



Medi-Cal Dental

Member Handbook

What you need to know about your benefits

Combined Evidence of Coverage (EOC) and
Disclosure Form

2025 Benefit Year

California Dental Managed Care (DMC)

Los Angeles County – Prepaid Health Plans (PHP)

Other Languages and Formats

Other Languages

You can get this Member Handbook and other plan materials for free in other languages. Call 1-844-233-4522 (TTY 1-800-466-7566). The call is 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. 1-844-233-4522 (TTY 1-800-466-7566). The call is free.

Confidential Communications

Right to Request Confidential Communications

You have the right to request that We communicate with You about Your Personal Health Information (PHI) by alternative means or to alternative locations. We must accommodate Your request if it is reasonable and specifies the alternative means or location where Your PHI should be delivered. A confidential communications request shall be implemented by the health insurer within seven 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 shall not disclose medical information related to Sensitive Services provided to a Protected

Individual to the Subscriber or any plan enrollees other than the Protected Individual receiving care, absent an express written authorization of 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 www.hndental.com
- By mail to: [Health Net](#) PO Box 10348, Woodland Hills, CA 91410
- By telephone to: [Health Net](#) Member Services at [1-844-233-4522](tel:1-844-233-4522)
- By TDD/TTY: 711 or [1-800-466-7566](tel:1-800-466-7566)

Interpreter Services

Health Net provides oral interpretation services, including sign language, from a qualified interpreter, on a 24-hour basis, at no cost to you.

You do not have to use a family member or friend as an interpreter. For free interpreter, 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 1-844-233-4522 (TTY 1-800-466-7566). The call is toll free.

Taglines

English Tagline

ATTENTION: If you need help in your language call 1-844-233-4522 (TTY: 1-800-466-7566). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-844-233-4522 (TTY: 1-800-466-7566). These services are free of charge.

(Arabic) الشعار بالعربية

1-844-233-4522 يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة توفر أيضًا. 1-844-233-4522 (TTY: 1-800-466-7566) اتصل بـ ريل والخط الكبير هذه الخدمات مجانية (TTY: 1-800-466-7566).

Հայերեն պիտակ (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր
Ձեր լեզվով, զանգահարեք 1-844-233-4522
(TTY: 1-800-466-7566): Կան նաև օժանդակ միջոցներ ու
ծառայություններ հաշմանդամություն ունեցող անձանց
համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ
տպագրված նյութեր: Չանգահարեք 1-844-233-4522
(TTY: 1-800-466-7566): Այդ ծառայություններն անվճար
են:

ឃ្លាសម្គាល់ជាភាសាខ្មែរ (Cambodian)

ចំណាំ: បើអ្នក រក្សា ការជំនួយ ជាភាសា របស់អ្នក សូម
ទូរស័ព្ទ ទៅលេខ 1-844-233-4522 (TTY: 1-800-466-7566)។
ជំនួយ នឹង សេវាកម្ម សម្រាប់ ជនពិការ
ដូចជាឯកសារសរសេរជាអកសរស័ព្ទ សម្រាប់ជនពិការភ្នែក
ឬឯកសារសរសេរជាអកសរស័ព្ទ ក៏អាចរកបានផងដែរ។
ទូរស័ព្ទ មកលេខ 1-844-233-4522 (TTY: 1-800-466-7566)។
សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

简体中文标语 (Simplified Chinese)

请注意：如果您需要以您的母语提供帮助，请致电
1-844-233-4522 (TTY: 1-800-466-7566)。我们另外还提供
针对
残疾人士的帮助和服务，例如盲文和大字体阅读，提供您方
便取用。请致电 1-844-233-4522 (TTY: 1-800-466-7566)。
这些服务都是免费的。

مطلب به زبان فارسی (Farsi)

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با (1-844-233-4522 (TTY: 1-800-466-7566 تماس بگیرید. کمک ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با (1-844-233-4522 (TTY: 1-800-466-7566 تماس بگیرید. این خدمات رایگان

हिंदी टैगलाइन (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-844-233-4522 (TTY: 1-800-466-7566) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे बरेल और बड़े फॉन्ट में भी दस्तावेज़ उपलब्ध हैं। 1-844-233-4522 (TTY: 1-800-466-7566) पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

Nqe Lus Hmoob Cob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-844-233-4522 (TTY: 1-800-466-7566). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-844-233-4522 (TTY: 1-800-466-7566). Cov kev pab cuam no yog pab dawb xwb.

日本語表記 (Japanese)

注意日本語での対応が必要な場合は 1-844-233-4522 (TTY: 1-800-466-7566)へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。 1-844-233-4522 (TTY: 1-800-466-7566)へお電話ください。これらのサービスは無料で提供しています。

한국어 태그라인 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-844-233-4522 (TTY: 1-800-466-7566)번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-844-233-4522 (TTY: 1-800-466-7566) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ແທກໄລພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອ

ອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ 1-844-233-4522

(TTY: 1-800-466-7566). ຍັງມີຄວາມຊ່ວຍເຫຼືອ ອແລະການບໍລິການສໍາລັບຄົນມີການ

ເຈັບປ່ວຍ ນອກສານທີ່ເປັນຄຳສອນ ນແລະມີໂຕພິມໃຫຍ່

ໃຫ້ໂທຫາເບີ 1-844-233-4522 (TTY: 1-800-466-7566). ການບໍລິການເຫຼືອນີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien Tagline (Mien)

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-844-233-4522

(TTY: 1-800-466-7566). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx 1-844-233-4522

(TTY: 1-800-466-7566). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ
1-844-233-4522 (TTY: 1-800-466-7566). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ
ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ
ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ 1-844-233-4522
(TTY: 1-800-466-7566).
ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

Русский слоган (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-844-233-4522 (линия TTY: 1-800-466-7566). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-844-233-4522 (линия TTY: 1-800-466-7566). Такие услуги предоставляются бесплатно.

Mensaje en español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-844-233-4522 (TTY: 1-800-466-7566). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-844-233-4522 (TTY: 1-800-466-7566). Estos servicios son gratuitos.

Tagalog Tagline (Tagalog)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-844-233-4522 (TTY: 1-800-466-7566). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-844-233-4522 (TTY: 1-800-466-7566). Libre ang mga serbisyong ito.

เท็กไลน์ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ ไปที่หมายเลข 1-844-233-4522 (TTY: 1-800-466-7566) นอกจากนี้ ยังพร้อมให้ ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ ไปที่หมายเลข 1-844-233-4522 (TTY: 1-800-466-7566) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Примітка українською (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-844-233-4522 (TTY: 1-800-466-7566). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-844-233-4522 (TTY: 1-800-466-7566). Ці послуги безкоштовні.

Khẩu hiệu tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-844-233-4522 (TTY: 1-800-466-7566).

Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-844-233-4522

(TTY: 1-800-466-7566). Các dịch vụ này đều miễn phí.

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. **Health Net** works 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 Evidence of Coverage (EOC) and Disclosure Form. **This combined evidence of coverage and disclosure form constitutes only a summary of the health plan. The health plan contract must be consulted to determine the exact terms and conditions of coverage** 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.

In this Member Handbook, **Health Net** is sometimes referred to as “we” or “us”. Members are sometimes called “you.” Some capitalized words have special meaning in this Member Handbook.

