Member Handbook

What you need to know about your benefits

HEALTH NET DENTAL
Combined Evidence of Coverage (EOC) and Disclosure Form

2024

Los Angeles County
Prepaid Health Plan (PHP)

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.hndental.com.

Other languages and formats

Other languages

You can get this Member Handbook and other plan materials for free in other languages. Call 1-800-977-7307 (TTY/TDD 711). The call is toll-free. Read this Member Handbook to learn more about language assistance services, such as interpreter and translation services.

Other formats

You can get this information for free in other formats, such as Braille, 20-point font large print, audio, and accessible electronic formats at no cost to you. Call 1-800-977-7307 (TTY/TDD 711). The call is toll-free.

English: If you, or someone you are helping, need language services, call 1-800-977-7307 (TTY: 711). Aids and services for people with disabilities, like accessible PDF and large print documents, are also available. These services are at no cost to you.

Arabic: إذا كنت أنت أو أي شخص تقوم بمساعدته، بحاجة إلى الخدمات اللغوية، فاتصل بالرقم 1-800-977-7307 (TTY: 711). تتوفر أيضاً المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل الملفات المنقولة (PDF) التي يمكن الوصول إليها والمستندات المطبوعة الكبيرة. تتوفر هذه الخدمات بدون تكلفة بالنسبة لك.

Armenian: Եթե դուք կամ որևէ մեկը, ում դուք օգնում եք, ունեն լեզվական օգնության կարիք, զանգահարեք 1-800-977-7307 (TTY՝ 711) հեռախոսահամարով: Հաշմանդամություն ունեցող մարդկանց համար հասանելի են օգնություն և ծառայություններ, ինչպես օրինակ՝ մատչելի PDF և մեծ տպագրությամբ փաստաթղթեր: Այս ծառայությունները ձեզ համար անվճար են:

Cambodian: ប្រសិនបើអ្នក ឬនរណាម្នាក់ដែលអ្នកកំពុងជួយ ត្រូវការសេវាផ្នែកភាសា សូមទូរសព្ទទៅលេខ 1-800-977-7307 (TTY: 711) ។ ជំនួយ និងសេវាកម្មផ្សេងៗសម្រាប់មនុស្សពិការ ដូចជា PDF ដែលអាចប្រើសម្រាប់មនុស្សពិការបាន និងឯកសារព្រឹនអក្សរធំៗ ក៏ត្រូវបានផ្តល់ជូនផងដែរ។ សេវាកម្មទាំងនេះមិនមានគិតតម្លៃសម្រាប់អ្នកទេ។

Chinese: 如果您或您正在幫助的其他人需要語言服務，請致電1-800-977-7307 (TTY: 711)。另外，還為殘疾人士提供輔助和服務，例如易於讀取的 PDF 和大字版文件。這些服務對您免費提供。

Farsi: اگر شما یا هر فرد دیگری که به او کمک می‌کنید نیاز به خدمات زبانی دارد، با شمارهٔ 1-800-977-7307 (TTY: 711) تماس بگیرید. کمک‌ها و خدماتی مانند مدارک با چاپ درشت و PDF دسترس‌پذیر نیز برای معلولان قابل عرضه است. این خدمات هزینه‌ای برای شما نخواهد داشت.

Hindi: यदि आपको, या जिसकी आप मदद करे हैं उसे, भाषा सेवाएँ चाहिए, तो कॉल करें 1-800-977-7307 (TTY: 711)। विकलांग लोगों के लिए सहायता और सेवाएं, जैसे सुलभ PDF और बड़े प्रिंट वाले दस्तावेज़, भी उपलब्ध हैं। ये सेवाएँ आपके लिए मुफ़्त उपलब्ध हैं।

Hmong: Yog hais tias koj, los sis ib tus neeg twg uas koj tab tom pab nws, xav tau cov kev pab cuam txhais lus, hu rau 1-800-977-7307 (TTY: 711). Tsis tas li ntawd, peb kuj tseem muaj cov khoom siv pab thiab cov kev pab cuam rau cov neeg xiam oob qhab tib si, xws li cov ntaub ntawv PDF uas tuaj yeem nkag cuag tau yooj yim thiab cov ntaub ntawv luam tawm uas pom tus niam ntawv loj. Cov kev pab cuam no yog muaj pab yam tsis xam nqi dab tsi rau koj them li.

Japanese: ご自身またはご自身がサポートしている方が言語サービスを必要とする場合は、1-800-977-7307（TTY: 711）にお問い合わせください。障がいをお持ちの方のために、アクセシブルなPDFや大きな文字で書かれたドキュメントなどの補助・サービスも提供しています。これらのサービスは無料で提供されています。

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.hndental.com.

Korean: 귀하 또는 귀하가 도와주고 있는 분이 언어 서비스가 필요하시면 1-800-977-7307 (TTY: 711)번으로 연락해 주십시오. 장애가 있는 분들에게 보조 자료 및 서비스(예: 액세스 가능한 PDF 및 대형 활자 인쇄본)도 제공됩니다. 이 서비스는 무료로 이용하실 수 있습니다.

Laotian: ຖ້າທ່ານ, ຫຼື ບຸກຄົນໃດໜຶ່ງທີ່ທ່ານກຳລັງຊ່ວຍເຫຼືອ, ຕ້ອງການບໍລິການແປພາສາ, ໂທ 1-800-977-7307 (TTY: 711). ນອກນັ້ນ, ພວກເຮົາຍັງມີອຸປະກອນຊ່ວຍເຫຼືອ ແລະ ການບໍລິການສຳລັບຄົນ ພິການອີກດ້ວຍ, ເຊັ່ນ ເອກະສານ PDF ທີ່ສາມາດເຂົ້າເຖິງໄດ້ສະດວກ ແລະ ເອກະສານພິມຂະໜາດໃຫຍ່. ການ ບໍລິການເຫຼົ່ານີ້ແມ່ນມີໄວ້ຊ່ວຍເຫຼືອທ່ານໂດຍບໍ່ໄດ້ເສຍຄ່າໃດໆ.

Mien: Da'faanh Meih, Fai Heuc Meih Haih Tengx, Oix Janx-kaeqv waac gong, Heuc 1-800-977-7307 (TTY: 711). Jomc Caux gong Bun Yangh mienh Caux mv fungc, Oix dongh eix PDF Caux Bunh Fiev dimc, Haih yaac kungx nyei. Deix gong Haih buatc Yietc liuz maiv jaax-zinh Bieqc Meih.

Punjabi: ਜੇ ਤੁਹਾਨੂੰ, ਜਾਂ ਜਿਸ ਦੀ ਤੁਸੀਂ ਮਦਦ ਕਰ ਰਹੇ ਹੋ, ਨੂੰ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦੀ ਜ਼ਰੂਰਤ ਹੈ, ਤਾਂ 1-800-977-7307 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਪਹੁੰਚਯੋਗ PDF ਅਤੇ ਵੱਡੇ ਪ੍ਰਿੰਟ ਵਾਲੇ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਇਹ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫ਼ਤ ਹਨ।

Russian: Если вам или человеку, которому вы помогаете, необходимы услуги перевода, звоните по телефону 1-800-977-7307 (TTY: 711). Кроме того, мы предоставляем материалы и услуги для людей с ограниченными возможностями, например документы в специальном формате PDF или напечатанные крупным шрифтом. Эти услуги предоставляются бесплатно.

Spanish: Si usted o la persona a quien ayuda necesita servicios de idiomas, comuníquese al 1-800-977-7307 (TTY: 711). También hay herramientas y servicios disponibles para personas con discapacidad, como documentos en letra grande y en archivos PDF accesibles. Estos servicios no tienen ningún costo para usted.

Tagalog: Kung ikaw o ang taong tinutulungan mo ay kailangan ng mga serbisyo sa wika, tumawag sa 1-800-977-7307 (TTY: 711). Makakakuha rin ng mga tulong at serbisyo para sa mga taong may mga kapansanan, tulad ng naa-access na PDF at mga dokumentong malaking print. Wala kang babayaran para sa mga serbisyong ito.

Thai: หากคุณหรือคนที่คุณช่วยเหลือ ต้องการบริการด้านภาษา โทร 1-800-977-7307 (TTY: 711) นอกจากนี้ยังมีความช่วยเหลือและบริการสำหรับผู้ทุพพลภาพ เช่น PDF ที่เข้าถึงได้และเอกสาร ที่พิมพ์ขนาดใหญ่ บริการเหล่านี้ไม่มีค่าใช้จ่ายสำหรับคุณ

Ukrainian: Якщо вам або людині, якій ви допомагаєте, потрібні послуги перекладу, телефонуйте на номер 1-800-977-7307 (TTY: 711). Ми також надаємо матеріали та послуги для людей з обмеженими можливостями, як-от документи в спеціальному форматі PDF або надруковані великим шрифтом. Ці послуги для вас безкоштовні.

Vietnamese: Nếu quý vị hoặc ai đó mà quý vị đang giúp đỡ cần dịch vụ ngôn ngữ, hãy gọi 1-800-977-7307 (TTY: 711). Chúng tôi cũng có sẵn các trợ giúp và dịch vụ dành cho người khuyết tật, như tài liệu dạng bản in khổ lớn và PDF có thể tiếp cận được. Quý vị được nhận các dịch vụ này miễn phí.

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.hndental.com.

Confidential Communications

Right to Request Confidential Communications

You have the right to request that we communicate with you about your Personal Health Information (PHI) in the form and format you request if it is easily produced in the requested form and format at alternative locations. We must accommodate your request if it is reasonable and specifies the alternative means or location where your PHI should be delivered. We will implement your confidential communication request within 7 calendar days of the receipt of an electronic transmission or telephonic request or within 14 calendar days of receipt by first-class mail. We will inform you of the receipt of your confidential communications request and provide you with a status if you contact the plan.

We will not disclose medical information related to Sensitive Services to anyone (including the subscriber or any of the plan enrollees) other than the protected individual, unless an express written authorization is received from the protected individual receiving care.

A **Protected Individual** means any adult covered by the subscriber's health care service plan or a minor who can consent to a health care service without the consent of a parent or legal guardian, pursuant to state or federal law. **Protected Individual** does not include an individual that lacks the capacity to give informed consent for health care pursuant to Section 813 of the Probate Code.

A health care service plan shall not require a protected individual to obtain the subscriber or other enrollee's authorization to receive Sensitive Services or to submit a claim for Sensitive Services if the protected individual has the right to consent to care.

Sensitive Services means all health care services related to mental or behavioral health, sexual and reproductive health, sexually transmitted infections, substance use disorder, gender affirming care, and intimate partner violence, and includes services described in Sections 6924, 6925, 6926, 6927, 6928, 6929, and 6930 of the Family Code, and Sections 121020 and 124260 of the Health and Safety Code, obtained by a patient at or above the minimum age specified for consenting to the service specified in the section.

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

- **Online:** Health Net's website by visiting http://www.hndental.com
- **By mail to:** Health Net Dental, P.O. Box 10348, Van Nuys, CA 91409
- **By telephone to:** Health Net Member Services at 1-800-977-7307
- **By TDD/TTY:** 711

Interpreter services

You do not have to use a family member or friend as an interpreter. For free interpreters, linguistic and cultural services, and help available 24 hours a day, 7 days a week, or to get this handbook in a different language, call 1-800-977-7307 (TTY 711). The call is toll-free.

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.hndental.com.

Connecting with your Health Care

Health Net members have new options for managing your dental records. New California laws make it easier for members to get their health records when they need it most. You now have full access to your dental records on your mobile devices through a secure application. This lets you manage your health better and know what resources are available.

Health Net members can also ask for your dental records to go with you when you switch health plans. If a member switched health plans, Health Net will send your clinical records to another health plan. This gives you the ability to build a complete health record to help you make decisions to improve the quality of your care and health outcomes.

For more information about this process, or on how to keep your personal health information safe, please visit the Health Net website at Connecting You Healthcare: New Options for Managing Your Digital Medical Records.

You can also visit the My Health Application website for a list of applications that meet the standard security practices to locate an app to download to your smartphone to create a new account for the management of your electronic medical records.

If you believe that Health Net or a business associate violated your (or someone else's) health information privacy rights or committed another type of violation of the Privacy, Security, or Breach Notification Rules, you have the right to file a complaint with the Office of Civil Rights (OCR).

You can file a complaint online with the OCR at OCR Complaint Portal for faster processing, or you can send your complaint in writing to:

- Email: OCRComplaints@hhs.gov
- Mail: Centralized Case Management Operations
  U.S. Department of Health and Human Services
  200 Independence Avenue, S.W.
  Room 509F HHH Building
  Washington, D.C. 20201

Complaints must be filed with the OCR within 180 days of when the action took place that led to the complaint. OCR may extend the 180-day filing period if you can show "good cause" of why you were delayed.

For more information on how to file a health information privacy or security complaint please visit the U.S. Department of Health and Human Services website at HHS Complaint Process.

You can also file a complaint with the Federal Trade Commission Bureau of Consumer Protections. For more information, please visit FTC Bureau of Consumer Protection.

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.hndental.com.

Welcome to Health Net Dental!

Thank you for joining Health Net Dental (Health Net). Health Net is a dental plan for people who have Medi-Cal. We work with the State of California to help you get the dental care you need.

Member Handbook

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

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

Call 1-800-977-7307 (TTY 711) to ask for a copy of the contract. You may also ask for another copy of the Member Handbook at no cost to you or visit our website at www.hndental.com to view the Member Handbook.

Contact us

We are here to help. If you have questions, call 1-800-977-7307 (TTY 711). We are here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. You can also visit us online at any time at www.hndental.com.

Thank you,

Health Net Dental
P.O. Box 10348
Van Nuys, CA 91409

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.hndental.com.

Table of Contents

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.hndental.com.

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.hndental.com.

1. Getting Started as a member

How to get help

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

Member Services

Health Net Member Services is here to help you. We can:

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

If you need help, call 1-800-977-7307 (TTY 711). We are here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. You can also visit us online at any time at www.hndental.com.

Who can become a member?

You qualify for Health Net because you qualify for Medi-Cal and live in Los Angeles County. For questions about enrollment, call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077). Or visit www.dhcs.ca.gov.

If you live in Los Angeles County, you can contact the Department of Human Assistance at 1-866-613-3777 or visit dpss.lacounty.gov/en/resources/contact.html.

Transitional Medi-Cal

Transitional Medi-Cal is also called “Medi-Cal for working people”. You may be able to get Transitional Medi-Cal if you stop getting Medi-Cal because:

- You started earning more money.
- Your family started receiving more child or spousal support.

You can ask questions about qualifying for Transitional Medi-Cal at your local county health and human service office at https://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx or call Health Care Options at 1-800-430-426 (TTY: 1-800-430-7077).

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.hndental.com

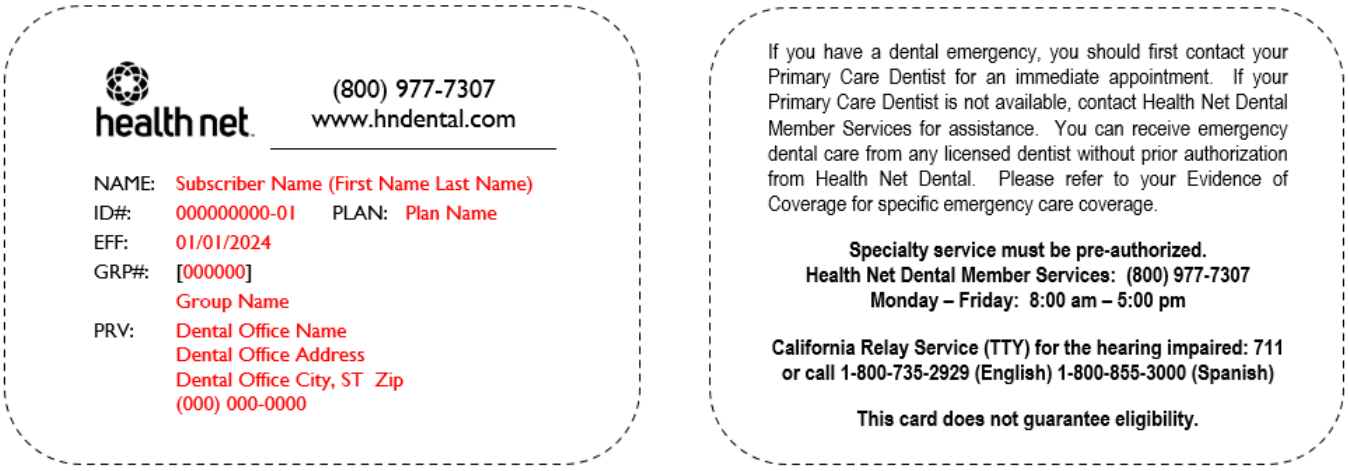
Identification (ID) cards

As a member of Health Net, you will get a Health Net Dental Plan ID card (dental plan ID card). You must show your dental plan ID card and your Medi-Cal Benefits Identification Card (BIC) when you get any dental services. You should always carry both cards with you. Here are sample Medi-Cal BIC and dental plan ID cards to show you what yours will look like.

Medi-Cal BIC Sample:

Sample BIC
(Actual card size = 3 ⅜ x 2 ⅜ inches; white card with blue letters on front, black letters on back.)

Health Net ID Card Sample:



If you do not get your dental plan ID card from Health Net within a few weeks of enrolling, or if your card is damaged, lost or stolen, call Member Services right away. We will send you a new card. Call 1-800-977-7307 (TTY 711).

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.hndental.com

2. About your dental plan

Dental plan overview

Health Net is a dental plan for people who have Medi-Cal in Los Angeles County. We work with the State of California to help you get the dental care you need.

You may talk with one of our Member Services Representatives to learn more about the dental plan and how to make it work for you. Call 1-800-977-7307 (TTY 711).

When your coverage starts and ends

When you enroll in Health Net, you will receive a Health Net Dental Plan ID card within 7 calendar days of enrollment. Please show the Medi-Cal BIC and your Health Net Dental Plan ID cards every time you go for any dental services. The Health Net Dental Plan ID card is proof that you are enrolled with Health Net.

Your Medi-Cal coverage will need to be renewed every year. The local county human services office will send you a Medi-Cal renewal form. Complete this form and return it to your local county human services agency. You can return your information online, in person, by phone, or other electronic means if available in your county.

You must see the dentist listed on your Health Net Dental Plan ID card. If you did not choose a dentist when you enrolled, a dentist will be assigned to you. You can call 1-800-977-7307 (TTY 711) to choose a different dentist. Your PCD's name and telephone number are on your Health Net Dental Plan ID card.

You may ask to end your Health Net coverage and choose another dental plan at any time. For help choosing a new plan, call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077). Or visit www.healthcareoptions.dhcs.ca.gov.

You can also ask to end your Medi-Cal. You must follow DHCS procedures if you ask to end your coverage. Sometimes Health Net can no longer serve you. Health Net must end your coverage if:

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

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.hndental.com

Special considerations for American Indians in managed care

If you are American Indian, you have the right to not enroll in a Medi-Cal managed care dental plan. If you have been enrolled in Health Net, you can ask to leave at any time. If you leave Health Net, you will get your dental care from Medi-Cal Dental Fee-for-Service. You can also get dental care at an Indian Health Service Division of Oral Health site. You may also stay with or disenroll from Health Net while getting dental services from these locations. For information on enrollment and disenrollment call 1-800-977-7307 (TTY 711).

How your dental plan works

Health Net is a dental plan contracted with DHCS. Health Net works with dentists and other providers in your service area (our network) to provide dental care to you, the member.

Health Net Member Services will tell you how Health Net works and how to get the dental care you need. Member Services can help you:

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

To learn more, call 1-800-977-7307 (TTY 711). Or find member service information online at www.hndental.com

Changing dental plans

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

It takes up to 30 days to process your request to leave Health Net. To find out the status of your request, call HCO at 1-800-430-4263 (TTY 1-800-430-7077).

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

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.hndental.com

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

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

You may ask to leave Health Net in person at your local county human services office. Find your local office at dhcs.ca.gov/services/medi-cal/pages/countyoffices.aspx. Or call HCO at 1-800-430-4263 (TTY 1-800-430-7077).

Continuity of care

As a member of Health Net, you will get your dental care from providers in the Health Net network. If you see a dentist who is not in the Health Net network, you may be able to keep seeing the provider for up to 12 months. If your dentist(s) do not join our network by the end of 12 months, you will need to switch to dentists in the Health Net network.

To qualify for Continuity of Care you must have an existing relationship with the out-of-network dentist. The out-of-network dentist must provide records supporting that you have completed at least one non-emergency appointment during the 12 months before the date of initial enrollment with Health Net.

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.hndental.com

All cases of continuity of care will be reviewed by the Case Management team.

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

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

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

Health Net will review and complete your request for continuity of care within the following timeframes:

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

Health Net will send you a letter letting you know if we approved or denied your request for continuity of care:

- Denied requests – will include a reason for our decision and your right to file a grievance or appeal. For more information on the grievance and appeals process, see Chapter 6 of this Member Handbook.
- Approved requests – will include a reason for our decision, the time period the Continuity of Care will be active, the process that takes place after the Continuity of Care period ends, and your right to choose a different in-network dentist.

Continuity of Care Restart Period

If you change your managed care dental plan after initial enrollment or if you lose and later recover your Medi-Cal eligibility during the 12-month Continuity of Care period, the Continuity of Care period may start over 1 time.

If you change your managed care dental plan or if you lost, then recovered eligibility a second time (or more), the Continuity of Care period will not start over, and you will not have the right to a new 12 months of Continuity of Care.

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

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.hndental.com

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

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

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

- It is an emergency

To learn more about continuity of care services, call 1-800-977-7307 (TTY 711).

Dentists who leave Health Net

If your dentist stops working with Health Net, you may be able to keep getting services from that dentist. This is another form of Continuity of Care. Health Net provides continuity of care services for:

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

Health Net provides Continuity of Care services if the following terms are met:

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

Health Net does **not** provide Continuity of Care services if the following terms are met:

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

To learn more about Continuity of Care services, call 1-800-977-7307 (TTY 711).

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.hndental.com

Costs

Member costs

Health Net serves people who qualify for Medi-Cal. In most cases, Health Net members do **not** have to pay for covered services, premiums, co-pays, or deductibles. Covered services are dental services that Health Net is responsible to pay for. If you get a bill for any fees or copayments for a covered service, do not pay the bill. Call member services right away at 1-800-977-7307 (TTY 711). For a list of covered services, go to Chapter 4 Benefits and Services.

Except for emergency services or urgent care, you must get pre-approval from Health Net before you visit a dentist outside the Health Net network. If you do not get pre-approval and you go to a dentist outside of the network, you may have to pay for the dental care.

If you opt to receive dental services that are not covered services under this plan, a participating dental provider may charge you his or her usual and customary rate for those services. Prior to providing a patient with dental services that are not a covered benefit, the dentist should give you a treatment plan that includes each expected service and the estimated cost of each service.

If you would like more information about dental coverage options, you may call member services at 1-800-977-7307 (TTY 711). To fully understand your coverage, you may wish to carefully review this evidence of coverage document.

Asking Health Net to pay you back for expenses

If you get a bill for a covered service, call 1-800-977-7307 (TTY 711) right away. If you pay for a service that you think Health Net should cover, file a claim with us. Call 1-800-977-7307 (TTY 711) to ask for a claim form, or for help to file a claim. Use a claim form and tell us in writing why you had to pay.

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

- The service you received is a covered service that Health Net is responsible to pay for. Health Net will not pay you back for a service that is not covered.
- You received the covered service after you became eligible for Medi-Cal.
- You ask to be paid back within 1 year from the date you received the covered service.
- You provide proof that you paid for the covered service, such as a detailed receipt from the dental office.
- You received the covered service from a Medi-Cal dentist in the Health Net's network. You do not need to meet this condition if you received emergency services or another service that Medi-Cal allows out of network providers to perform without pre-approval.
- If the covered service normally requires pre-approval, you provide proof from the dentist that shows a medical need for the covered service.

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.hndental.com

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

For members with a share of cost

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

How a dentist gets paid

Health Net pays dentists in these ways:

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

To learn more about how Health Net pays dentists, call 1-800-977-7307 (TTY 711).

Provider Incentive Program

A copy of Health Net's provider incentive program is available upon request. If you would like to request a copy, please call Member Services at 1-800-977-7307 (TTY 711).

3. How to get dental care

Getting dental services

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

You can begin to get dental care services on your effective date of coverage. Always keep your Health Net ID card and Medi-Cal BIC card with you. Never let anyone else use your ID card or Medi-Cal BIC card. Dentists are also called dental providers.

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

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

If you have a dentist you want to keep, or you want to find a new PCD, you can look in the Dental Provider Directory. It has a list of all PCDs in our plan network. The Dental Provider Directory has other information to help you choose. If you need a Dental Provider Directory, call 1-800-977-7307 (TTY 711). You can also find the Dental Provider Directory on our website at www.hndental.com.

If you cannot get the care you need from a participating dental provider in our network, your PCD must ask Health Net for approval to send you to an out-of-network provider. Read the rest of this chapter to learn more about PCDs, our Dental Provider Directory, and our dental provider network.

When you call for an appointment with your PCD, tell the person who answers the phone that you are a member of Health Net. Give your dental plan ID number. Be sure to call your PCD's office if you are going to be late or cannot go to your appointment.

To get the most out of your dental visit:

- Bring your Medi-Cal BIC
- Bring your Health Net Dental Plan ID card
- Bring your valid California ID card or driver's license
- Know your Social Security Number
- Bring your list of medications
- Be ready to talk with your PCD about any dental problems you have noticed for yourself or your children

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.hndental.com.

Getting to your appointment

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

Routine dental care

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

Initial Dental Health Appointment

As a new member of Health Net, it is important for you to have an initial dental health appointment with your PCD within the first 120 days of enrollment. Your PCD will look at your oral condition and determine your dental needs. Your PCD will assess your oral care needs and develop a plan to keep your teeth, gum, and mouth in good condition. Oral health education and tips are also available for free on Health Net's website, www.hndental.com.

Your PCD information is available on your Health Net Dental Plan ID card for you to schedule an initial dental health appointment. Your PCD may ask you some questions about your health history or may ask you to complete a questionnaire. Your PCD will also tell you about health education counseling and classes that may help you.

Initial dental health appointments for new members must be available within 28 days of asking to schedule an appointment. If you need help scheduling an initial dental health appointment with your PCD, call Member Services at 1-800-977-7307 (TTY 711).

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

Care Coordination/Case Management

Health Net's goal is to get you the right care, at the right time, from the right provider. You may qualify for Care Coordination/Case Management if you have a dental condition that requires extra support, or if you have a long-term medical condition, illness, are pregnant, or homeless.

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.hndental.com.

A Case Manager can help you get the care you need. Your Health Plan Case Manager may work with us to coordinate your dental care along with other medical services, community-based organizations, and/or the state of California.

If you have a dental condition that requires extra support and coordination, you may have a Case Manager. If you have a medical condition, illness, pregnancy or are homeless requiring extra support and coordination, you may have a Case Manager who can help you get the dental services you need.

Your health plan Case Manager may work with us to coordinate your dental care along with other medical services, community-based organizations and/or the state of California. Please call Member Services and advise you would like 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.

How can Health Net better serve you and your oral health needs?

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

To better assist you with your dental and healthcare needs, complete the OHRA form within the first 90 days of enrollment. For a copy of the OHRA form, go to the Forms section located in Chapter 10 of this handbook. Once you have completed the OHRA form, use the self-addressed prepaid envelope provided to mail it back to us.

You can also complete the OHRA form online by visiting www.healthnet.com or by calling Member Services Department at 1-877-550-3868 (TTY 711).

It is necessary for all our new members to complete the OHRA so we can determine what kind of assistance and care you may need. We look forward to hearing from you. We look forward to hearing from you.

Changing Case Manager

You will be assigned a Case Manager. To change your Case Manager at any time, call 1-800-977-7307 (TTY 711).

Long-Term Care

Health Net members residing in a long-term care (LTC) facility, including but not limited to, nursing facilities and homes for the developmentally disabled can meet their dental needs on-site at these facilities. For questions and/or assistance with making an appointment, or coordination your care, please contact your Case Manager at 1-800-977-7307 (TTY 711).

To learn more about LTC you can go online to the Social Services Agency at www.ssa.ocgov.com/health-care-services/medi-cal-program-services/long-term-care or you can call 714-645-3093 to ask for an application.

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.hndental.com.

All dental services must meet Medi-Cal Dental Program requirements to be covered.

Dental services that may be covered for children are:

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

Dental services that may be covered for adults are:

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

For a full list of child and adult dental services, go to Chapter 4 Benefits and Services in this handbook.

Urgent dental care

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

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

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

During normal office hours, call your dentist for help. If it is after office hours, try calling your dentist first. If you cannot reach your dentist, call Health Net anytime at 1-800-977-7307 (TTY 711) for assistance.

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.hndental.com.

Emergency dental care

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

During normal office hours, call your dentist for help. If it is after office hours, try calling your dentist first. If you cannot reach your dentist, call Health Net anytime at 1-800-977-7307 (TTY 711) for assistance.

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

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

If you need help, call 1-800-977-7307 (TTY 711). We are here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free.

Where to get dental care

Dentists

You will choose a PCD from the Health Net Dental Provider Directory. Your PCD must be a participating dentist. This means the dentist is in our network.

To get a copy of our Dental Provider Directory, you can go online to www.hndental.com or call 1-800-977-7307 (TTY 711).

You will get most of your care from your PCD. Your PCD will give you most of your routine dental care. Your PCD will refer (send) you to specialists if you need them. You should also call if you want to check to be sure the PCD you want is taking new patients.

If you were seeing a dentist for certain conditions before you were a member of Health Net, you may be able to keep seeing that dentist. This is called continuity of care. You can read more about Continuity of Care in chapter 3, of this handbook. To learn more, call 1-800-977-7307 (TTY 711).

