Member Handbook

What you need to know about your benefits

Health Net Dental

Disclosure Form

2020

Los Angeles County
Prepaid Health Plan (PHP)

Other languages and formats

Other languages

You can get this Member Handbook and other plan materials for free in other languages. Call 800-977-7307 (TTY 711). The call is free.

Other formats

You can get this information for free in other formats, such as Braille, large print and audio. Call 800-977-7307 (TTY 711). The call is free.

Interpreter services

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 800-977-7307 (TTY 711). The call is free.

English
ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-800-977-7307 (TTY: 711).

Español (Spanish)
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-977-7307 (TTY: 711).

Tiếng Việt (Vietnamese)
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-977-7307 (TTY: 711).

Tagalog (Tagalog –Filipino)
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-977-7307 (TTY: 711).

한국어 (Korean)
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-977-7307 (TTY: 711)번으로 전화해 주십시오.

繁體中文 (Chinese)
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-977-7307 (TTY: 711)。

Հայերեն (Armenian)
ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1-800-977-7307 (TTY: 711):

Русский (Russian)
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-977-7307 (TTY: 711).

فارسی (Farsi)
توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-977-7307 (TTY: 711) تماس بگیرید.

日本語 (Japanese)
注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。
1-800-977-7307　(TTY: 711) まで、お電話にてご連絡ください。

Hmoob (Hmong)
LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj.
Hu rau 1-800-977-7307　(TTY: 711).

ਪੰਜਾਬੀ (Punjabi)
ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ।
1-800-977-7307　(TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

عربيــةال (Arabic)
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم
1-800-977-7307 (TTY :711).

हिंदी (Hindi)
ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।
1-800-977-7307　(TTY: 711) पर कॉल करें।

ภาษาไทย (Thai)
เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร
1-800-977-7307　(TTY: 711).

ខ្មែរ (Cambodian)
ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, បសវាជំនួយខ្នកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។
ចូរ ទូរស័ព្ទ 1-800-977-7307　(TTY: 711)។

ພາສາລາວ (Lao)
ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມ
ໃຫ້ທ່ານ. ໂທ 1-800-977-7307　(TTY: 711).

Call Member Services at 800-977-7307 (TTY 711). We're here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free.
Or call the California Relay Line at 711. Visit us online at www.hndental.com.

Nondiscrimination Notice

Discrimination is against the law. Health Net Dental 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 Dental 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 Dental between 8:00 a.m. to 5:00 p.m. Monday through Friday by calling 800-977-7307. Or, if you cannot hear or speak well, please call 711.

HOW TO FILE A GRIEVANCE

If you believe that Health Net Dental 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 Monday through Friday by calling 800-977-7307. Or, if you cannot hear or speak well, please call 711.
- In writing: Fill out a complaint form or write a letter and send it to:

  Health Net
  Grievances and Appeals
  P.O. Box 10348
  Van Nuys, CA 91499

- 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 www.healthnet.com.

OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

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

- By phone: Call **916-440-7370**. If you cannot speak or hear well, please call **711 (Telecommunications Relay Service)**.
- In writing: Fill out a complaint form or send a letter to:

  Office of Civil Rights
  Department of Health Care Services
  Office of Civil Rights
  P.O. Box 997413, MS 0009
  Sacramento, CA 95899-7413

  Complaint forms are available at 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**.
- In writing: Fill out a complaint form or send a letter to:

  U.S. Department of Health and Human Services
  200 Independence Avenue, SW
  Room 509F, HHH Building
  Washington, D.C. 20201

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

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

Welcome to Health Net Dental!

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

Member Handbook

This Member Handbook tells you about your coverage under Health Net. Please read it carefully. 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). It is only a summary of Health Net rules and policies. If you would like to learn the exact terms and conditions of coverage, you may request a copy of the contract from Member Services.

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

Contact us

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

You can also visit us online at any time at www.hndental.com.