Call **Member Services at 1-844-233-4522** (TTY **1-800-466-7566**) 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

Health Net is here to help. If you have questions, call **Member Services at 1-844-233-4522** (TTY **1-800-466-7566**) Monday through Friday 8:00 am to 5:00 pm PST. The call is free. You can also visit us online at any time at www.hndental.com

Thank you,

Health Net

PO Box 2182

Milwaukee, WI 53201-2182

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1. Getting started as a member

How to get help

Health Net wants you to be happy with your dental care. If you have any questions or concerns about your care, **Health Net** wants 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
- Help you get an appointment with your primary care dentist (PCD)
- Assist with scheduling transportation
- Get a new **Health Net** Member ID card
- Get a list of dentists
- Understand how to report and solve grievances and appeals
- Request member materials
- Answer other questions you may have

If you need help, call **Member Services at 1-844-233-4522**(TTY **1-800-466-7566**). We are here Monday through Friday 8:00 am to 5:00 pm. The call is free. You can also visit Member Services online at any time at www.hndental.com

Who Can Become a Member

Every state may have a Medicaid program. In California, Medicaid is called **Medi-Cal**.

You qualify for **Health Net** because you qualify for Medi-Cal and live in the county of Los Angeles. You might also qualify for Medi-Cal through Social Security because you are getting SSI or SSP. For questions about enrollment, call Health Care Options at

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Call member services at **1-844-233-4522** (TTY/TDD **1-800-466-7566**).

Health Net is here Monday through Friday 8:00 am to 5:00 pm. The call is free.

Or call the California Relay Line at 711. Visit online at www.hndental.com

1-800-430-4263 (TTY 1-800-430-7077). Or visit <http://www.healthcareoptions.dhcs.ca.gov>.

For questions about Social Security, call the Social Security Administration at 1-800-772-1213. Or go to <https://www.ssa.gov/locator/>

Identification (ID) Cards

As a member of [Health Net](#), you will get a 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. Your Medi-Cal BIC card is the benefits identification card sent to you by the State of California. You should carry both cards with you at all times. Here are sample BIC and dental plan ID cards to show you what yours will look like:



[Health Net](#) ID Card Sample:

	1-844-233-4522
health net	hndental.com
Member Name:	Plan Name:
Member ID:	Effective Date:
State Regulated	

If you do not get your dental plan ID card within a few weeks of enrolling, or if your card is damaged, lost or stolen, call Member Services right away. [Health Net](#) will send you a new card for free. Call [1-844-233-4522](tel:1-844-233-4522) (TTY [1-800-466-7566](tel:1-800-466-7566)) If you do not have a Medi-Cal BIC card or if your card is damaged, lost or stolen, call the local county office. Go to <http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx> to locate the local county office.



Call member services at [1-844-233-4522](tel:1-844-233-4522) (TTY/TDD [1-800-466-7566](tel:1-800-466-7566)).

[Health Net](#) is here Monday through Friday 8:00 am to 5:00 pm. The call is 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 Sacramento and Los Angeles counties. **Health Net** works with the State of California to help you get the dental care you need.

Talk with one of the **Health Net** Member Services Representatives to learn more about the dental plan and how to make it work for you. Call **1-844-233-4522** (TTY **1-800-466-7566**).

When your coverage starts and ends

When you enroll in **Health Net**, you will receive a **Health Net** Member ID card within seven (7) calendar days of enrollment. Please show the Medi-Cal Benefits Identification Card (BIC) and your **Health Net** Member ID card every time you go for any dental services. The **Health Net** Member ID card is proof that you are enrolled with **Health Net**.

Your Medi-Cal coverage will need to be renewed every year. If your local county office cannot renew your Medi-Cal coverage electronically, the county 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 can 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 <http://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 become enrolled with a different dental plan
- You let someone else use your dental benefits

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 [1-844-233-4522](tel:1-844-233-4522) (TTY [1-800-466-7566](tel:1-800-466-7566)).

How your dental plan works

[Health Net](#) is a dental plan contracted with DHCS. [Health Net](#) works with dentists, dental specialists, 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 primary care dentist (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 [1-844-233-4522](tel:1-844-233-4522) (TTY [1-800-466-7566](tel:1-800-466-7566)). 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 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](#) and enroll in another plan. To find out the status of your request, call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077).

If you want to leave [Health Net](#) sooner, you may ask Health Care Options 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. 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.



Call member services at [1-844-233-4522](tel:1-844-233-4522) (TTY/TDD [1-800-466-7566](tel:1-800-466-7566)).

Health Net is here Monday through Friday 8:00 am to 5:00 pm. The call is free.

Or call the California Relay Line at 711. Visit online at www.hndental.com

- 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 <http://www.dhcs.ca.gov/services/medi-cal/pages/countyoffices.aspx>. Or call Health Care Options 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 [Health Net](#) network. If you now see dentists who are not in the [Health Net](#) network, you may be able to keep seeing them for up to 12 months. If your dentists 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](#). 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



Call member services at [1-844-233-4522](tel:1-844-233-4522) (TTY/TDD [1-800-466-7566](tel:1-800-466-7566)).

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Or call the California Relay Line at 711. Visit online at www.hndental.com

- 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.

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

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Call member services at [1-844-233-4522](tel:1-844-233-4522) (TTY/TDD [1-800-466-7566](tel:1-800-466-7566)).

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Or call the California Relay Line at 711. Visit online at www.hndental.com

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](#) plan. 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 [1-844-233-4522](tel:1-844-233-4522) (TTY [1-800-466-7566](tel:1-800-466-7566)).

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](#) network
- 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 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](#) in-network provider

[Health Net](#) does **not** provide continuity of care services if

- 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](#) in-network provider

To learn more about continuity of care services, call [1-844-233-4522](tel:1-844-233-4522) (TTY [1-800-466-7566](tel:1-800-466-7566)).



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 **1-844-233-4522** (TTY **1-800-466-7566**). 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 you got from that provider. For a list of covered services, read Chapter 4, “Benefits and Services” in this handbook. You can also find the Provider Directory on the **Health Net** website at www.hndental.com

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 **1-844-233-4522** (TTY **1-800-466-7566**). 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 **1-844-233-4522**(TTY **1-800-466-7566**) right away. If you pay for a service that you think **Health Net** should cover, file a claim with us. Call **1-844-233-4522** (TTY **1-800-466-7566**) 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 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 one 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.

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. If you meet all of 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 back 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. For questions about share of cost, contact your local county human services office. Find your local office at <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.
- Prospective Payment System (PPS)
 - [Health Net](#) pays some dentists a fixed amount for all services performed during the same date of service visit. This is called a Prospective Payment System (PPS) rate. This type of rate usually applies to Federally Qualified Health Center (FQHC) clinics.
- Incentive Payments
 - [Health Net](#) pays dentists when they meet certain quality benchmarks. These



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[Health Net](#) is here Monday through Friday 8:00 am to 5:00 pm. The call is free.

Or call the California Relay Line at 711. Visit online at www.hndental.com

quality benchmarks include but are not limited to:

- CalAIM
- Prop 56
- Caries Risk Assessments (CRA)
- Annual Dental Visit (ADV)
- Grievance Threshold

To learn more about how [Health Net](#) pays dentists, call [1-844-233-4522](tel:1-844-233-4522) (TTY [1-800-466-7566](tel:1-800-466-7566)).



