address listed above.



THE AGENCY FOR HEALTH CARE ADMINISTRATION (AHCA)

FAIR HEARING REQUEST

MAIL TO: Agency for Health Care Administration 2727 Manhan Drive Tallahasee, FL 32309		FAX: 1- 239-338-2641 Email: MedicaidHearingUnit@ahca.myflorida.com Call: 1-877-254-1055	
Who is Requesting a Hearing?	Name:	Date of Birth:	Phone:
	Address:		
Authorized Representative (if any)	Name:	Representative Signature:	
	Relationship:	Phone:	
Translator	<input type="checkbox"/> YES <input type="checkbox"/> NO		Language Needed:
Insurance Company:	Name:	Phone:	
Denied Service:	Date of Decision to Deny:	Claim/Authorization Number:	
I WANT A FAIR HEARING. MY PLANS DECISION IS WRONG BECAUSE:			

Claimant Signature:

Date:



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:

Table with 2 columns: Label (Member's Name, Address, Date of Birth, Phone, Member's ID) and empty input field.

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.

Table with 2 columns: Name, Signature and 3 empty rows.

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.

Table with 2 columns: Label (Dental Office Name, Address, Phone) and empty input field.

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:



Advance Directive Form

DESIGNATION OF HEALTH CARE SURROGATE

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

Name:	
Address:	
Phone:	

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:

Name:	
Address:	
Phone:	

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.
	3. 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

Specific instructions and restrictions for my health care surrogate:

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:

Print Name:	Date Signed:
Address:	
Signature:	

Signature of Witnesses:

Frist Witness	Second Witness
Print Name:	Print Name:
Address:	Address:
Signature:	Signature:
Date:	Date: