

"YOUR RIGHTS"

UNDER DENTAL MANAGED CARE

IF YOU DO NOT AGREE WITH THE DECISION MADE FOR THIS DENTAL TREATMENT, YOU MAY FILE AN APPEAL. THE APPEAL MUST BE FILED WITH LIBERTY.

HOW TO FILE AN APPEAL

You have **60 calendar days** from the date of this Notice of Adverse Benefit Determination (NABD) letter to file an appeal. **YOU MUST COMPLETE THE APPEAL PROCESS WITH LIBERTY BEFORE YOU CAN ASK FOR A STATE FAIR HEARING.**

If you are currently getting treatment and you want to continue getting treatment while your appeal is pending, you must tell us within 10 calendar days from the date of this letter; OR before the date LIBERTY says services will stop. You must say that you want to keep getting treatment when you file the appeal. You may have to pay for the cost of any continued treatment if the final decision is not in your favor.

You may file an appeal for yourself. You may give your written consent to your provider or someone else you trust to file the appeal for you. **You may send in any information you want LIBERTY to review and should send it to us as soon as possible.** You may also receive your member file at any time free of charge. You can ask for an appeal by phone, in writing, online, or in person:

By phone: Call **1-866-609-0418/TTY 1-877-855-8039** 5:00 a.m. to 5:00 p.m. Pacific Standard Time, Monday through Friday.

In writing: Mail your appeal to **LIBERTY Dental Plan of Nevada, P.O. Box 401086, Las Vegas, NV 89140**, OR fax it to us at: **1-833-250-1814**.

Electronically: Visit LIBERTY's website at: **<https://www.libertydentalplan.com/NV-Medicaid-Check-Up/File-Appeal.aspx?state=NV>** OR send an email to: **NVGandA@libertydentalplan.com**.

In Person: **6385 S. Rainbow Blvd #200, Las Vegas, NV 89118**

LIBERTY has **30 calendar days** to give you an answer. We will send you a "Notice of Appeal Resolution" (NAR) letter. This letter will tell you what LIBERTY has decided. **If you do not get a letter within 30 calendar days, you can ask for a "State Fair Hearing" from Nevada Medicaid.** If you or your provider need more time to get LIBERTY information you want us to consider, you may ask for an extension of up to an additional **14 calendar days**. If LIBERTY thinks an extension is in your best interest and we get permission from Nevada Medicaid, LIBERTY may also take up to an additional **14 calendar days** to give you a decision.

EXPEDITED APPEALS

If you or your provider thinks waiting **30 calendar days** will risk your life, physical or mental health, or ability to attain, maintain, or regain maximum function, you may ask for a fast track or **Expedited Appeal**. If filing on your behalf, your provider **MUST** have your written consent to file an expedited appeal for you. LIBERTY will notify you within **72 hours of receipt of our decision**. If we do not notify you within 72 hours, you may ask for a **State Fair Hearing**.

LEGAL HELP

You may be able to get free legal help by calling the telephone numbers below.

Nevada Legal Services - Clark County: **702-386-0404** or **1-866-432-0404**

Nevada Legal Services - Washoe County: **775-284-3491** or **1-800-323-8666**