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 start getting dental care services on your effective date of enrollment in [Health Net](#). Always carry with you your dental plan ID card and Medi-Cal Benefits Identification Card (BIC) card and any other dental insurance cards with you. Never let anyone else use your [Health Net](#) ID card or BIC card. Dentists are also called dental providers.

New members must choose a primary care dentist (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 [1-844-233-4522](tel:1-844-233-4522) (TTY [1-800-466-7566](tel:1-800-466-7566)). 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. To get the most



Call member services at [1-844-233-4522](tel:1-844-233-4522) (TTY/TDD [1-800-466-7566](tel:1-800-466-7566)).
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Or call the California Relay Line at 711. Visit online at www.hndental.com

out of your dental visit:

- Bring your Medi-Cal benefits identification card (BIC)
- Bring your 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 Primary Care Dentist (PCD) about any dental problems you've noticed for yourself or your children.

Be sure to call your PCD's office if you are going to be late or cannot go to your appointment.

Getting to your appointment

If you don't 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 and is not for emergencies. This type of transportation is available for services and appointments to are not related to emergency services and may be available at no cost to you. Go to Chapter 4 (Benefits and Services) and review section Non-Emergency Medical Transportation.

Routine Dental Care

Oral health is an important part of overall health and well-being. [Health Net](#) recommends that children begin seeing a dentist by their first tooth or 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 Assessment 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 90 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 treatment plan to keep your teeth, gums, and mouth in good condition. Oral health education and tips are also available for free on [Health Net's](#) website www.hndental.com.



Call member services at [1-844-233-4522](tel:1-844-233-4522) (TTY/TDD [1-800-466-7566](tel:1-800-466-7566)).
 Health Net is here Monday through Friday 8:00 am to 5:00 pm. The call is free.
 Or call the California Relay Line at 711. Visit online at www.hndental.com

Your PCD information is included on your Welcome Letter and available on the Member portal. If you need help scheduling an initial dental health appointment with your PCD, call Member Services at [1-844-233-4522](tel:1-844-233-4522) (TTY [1-800-466-7566](tel:1-800-466-7566)).

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 dental health appointment.

At your appointment, your PCD may ask you some questions about your health history or may ask you to complete a questionnaire. Be ready to talk with your PCD about your health care needs and concerns.

If you are going to be late or cannot go to your scheduled appointment, please be sure to call your PCD's office to notify them.

Covered Services

All dental services must meet Medi-Cal 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, read Chapter 4 in this handbook.



Call member services at [1-844-233-4522](tel:1-844-233-4522) (TTY/TDD [1-800-466-7566](tel:1-800-466-7566)).
Health Net is here Monday through Friday 8:00 am to 5:00 pm. The call is free.
Or call the California Relay Line at 711. Visit online at www.hndental.com

Urgent dental care

Health Net covers urgent dental care for a chipped tooth, lost filling, crown, or bridge, and 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 **1-844-233-4522** (TTY **1-800-466-7566**) for assistance.

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 **1-844-233-4522** (TTY **1-800-466-7566**) 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 **1-844-233-4522** (TTY **1-800-466-7566**). We are here **Monday through Friday 8:00 a.m. to 5:00 p.m.** The call is free.

Where to get dental care

Dentists



Call member services at **1-844-233-4522** (TTY/TDD **1-800-466-7566**).
Health Net is here Monday through Friday 8:00 am to 5:00 pm. The call is free.
Or call the California Relay Line at 711. Visit online at www.hndental.com

You will choose a primary care dentist (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, call [1-844-233-4522](tel:1-844-233-4522) (TTY [1-800-466-7566](tel:1-800-466-7566)).

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 page 24 of this handbook. To learn more, call [1-844-233-4522](tel:1-844-233-4522) (TTY [1-800-466-7566](tel:1-800-466-7566)).

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, dental specialists, and clinics like Federally Qualified Health Centers (FQHCs).

The dental Provider Directory has names, provider addresses, phone numbers, business hours and languages spoken. It tells if the provider is taking new patients, the provider's cultural and linguistic capabilities (i.e., languages offered by the provider or language interpreters, including American Sign Language). It also gives 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.hndental.com.

If you need a printed Provider Directory, call [1-844-233-4522](tel:1-844-233-4522) (TTY [1-800-466-7566](tel:1-800-466-7566)).

Dental Provider Network

The dental provider network is the group of dentists and specialty dentists that work with [Health Net](#) to provide Medi-Cal Dental covered services to Medi-Cal members.



Call member services at [1-844-233-4522](tel:1-844-233-4522) (TTY/TDD [1-800-466-7566](tel:1-800-466-7566)).
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Or call the California Relay Line at 711. Visit online at www.hndental.com

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 [1-844-233-4522](tel:1-844-233-4522) (TTY [1-800-466-7566](tel:1-800-466-7566)). 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 [1-844-233-4522](tel:1-844-233-4522) (TTY [1-800-466-7566](tel:1-800-466-7566)).

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 [1-844-233-4522](tel:1-844-233-4522) (TTY [1-800-466-7566](tel:1-800-466-7566)).

If you are outside of our service area and need care that is **not** an emergency, call your PCD right away. Or call [1-844-233-4522](tel:1-844-233-4522) (TTY [1-800-466-7566](tel:1-800-466-7566)).

If you have questions about out-of-network or out-of-area care, call [1-844-233-4522](tel:1-844-233-4522) (TTY [1-800-466-7566](tel:1-800-466-7566)).

Primary care dentist (PCD)

Your primary care dentist (PCD) is the licensed dental provider you go to for most of your dental care. Your PCD also helps you get other types of care you need. 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,



Call member services at [1-844-233-4522](tel:1-844-233-4522) (TTY/TDD [1-800-466-7566](tel:1-800-466-7566)).
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Or call the California Relay Line at 711. Visit online at www.hndental.com

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 located 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, a dentist who works with member care in [Health Net](#) will choose a PCD 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.hndental.com Or call [1-844-233-4522](tel:1-844-233-4522) (TTY [1-800-466-7566](tel:1-800-466-7566)). 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 anytime and as many times as you wish. 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 immediately after you make the change.

To change your PCD, go to www.hndental.com or call [1-844-233-4522](tel:1-844-233-4522) (TTY [1-800-466-7566](tel:1-800-466-7566)).

[Health Net](#) can change your PCD 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 cannot get along 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 your PCD changes, and you did not make the change yourself, you will get a letter in the



mail. It will have the name of your new PCD. Call Member Services if you have questions about your PCD. You will also get a new Dental Plan Member ID card in the mail. It will have the name of your new PCD. If you have questions about getting a new ID card, go to www.hndental.com or call 1-844-233-4522 (TTY 1-800-466-7566).

Dental Services through a Dental College & University

Health Net contracts with Dental Colleges and Universities to provide services to Medi-Cal population. If you receive dental care provided by the dental college or university, those services may be performed by students of dentistry or dental hygiene and clinicians or instructors of the dental college.