Dental Provider Directory

The Health Net Dental Provider Directory lists providers that participate in the Health Net network. The network is the group of providers that work with Health Net.

The Health Net Dental Provider Directory lists dentists, specialist dentists, community clinics, and Rural Health Clinics (RHCs).

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.hndental.com.

The Dental Provider Directory has names, provider addresses, phone numbers, web address, working hours, and languages spoken. It tells if the provider is taking new patients, provides tele-dental services, serves special needs patients, and the provider's cultural and linguistic capabilities (i.e., languages offered by the provider or language interpreters, including American Sign Language).

It also gives you a listing of the provider special trainings and the level of physical accessibility for the building, such as parking, ramps, stairs with handrails, and accessible restrooms. You can find the online Dental Provider Directory at www.healthnet.com. If you need a printed Provider Directory, call 1-800-977-7307 (TTY 711).

Dental provider network

The Health Net dental provider network is the group of dentists and specialty dentists that work with Health Net. You will get your covered services through our network.

In network

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

To get a Dental Provider Directory of network providers, call 1-800-977-7307 (TTY 711). Or you can find our Dental Provider Directory online at www.hndental.com.

For urgent or emergency dental care, call your PCD. If you would like assistance to schedule an appointment, or are not in your home area, call 1-800-977-7307 (TTY 711).

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

Out of network

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

If you need help with out-of-network services, call 1-800-977-7307 (TTY 711).

If you are outside of our service area and need care that is **not** an emergency, call your PCD right away. Or call 1-800-977-7307 (TTY 711). If you have questions about out-of-network or out-of-area care, call 1-800-977-7307 (TTY 711).

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.hndental.com.

Primary care dentist (PCD)

New members must choose a PCD within 30 days of enrolling in Health Net. You may choose a general dentist as your PCD.

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

You can choose the same or different PCDs for everyone in your family who is a member of Health Net. If you do not choose a PCD within 30 days one will be selected for you.

Your PCD will:

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

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

You can find our Dental Provider Directory online at www.healthnet.com or call 1-800-977-7307 (TTY 711). You can also call to find out if the PCD you want is taking new patients.

Choice of Dentists

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

It is best to stay with one PCD so he or she can get to know your dental care needs. However, if you want to change to a new PCD, you can change 1 time each month. You must choose a PCD who is in the Health Net dental provider network and is taking new patients.

Your new choice will become your PCD on the first day of the next month after you make the change. To change your PCD, go to www.healthnet.com or call 1-800-977-7307 (TTY 711).

We may ask you to change your dental provider if the PCD is not taking new patients, has left our network, or does not give care to patients your age. Health Net or your PCD may also ask you to change to a new PCD if you do not have a good relationship with or agree with your PCD, or if you miss or are late to appointments. If we need to change your PCD, we will tell you in writing.

If you change PCDs, you will get a new Dental Plan member ID card in the mail. It will have the name of your new PCD. Call Member Services if you have questions about getting a new ID card or go online to www.healthnet.com.

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.hndental.com.

Appointments and visits

When you need dental care:

- Call your PCD
- Have your Health Net Dental Plan ID number ready on the call
- Leave a message with your name and phone number if the office is closed
- Take your Medi-Cal BIC and Dental Plan ID card to your appointment
- Bring an identification card or driver's license
- Be on time for your appointment
- Call right away if you cannot keep your appointment or will be late
- Have your questions ready in case you need them

Payment

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

If you do get a bill, call 1-800-977-7307 (TTY 711). Tell us the amount charged, the date of service and reason for the bill.

If you get a bill or are asked to pay a co-pay, you can also file a claim form. You will need to tell us in writing why you had to pay for the item or service. We will read your claim and decide if you can get money back. For questions or to ask for a claim form, call 1-800-977-7307 (TTY 711).

Referrals

Your PCD will send a referral to Health Net if you need to see a specialist. A specialist is a dentist who has extra education in one area of dentistry, such as oral surgery for teeth removal.

You do not need a referral for:

- PCD visits
- Urgent or emergency care

Your PCD must send a form to Health Net asking for a specialist. Once Health Net receives the form and necessary information, we will process the request and let you know in writing of our decision within 5 business days for standard requests and 72 hours for urgent care. Health Net will work with you to choose a specialist and can help set up a time to see the specialist if you are approved.

If you are not approved, you have the right to file an appeal, go to Chapter 7 Reporting and Solving Problems for more information on the appeal process.

If you want a copy of our referral policy, call 1-800-977-7307 (TTY 711).

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.hndental.com.

Pre-approval

For some types of care, your PCD or specialist will need to ask us before you get the care. This is called prior authorization or pre-approval. It means that Health Net agrees that the care is medically necessary.

Dental care is medically necessary if it is to prevent and eliminate orofacial disease, infection, and pain, to restore the form and function of the dentition, or to correct facial disfiguration or dysfunction. Dental services must meet Medi-Cal program rules for medical necessity.

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

- Root canals
- Crowns
- Full/partial dentures
- Deep cleanings (scaling and root planing)
- General anesthesia and IV sedation
- Other dental services your dentist recommends may also require approval

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

We review the request to decide if the care is medically necessary and covered. Health Net will contact you if we need more information or more time to review your request.

We do **not** pay our reviewers to deny coverage or dental services. If we do not approve the care, we will tell you why and give you information on your appeal rights. For more information on your appeal rights, go to Chapter 8 Reporting and Solving Problems.

Second opinions

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

To get a second opinion, call your Member Services at1-800-977-7307 (TTY 711).

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

If we deny your request for a second opinion, we must send you a Notice of Adverse Benefit Determination (NABD). To learn more about an NABD, go to Chapter 6 Rights and Responsibilities in this Handbook.

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.hndental.com.

Timely Access to Care

Health Net must provide appointments within the following timeframes:

- Initial Dental Health Appointments (exam, x-rays) – within 4 weeks
- Routine appointments (including preventive care) – within 4 weeks
- Specialist appointments – within 30 business days (ages 21+); within 30 calendar days (under age 21)
- Urgent care appointments (imminent pain/swelling/bleeding) – within 72 hours
- Emergency care (immediate acute pain/swelling/bleeding) – within 24 hours
- After-Hours Emergency Availability (answering service or directed to a provider) – 24 hours a day, 7 days a week

Dental Health Education Services

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

Health Net cares about more than just teeth. We care about our members' overall health and wellness. Health Net provides easy access to dental resources and educational material at no charge. You can find more information about the community services along with health and wellness services we provide by visiting us online at https://www.healthnet.com/content/healthnet/en_us/members/medi-cal/dental.html.

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.hndental.com.

4. Benefits and services

What your dental plan covers

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

We offer these types of dental services:

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

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

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.healthnet.com.

Summary of benefits

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

✓ Benefit ✗ Not a benefit

Procedure	Full Scope	Pregnancy Related	Residing in a Skilled Nursing Facility (SNF)/Intermediate Care Facility (ICF)
Oral Evaluation (Under age 3 only)	✓	✗	✓
Initial Exam (Age 3+)	✓	✓	✓
Periodic Exam (Age 3+)	✓	✓	✓
Regular Cleanings	✓	✓	✓
Fluoride treatment	✓	✓	✓
Restorative Services – Fillings	✓	✓	✓
Crowns*	✓	✓	✓
Scaling and Root Planing (deep cleaning)**	✓	✓	✓
Periodontal Maintenance (gums)	✓	✓	✓
Anterior Root Canals (in front)	✓	✓	✓
Posterior Root Canals (in back)	✓	✓	✓
Partial Dentures	✓	✓	✓
Full Dentures	✓	✓	✓
Extractions/Oral and Maxillofacial Surgery	✓	✓	✓
Emergency Services	✓	✓	✓

Exceptions:

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

**Not a benefit under age 13.

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.healthnet.com.

Postpartum Care Extension Program

The Postpartum Care Extension Program provides extended coverage for Medi-Cal members during pregnancy and after pregnancy. The program extends coverage by Health Net for up to 12 months after the end of the pregnancy regardless of income, citizenship, or immigration status and no additional action is needed.
Medically necessary services include covered services that are reasonable and necessary to:

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

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

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

Frequency of Services

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

- Examinations – Every 6 months (under age 21); Every 12 months (ages 21+), per provider office
- Bite-wing x-rays – Every 6 months, per provider office
- Full mouth x-rays – Every 36 months, per provider office
- Panoramic x-rays – Every 36 months, per provider office
- Caries risk assessments – Low risk every 6 months; Moderate risk every 4 months; High risk every 3 months; ages 0-6 for all risk levels
- Caries treating and preventive medication – Every 6 months (under age 7)
- Teeth cleaning – Every 4 months (SNF/ICF), Every 6 months (under age 21); Every 12 months (ages 21+)
- Topical fluoride – Every 4 months (SNF/ICF), Every 6 months (under age 21); Every 12 months (ages 21+)
- Sealants – Every 36 months (under age 21 only), per provider office

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.healthnet.com.

- Fillings – Every 12 months (per baby tooth); Every 36 months (per permanent tooth), per surface, per tooth
- Crowns – Every 5 years (age 13+)
- Deep cleaning (scaling/root planing) – Every 24 months per quadrant (age 13+)
- Immediate full dentures – 1 per arch, per lifetime
- Full and partial dentures – Every 5 years, per arch
- Denture repair – 2 per year, per arch or per tooth
- Denture relines – 1 per year, per arch

Teledentistry services

Teledentistry is a way of getting services without being in the same physical location as your dentist. Teledentistry may involve having a private and secure live conversation with your provider or may involve sharing information with your dentist without a live conversation. Your personal health information cannot be shared without your permission and will not be transmitted unless through an encrypted (protected) format.

It is important that both you and your dentist agree that the use of teledentistry for a particular service is appropriate for you. You can contact your dentist to learn which types of services may be available through teledentistry. If you receive tele-dentistry services, you have the ability to receive in-person services from the dentist or dental practice or assistance in arranging a referral for in-person services.

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

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

It is important to note that not all situations are appropriate for teledentistry services, and the providers will need to know your health history and complete an evaluation of your oral condition before any care can take place, including writing prescriptions. All prescriptions must be appropriate to treat your oral condition and follow the established standards by the state of California.

