



IMPORTANT INFORMATION ABOUT YOUR MEMBER RIGHTS

Understanding This Letter

If you need help understanding this notice or our decision, please call us at 888-703-6999/TTY: 833-855-8039. We are here to help.

Requesting Records

You can ask for free copies of all the records we used to make this decision. This includes a copy of the actual benefit provisions, guidelines, protocols, or criteria we used to make our denial. You can also ask for reasonable access to, and copies of all your case records. To ask for a copy of the records we used to make this decision, please call LIBERTY's Member Services Department at 888-703-6999/TTY: 833-855-8039.

What if I Do not Agree with this Decision?

If you believe that this decision is not correct, you have the right to file a grievance (complaint) with LIBERTY. You or your authorized representative must submit your complaint within **180 calendar days** of the postmark date of this notice, either over the telephone or in writing.

What is a Complaint?

A complaint is any unhappiness that you have with LIBERTY, one of our contracted dentists, or your dental benefits coverage.

Who Can File a Complaint?

You can file a complaint, or you can also name a relative, friend, advocate, attorney, doctor, or someone else to act for you (your authorized representative). Others also already may be authorized under State law to act for you. Call LIBERTY at 888-703-6999/TTY: 877-855-803. If you want someone to act on your behalf, you and your authorized representative must sign, date, and send us a statement naming that person to act for you.

Submitting a Complaint

There are two types of complaints: standard (non-urgent) and expedited (fast). To file a complaint in writing, send us a copy of this letter, a brief reason why you think our decision is not correct, the reason for your unhappiness, and any other important information you would like for us to look at. LIBERTY will process your complaint and will give you a written notice of the decision.

Acknowledgment

Once we receive your complaint, we will send you a letter within 5 working days letting you know it was received. A "Grievance and Appeals" form will be included with your letter. You do not have to return the form, but we encourage you to return it to us with any information that could help us resolve your appeal or complaint.

Standard (Non-Urgent) Complaint Process

Your complaint will be reviewed by someone at LIBERTY who was not a part of the first decision, does not report to the first reviewer, and is of the same or similar specialty. A standard complaint will be resolved within 30 calendar days.



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Expedited (Fast) Complaint Process

LIBERTY will resolve your complaint as quickly as possible. In some cases, you have the right to ask for a fast review. If you, or your dentist, feel that waiting for the standard (non-urgent) complaint process could cause a serious threat to your life or health, you can ask for a fast complaint. LIBERTY will review your request to determine if your health condition meets the rules for a fast review. If so, your complaint will be resolved within 72 hours from the time we first received it. If your health condition does not meet the rules for a fast review, your complaint will be resolved within 30 calendar days.

You can send your complaint to us through any of the following:

Mail:	Phone:	888-703-6999/TYY: 877-855-8039
LIBERTY Dental Plan	Fax:	833-250-1814
Grievances and Appeals	Online:	https://www.libertydentalplan.com/Legal/Grievances.aspx
P.O. Box 26110		
Santa Ana, CA 92799-6110		

Independent Medical Review (IMR)/External Review

You have 6 months from any qualifying event to ask the Department of Managed Health Care to determine if your case meets the conditions for an Independent Medical Review (IMR)/External Review. You can ask for an IMR/External Review when you have an urgent complaint about a decision made by LIBERTY about medical necessity. You can also ask for an IMR/External Review for cases in which you received urgent care or emergency services that LIBERTY denied as, experimental, or investigational treatment, or payment disputes for emergency services.

Fast IMR/External Review

You can ask for a fast IMR/External Review in some cases. Your treating dentist or doctor must complete a certification form saying that the delay in using LIBERTY's internal fast complaint process could seriously harm your life or health. The certification must be included with your request for a fast external review. To ask for a free IMR/External Review you or your authorized representative can contact the Department of Managed Health Care at any of the following:

Mail: Department of Managed Health Care, Help Center, 980 9th Street, Suite 500, Sacramento, CA 95814
Phone: 888-466-2219
Fax: 916-255-5241
Online: www.dmhc.ca.gov

Other resources to help you.

Do you have questions about your member rights or this notice? Need help? You can call the Health Consumer Alliance (HCA) for free assistance over the phone or in person at 888-804-3536/TTY: 877-735-2929.



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Department of Managed Health Care Complaint Process

“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 **888-703-6999/TTY: 877-855-8039** 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 web site www.dmhc.ca.gov has complaint forms, IMR application forms and instructions online.”