Appointments and visits

When you need dental care:

- Call your PCD
 - Have your Health Net ID number ready on the call
 - Leave a message with your name and phone number if the office is closed
 - Take your BIC and dental plan ID card to your appointment
 - Ask Health Net for transportation to your appointment, if needed
 - Ask Health Net for needed language assistance or interpreting services before your appointment to have services at the time of your visit
 - Bring an identification card or driver 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.



Call member services at 1-844-233-4522 (TTY/TDD 1-800-466-7566).
Health Net is here Monday through Friday 8:00 am to 5:00 pm. The call is free.
Or call the California Relay Line at 711. Visit online at www.hndental.com

If you do get a bill, call [1-844-233-4522](tel:1-844-233-4522) (TTY [1-800-466-7566](tel:1-800-466-7566)). 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 [1-844-233-4522](tel:1-844-233-4522) (TTY [1-800-466-7566](tel:1-800-466-7566)).

Referrals

[Health Net](#) does not require referrals to see a specialist. However, your PCD may give you a referral to send you to a specialist if you need one. A dental specialist is a dentist who focuses on one area of dentistry. Your PCD will work with you to choose a specialist. Your PCD's office can help you set up a time to see the specialist.

Your PCD may give you a form to take to the dental specialist. The dental specialist will fill out the form and send it back to your PCD.

If you want a copy of our referral policy, call [1-844-233-4522](tel:1-844-233-4522) (TTY [1-800-466-7566](tel:1-800-466-7566))

You do not need a referral for:

- PCD visits
 - Urgent or emergency care
-

Pre-approval (prior authorization)

For some types of care, your PCD or dental 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 disfigurement 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 pre-approval.

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

We review the request to decide if the care is medically necessary and covered. We do **not** pay our reviewers to deny coverage or dental services. If we do not approve the care, we will tell you why.

Health Net will contact you if we need more information or more time to review your request.

Second Opinions

You might want a second opinion about 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 PCD. Your PCD can refer you to a network provider for a second opinion. Or call [1-844-233-4522](tel:1-844-233-4522) (TTY [1-800-466-7566](tel:1-800-466-7566)). We will pay for a second opinion if you or your network dentist 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. If you have urgent request, we will decide within 72 hours.

Call Member Services at [1-844-233-4522](tel:1-844-233-4522) (TTY [1-800-466-7566](tel:1-800-466-7566)).

If we deny your request for a second opinion, you may file a grievance. To learn more about grievances, go to page 69 in this handbook.



Timely Access to Care

Health Net must provide appointments within the following timeframes:

- Routine appointments (including preventive care) – 4 weeks
 - Specialist appointments – 30 business days (ages 21+); 30 calendar days (under age 21)
 - Urgent care appointments – 72 hours
 - Emergency care – Must be available 24 hours, 7 days per 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 www.hndental.com.

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.hndental.com or call the toll-free Health Education Information Line at (800) 804-6074 (TTY: 1-800-466-7566).



Call member services at 1-844-233-4522 (TTY/TDD 1-800-466-7566).
Health Net is here Monday through Friday 8:00 am to 5:00 pm. The call is 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)
▪ Adjunctives	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 [1-844-233-4522](tel:1-844-233-4522) (TTY/TDD [1-800-466-7566](tel:1-800-466-7566)).
 Health Net is here Monday through Friday 8:00 am to 5:00 pm. The call is free.
 Or call the California Relay Line at 711. Visit online at www.hndental.com

Summary of benefits

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

✓ Benefit ✗ Not a benefit

Procedure	Full Scope	Limited Scope	Pregnancy Related	Residing in a Facility (SNF/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. Allowable under special circumstances.



Call member services at [1-844-233-4522](tel:1-844-233-4522) (TTY/TDD [1-800-466-7566](tel:1-800-466-7566)).
 Health Net is here Monday through Friday 8:00 am to 5:00 pm. The call is free.
 Or call the California Relay Line at 711. Visit online at www.hndental.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 growth and development; and
- 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 health 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+)
- Bite-wing x-rays – Every 6 months
- Full mouth x-rays – Every 36 months
- Panoramic x-rays – Every 36 months
- Teeth cleaning – Every 6 months (under age 21); Every 12 months (ages 21+)
- Topical fluoride – Every 6 months (under age 21); Every 12 months (ages 21+)
- Sealants – Every 36 months (under age 21 only)
- Fillings – Every 12 months (per baby tooth); Every 36 months (per permanent tooth)
- Crowns – Every 5 years (age 13+)



Call member services at [1-844-233-4522](tel:1-844-233-4522) (TTY/TDD [1-800-466-7566](tel:1-800-466-7566)).
 Health Net is here Monday through Friday 8:00 am to 5:00 pm. The call is free.
 Or call the California Relay Line at 711. Visit online at www.hndental.com

- Deep cleaning (scaling/root planing) – Every 24 months per quadrant (age 13+)
- Full and partial dentures – Every 5 years
- Denture repair and relines – Twice per year

Teledentistry services

Teledentistry is a way of getting services without being in the same physical location as your dentist. Teledentistry may involve having a live conversation with your provider, or may involve sharing information with your dentist without a live conversation. 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.

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.

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 make 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 [1-844-233-4522](tel:1-844-233-4522) at least 10 business 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.



Call member services at [1-844-233-4522](tel:1-844-233-4522) (TTY/TDD [1-800-466-7566](tel:1-800-466-7566)).
 Health Net is here Monday through Friday 8:00 am to 5:00 pm. The call is free.
 Or call the California Relay Line at 711. Visit online at www.hndental.com

What Does Not Apply?

If your physical and medical condition allows you to get to your dental appointment by car, bus, taxi, or other easily accessible method of transportation. Transportation will not be provided if the service is not covered by [Health Net](#). A list of covered services is in this member handbook.

Cost to Member

There is no cost when transportation is authorized by [Health Net](#).

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](#) allows you to use a car, taxi, bus, or other public/private way of getting to your dental appointment for plan-covered medical services including mileage reimbursement when transportation is in a private vehicle arranged by the member and not through a transportation broker, bus passes, taxi vouchers or train tickets. [Health Net](#) allows the lowest cost NMT type for your dental needs that is available at the time of your appointment.

To ask for NMT services, please call [Health Net](#) at 1-844-233-4522 (TTY 1-800-466-7566) 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 card ready when you call.

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.



Call member services at 1-844-233-4522 (TTY/TDD 1-800-466-7566).
[Health Net](#) is here Monday through Friday 8:00 am to 5:00 pm. The call is free.
 Or call the California Relay Line at 711. Visit online at www.hndental.com

- The service is not covered by [Health Net](#). A list of covered services is in this member handbook.

Cost to Member

There is no cost when transportation is allowed by [Health Net](#).

Community health worker (CHW) services

[Health Net](#) covers community health worker (CHW) services for members when recommended by a licensed provider to prevent disease, disability, and other oral health conditions or their progression. CHW services have no service location limits.

Services may include:

- Oral health education to promote the Member's oral health or address barriers to dental health care, including providing information consistent with established or recognized oral health care standards.
- Oral health navigation, including providing information, training, and support to help get health care and community resources.
- Screening and assessment services that help connect a member to services to improve their oral health.