Non-Emergency Medical Transportation

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

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.healthnet.com.

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

NEMT must be used when it is:

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

To ask for NEMT, please call Health Net at 1-800-977-7307 (TTY 711) at least 10 working days (Monday- Friday) before your appointment. For urgent appointments, please call as soon as possible. Please have your member ID card ready when you call.

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

What Does Not Apply?
If your physical and medical condition allows you to get to your appointment by car, bus, taxi, or other easily accessible method of transportation. Transportation will not be provided if Health Net does not cover the service. A list of covered services is in this member handbook.

Cost to Member
There is no cost when Health Net authorizes transportation.

Non-Medical Transportation

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

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

Health Net offers transportation to your dental appointment for plan-covered dental services, at no cost to you.

To ask for NMT services, please call Health Net at 1-800-977-7307 (TTY 711) at least 10 business days (Monday-Friday) before your appointment or call as soon as you can when you have an urgent appointment.

Please have your member ID number ready when you call. To cancel or reschedule your transportation, please give us a call as soon as you can.

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.healthnet.com.

Limits of NMT

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

What Does Not Apply?

NMT does not apply if:

- An ambulance, litter van, wheelchair van, or other form of NEMT is medically needed to get to a covered service.
- Health Net does not cover the service. A list of covered services is in this member handbook.

Cost to Member

There is no cost when transportation is provided by Health Net.

What your dental plan does not cover

Medi-Cal **does not cover these dental services, over the age 21**:

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

Exceptional medical conditions include, but are not limited to, the following:

- Cancer of the oral cavity requiring ablative surgery and/or radiation leading to destruction of alveolar bone, where the missing osseous structures are unable to support a conventional removable partial denture.
- Severe atrophy of the mandible and/or maxilla that cannot be corrected with vestibular extension procedures or osseous augmentation procedures, and the patient is unable to function with a conventional removeable partial denture.
- Skeletal deformities that preclude the use of a conventional removeable partial denture (such as arthrogryposis, ectodermal dysplasia, partial anodontia and cleidocranial dysplasia).

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.healthnet.com.

- Traumatic destruction of jaw, face, or head where the remaining osseous structures are unable to support a conventional removable partial denture.
- Medical conditions that prevent a patient from using a conventional removal partial denture include:
    - Epileptic patients where a removable partial denture could cause serious injury during an uncontrolled seizure.
    - Paraplegic patients who use a mouth wand to function to any degree and where a mouth wand is inoperative because of missing natural teeth.
    - Patients with neurological disorders whose manual dexterity prevents proper care and maintenance of a removable partial denture.

Dental services provided outside Los Angeles County are not covered unless it is an emergency. If you have questions or want to learn more about dental services, call Medi-Cal Dental at 1-800-322-6384 (TTY 711). You can also visit the Medi-Cal Dental Program website at www.smilecalifornia.org.

Services you cannot get through Health Net or Medi-Cal

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

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

Read each of the sections below to learn more. Or call 1-800-977-7307 (TTY 711).

California Children's Services (CCS)

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

CCS program staff will decide if your child qualifies for CCS services. If your child can get these types of care, CCS providers will treat him or her for the CCS condition.

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

CCS covers most problems that physically disable enrolled members or that need to be treated with medicines, surgery, or rehabilitation (rehab). CCS covers children with problems such as:

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

The state pays for CCS services. If your child is not eligible for CCS program services, he or she will keep getting medically necessary care from Health Net. To learn more about CCS, call 1-800-977-7307 (TTY 711).

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.healthnet.com.

Other programs and services for people with Medi-Cal

Read each of the sections below to learn more about other programs and services for people with Medi-Cal Dental. Members and providers may obtain more information of available programs, services, and resources by visiting: www.dhcs.ca.gov/services/Pages/Medi-CalDenti-Cal.aspx.

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

- **Health Net's Health Education Department** offers no cost programs, services, and resources to help Medi-Cal members stay healthy and manage their health conditions. Members and providers may obtain more information of available programs, services, and resources by visiting: www.healthnet.com/content/healthnet/en_us/members/medi-cal/health-net-medi-cal-wellness-programs.html or call the toll-free Health Education Information Line at (800) 804-6074 (TTY 711).

- **Medi-Cal Waivers**: A program that provides additional services to specific groups of individuals, limited services to specific geographic areas, and providers medical coverage to individuals who may not otherwise be eligible for Medi-Cal.

- **Medicare Part D Prescription Drug Program**: A law that includes a prescription drug benefit for Medicare Part D members.

- **Vision Care Program**: A health benefit that is covered for most members eligible under Medi-Cal.

Coordination of benefits

Health Net offers services to help you coordinate your dental care needs at no cost to you. If you have questions or concerns about your dental care or your child's dental care, call 1-800-977-7307 (TTY 711).

Coordination of benefits applies when you are covered by more than 1 health plan. If you are only covered through Health Net, you do not need to worry about coordination of benefits. It is important to note that you are still eligible for covered services under your Medi-Cal program even if you are covered under another health plan.

By law, your Medi-Cal coverage through Health Net is the payer of last resort. This means that your other health care plan must pay your claims, for covered services, first and your Medi-Cal coverage with Health Net would pay your claims, for covered services, last. Health Net will not pay for claims for non-covered services.

Examples of other health care plan coverage include:

- Group health plans
- Self-insurance plans
- Managed care organizations
- Medicare

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.healthnet.com.

- Court-ordered health coverage
- Settlements from a liability insurer
- Pharmacy benefit managers
- Long-term care insurance
- Worker's compensation
- Other state or federal coverage programs (unless specifically excluded by law)

Be sure to tell your PCD or other providers if you have health coverage in addition to your Medi-Cal benefits. This helps our provider send the claims to the correct health care plan and will avoid delays in paying your claims. If you would like to know more about coordination of benefits call 1-800-977-7307 (TTY 711).

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.healthnet.com.

5. Children and teen preventive dental services

Health Net automatically gives children and teen members that are under 21 years of age dental services to ensure they get the right preventive dental services. This chapter explains these services.

Dental check-ups

Keep your baby's gums clean by gently wiping the gums with a washcloth every day. At about 4 to 6 months of age "teething" will begin as the baby teeth start to come in. You should make an appointment for your child's first dental visit as soon as their first tooth comes in or by their first birthday, whichever comes first. The following Medi-Cal dental services are free or low-cost services for:

Babies age 1 to 4:

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

Kids age 5-12:

- Dental exams (every 6 months)
- X-rays
- Teeth cleaning (every 6 months)
- Fluoride treatment (every 6 months)
- Molar sealants
- Fillings
- Root canals
- Tooth removal
- Emergency services

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.healthnet.com.

- Sedation (if medically necessary)

Kids age 13-17:

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

If you have questions or want to learn more about covered Medi-Cal dental services, call 1-800-977-7307 (TTY 711). You may also visit the Health Net website at www.hndental.com.

Help getting children and teen preventive dental services

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

- Tell you about the services
- Find providers.
- Make appointments for you.
- Provide care coordination to get the right care even if Health Net is not responsible for paying for that care.

Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT)

Medi-Cal members under the age of 21 years old are eligible for EPSDT services. The goal of the EPSDT program is to make sure that each child gets the care they need when they need it.

The Medi-Cal Dental Program provides free services to keep children from birth to age 21 healthy. EPSDT allows for: (1) dental services that are medically necessary and covered by Medicaid but not a part of the current Medi-Cal Dental program, (2) dental services that are needed more often than the frequency allowed by the Medi-Cal Dental program, and (3) dental services that include relief of pain and infection, restoration of teeth, and maintenance of dental health.

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.healthnet.com.

In these cases, the member may be eligible for EPSDT benefits when the documentation submitted by the PCD supports the medical necessity to correct or improve the member's condition.

Your PCD must submit a request for pre-approval to Health Net with all necessary documents to support the need for services under EPSDT. Health Net will provide you with a response in writing, if we deny the request for EPSDT benefits, you have the right to appeal our decision. For more information on the appeal process, go to Chapter 8 Reporting and Solving Problems in this Handbook.

If you would like more information about EPSDT, please visit DHCS Medi-Cal for Kids & Teens website at www.dhcs.ca.gov/services/Medi-Cal-For-Kids-and-Teens/Pages/home.aspx.

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.healthnet.com.

6. Rights and responsibilities

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

Your rights

Health Net members have these rights:

- To be treated with respect, giving consideration to your right to privacy and the need to maintain confidentiality of your medical and dental information.
- To be provided with information about the plan and its services, including covered services, dental providers, and member rights/responsibilities.
- To be able to choose a PCD or specialist within Health Net's network.
- To participate in decision making regarding your own dental care, including the right to refuse treatment.
- To voice grievances, either verbally or in writing, about Health Net or the care received.
- To receive oral interpretation services for your language.
- To receive fully translated written member information in your preferred language, including grievances and appeals notices.
- To have access to Federally Qualified Health Centers, Indian Health Service Facilities, and Emergency Services outside Health Net's network pursuant to the federal law.
- To ask for a State Hearing if a service or benefit was denied and you have already filed an appeal with Health Net and you are not happy with our decision or if we did not give you a decision within 30 days, including information on the circumstances under which an expedited hearing is possible.
- To have access to, and where legally appropriate, receive copies of, amend or correct your dental records as specified by law.
- To disenroll from Health Net or Medi-Cal upon request.
- To get no cost written member information and materials in other formats (including Braille, large size print, and audio format) upon request and in a timely fashion appropriate for the format being requested and in accordance with W & I Code Section 14182 (b)(12).
- To be free from any form of consequences, restraint, or seclusion used as a means of coercion, discipline, convenience, or retaliation when making decision about your care.
- To receive information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand, regardless of cost or benefit coverage.
- To receive informed consent when you have treatment for covered and non-covered services.

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.healthnet.com.