Thank you,

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

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1. Getting started as a member

How to get help

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

Member Services

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

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

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

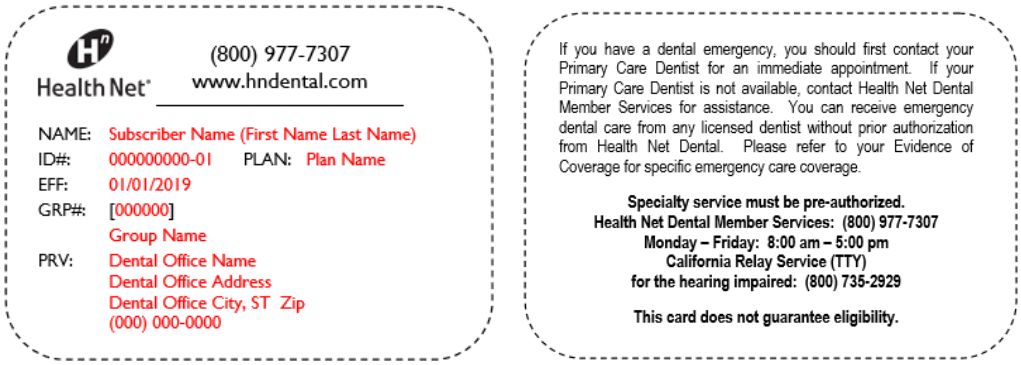
Who can become a member

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

You can ask questions about qualifying for Medi-Cal at your local county human services office. Find your local office at http://www.dhcs.ca.gov/services/medi-cal or call 1-800-300-1506 (TTY) 888 889-4500 to reach Covered California.

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. You should carry both cards with you at all times. Here is a sample dental plan ID card to show you what yours will look like:



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. We will send you a new card. Call 800-977-7307 (TTY 711).

Ways to get involved as a member

Health Net wants to hear from you. Each year, 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 Public Policy Committee

We have a group called the Public Policy Committee. This group is made up of members, dental providers, support staff and our Dental Director. The group talks about how to improve Health Net policies and is responsible for:

- Offering ideas to improve how we service our members
- Reviewing quality reports, including complaints
- Suggesting ways to improve the Plan's programs
- Reviewing financial reports

If you would like to be a part of this group, call 800-977-7307 (TTY 711).

Call Member Services at 800-977-7307 (TTY 711). We're here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free.
Or call the California Relay Line at 711. Visit us online at www.hndental.com.

2. About your dental plan

Dental plan overview

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

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

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 this card every time you go for any service under the Health Net. This card is proof that you are enrolled with Health Net.

You must see the dentist listed on your Health Net Member ID Card. Your Primary Care Dentist's (PCD) name and telephone number are on your Health Net Member ID card. If you did not choose a dentist when you enrolled, one will be assigned to you. You can call 800-977-7307 (TTY 877-550-2929 if you want to choose a different dentist.

You may ask to end your Health Net coverage and choose another dental plan at any time.

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 the Plan
- You become enrolled as a commercial member of a dental plan
- You verbally mistreat a dentist or the office staff
- You physically hurt a dentist or the office staff
- You let someone else use your dental benefits

If you are a Native American, you do not have to enroll in a Medi-Cal managed care

Call Member Services at 800-977-7307 (TTY 711). We're here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free.
Or call the California Relay Line at 711. Visit us online at www.hndental.com.

dental plan. If you have been enrolled in Health Net, you can ask to leave at any time. You can also get dental care at an Indian Health Service (IHS) Division of Oral Health (DOH) site.

How your dental plan works

Health Net is a dental plan contracted with DHCS. Health Net is a dental managed care plan. Managed care plans are a cost-effective use of dental care resources that improve dental care access and assure quality of care. Health Net works with dentists and other providers in our service area (our network) to provide dental care to you, our member.

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

- 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
- Get a list of dentists
- Request member materials
- Answer other questions you may have

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

Changing dental plans

You may leave Health Net and join another dental plan 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 5:00 p.m. Monday through Friday, or visit www.healthcareoptions.dhcs.ca.gov.

It takes 45 calendar days to process your request to leave Health Net. To find out when Health Care Options has approved your request, call 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.

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 or call 1-800-300-1506 to reach Covered California. You should continue seeing the dentist listed on your Health Net Member ID card until you get a letter from Health Care Options.

Continuity of care

If you now see dentists who are not in the Health Net's network, you may be able to keep seeing them for up to 12 months. If your dentist(s) do not join our network by the end of 12 months, you will need to switch to dentists in the Health Net's network.

You have the right to dental services with a dentist(s) who is not part of Health Net's network for certain dental benefits. You can call 800-977-7307 (TTY 711) to see if you qualify for this service, or you can ask for a copy of Health Net's Continuity of Care policy.

College students who move to a new county

If you move to a new county to attend college, you may still be able to get Health Net services, even if Health Net does not serve your new county. Or you may be able to get services through regular Medi-Cal, 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 800-977-7307 (TTY 711).

Dentists who leave Health Net

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

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

Health Net provides continuity of care services if the following terms are met:

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

Health Net does **not** provide continuity of care services if the following terms are met:

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

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

Costs

Member costs

Health Net serves people who qualify for Medi-Cal. Health Net members do **not** have to pay for covered services. You will not have premiums, co-pays or deductibles.

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

How a dentist gets paid

Health Net pays dentists in these ways:

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

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

Asking us to pay a bill

If you get a bill for a covered service, call Member Services right away at 800-977-7307 (TTY 711).

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

3. How to get dental care

Getting dental services

PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW FROM WHOM OR WHAT GROUP OF PROVIDERS DENTAL CARE MAY BE OBTAINED.

You can begin to get dental care services on your effective date of coverage. Always keep your dental plan ID card and Medi-Cal BIC card with you. Never let anyone else use your 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 800-977-7307 (TTY 711). You can also find the dental Provider Directory on our website at www.hndental.com.

If you cannot get the care you need from a participating dental provider in our network, your PCD must ask Health Net for approval to send you to an out-of-network provider.

Read the rest of this chapter to learn more about PCDs, our dental Provider Directory and our dental provider network.

When you call for an appointment with your PCD, tell the person who answers the phone that you are a member of Health Net. Give your dental plan ID number.

To get the most out of your dental visit:

- Bring your Medi-Cal 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 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.

Routine dental care

Oral health is an important part of overall health and well-being. The Medi-Cal Dental program recommends that children begin seeing a dentist by their first tooth or their 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). All dental services must meet Medi-Cal Dental program requirements to be covered.

Dental services that may be covered for children are:

- Exams and x-rays
- Cleanings
- Fluoride treatments
- Sealants
- Fillings
- Crowns
- Tooth extractions
- Root canals
- Braces
- Appliances to replace missing teeth

Dental services that may be covered for adults are:

- Exams and x-rays
- Cleanings
- Deep Cleanings (scaling and root planning)
- Fluoride treatments
- Fillings
- Laboratory crowns
- Anterior root canals (front teeth)
- Tooth extractions
- Prefabricated crowns
- 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.

Urgent dental care

Health Net covers urgent dental care. 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 800-977-7307 (TTY 711) 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 800-977-7307 (TTY 711) for assistance.

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

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

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

Where to get dental care

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.

Dental Provider Directory

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

The Health Net dental Provider Directory lists dentists, specialist dentists, Federally Qualified Health Centers (FQHCs), Indian Health Centers (IHC) and Native American Health Clinics.

The dental Provider Directory has names, provider addresses, phone numbers, business hours and languages spoken. It tells if the provider is taking new patients. It gives the level of physical accessibility for the building.

You can find the online dental Provider Directory at www.hndental.com.

If you need a printed Provider Directory, call 800-977-7307 (TTY 711).

Dental provider network

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

In network

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

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

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

Call Member Services at 800-977-7307 (TTY 711). We're here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free.
Or call the California Relay Line at 711. Visit us online at www.hndental.com.

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 800-977-7307 (TTY 711).

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

If you have questions about out-of-network or out-of-area care, call 800-977-7307 (TTY 711).

Dentists

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 800-977-7307 (TTY 711).

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 on page 16 of this handbook. To learn more, call 800-977-7307 (TTY 711).

Primary Care Dentist (PCD)

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

You can also choose a Federally Qualified Health Center (FQHC), community clinic, Native American 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 800-977-7307 (TTY 711). You can also call to find out if the PCD you want is taking new patients.

Choice of Dentists

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

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

Your new choice will become your PCD on the first day of the next month after you make the change.

To change your PCD, call 800-977-7307 (TTY 711).

We may ask you to 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 you change PCDs, you will get a new dental plan member ID card in the mail. It will have the name of your new PCD. Call Member Services if you have questions about getting a new ID card.

Appointments and visits

When you need dental care:

- Call your PCD
- Have your Health Net Member 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
- 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.

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

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

Referrals

Your PCD will give you a referral to send you to a specialist if you need one. A specialist is a dentist who has extra education in 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 specialist dentist. The specialist dentist will fill out the form and send it back to your PCD.

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

You do not need a referral for:

- PCD visits
- Urgent or emergency care

Pre-approval

For some types of care, your PCD or specialist dentist 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.

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

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

- Root canals
- Crowns
- Full dentures
- Denture relines
- Deep cleanings (scaling and root planning)
- 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 800-977-7307 (TTY 711).

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 800-977-7307 (TTY 711).

If we deny your request for a second opinion, you may appeal. To learn more about appeals, go to page 53 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

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
· Restorative	Fillings, crowns
· Endodontic	Pulpotomy, root canals
· Periodontal	Gum surgery
· Removable Prosthodontics	Immediate and complete dentures, relines
· Oral and Maxillofacial Surgery	Extractions
· Orthodontic	Braces
· Adjunctive	Sedation, general anesthesia

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

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	✓	✗	✓	✓
Restorative Services – Fillings/Crowns	✓	✗	✓	✓
Crowns*	✓	✗	✓	✓
Scaling and Root Planning (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.
2. Over age 21, allowed under special circumstances for back teeth.

**Not a benefit under age 13. Allowable under special circumstances.

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

Additional pediatric dental care services

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

We cover EPSDT services. EPSDT services include all services covered by Denti-Cal. If you are under 21, you may receive additional services that are not covered by Denti-Cal as long as they are medically necessary. These services are in addition to the regular Denti-Cal benefits.

If you need one of these additional services, your dentist will ask us. All requests are sent to Health Net for approval.

If you want more information on EPSDT benefits, call 800-977-7307 (TTY 711).

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 medical 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 877-550-3868 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.

What Does Not Apply?

If you're physical and medical condition allows you to get to your medical 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 medical appointment for plan-covered medical services including mileage reimbursement when transportation is in a private vehicle arranged by the beneficiary and not through a transportation broker, bus passes, taxi vouchers or train tickets. Health Net allows the lowest cost NMT type for your medical needs that is available at the time of your appointment.

To ask for NMT services, please call Health Net at 800-977-7307 or 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.
- 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.

What your dental plan does not cover

Dental services provided outside of Los Angeles County are not covered unless it is an emergency.

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

- Crowns with high noble metal (gold)
- Gingival irrigation

- Flexible base partial dentures
- Specialty dentist consultations
- Orthodontic treatment (braces)
- Laboratory crowns on back teeth that do not support and existing or treatment planned denture
- Partial dentures unless there is an existing or treatment planned full denture on the other arch
- Implants and implant related services unless exceptional medical conditions are present
- Fixed partial denture (bridge) unless exceptional medical conditions are present

If you have questions or want to learn more about dental services, call Denti-Cal at 1-800-322-6384 (TTY 1-800-735-2922). You may also visit the Denti-Cal website at denti-cal.ca.gov.

Services you cannot get through Health Net or Medi-Cal

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

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

authorized by Health Net

- Any routine dental service performed by a dentist or dentist specialist in an inpatient/outpatient hospital setting

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

California Children's Services (CCS)

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

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

- 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 800-977-7307 (TTY 711).

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 the dental care of your child, call 800-977-7307 (TTY 711).

5. 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.
- 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.

- 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.
- The 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:

- Give your dentist, to the best of your knowledge, correct information about your physical and dental health
- Telling your dentist if you have any sudden changes to your physical and dental health
- Telling your dentist that you understand the treatment plan and what is of you required of you
- Staying with the treatment plan that you understood and agreed to with your dentist
- Keeping your planned appointments with your dentist
- Telling your dentist ahead of time if you are unable to make your planned appointments
- Your own actions if you refuse treatment or do not follow your dentist's treatment plan, instructions and advise
- Paying any agreed upon fees or monies to your dental office as soon as possible
- Following all of the dental office's rules about care and conduct

Notice of Privacy Practices

A statement describing our policies and procedures for preserving the confidentiality of dental records is available and will be furnished to you upon request.