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 radiographic evidence 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



Call member services at [1-844-233-4522](tel:1-844-233-4522) (TTY/TDD [1-800-466-7566](tel:1-800-466-7566)).
 Health Net is here Monday through Friday 8:00 am to 5:00 pm. The call is free.
 Or call the California Relay Line at 711. Visit online at www.hndental.com

- Implants and implant related services unless exceptional medical conditions are present

Medical Condition Exceptions may apply.

Dental services provided outside of [Los Angeles County](#) are not covered unless it is an emergency.

[Health Net](#) does not cover counseling or referral services not covered because of moral or religious reasons. To receive these services, please contact Medi-Cal Dental at 1-800-322-6384 (TTY 1-800-735-2922).

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, procedures, appliances, or restorations to treat Temporomandibular Joint Dysfunction (TMJ) if an approved prior authorization is not on file
- 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 due to attrition, abrasion, erosion, or for cosmetic purposes
- Dental services for the removal of third molar teeth (wisdom teeth) unless the third molar occupies the first or second molar position
- 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 [1-844-233-4522](#) (TTY [1-800-466-7566](#)).



Call member services at [1-844-233-4522](#) (TTY/TDD [1-800-466-7566](#)).
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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 Primary Care Physician (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](#) will continue to cover types of service that do not have to do with the CCS condition such as physicals, vaccines and well-child checkups.

[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 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



Call member services at [1-844-233-4522](tel:1-844-233-4522) (TTY/TDD [1-800-466-7566](tel:1-800-466-7566)).
Health Net is here Monday through Friday 8:00 am to 5:00 pm. The call is free.
Or call the California Relay Line at 711. Visit online at www.hndental.com

- 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 [1-844-233-4522](tel:1-844-233-4522) (TTY [1-800-466-7566](tel:1-800-466-7566)).

Other Medi-Cal programs and services

There are other Medi-Cal programs and services, including:

- **Health Education:** At no cost to you, [Health Net](#) offers 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.hndental.com or call Member Services at [1-844-233-4522](tel:1-844-233-4522) (TTY: [1-800-466-7566](tel:1-800-466-7566)).
- **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.
- **Transportation:** While we understand the Medi-Cal program covers non-emergency medical transportation through the MCOs, [Health Net](#) offers transportation through a local high quality vendor for our Members.
- **Additional Benefits**
Members Reward Programs: Upon approval by DHCS, [Health Net](#) offers a dental program to help keep you healthy and to help you live a healthier life. We call these **healthy behavior programs**. You can earn rewards while participating in these programs. You can participate by visiting your dentist and having good oral health habits. You and your family could receive a gift card when you visit the dentist! The Amazon gift card is redeemable for oral health supplies such as toothbrushes,



Call member services at [1-844-233-4522](tel:1-844-233-4522) (TTY/TDD [1-800-466-7566](tel:1-800-466-7566)).
 Health Net is here Monday through Friday 8:00 am to 5:00 pm. The call is free.
 Or call the California Relay Line at 711. Visit online at www.hndental.com

toothpaste, dental floss, and mouthwash; baby care items such as diapers, bottles, and formula, school supplies and clothes.

- \$20 Amazon Gift Card (All Members)
Completing the initial Oral Health Risk Screening Form and receiving a preventive dental visit within the first 90 days of enrollment
- \$20 Amazon Gift Card (Child Members up to age one)
First dental home visit by age one.
- \$20 Amazon Gift Card (Child Members ages 6-9 and 10-14)
Receiving a dental sealant on a first or second permanent molar.
- \$20 Amazon Gift Card (Child Members)
Receiving two preventive dental visits in a 12-month period
- \$20 Amazon Gift Card (Child Members)
After a tooth extraction, completing an online assessment on opioid safety and alternative pain management options for acute pain (e.g., NSAIDs and acetaminophen).

You are required to complete a form online attesting that you've met the criteria above and eligible for the gift card. A [Health Net](#) representative will review the information to confirm whether or not you are eligible to receive the gift card.

- **Value Added Benefits:** [Health Net](#) offers additional dental benefit codes that are not currently covered by Medi-Cal.

Read each of the sections below to learn more about other Medi-Cal programs and services.

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 [1-844-233-4522](tel:1-844-233-4522) (TTY [1-800-466-7566](tel:1-800-466-7566)).



Call member services at [1-844-233-4522](tel:1-844-233-4522) (TTY/TDD [1-800-466-7566](tel:1-800-466-7566)).
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5. Child and youth preventive dental services

Child and youth members under 21 years old can get dental services as soon as they are enrolled. This makes sure 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 four to six months "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 ages 0 to 3:

- 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 varnish (every 6 months)
- Fillings
- Tooth removal
- Emergency services
- Sedation (if medically necessary)

Kids ages 4-12:

- Dental exams (every 6 months)



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Or call the California Relay Line at 711. Visit online at www.hndental.com

- X-rays
- Teeth cleaning (every 6 months)
- Fluoride varnish (every 6 months)
- Molar sealants
- Fillings
- Root canal treatment
- Tooth removal
- Emergency services
- Sedation (if medically necessary)

Teens ages 13-20:

- Dental exams (every 6 months)
- X-rays
- Fluoride varnish (every 6 months)
- Teeth cleaning (every 6 months)
- Orthodontics (braces) for those who qualify
- Fillings
- Crowns
- Root canal treatment
- 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 [1-844-233-4522](tel:1-844-233-4522) (TTY [1-800-466-7566](tel:1-800-466-7566)). You may also visit the [Health Net](#) at www.hndental.com

Help getting child and youth preventive dental services

[Health Net](#) will help members under 21 years old to get the services they need. [Health Net](#) can:

- Tell you about available services
- Help find in-network providers or out-of-network providers, when needed
- Help make appointments

Provide care coordination to get the right care even if [Health Net](#) is not responsible for paying for that care.



Call member services at [1-844-233-4522](tel:1-844-233-4522) (TTY/TDD [1-800-466-7566](tel:1-800-466-7566)).
Health Net is here Monday through Friday 8:00 am to 5:00 pm. The call is free.
Or call the California Relay Line at 711. Visit online at www.hndental.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 due consideration to the Member's right to privacy and the need to maintain confidentiality of the Member's medical and dental information.
- To be provided with information about the plan and its services, including Covered Services, providers, and member rights and responsibilities.
- To get fully translated written member information in your preferred language, including all grievance and appeals notices.
- To be able to choose a Primary Care Dentist within the Contractor's network.
- To participate in decision making regarding their own dental care, including the right to refuse treatment.
- To voice grievances, either verbally or in writing, about the organization or the care received.
- To receive oral interpretation services for their language.
- To have access to Federally Qualified Health Centers, Indian Health Service Facilities, and Emergency Services outside the Contractor's network pursuant to the federal law.
- To request a State Hearing, 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 their Dental Record.
- To disenroll upon request.



Call member services at [1-844-233-4522](tel:1-844-233-4522) (TTY/TDD [1-800-466-7566](tel:1-800-466-7566)).
 Health Net is here Monday through Friday 8:00 am to 5:00 pm. The call is free.
 Or call the California Relay Line at 711. Visit online at www.hndental.com

- To receive written Member informing materials in alternative 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 restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- To receive information on available treatment options and alternatives, presented in a manner appropriate to the Member's condition and ability to understand.
- To receive a copy of his or her dental records, and request that they be amended or corrected, as specified in federal regulations.
- Freedom to exercise these rights without adversely affecting how they are treated by the Contractor, 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 90 days of enrollment.
- Completing and returning the Oral Health Risk Assessment form to Health Net or completing the form online, or by calling Member Services within the first 90 days for enrollment. The form can be found on page 51 of this member handbook.
- 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.
- 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.
- 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.