- To receive a truthful written diagnosis and treatment plan (description of dental problem and recommended services).
- To be provided information about the definition of emergency care in case you have a life-threatening illness or injury.
- To have an appointment when you need one.
- To formulate advance directives.
- To access Minor Consent Services.
- To request a second opinion, at no cost.
- To request continuity of care if your dentist leaves Health Net's network.
- To know and understand why Health Net has denied, delayed, or limited a service or treatment.
- To ask for an Independent Medical Review (IMR) if Health Net has denied, modified, or delayed your dental services or treatment.
- To have access to Health Net's health education programs and outreach services to improve dental health.
- To get free legal help at your local legal aid office or other group.
- Freedom to exercise these rights without adversely affecting how you are treated by the Contractor, Health Net, dental providers, or the state

Your responsibilities

Health Net members have these responsibilities:

- Reading your Member Handbook.
- Using your Medi-Cal BIC and Health Net ID cards when you go to your appointment or get services.
- Not allowing other people to use your Medi-Cal BIC and Health Net ID cards.
- Letting Health Net know if your ID card was lost or stolen.
- Knowing the name of your PCD and Case Manager if you have one.
- Knowing about your dental plan and understanding the rules of getting care.
- Completing your initial dental health appointment with your PCD within the first 120 days of enrollment.
- Completing and returning the OHRA form to Health Net or completing the form online, or by calling Member Services within the first 90 days for enrollment.
- Having treatment completed with your assigned PCD or specialist.
- Being respectful to Health Net staff, your PCD, or other providers who are giving you care.
- Following all dental office's rules about care and conduct.
- Following the referral process for specialty care.
- Giving your PCD, specialist, and Health Net, to the best of your knowledge, correct information about your physical and dental health.
- Telling your PCD or specialist if you have any sudden changes to your physical and dental health.

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.healthnet.com.

- Telling your PCD or specialist that you understand the treatment plan and what is required of you.
- Staying with the treatment plan that you understood and agreed to with your PCD or specialist.
- Telling Health Net about your needs and expectations of your PCD or specialist.
- Scheduling and keeping your planned appointments with your PCD or specialist.
- Telling your PCD or specialist ahead of time if you are unable to make your planned appointments at least 24 hours in advance, or if you are going to be late.
- Your own actions if you refuse treatment or do not follow your PCD's or specialist's treatment plan, instructions, and advice.
- Understanding your dental benefits, including what is and is not covered.
- Paying any fees or monies to your dentist when agreeing to complete services not covered under your plan.
- Using the emergency room for true emergencies only.
- Telling us about any other insurance you have.
- Telling us if you have a change in address, family status, or other health coverage.
- Telling us if you think there is provider fraud/abuse.
- Reporting fraud, waste, or abuse to Health Net or the California DHCS.

Ways to get involved as a member

Health Net wants to hear from you. Each quarter (every 3 months), Health Net has meetings to talk about what works well and how we can improve. Members are invited to attend. Join us and tell us what you think!

Health Net's Community Advisory Committee

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

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

If you would like to be a part of this, call 1-800-977-7307 (TTY 711). If you are accepted to join the Committee, you will be paid for each meeting that you attend.

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.healthnet.com.

7. Non-discrimination notice

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

Health Net provides:

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

If you need these services, contact Health Net between Monday through Friday 8:00 a.m. to 5:00 p.m. by calling 1-800-977-7307. If you cannot hear or speak well, please call TTY 711 to use the California Relay Service.

HOW TO FILE A GRIEVANCE

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

- By phone: Contact Health Net between 8:00 a.m. and 5:00 p.m. Monday through Friday at 1-866-458-2208. Or, if you cannot hear or speak well, please call TTY 711.

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.healthnet.com.

- In writing: Fill out a complaint form or write a letter and send it to:
  Health Net Civil Rights Coordinator
  P.O. Box 9103
  Van Nuys, CA 91409-9103
- In person: Visit your dentist office or Health Net and say you want to file a grievance.
- Electronically: Visit Health Net's website at www.hndental.com.

OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

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

- By phone: Call **1-916-440-7370**. If you cannot speak or hear well, please call **711 (Telecommunications Relay Service)**.
- In writing: Fill out a complaint form or send a letter to:
  Office of Civil Rights
  Department of Health Care Services
  Office of Civil Rights
  P.O. Box 997413, MS 0009
  Sacramento, CA 95899-7413
  Complaint forms are available at www.dhcs.ca.gov/Pages/Language_Access.aspx.
- Electronically: Send an email to CivilRights@dhcs.ca.gov.

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

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

- By phone: Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**.
- In writing: Fill out a complaint form or send a letter to:
  U.S. Department of Health and Human Services
  200 Independence Avenue, SW
  Room 509F, HHH Building
  Washington, D.C. 20201
  Complaint forms are available at https://www.hhs.gov/ocr/complaints/index.html
- Electronically: Visit the Office for Civil Rights Complaint Portal at ocrportal.hhs.gov/ocr/smartscreen/main.jsf.

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.healthnet.com.

Notice of Privacy Practices

A statement describing Health Net'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 www.hndental.com

Call our Member Services at 1-800-977-7307 (TTY 711) Monday through Friday for a written copy of this notice.

Notice about laws

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

Notice about Medi-Cal as a payer of last resort

Sometimes someone else must pay first for the services Health Net provided to you. For example, if you already have insurance from your employer. The California Department of Health Care Services has the right and responsibility to collect for covered Medi-Cal services for which Medi-Cal is not the first payer.

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

If you would like more information, see Coordination of Benefits under Chapter 4 Benefits and Services of this Handbook.

Notice of Adverse Benefit Determination

We must send you a written Notice of Adverse Benefit Determination (NABD), also called a Notice of Action (NOA), when we deny, delay, modify, or limit an authorization for requested services or treatment. This can include decisions made due to medical necessity, appropriateness, type, or level of service, setting, or effectiveness of a covered service or treatment.

Health Net will also send you a NABD if we reduce, suspend, or terminate previously approved services, and if we deny payment for services and treatment already completed.

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.healthnet.com.

It is also considered a NABD if Health Net does not provide services in a timely manner, if we failed to meet the required timeframes for resolving a grievance or appeal, deny your request to dispute financial liability, or if we deny a rural area member's request to have services completed out-of-network.

We will decide on all standard pre-service requests as soon as your health condition requires, but no later than 5 business days of receipt of all the information we need to decide. We will decide on all urgent pre-service requests within 72 hours of receipt. We will decide on all post-service requests within 30 calendar days of receipt of all the information we need to decide. Post-service requests do not qualify for the expedited review process.

We may ask for 1 extension (delay) if we need more information, need to consult an expert reviewer, or if we need you to complete more exams or tests to determine if a service can be approved. The extension cannot be more than 14 calendar days.

If we need to ask for an extension, we will send you a written notice letting you know what information we need and when we expect to make a final decision. If you do not agree with our extension, or if we do not provide you with a timely decision, you can file a grievance. For more information on how to file a grievance, see Chapter 8 Reporting and Solving Problems in this Handbook.

Once we decide, we will issue the written NABD that includes the reason(s) and clinical guidelines we used to deny, limit, or modify the services in a manner that is clear and easy for you to understand. The NABD will also include a "Your Rights" insert that provides your rights to the grievance and appeals process and explains how long you have to file and what steps to take.

If we decided on your pre-service request or on payment of services or treatment that you do not agree with, you can file an appeal. For more information on how to file an appeal, go to Chapter 8 Reporting and Solving Problems in this Handbook.

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.healthnet.com.

8. Reporting and solving problems

There are two kinds of problems that you may have with your dental plan:

- A **complaint** (or **grievance**) is when you have a problem with Health Net, a provider, or with the dental care or treatment you got from a provider
- An **appeal** is when you do not agree with Health Net's decision to not cover services

You should use the Health Net grievance and appeal process first to let us know about your problem. This does not take away any of your legal rights and remedies. We will also not discriminate or retaliate against you for complaining to us. Letting us know about your problem will help us improve care for all members.

If your grievance is not solved, you may file a complaint with the California Department of Managed Health Care (DMHC). If you disagree with the result of your appeal, you can request a State Fair Hearing. You must complete Health Net's internal appeal process **before** you can request a State Fair Hearing.

You may also ask for an Independent Medical Review (IMR) from DMHC. The IMR is an impartial review of a dental plan's decision. The IMR decides medical necessity, coverage, and payment disputes for urgent or emergency services. You must apply for an IMR within 6 months after Health Net sent you a written decision about your appeal.

If you ask for a State Hearing first (see below for more about appeals and State Hearings), you **cannot** ask for an Independent Medical Review (IMR). But if you ask for an IMR first and are not satisfied with the result, you can ask for a State Hearing. You can get help from the California Department of Managed Health Care.

"The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1-800-977-7307 (TTY 711)** and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number **(1-888-466-2219)** and a TDD line **(1-877-688-9891)** for the hearing and speech impaired. The department's internet website **www.dmhc.ca.gov** has complaint forms, IMR application forms and instructions online."

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.healthnet.com.

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

You can also file a grievance with your county eligibility office about your Medi-Cal eligibility. If you are not sure who you can file your grievance with, call 1-800-977-7307 (TTY 711).

Complaints

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

You can file a complaint with us by phone or by mail. There is no time limit to file a complaint. To file a complaint by phone, call your PCD's office or call 1-800-977-7307 (TTY 711). Give your dental plan ID number, your name, and the reason for your complaint.

To file a complaint by mail, call 1-800-977-7307 (TTY 711). Ask to have a form sent to you. When you get the form, fill it out. Be sure to include your name, dental plan ID number, and the reason for your complaint. Tell us what happened and how we can help you.

Mail form to:
Health Net Dental
Appeals & Grievances
P.O. Box 10348
Van Nuys, CA 91410
Online: www.hndental.com

If you need help filing your complaint, we can help you. We can give you free language services. Call 1-800-977-7307 (TTY 711).

Within 5 days of getting your complaint, we will send you a written notice letting you know we received it. Within 30 days, we will tell you how we resolved your problem in writing.

If you want us to make a fast decision because the time it takes to resolve your complaint would put your life, health, or ability to function in danger, you can ask for an urgent review. To ask for an urgent review, call 1-800-977-7307 (TTY 711). We will decide within 72 hours of receiving your complaint letting you know over the phone and in writing.

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.healthnet.com.