As required by law, this notice is about your rights, our legal duties and privacy practices with respect to the privacy of Personal Health Information (PHI). This notice also talks about the way we may collect, use and disclose your PHI. We must follow the orders of the notice currently in effect. We keep the right to make changes to this notice from time to time and to make the changed notice effective for all PHI we keep. You can find our most current privacy notice on our website at www.hndental.com.

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

Notice about laws

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

Notice about Medi-Cal as a payer of last resort

Sometimes someone else has to pay first for the services we provide you. For example, if you already have affordable health insurance from your employer.

As a Health Net member, you will always receive your Medi-Cal benefits. However, if you have coverage under a plan or policy from any other health Plan, your coverage under this plan is a secondary dental benefit.

The California Department of Health Care Services has the right and responsibility to collect for covered Medi-Cal services for which Medi-Cal is not the first payer.

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

Notice of Adverse Benefit Determination

We must use the Notice of Adverse Benefit Determination (NABD) form to notify you of a denial, termination, and delay or modification in benefits. If you disagree with our decision, you can file an appeal with our plan.

6. Reporting and solving problems

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

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

You should use the Health Net grievance and appeal process first to let us know about your problem. This does not take away any of your legal rights and remedies. We will also not discriminate or retaliate against you for complaining to us. Letting us know about your problem will help us improve care for all members. If your grievance is not solved, you may file a complaint with the Department of Managed Health Care (DMHC). If you disagree with the result of your appeal, you can file a State Fair Hearing. You must complete Health Net's appeals process before you can file for a State Fair Hearing.

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

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

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **800-977-7307 (TTY: 711)** and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for

assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number **(1-888-446-2219)** and a TDD line **(1-877-688-9891)** for the hearing and speech impaired. The department's Internet Web site *www.dmhc.ca.gov* has complaint forms, IMR application forms and instructions online.

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 800-977-7307 (TTY 711).

Complaints

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

To file a complaint by phone, call your PCD's office or call 800-977-7307 (TTY 711). Give your dental plan ID number, your name, and the reason for your complaint.

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

Mail the form to:

Health Net
Appeals & Grievances
P.O.Box 10348
Van Nuys, CA 91409

Call Member Services at 800-977-7307 (TTY 711). We're here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free.
Or call the California Relay Line at 711. Visit us online at www.hndental.com.

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

Within 5 days of getting your complaint, we will send you a letter letting you know we received it. Within 30 days, we will tell you how we resolved your problem.
If you want us to make a fast decision because the time it takes to resolve your complaint would put your life, health, or ability to function in danger, you can ask for an expedited (fast) review. To ask for an expedited review, call 800-977-7307 (TTY 711). We will make a decision within 72 hours of receiving your complaint.

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 Adverse Benefit Determination (NABD) and you do not agree with our decision, you can file an appeal, or your PCD can file an appeal for you.

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

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

Mail the form to:

Health Net
Appeals & Grievances
P.O. Box 10348
Van Nuys, CA 91409

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 800-977-7307 (TTY 711).

Within 5 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.

If you or your doctor 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 800-977-7307 (TTY 711). 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 within 120 calendar days from the date on the notice telling you of the appeal decision. Your PCD can ask for a State Hearing for you if he or she gets approval from DSS. Call DSS to ask the state to give approval for your PCD to ask for a State Hearing.

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

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

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

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

If you need help asking for a State Hearing, we can help you. We can give you free language services. Call 800-977-7307 (TTY 711).

At the hearing, you will give your side. We will give our side. It could take up to 90 days for the judge to decide your case.

If you want us to make a fast decision because the time it takes to have a State Hearing would put your life, health, or ability to function fully in danger, you or your

PCD can write to DSS. You can ask for an expedited (fast) State Hearing. DSS must 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.

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
Quality Management Department
P.O. Box 26110
Santa Ana, CA 92799-6110
Phone: 800-977-7307

Or call our 24-Hour Fraud, Waste and abuse Hotline at 1-800-977-3565.