Call member services at [1-844-233-4522](tel:1-844-233-4522) (TTY/TDD [1-800-466-7566](tel:1-800-466-7566)).
Health Net is here Monday through Friday 8:00 am to 5:00 pm. The call is free.
Or call the California Relay Line at 711. Visit online at www.hndental.com

- 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 Medi-Cal.
 - Providing accurate information to the professional staff, following instructions, and cooperating with the providers.
-

Ways to get involved as a member

[Health Net](#) wants to hear from you. Each quarter, we have meetings to talk about what is working 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

We have a group called [Community Advisory Committee \(CAC\)](#). This group 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 including oral health equity

If you would like to be a part of this group, call [1-844-233-4522](#) (TTY [1-800-466-7566](#)).

Member Satisfaction Survey

We want to hear from our members. On an annual basis, [Health Net](#) will distribute and evaluate Member Satisfaction Surveys. Surveys are conducted using a phone interview or online/email methodology. If and when you receive the survey, please participate and provide your honest opinion and feedback.



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 [1-844-233-4522](tel:1-844-233-4522). If you cannot hear or speak well, please call TTY [1-800-466-7566](tel:1-800-466-7566) or 711 to use the California Relay Service.



Call member services at [1-844-233-4522](tel:1-844-233-4522) (TTY/TDD [1-800-466-7566](tel:1-800-466-7566)).
Health Net is here Monday through Friday 8:00 am to 5:00 pm. The call is free.
Or call the California Relay Line at 711. Visit online at www.hndental.com

Medi-Cal Oral Health Information Form



You are receiving this form because you have enrolled in a new Dental Managed Care plan, Health Net Dental (Health Net). We will use this form to make sure you get needed care.

Please check the answers that apply to you using a blue or black pen. Complete one form **for each person** in your family who is enrolled in Health Net. If you have questions, please call Health Net toll-free at **1-844-233-4522**. A representative is available to speak with you Monday through Friday, between 8:00 am and 5:00 pm. TDD/TTY users should dial **711**.

Filling out this form is voluntary.
You will not be denied care based on your confidential answers.

Member's Name:		Date of Birth:					
Medi-Cal ID Number:				Please check one: <table border="1"> <tr> <th>Yes</th> <th>No</th> <th>N/A</th> </tr> </table>	Yes	No	N/A
Yes	No	N/A					
1.	Has it been more than 12 months since your last dental visit?						
2.	Do you have pain when eating cold, hot, or sugary foods?						
3.	Do you have a painful tooth eruption?						
4.	Do you have an infected tooth or teeth?						
5.	Do you have a broken tooth or teeth?						
6.	Is your mouth dry?						
7.	Do your gums bleed with you brush or floss?						
8.	Have you had any gum (periodontal) treatments? If yes, date of last treatment: _____						
9.	Do you wear dentures or partials?						
10.	Are you currently receiving radiation or chemotherapy?						
11.	Are you pregnant?						
12.	Do you see a doctor regularly for a chronic medical condition? If yes, check all that apply: <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> Kidney Disease <input type="checkbox"/> Other: _____						
13.	Do you have or associate yourself with a mental or physical disability?						

Please return the completed form using the enclosed prepaid envelope or mail to:

Health Net Dental, Attn: Case Management, PO Box 2182 Milwaukee, WI 53201-2182

If you think you need to see a dentist before Health Net contacts you, please contact your dental office or seek care from a hospital.

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

Signature:	Date Signed:
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Call member services at **1-844-233-4522** (TTY/TDD **1-800-466-7566**).
 Health Net is here Monday through Friday 8:00 am to 5:00 pm. The call is free.
 Or call the California Relay Line at 711. Visit online at www.hndental.com

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**. 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 by calling **1-844-233-4522**. Or, if you cannot hear or speak well, please call TTY **1-800-466-7566**.
- **By Mail:** Fill out a complaint form or write a letter and send it to:
Health Net
P.O. Box 10348
Woodland Hills, CA 91410-0348
A copy of the form can be found on **Health Net's** website at https://www.healthnet.com/content/healthnet/en_us/members/appeals-and-grievances/medi-cal-dental-appeals-and-grievances.html
- **In person:** Visit your doctor's office or **Health Net** and say you want to file a grievance.
- **Electronically:** Visit **Health Net's** website at https://www.healthnet.com/content/healthnet/en_us/members/appeals-and-grievances/medi-cal-dental-appeals-and-grievances.html

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 **916-440-7370**. If you cannot speak or hear well, please call **711 (Telecommunications Relay Service)**.
- **By Mail:** 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



Call member services at **1-844-233-4522** (TTY/TDD **1-800-466-7566**).
Health Net is here Monday through Friday 8:00 am to 5:00 pm. The call is free.
Or call the California Relay Line at 711. Visit online at www.hndental.com

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

- Online: Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby>

Health Net permits you or your representative to request confidential communication in a format requested by you, if the information is easy to provide in that format, or at alternative locations.

- **Health Net** requires you or your representative to make the request for confidential communication in writing.
- The confidential communication request is valid until you submit a request to revoke the request, or you submit a new one.
- The confidential communication request applies to all communications that disclose medical information or provider name and address about medical services you receive.
- **Health Net** will implement the request within 7 calendar days of receipt of an electronic transmission, or within 14 calendar days of receipt by first-class mail. **Health Net** will acknowledge receipt of the request and tell you the status of implementation of the request if you ask.



Call member services at **1-844-233-4522** (TTY/TDD **1-800-466-7566**).
Health Net is here Monday through Friday 8:00 am to 5:00 pm. The call is free.
Or call the California Relay Line at 711. Visit online at www.hndental.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. **Health Net's** statement of its policies and procedures for protecting your medical information (called a "Notice of Privacy Practices") is included below:

A STATEMENT DESCRIBING **HEALTH NET'S** POLICIES AND PROCEDURES FOR PRESERVING THE CONFIDENTIALITY OF MEDICAL 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 **1-844-233-4522** Monday through Friday (TTY **1-800-466-7566**) from 8:00 am to 5:00 pm for a written copy of this notice.

For information regarding your rights, your choices, user and disclosures information, and DHCS responsibilities please review DHCS Privacy Practices online: <https://www.dhcs.ca.gov/formsandpubs/laws/priv/Documents/Notice-of-Privacy-Practices-English.pdf>

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, other coverage, and tort recovery

The Medi-Cal program follows state and federal laws and regulations relating to the legal liability of third parties for health care services to its members. **Health Net** will take all reasonable measures to ensure that the Medi-Cal program is the payer of last resort.



Call member services at **1-844-233-4522** (TTY/TDD **1-800-466-7566**).
Health Net is here Monday through Friday 8:00 am to 5:00 pm. The call is free.
Or call the California Relay Line at 711. Visit online at www.hndental.com

Medi-Cal members may have other health coverage (OHC), also referred to as private insurance. As a condition of Medi-Cal eligibility, you must apply for or retain any available OHC when they are free.