Appeals

An appeal is different from a complaint. An appeal is a request for Health Net to review and change a decision we made about coverage for a requested or completed services.

If we sent you a NABD and you do not agree with our decision, you can file an appeal, or your PCD can file an appeal for you. If you want your PCD to file an appeal for you, you need to give written approval.

You can file an appeal by phone or by mail. You must file an appeal within 60 calendar days from the date on the notice you received.

- To file an appeal by phone, call 1-800-977-7307 (TTY 711). Give your name, dental plan ID number, and the service you are appealing.
- To file an appeal by mail, call 1-800-977-7307 (TTY 711). Ask to have a form sent to you. When you get the form, fill it out. Be sure to include your name, dental plan ID number, NABD number, the service you are appealing, and why you feel the service should be approved.

  Mail form to:
  Health Net Dental
  Appeals & Grievances
  P.O. Box 10348
  Van Nuys, CA 91410
  Online: www.hndental.com

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

If you need help filing your appeal, we can help you. We can give you free language services. Call 1-800-977-7307 (TTY 711).

Within 5 days of getting your appeal, we will send you a written notice letting you know we received it. Within 30 days, we will tell you our appeal decision in writing.

If you or your PCD wants us to make a fast decision because the time it takes to resolve your appeal would put your life, health, or ability to function in danger, you can ask for an expedited (fast) review. To ask for an expedited review, call 1-800-977-7307 (TTY 711). We will decide within 72 hours of receiving your appeal.

State Hearings

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

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

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

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

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

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

If you need help asking for a State Hearing, we can help you. We can give you free language services. Call 1-800-977-7307 (TTY 711). At the hearing, you will give your side. We will give our side. It could take up to 90 days for the judge to decide your case.

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

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

Fraud, waste, and abuse

If you suspect that a provider or a person who gets Medi-Cal has committed fraud, waste, or abuse, it is your right and responsibility to report it.

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.healthnet.com.

Provider fraud, waste and abuse includes:

- Changing dental record
- Prescribing more medication than is medically necessary
- Giving more dental care services than are medically necessary
- Billing for services that were not given
- Billing for professional services when the professional did not perform the service.

Fraud, waste, and abuse by a person who gets benefits includes:

- Lending, selling, or giving a dental plan ID card or Medi-Cal BIC to someone else.
- Getting similar or the same treatments or medicines from more than 1 provider
- Going to an emergency room when it is not an emergency
- Using someone else's Social Security number or dental plan ID number

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

Send your report to:
Health Net Dental
C/O LIBERTY Dental Plan
Special Investigation Unit
P.O. Box 26110
Santa Ana, CA 92799-6440

Or you may call our 24 hour Fraud, Waste, and Abuse Hotline at 1-888-704-9833 (TTY 711).

Reporting Fraud, Waste and Abuse

Health Net has multiple ways that allow you to confidentially report potential violations to Health Net, Medi-Cal, and U.S. Department of Health & Human Services, Office of Inspector General (HHS-OIG). These options include the following:

- Health Net's Corporate Compliance Hotline: 1-888-704-9833
- Health Net's Compliance Unit email: compliancehotline@libertydentalplan.com
- Health Net's Special Investigations Unit Hotline: 1-888-704-9833
- Health Net's Special Investigations Unit email: SIU@libertydentalplan.com
- Fraud, waste, and abuse may be confidentially reported to the HHS-OIG Whistle Phone number at 1-800-HHS-TIPS or TTY 1-800-377-4950.
- DHCS asks that anyone suspecting Medi-Cal fraud, waste, or abuse to call the DHCS Medi-Cal Fraud Hotline at 1-800-822-6222.

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.healthnet.com.

Fraud is knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program or to obtain, by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by, or under the custody or control of, any health care benefit program.

Examples of fraud may include:

- Billing for services and treatments that were not completed
- Misrepresenting the services or treatments performed (submitting a different dental procedure code to increase reimbursement)
- Soliciting, offering, or receiving a kickback, bribe, or rebate

Waste includes practices that, directly or indirectly, result in unnecessary costs to the Medicare Program, such as overusing services. Waste is not normally considered to be caused by criminally negligent actions but rather by the misuse of resources.

Examples of waste may include:

- Over-utilization of services or treatments
- Misuse of resources

Abuse includes actions that may, directly or indirectly, result in unnecessary costs to the Medicare Program. Abuse involves paying for items or services when there is no legal entitlement to that payment, and the provider has not knowingly or intentionally misrepresented facts to obtain payment.

Examples of abuse may include:

- Misusing dental procedure codes on a claim
- Charging excessively for services, treatments, or supplies
- Billing for services that were not medically necessary.

Both fraud and abuse can expose providers to criminal and civil liability. Health Net expects all providers and members to comply with applicable laws and regulations, including, but not limited to, the following:

- Federal and State False Claims Act
- Qui Tam Provision (Whistleblower)
- Anti-Kickback Statute
- Physician Self-Referral Law (Stark Law)
- HIPAA
- Social Security Act
- U.S. Criminal Codes

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.healthnet.com.

State & Federal False Claims Laws

Federal False Claims Act: A law that prohibits a person or entity, from “knowingly” presenting or causing to be presented a false or fraudulent claim for payment or approval to the federal government, and from “knowingly” making, using, or causing to be made a false record or statement to get a false or fraudulent claim paid or approved by the federal government. The Federal False Claims Act also prohibits a person or entity from conspiring to defraud the government by getting a false or fraudulent claim allowed or paid. These prohibitions extend to claims submitted to federal health care programs, such as Medicare or Medicaid.

The Federal False Claims Act broadly defines the terms “knowing” and “knowingly.” Specifically, knowledge will have been proven for purposes of the Federal False Claims Act if the person or entity: (1) has actual knowledge of the information; (2) acts in deliberate ignorance of the truth or falsity of the information; or (3) acts in reckless disregard of the truth or falsity of the information. The law specifically provides that a specific intent to defraud is not required to prove that the law has been violated.

Whistleblower Protection Act: Private persons are permitted to bring civil actions for violations of the Federal False Claims Act on behalf of the United States (also known as "qui tam" actions) and are entitled to receive percentages of monies obtained through settlements, penalties and/or fines collected. Persons bringing these claims, also known as relators or whistleblowers, are granted protection under the law.

Specifically, any whistleblower who is discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against by their employer because of reporting violations of the Federal False Claims Act will be entitled to reinstatement with seniority, double back pay, interest, special damages sustained as a result of discriminatory treatment, and attorneys' fees and costs.

Anti-Kickback Statute: The Anti-Kickback Statute is the popular name for The Medicare and Medicaid Fraud and Abuse Statute, 42 U.S.C. § 1320a-7b (b). The Anti-Kickback Statute is a federal criminal law. It prohibits offering or accepting kickbacks to generate health care business.

The Anti-Kickback Statute is a healthcare law that prohibits individuals and entities from a willful and payment of “remuneration” or rewarding anything of value – such as position, property, or privileges – in exchange for patient referrals that involve payables by the Federal healthcare programs. These payables include, but are not limited to, drugs, medical supplies, and healthcare services availed by Medicare or Medicaid beneficiaries. Under the provisions of the Anti-Kickback Statute, the law prohibits the soliciting, receiving, offering, or paying any remuneration (including any kickback, bribe, or rebate) directly or indirectly, overtly, or covertly, in cash or kind.

Physician Self-Referral Law: The Physician Self-Referral Law refers to Section 1877 of the Social Security Act (the Act) 42 U.S.C. 1395nn.

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.healthnet.com.

The Physician Self-Referral Law, commonly referred to as the Stark Law, prohibits physicians (including dentists) from referring patients to receive "designated health/dental services" payable by Medicare or Medicaid from entities with which the physician (including dentists) or immediate family member has a financial relationship.

The law now insists that any medical professional (including dentists) who provides such a referral to a Medicare or Medicaid patient must concurrently provide written notice of that patient's right to go elsewhere along with a list of nearby alternatives.

The law also finalized permanent exceptions for value-based arrangements that will permit physicians and other health care providers to design and enter into value-based arrangements without fear that legitimate activities to coordinate and improve the quality of care for patients and lower costs would violate the Physician Self-Referral Law. This supports the Center of Medicare and Medicaid Services (CMS) broader push to advance coordinated care and innovative payment models across Medicare, Medicaid, and private plans.

Health Net requires all its providers and members to report violations and suspected violations on the part of its employees, associates, persons, or entities providing care or services to all Medicaid enrollees. Examples of such violations include bribery, false claims, conspiracy to commit fraud, theft, or embezzlement, false statements, mail fraud, health care fraud, obstruction of a state and/or federal health care fraud investigation, money laundering, failure to provider medically necessary services, marketing schemes, illegal remuneration schemes, identity theft, or enrollees' medication fraud.

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.healthnet.com.

9. Important numbers and words to know

Important phone numbers

- Health Net Member Services: 1-800-977-7307 (TTY 711)
- Medi-Cal Dental Beneficiaries: 1-800-322-6384 (TTY 1-800-735-2922)
- DMHC Help Center: 1-888-466-2219
- Health Care Options – Medi-Cal Managed Care: 1-800-430-4263
- Health Consumer Alliance: 1-888-804-3536
- Medi-Cal Eligibility: 1-800-541-5555
- Medi-Cal Fair Hearing: 1-800-952-5253 (TTY 1-800-952-8349)
- Medi-Cal Managed Care: 1-800-430-4263 (TTY 1-800-430-7077)
- Medi-Cal Ombudsman: 1-888-452-8609

Words to know

- **Appeal:** A formal request asking Health Net to review denied services for treatment provided or requested. An appeal may be filed by your dentist with your written approval.
- **Applicable:** Applies to or refers to having an effect on someone or something.
- **Authorization:** See Prior Authorization.
- **Balance Billing:** Billing a patient for the difference between the dentist's actual charge and the amount paid by Health Net. Except for copayments and Share of Cost, balance billing is not allowed for covered services.
- **Beneficiary:** A person who is eligible for Medi-Cal benefits.
- **Beneficiary Identification Card (BIC):** The Medi-Cal identification card provided by the Department of Health Care Services to beneficiaries. The BIC includes the beneficiary number and other important information.
- **Benefits:** Medically necessary dental services provided by a Health Net dentist that are available through the Medi-Cal Dental Program.
- **California Children Services (CCS) Program:** A public health program which provides specialized diagnostic, treatment, and therapy services to eligible children under the age of 21 years who have CCS eligible conditions as defined by state regulations.
- **Caries:** Another term for tooth decay or cavities.