7. Important numbers and words to know

Important phone numbers

- Health Net Member Services 800-977-7307 (TTY 711)
- Denti-Cal Beneficiaries 800-322-6384 (TTY 800-735-2922)
- DMHC Help Center 888-466-2219
- Health Care Options – Medi-Cal Managed Care 800-430-4263
- Health Consumer Alliance 888-804-3536
- Medi-Cal Eligibility 916-552-9200
- Medi-Cal Fair Hearing 800-952-5253 (TTY 800-952-8349)
- Medi-Cal Managed Care 916-449-2000
- Medi-Cal Ombudsman 888-452-8609

Words to know

Appeal: A formal request asking Health Net to review denied services for treatment provided. 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: A person who is eligible for Medi-Cal benefits.

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

Benefits: Medically necessary dental services provided by a Health Net dentist that are available through the Medi-Cal dental program.

Call Member Services at 800-977-7307 (TTY 711). We're here Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free.
Or call the California Relay Line at 711. Visit us online at www.hndental.com.

California Children Services (CCS) Program: A public health program which provides specialized diagnostic, treatment, and therapy services to eligible children under the age of 21 years who have CCS eligible conditions as defined state regulations.

Caries: Another term for tooth decay or cavities.

Child Health and Disability Prevention (CHDP) Program Services: Preventive health care services for beneficiaries under 21 years of age provided under the state law and regulations.

Clinical Screening: An examination by a dentist to provide an opinion about the appropriateness of treatment proposed or provided by a different Health Net dentist. Health Net may require a clinical screening under certain circumstances.

Complaint: A verbal or written expression of dissatisfaction, including any dispute, request for reconsideration, or appeal made by you, or a dentist on your behalf. A complaint can also be made by your representative.

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

Covered Services: The set of dental procedures that are benefits of the Health Net. The Health Net will only pay for medically necessary services provided by a Health Net dentist that are benefits of the Medi-Cal dental program.

Dental Specialist: A dentist providing specialty care such as endodontics, oral surgery, pediatric dentistry, periodontics, and orthodontics (braces).

Denti-Cal Dentist: A dentist who has been approved to provide covered services to Medi-Cal beneficiaries.

Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT): A federal program that provides health care for children through periodic screenings, diagnostic and treatment services. Dental care is included in the EPSDT program.

Eligibility: Refers to meeting the requirements to receive Medi-Cal benefits.

Emergency Care: A dental examination and/or evaluation by a Health Net dentist or dental specialist to determine if an emergency dental condition exists, and to provide care to treat any emergency symptoms within the capability of the facility within professionally recognized standards of care.

Emergency Dental Condition: A dental condition that the absence of immediate attention could reasonably be expected to result in placing the individual's health in jeopardy, causing severe pain or impairing function.

Endodontist: A dental specialist who limits his or her practice to treating disease and injuries of the pulp and root of the tooth.

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

Grievance: See Complaint.

Identification: Refers to something that proves who a person is, such as a driver's license.

Limitations: Refers to the number of services allowed, type of service allowed, and/or the most affordable dentally appropriate service.

Medically Necessary: Covered services which are necessary and appropriate for the

treatment of the teeth, gums, and supporting structures and that are (a) provided according to professionally recognized standards of practice; (b) determined by the treating dentist to be consistent with the dental condition; and (c) are the most appropriate type, supply and level of service considering the potential risks, benefits, and covered services which are alternatives.

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

Non-Participating Dentist: A dentist who 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.

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 the Medi-Cal Dental program that provides dental services to the Plan's member.

Pediatric Dentist: A dental specialist who limits his or her practice to treatment of children from birth through adolescence, providing primary and a full range of preventive care treatment.

Periodontist: A dental specialist who limits his or her practice to treatment of diseases of the gums and tissue around the teeth.

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

Prior Authorization: A request by a Health Net dentist to approve services before they are performed. Dentists receive a Notice of Authorization (NOA) from Health Net for approved services.

Procedure Code: A code number that identifies a specific medical or dental service.

Prosthodontist: A dental specialist who limits his or her practice to the replacement of missing teeth with dentures, bridges or other substitutes.

Provider: An individual dentist, Registered Dental Hygienist in an Alternative Practice (RDHAP), dental group, dental school or dental clinic enrolled in the Medi-Cal dental program to provide health care and/or dental services to Medi-Cal beneficiaries.

Provider Directory: A list of all providers in the Health Net network.

Referral: When your 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.

Service area: The geographic area Health Net serves. This includes the counties of 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.