Federal and state laws require Medi-Cal members to report OHC and any changes to an existing OHC. You may have to repay DHCS for any benefits paid by mistake if you do not report OHC quickly. Submit your OHC online at <http://dhcs.ca.gov/OHC>.

If you do not have access to the internet, you can report OHC to [Health Net](#) by calling 1-844-233-4522 (TTY 1-800-466-7566 or 711) . Alternatively, you can call DHCS's OHC Processing Center at 1-800-541-5555 (TTY 1-800-430-7077 or 711) or 1-916-636-1980.

DHCS has the right and responsibility to be paid back for covered Medi-Cal services for which Medi-Cal is not the first payer. For example, if you are injured in a car accident or at work, auto or workers' compensation insurance may have to pay for your health care first or pay back Medi-Cal if Medi-Cal pays.

If you are injured, and another party is liable for your injury, you or your legal representative must notify DHCS within 30 days of filing a legal action or a claim. Submit your notification online to:

- Personal Injury Program at <https://dhcs.ca.gov/PIForms>
- Workers' Compensation Recovery Program at <https://dhcs.ca.gov/WC>

To learn more, visit the DHCS Third Party Liability and Recovery Division website at <https://dhcs.ca.gov/tplrd> or call 1-916-445-9891.

Notice of Action

[Health Net](#) will send you a Notice of Action (NOA) letter any time [Health Net](#) denies, delays, terminates, or modifies a request for dental care services. If you disagree with [Health Net](#)'s decision, you can always file an appeal with [Health Net](#). Go to the "Appeals" section in Chapter 7 of this handbook for important information on filing your appeal. When [Health Net](#) sends you a NOA it will tell you all the rights you have if you disagree with a decision we made.

Contents in notices

If [Health Net](#) bases denials, delays, modifications, terminations, suspensions, or reductions to your services in whole or in part on medical necessity, your NOA must contain the following:

- A statement of the action [Health Net](#) intends to take
- A clear and concise explanation of the reasons for [Health Net](#)'s decision
- [How Health Net](#) decided, including the rules [Health Net](#) used
- The reasons for the decision. [Health Net](#) must clearly state how your condition does



Call member services at 1-844-233-4522 (TTY/TDD 1-800-466-7566).
[Health Net](#) is here Monday through Friday 8:00 am to 5:00 pm. The call is free.
 Or call the California Relay Line at 711. Visit online at www.hndental.com

not meet the rules or guidelines.

Translations

Health Net is required to fully translate and provide written member information in common preferred languages, including all grievance and appeals notices.

The fully translated notice must include the medical reason for Health Net's decision to deny, delay, modify, terminate, suspend, or reduce a request for health care services.

If translation in your preferred language is not available, the Health Net is required to offer verbal help in your preferred language so that you can understand the information you get.



Call member services at [1-844-233-4522](tel:1-844-233-4522) (TTY/TDD [1-800-466-7566](tel:1-800-466-7566)).
Health Net is here Monday through Friday 8:00 am to 5:00 pm. The call is free.
Or call the California Relay Line at 711. Visit online at www.hndental.com

7. Reporting and solving problems

There are two kinds of ways to report and solve problems:

- Use a **complaint** (or **grievance**) when you have a problem with [Health Net](#), or a provider, or with the dental care or treatment you got from a provider
- Use an **appeal** when you don't agree with [Health Net](#) decision not to cover services

You have the right to file a grievance and appeal with [Health Net](#) to tell us 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.

You may contact [Health Net](#) first to let us know about your problem. Call us between [Monday through Friday 8:00 a.m. to 5:00 p.m.](#) at [1-844-233-4522](#) (TTY [1-800-466-7566 or 711](#)). Tell us about your problem.

If your grievance or appeal is still not resolved after 30 days, or you are unhappy with the result, you can call the California Department of Managed Health Care (DMHC). Ask DMHC to review your complaint or conduct an Independent Medical Review (IMR). If your matter is urgent, such as those involving a serious threat to your health, you may call DMHC right away without first filing a grievance or appeal with [Health Net](#). You can call DMHC for free at 1-888-466-2219 (TTY 1-877-688-9891 or 711). Or go to: <https://www.dmhc.ca.gov>.

The California Department of Health Care Services (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 [1-844-233-4522](tel:1-844-233-4522) (TTY [1-800-466-7566](tel:1-800-466-7566)).

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 your PCD or with [Health Net](#).

You can file a complaint with us by phone or by mail. There is no time limit to file a complaint.

- **By Phone:** Call [1-844-233-4522](tel:1-844-233-4522) (TTY [1-800-466-7566](tel:1-800-466-7566)). Give your dental plan ID number, your name, and the reason for your complaint.
- **By Mail:** call [1-844-233-4522](tel:1-844-233-4522) (TTY [1-800-466-7566](tel:1-800-466-7566)). 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 the form to:

[Health Net](#)

PO Box 10348

Woodland Hills, CA 91410-0348

- **Online:** Visit the [Health Net](#) website. Go to www.hndental.com

If you need help filing your complaint, we can help you. We can give you free language services. Call [1-844-233-4522](tel:1-844-233-4522) (TTY [1-800-466-7566](tel:1-800-466-7566)).

Within 5 calendar days of getting your complaint, we will send you a letter telling you we received it. Within 30 days, we will send you another letter that tells you how we resolved your problem.

If you have an urgent matter involving a serious health concern, we will start an expedited (fast) review. We will give you a decision within 72 hours of receiving your complaint. To ask for an expedited review, call [1-844-233-4522](tel:1-844-233-4522) (TTY [1-800-466-7566](tel:1-800-466-7566)).

Within 72 hours of getting your complaint, we will decide how we will handle your complaint and whether we will expedite it. If we find that we will not expedite your complaint, we will tell you that we will resolve your complaint within 30 days. You may



Call member services at [1-844-233-4522](tel:1-844-233-4522) (TTY/TDD [1-800-466-7566](tel:1-800-466-7566)).
Health Net is here Monday through Friday 8:00 am to 5:00 pm. The call is free.
Or call the California Relay Line at 711. Visit online at www.hndental.com

contact DMHC directly for any reason, including if you believe your concern qualifies for expedited review, [Health Net](#) does not respond to you within the 72-hour period, or if you are unhappy with [Health Net's](#) decision.

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 service. If we sent you a Notice of Action (NOA) letter telling you that we are denying, delaying, changing, or ending a service, and you do not agree with our decision, you can file an appeal, or your PCD can file an appeal for you. Your PCD will need to obtain an authorization of representation (AOR) form from you first to proceed with submitting the appeal.

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

You can file an appeal by phone, in writing by mail, or online:

- **By Phone:** call [1-844-233-4522](tel:1-844-233-4522) (TTY [1-800-466-7566](tel:1-800-466-7566)). Give your name, health plan ID number, and the service you are appealing.
- **By Mail:** A copy of the form can be found on [Health Net's](#) website at https://www.healthnet.com/content/healthnet/en_us/members/appeals-and-grievances/medi-cal-dental-appeals-and-grievances.html. Or you can call [1-844-233-4522](tel:1-844-233-4522) (TTY [1-800-466-7566](tel:1-800-466-7566)) and 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 service you are appealing.

