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Introduction

This booklet will inform you about your dental benefits. We want you to know how the program works and how you can obtain dental care. Keep this handbook so you can review it again if you have questions later.

California Medi-Cal Dental Program (Denti-Cal)

Medi-Cal offers free or low-cost health care for eligible California residents including dental benefits. Dental benefits are provided through Medi-Cal, also known as Denti-Cal. You will need to provide your Medi-Cal Benefits Identification Card (BIC) to your dental provider to receive dental services. You do not need to apply separately for Denti-Cal. Dental health is an important part of overall health. The Denti-Cal program covers many services to keep your teeth healthy. You can get the most from your Denti-Cal benefits when you:

- See a Denti-Cal dentist to get covered services that you need
- See your Denti-Cal dentist on a regular basis, even if you don’t have a problem with your teeth
- Follow your Denti-Cal dentist’s advice about dental care (such as brushing and flossing)

If you live in Sacramento County, you will be enrolled in Dental Managed Care (DMC) and will be assigned to a dentist in your dental managed care plan’s network. If you live in Los Angeles County, you can choose to enroll in DMC or stay in Denti-Cal. If you enroll in DMC, the plan you chose will send you a dental card and your benefit information. In all other counties, you get dental care using your Medi-Cal beneficiary identification card and you can choose your own dentist, if he or she is enrolled in the Denti-Cal program.

How to Use This Handbook

Please read this Beneficiary Handbook completely and carefully. It explains how the Denti-Cal program works. This handbook contains important information about:

- Dental services covered by Medi-Cal
- How to get dental care
- How to get help in other languages
- Your rights and responsibilities
• How to make a complaint
• Other important information about dental services under Medi-Cal

This handbook uses some terms you should know:

<table>
<thead>
<tr>
<th>Denti-Cal</th>
<th>Medi-Cal dental fee-for-service program</th>
</tr>
</thead>
<tbody>
<tr>
<td>You, Your, My, I, Beneficiary</td>
<td>The person eligible for Medi-Cal dental benefits or their authorized representative.</td>
</tr>
<tr>
<td>We, us, our</td>
<td>Refers to Denti-Cal</td>
</tr>
<tr>
<td>Your dentist</td>
<td>The Denti-Cal dentist you choose for your dental care</td>
</tr>
</tbody>
</table>

Please read the “Dental Terms and Other Definitions” section on page 22. It explains many words that have special or technical meanings under the Denti-Cal program.

How to Contact Us

Telephone Service Center

Telephone Service Center (TSC) operators are there to help you Monday through Friday between 8:00 a.m. and 5:00 p.m. The TSC is closed for State holidays. If you have any questions that are not answered within this booklet, please call us at:

Denti-Cal Telephone Service Center:
1-800-322-6384

Teletext Typewriter (TTY):
1-800-735-2922

The call is free. TSC staff can answer any questions you have about going to the dentist. They can help you with:

• Finding a Denti-Cal dentist or clinic
• General Denti-Cal program questions
• Information about approved or denied services
• Availability of interpretive services
• Information about share of cost and copayments for covered dental benefits.
• Scheduling and rescheduling a clinical screening appointment
• Complaints and appeals
What information can I get from the TSC?

When you call the TSC, you will be connected with the automated telephone system. You will select from a menu of options.

You can get general information on:

- Covered benefits
- How to file for a State Hearing
- Request copies of your dental records
- Reporting suspected Medi-Cal Fraud

You can also talk to TSC staff.

What is the best time to call the Denti-Cal Telephone Service Center?

The best time to call the Denti-Cal TSC is any time between 8:00 a.m. and 5:00 p.m. Monday through Friday.

Language Assistance

What if I want to speak in a language other than English?

If you prefer to speak in a language other than English, call the TSC. Our TSC staff can help you in English and Spanish. If you speak a different language, tell the TSC staff what language you speak, we have interpreters we can call to help.

TSC staff can also help you find a Denti-Cal dentist who speaks your language or who has office staff that speak your language.

Can someone interpret for me when I talk to the dentist on the phone?

Yes. If you need an interpreter or help with language services, call the TSC. They can help you with an interpreter.

Can someone interpret for me at the dentist’s office?

Yes. If your dentist does not speak your language, you have the right to an interpreter at no charge, including a sign language interpreter. You may call the TSC and ask for an interpreter to help explain dental terms. This includes what the dentist tells you at your visit, explanations of your plan of care, or to talk to dental staff.
If you arrive at your appointment and need someone to interpret for you at the dentist office, you or your dentist may call the TSC. The TSC will connect you to a representative who can interpret the language you speak.