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.healthnet.com.

- **Clinical Screening:** An examination by a dentist to provide an opinion about the appropriateness of treatment proposed or provided by a different Health Net dentist. Health Net may require a clinical screening under certain circumstances.
- **Complaint:** A verbal or written expression of dissatisfaction, including any dispute, request for reconsideration, or appeal made by you, or a dentist on your behalf. A complaint can also be made by your representative.
- **Copayment:** A small portion of the dentist's fee that is paid by the beneficiary.
- **Covered Services:** The set of dental procedures that are benefits of Health Net. Health Net will only pay for medically necessary services provided by a Health Net dentist that are benefits of the Medi-Cal Dental Program.
- **Dental Specialist:** A dentist providing specialty care such as endodontics, oral surgery, pediatric dentistry, periodontics, and orthodontics (braces).
- **Early and Periodic Screening, Diagnosis and Treatment (EPSDT):** A federal program that requires health care for children under age 21 through periodic screenings, diagnostic and treatment services. Dental care is included in the EPSDT program.
- **Eligibility:** Refers to meeting the requirements to receive Medi-Cal benefits.
- **Emergency Care:** A dental examination and/or evaluation by a Health Net dentist or dental specialist to determine if an emergency dental condition exists, and to provide care to treat any emergency symptoms within the capability of the facility within professionally recognized standards of care.
- **Emergency Dental Condition:** A dental condition that the absence of immediate attention could reasonably be expected to result in placing the individual's health in jeopardy, causing severe pain or impairing function.
- **Endodontist:** A dental specialist who limits his or her practice to treating disease and injuries of the pulp and root of the tooth.
- **Exclusion:** Refers to any dental procedure or service not available under the Medi-Cal Dental Program.
- **Grievance:** See Complaint.
- **Identification:** Refers to something that proves who a person is, such as a driver's license.
- **Limitations:** Refers to the number of services allowed, type of service allowed, and/or the most affordable dentally appropriate service.
- **Medi-Cal Dentist:** A dentist who has been approved to provide covered services to Medi-Cal beneficiaries.
- **Medically Necessary:** Covered services which are necessary and appropriate for the treatment of the teeth, gums, and supporting structures and that are: (a) provided according to professionally recognized standards of practice; (b) determined by the treating dentist to be consistent with the dental condition; and (c) are the most appropriate type, supply, and level of service considering the potential risks, benefits, and covered services which are alternatives.
- **Non-Covered Service:** A dental procedure or service that is not a covered benefit.

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.healthnet.com.

- **Non-Participating Dentist:** A dentist who is not enrolled in Medi-Cal and is not authorized to provide services to Medi-Cal eligible beneficiaries.
- **Notice of Authorization (NOA):** A computer-generated form sent to dentists in response to a request for authorization of services. (See Treatment Authorization Request)
- **Other Health Coverage/Other Health Insurance:** Coverage for dental related services you may have under any private dental plan, any insurance program, any other state, or federal dental care program, or under other contractual or legal entitlement.
- **Oral Surgeon:** A dental specialist who limits his or her practice to the diagnosis and surgical treatment of diseases, injuries, deformities, defects and appearance of the mouth, jaws, and face.
- **Orthodontist:** A dental specialist who limits his or her practice to the prevention and treatment of problems in the way the upper and lower teeth fit together in biting or chewing.
- **Out-of-Network Provider:** A provider who is not part of the Health Net network.
- **Palliative Care:** Treatment that relieves pain but does not fix the problem causing the pain or provides only a temporary fix.
- **Participating Dental Provider:** A provider enrolled in Medi-Cal that provides dental services to the Plan's member.
- **Pediatric Dentist:** A dental specialist who limits his or her practice to treatment of children from birth through adolescence, providing primary and a full range of preventive care treatment.
- **Periodontist:** A dental specialist who limits his or her practice to treatment of diseases of the gums and tissue around the teeth.
- **Premium:** The amount of money that a person must pay monthly for dental coverage. Plan members do not have to pay a premium.
- **Prior Authorization:** A request by a Health Net dentist to approve services before they are performed. Dentists receive a Notice of Authorization (NOA) from Health Net for approved services.
- **Procedure Code:** A code number that identifies a specific medical or dental service.
- **Prosthodontist:** A dental specialist who limits his or her practice to the replacement of missing teeth with dentures, bridges, or other substitutes.
- **Provider:** An individual dentist, Registered Dental Hygienist in an Alternative Practice (RDHAP), dental group, dental school, or dental clinic enrolled in the Medi-Cal Dental Program to provide health care and/or dental services to Medi-Cal beneficiaries.
- **Provider Directory:** A list of all providers in the Health Net network.
- **Referral:** When your PCD says you can get care from another provider. Some covered care and services require a referral and pre-approval.
- **Requirements:** Refers to something that you must do, or rules you must follow.
- **Responsibility:** Refers to something that you should do or are expected to do.
- **Service area:** The geographic area Health Net serves. This includes the counties of Sacramento and Los Angeles.

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.healthnet.com.

- **Share of Cost:** The share of health expenses that a beneficiary must pay or promise to pay before any Medi-Cal payments can be made for that month.
- **Signature:** Refers to your name written in your handwriting.
- **State Hearing:** A State Hearing is a legal process that allows beneficiaries to request a reevaluation of any denied or modified Treatment Authorization Request (TAR). It also allows a beneficiary or dentist to request a reevaluation of a reimbursement case.
- **Treatment Authorization Request (TAR):** A request submitted by a Health Net dentist for approval of certain covered services before treatment can begin. A TAR is required for certain services and under special circumstances.
- **TAR/Claim Form:** The form used by a dentist when requesting authorization to perform a service or to receive payment for a completed service.

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.healthnet.com.

10. Forms

Member Grievance and Appeals Form

MEMBER GRIEVANCE/COMPLAINT FORM

Date: _____

Please print all information.
Complainant information:

	( )	( )	
Name	Work Telephone Number	Home Telephone number	
Address	City	State	Zip Code

Name of person(s) related to complainant:

Name	ID Number
Name	ID Number
Name	ID Number

Nature of complaint: [Check all that apply]

☐ Marketing	☐ Difficulty disenrolling	☐ Member billing
☐ Quality	☐ Transportation	☐ Accessibility to Care
☐ Emergency care	☐ Staff attitude	☐ Authorization
☐ Other:		

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.healthnet.com.

Problem statement: Date of Occurrence:_____ Location:_____

Provider Name: _____

Describe the problem/complaint in detail:

_____

_____

_____

_____

Use the back of this form if additional space is needed.

_____

Signature of Member Date
(Or signature of parent where member is a minor or incapacitated)

MEDICAL RELEASE

MEMBER: Please provide name and telephone number of any providers who may have treated you for the condition, which is the subject of this grievance

All Medical Records obtained will be held in strict confidence and used solely for reviewing your grievance.

I HEREBY AUTHORIZE AND REQUEST THE ABOVE LISTED PROVIDER(S) TO RELEASE ANY AND ALL MEDICAL RECORDS TO HEALTH NET SUPPORTING MEDICAL NECESSITY FOR THE SUBJECT OF THIS GRIEVANCE:

_____

SIGNATURE:_____ **DATE:** _____

(If signed by other than Member) RELATIONSHIP: _____
(MOTHER, FATHER, GUARDIAN)

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.healthnet.com.

If you should have any further questions or need additional assistance concerning this matter, please contact our Member Services Department toll-free at 1-800-977-7307 (TTY 711). When complete, please submit this form to: Health Net, Attn: Medi-Cal Member Appeals and Grievance Department, P.O. Box 10348, Van Nuys, CA 91410-0348. Fax Number: 1-877-831-6019.

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1-800-977-7307 (TTY 711)** and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for an IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number **(1-888-466-2219)** and a TDD line **(1-877-688-9891)** for the hearing and speech impaired. The department's internet website **www.dmhc.ca.gov** has complaint forms, IMR application forms, and instructions online.

Oral Health Risk Assessment Form

Filling out this form is voluntary. The member will not be denied care based on your answers. This information is private.

Member's Name:	Date of Birth:	ID Number:

Please check one:

1. Has it been more than 12 months since you last saw a dentist? Yes☐ No☐
2. Do your teeth hurt when eating cold, hot, or sugary foods? * Yes☐ No☐
3. Do you have a painful tooth eruption? * Yes☐ No☐
4. Do you have an infected tooth or teeth? * Yes☐ No☐
5. Do you have a broken tooth or teeth? * Yes☐ No☐
6. Is your mouth dry? Yes☐ No☐
7. Do your gums bleed when you brush or floss? * Yes☐ No☐
8. Have you had any gum (periodontal) treatments? Yes☐ No☐
   If yes, list the last visit date: _____
9. Do you wear dentures or partials? Yes☐ No☐
10. Are you currently receiving radiation or chemotherapy? Yes☐ No☐
11. Are you pregnant? Yes☐ No☐
12. Does the member see a doctor often for a serious medical condition? Yes☐ No☐
    If yes, select all that apply: ☐cancer ☐diabetes ☐kidney disease
    ☐other: _____
13. Do you have or associate yourself with a mental, or physical disability? Yes☐ No☐

Cell Phone: _____ Email Address: _____

**If you have pain, swelling, bleeding, or infection please contact Health Net for immediate assistance.*

I understand that this information will be disclosed to my new dental plan.

Signature: _____ **Date:** _____

If not signed by the enrollee, please select one: ☐Parent of minor ☐Guardian
☐Other representative: _____

Please return to: Health Net Dental C/O LIBERTY Dental Plan, P. O. Box 26110, Santa Ana, CA, 92799-6110

Call member services at 1-800-977-7307 (TTY/TDD 711). Health Net is here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is toll-free. Or call the California Relay Line at 711. Visit online at www.healthnet.com.