Mail the form to:

[Health Net](#)

PO Box 10348

Woodland Hills, CA 91410-0348

- **Online:** Visit the [Health Net](#) website. Go to https://www.healthnet.com/content/healthnet/en_us/members/medi-cal.html

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 [1-844-233-4522](tel:1-844-233-4522) (TTY [1-800-466-7566](tel:1-800-466-7566)).



Call member services at [1-844-233-4522](tel:1-844-233-4522) (TTY/TDD [1-800-466-7566](tel:1-800-466-7566)).
Health Net is here Monday through Friday 8:00 am to 5:00 pm. The call is free.
Or call the California Relay Line at 711. Visit online at www.hndental.com

Within 5 calendar days of getting your appeal, we will send you a letter letting you know we received it. Within 30 days, we will tell you our appeal decision and send you a Notice of Appeal Resolution (NAR) letter. If we do not give you our appeal decision within 30 days, you can request a State Hearing from the California Department of Social Services (CDSS) and an Independent Medical Review (IMR) with DMHC.

If you or your dentist 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 [1-844-233-4522](tel:1-844-233-4522) (TTY [1-800-466-7566](tel:1-800-466-7566)). We will make a decision 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. (TDD 1-800-952-8349).**

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

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



Call member services at [1-844-233-4522](tel:1-844-233-4522) (TTY/TDD [1-800-466-7566](tel:1-800-466-7566)).
Health Net is here Monday through Friday 8:00 am to 5:00 pm. The call is free.
Or call the California Relay Line at 711. Visit online at www.hndental.com

If you need help asking for a State Hearing, we can help you. We can give you free language services. Call [1-844-233-4522](tel:1-844-233-4522) (TTY [1-800-466-7566](tel:1-800-466-7566)).

At the hearing, you will tell the judge why you disagree with [Health Net's decision](#). will tell the judge how we made our decision. It could take up to 90 days for the judge to decide your case. [Health Net](#) must follow what the judge decides.

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 make a decision no later than 3 business 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 by calling the confidential toll-free number 1-800-822-6222 or submitting a complaint online at <https://www.dhcs.ca.gov/>.

Provider fraud, waste and abuse includes:

- Changing dental records
- 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 Benefits Identification Card (BIC) to someone else
- Getting similar or the same treatments or medicines from more than one 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, write down the name, address and ID number of the person who committed the fraud, waste or abuse. Give as much information as you can about the 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

PO Box 2182

Milwaukee, WI 53201-2182

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 (insert health plan's telephone number) 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.dmhca.ca.gov has complaint forms, IMR application forms and instructions online



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Or call the California Relay Line at 711. Visit online at www.hndental.com

8. Important numbers and words to know

Important phone numbers

- [Health Net Member Services 1-844-233-4522](tel:1-844-233-4522) (TTY [1-800-466-7566](tel:1-800-466-7566))
- 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

American Indian: Individual who meets the definition of “Indian” under federal law at 42 CFR section 438.14, which defines a person as an “Indian” if the person meets any of the following:

- Is a member of a federally recognized Indian tribe
- Lives in an urban center and meets one or more of the following:

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- Is a member of a tribe, band, or other organized group of Indians, including those tribes, bands or groups terminated since 1940 and those recognized now or in the future by the state in which they reside, or who is a descendant in the first or second degree of any such member
- Is an Eskimo or Aleut or other Alaska Native
- Is considered by the Secretary of the Interior to be an Indian for any purpose
- Is determined to be an Indian under regulations issued by the Secretary of the Interior

Appeal: A member's request asking [Health Net](#) to review and change a decision made about coverage for a requested service. An appeal may be filed by your dentist.

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: Please see "Member".

Beneficiary Identification Card (BIC): The Medi-Cal identification card provided by the Department of Health Care Services to members. The BIC includes the beneficiary number and other important information.

Benefits: Dental services provided by a [Health Net](#) dentist that are available through Medi-Cal Dental.

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 health conditions, diseases, or chronic health problems as defined by state regulations.

Caries: Another term for tooth decay or cavities.

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. The



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Health Net may require a clinical screening under certain circumstances.

Complaint: A member's 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. A complaint is the same as a grievance.

Continuity of Care: The ability of a member to keep getting Medi-Cal services from their existing out-of-network provider for up to 12 months if the provider and **Health Net** agree.

Coordination of Benefits (COB): The process of determining which insurance coverage (Medi-Cal, Medicare, commercial insurance, or other) has primary treatment and payment responsibilities for members with more than one type of insurance coverage.

Copayment: A small portion of the dentist's fee that is paid by the beneficiary.

Covered Services: Medi-Cal services for which **Health Net** is responsible for payment. Covered services are subject to the terms, conditions, limitations, and exclusions of the Medi-Cal contract, any contract amendment, and as listed in this Member Handbook (also known as the Combined Evidence of Coverage (EOC) and Disclosure Form). **Health Net**.

DHCS: The California Department of Health Care Services. This is the state office that oversees Medi-Cal Dental.

Disenroll: To stop using a dental plan because the member no longer qualifies, or changes to a new dental plan. The member must sign a form that says they no longer want to use the dental plan or call Health Care Options and disenroll by phone.

DMHC: The California Department of Managed Health Care. This is the state office that oversees managed care health and dental plans.

Dental Managed Care Plan: A Medi-Cal Dental plan that uses only certain dentists, dental specialists, providers, clinics, and hospitals for Medi-Cal recipients enrolled in that plan. **Health Net** is a managed care dental plan.

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. Please also refer to “Medi-Cal for Kids and Teens”.

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.

Established patient: A patient who has an existing relationship with a provider and has gone to that provider within a specified amount of time established by the health plan.

Exclusion: Refers to any dental procedure or service not available under Medi-Cal Dental.

Fraud: An intentional act to deceive or misrepresent by a person who knows the deception could result in some unauthorized benefit for the person or someone else.

Grievance: A member’s verbal or written expression of dissatisfaction about a service covered by Medi-Cal, [Health Net](#), or a provider. A complaint filed with [Health Net](#) about a network provider is an example of a grievance.

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.



Medi-Cal for Kids and Teens: A benefit for Medi-Cal members under the age of 21 through periodic screenings, diagnostic and treatment services. This benefit is also known as the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit under federal law. Dental care is included in the EPSDT program.

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.

Member: Any eligible Medi-Cal member enrolled with [Health Net](#) who is entitled to get covered services.

Non-Covered Service: A dental procedure or service that is not a covered benefit.

Non-Medical Transportation: Transportation when traveling to and from an appointment for a Medi-Cal covered service authorized by a member's provider.

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 their 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.



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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.

Plan: Please see "Dental Managed Care Plan".

Premium: The amount of money that a person must pay monthly for dental coverage. Plan members do not have to pay a premium.

Pre-Approval (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 PCP 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.



Rural Health Clinic (RHC): A health center in an area that does not have many providers. Members can get preventive care at an RHC.

Service area: The geographic area [Health Net](#) serves. This includes the counties of [Sacramento and Los Angeles](#).

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.

Urgent care (or urgent services): Services provided to treat a non-emergency illness, injury or condition that requires dental care. Members can get urgent care from an out-of-network provider if in-network providers are temporarily not available or accessible.



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