**Denti-Cal Website**

**How do I find the Denti-Cal website?**

You can locate the Denti-Cal website at: [www.denti-cal.ca.gov](http://www.denti-cal.ca.gov)

**What information is on the Denti-Cal website?**

The Denti-Cal website has a variety of important information about the Medi-Cal Dental Program including:

- Apply for Medi-Cal
- Contact Information
- Dental Resources
- Find a Dentist
- Forms
- Frequently Asked Questions (FAQs)
- Other Information
- Outreach
- Publications

You will also find answers to commonly asked questions and toll-free telephone numbers for the TSC.

**Using Dental Services Under Medi-Cal**

**How do I find out if I’m able to receive dental services?**

Most people who become eligible for Medi-Cal are also eligible to get dental services. You do not need to apply separately to get dental services. You will need to provide your BIC to your dental provider to receive dental services. If you have any questions or you want to find out if you are eligible for Medi-Cal dental program benefits, call the TSC.
Denti-Cal Benefits

This section provides an overview of the dental care that is covered by Medi-Cal.

What are the available dental benefits under the Medi-Cal Program?

Below is a benefits quick reference guide for beneficiaries effective January 1st, 2018. The benefits are based on aid codes and where a beneficiary resides. Additional information can also be found on the Denti-Cal website at [www.denti-cal.ca.gov](http://www.denti-cal.ca.gov).

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Full Scope**</th>
<th>Restricted Scope**</th>
<th>Pregnancy Related**</th>
<th>Residing in a Facility (SNF/ICF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Evaluation (Under age 3)*</td>
<td>✓</td>
<td>✗</td>
<td>✗</td>
<td>✓</td>
</tr>
<tr>
<td>Initial Exam (Age 3 and above)</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Periodic Exam (Age 3 and above)</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Prophylaxis</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Fluoride</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Restorative Services – Amalgams/Composites/Pre-fabricated Crowns</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Laboratory Processed Crowns*</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Scaling and Root Planing*</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Full Mouth Debridement</td>
<td>✗</td>
<td>✗</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Periodontal Maintenance</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Anterior Root Canals</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Posterior Root Canals</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Partial Dentures</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Full Dentures</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Extractions/Oral and Maxillofacial Surgery</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Emergency Services</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

**See Dental Terms and Other Definitions on page 22.
**Exceptions:**

There are some exceptions to the above benefits (marked with this symbol *).

Your dentist will tell you which services are and are not covered by Denti-Cal. Your dentist can help you decide the best treatment, and what services you can have under the Medi-Cal program. During your first visit, show your BIC to your dentist so they can access your dental benefits.

**Are there limits to how much Medi-Cal will pay for covered dental services in a year? Is it different for children and adults?**

There is no yearly limit for children’s covered dental services. Medi-Cal payment for certain dental services for beneficiaries 21 years of age or older is limited to $1,800 per person for each calendar year. Dental services that are medically necessary may be allowed to go over the $1,800 limit. There is no yearly limit for beneficiaries 21 years of age or older who lives in a nursing facility.

**Are there additional benefits for patients with special needs?**

With few exceptions, the covered dental services are the same for everyone. However, special needs patients may have a physical, behavioral, developmental, or emotional condition that limits the dentist’s ability to perform an exam. In these cases, if the dentist decides the patient must be sedated to get dental treatment the dentist will request approval from Denti-Cal.

**What benefits are available for children?**

If you or your child is under age 21, you may be eligible for additional dental services under the Early and Periodic Screening, Treatment, and Diagnostic (EPSDT) program.

**What benefits are available for pregnant women?**

If you are pregnant, regardless of the type of Medi-Cal you have, you are able to receive all covered dental procedures if you meet all other Denti-Cal requirements for that procedure. Pregnant beneficiaries will be eligible to receive these services for 60 days after giving birth. After they give birth, eligibility continues through the end of the month in which the 60th day falls.
You can get dental care from any Denti-Cal dentist (a dentist who is enrolled in Medi-Cal to provide dental services). Call the dental office and ask if they still accept Medi-Cal and if they accept new patients. Please read this section so you will know how to find a dentist in the Denti-Cal program.

How do I find a Denti-Cal Dentist?
You can choose any Denti-Cal dentist. You can call the TSC for help finding Denti-Cal dentists in your area. You can also look for a Denti-Cal dentist online by visiting the Denti-Cal website at: https://www.denti-cal.ca.gov/Beneficiaries/Denti-Cal/Provider_Referral_List/. You can also look for a dentist on the Insure Kids Now website at: https://www.insurekidsnow.gov/coverage/find-a-dentist/index.html.

What if I cannot find a dentist who takes Denti-Cal in my area?
For help finding Denti-Cal dentists in your area, call the TSC.

What if I need to see a dental specialist?
Your Denti-Cal dentist may refer you to another dentist for specialized treatment. Call the TSC for help setting up your visit with the dental specialist.

Can I go to a clinic for my dental services?
Yes. Many clinics will see Medi-Cal patients and provide dental services. You can get your dental work in a clinic as long as the clinic is approved to accept Medi-Cal and provides dental services as part of their covered services. You can call the TSC to help you find a clinic in your county, or you can see the list of county clinics on the Denti-Cal website at: https://www.denti-cal.ca.gov/Beneficiaries/Denti-Cal/Provider_Referral_List/.

What if I go to a dentist who is not a Denti-Cal dentist?
The Denti-Cal program will only pay for services you get from dentist who is enrolled in the Denti-Cal program. If you go to a dentist who is not enrolled in Denti-Cal, you will have to pay for any dental services you get.
Can I change dentists?
Yes. You can visit any dentist who is enrolled in Denti-Cal and is accepting new patients. If you are enrolled in a DMC plan, you can also request to be assigned to a different dentist.

How many times can I change my dentist?
There are no limits on changing dentists. However, there are limits on getting the same treatment from different dentists (for example, a cleaning). We suggest you select a dental home with a Denti-Cal dentist.

How does visiting the same dentist help me?
Seeing the same dentist for your regular check-ups and care can benefit you in many ways:

- You can get regular reminders for your next visit
- Your dentist can help you find a dental specialist if you need treatment your regular dentist can’t provide
- Your dentist gets to know your health history and can help spot problems early so you can get treatment before they get worse

Can I change dentists in the middle of treatment?
If your dental services were approved for one dentist and you wish to change your dentist, you must write a letter to request the change. Give the letter to your new dentist to send to Denti-Cal with his/her request for a prior authorization. Denti-Cal will issue a new approval to your new dentist for any remaining services.

Getting Dental Care

How do I schedule an appointment with a Denti-Cal dentist?
Call the dentist’s office to schedule an appointment. Tell the dentist you are covered by Medi-Cal and ask the dentist to confirm that he or she is a Denti-Cal dentist. If you need help making an appointment, call the TSC.

What do I need to bring when I go to the dentist?
Bring your BIC and a photo ID such as a driver’s license or State ID card. In cases such as foster children, if foster parents have not received a BIC, a Social Security Number can
be used to verify eligibility. If you have other dental coverage, bring that information to show your dentist.

**How often should I go to the dentist?**

Healthy teeth and gums are an important part of overall health. Your dentist will tell you how often you should get regular checkups - usually every 6 to 12 months. As part of your regular checkup, your dentist will make a plan for any treatment or follow-up visits you may need.

If you have unexpected dental problems or issues in between your regularly scheduled visits, call your dental office for help. Call your dentist immediately if you have a mouth injury or are in pain.

**When should my baby go to the dentist?**

Your baby should visit the dentist when their first tooth appears or their first birthday, whichever comes first. After their first visit, your child should have a dental checkup every six months, including an exam and cleaning. You can get more information, from the Beneficiary Ages 0-3 Dental Outreach brochure on the Denti-Cal website at: [https://www.denti-cal.ca.gov/Beneficiaries/Denti-Cal/Beneficiary_Flyers_Brochures/](https://www.denti-cal.ca.gov/Beneficiaries/Denti-Cal/Beneficiary_Flyers_Brochures/).

Medi-Cal supports the American Association of Pediatric Dentists’ recommended schedule for preventive dental services, which can be provided to most children. Children with special health care needs or disease or trauma may require a different set of services and/or timeframes. Your child’s dentist will determine the best schedule for preventive services for your child.

**What happens if I have an emergency?**

During regular business hours, call your dentist and explain your issue. If you are unable to reach your dentist, call the TSC between 8 a.m. and 5 p.m., Monday through Friday, for help in getting dental care.

If you need emergency dental services after business hours, you should follow the instructions on your dentist’s after-hours answering message. Go to the nearest emergency room to get care if you are not able to reach your dental office or if you do not have a Denti-Cal dentist.

**What does “medical necessity” mean?**

Medical necessity refers to the criteria used to decide if covered services are necessary and appropriate for the treatment of the teeth, gums, and supporting structures.
according to professionally recognized standards of practice. Visit the Dental Terms and Other Definitions on page 22 for more information.

**What if I want to get a second opinion?**

If you want a dental procedure that your dentist tells you does not qualify for medical necessity, you can ask for a second opinion on your dental treatment. Contact the TSC and ask for help to find a different dentist.

**Why is Denti-Cal asking me to go for a dental examination with another dentist?**

You may receive a “Notice of Dental Examination Appointment” letter from Denti-Cal telling you to go to a dental examination appointment. Please make every attempt to do so. The appointment has been made on your behalf to verify if the treatment your dentist requested can be approved for authorization.

The appointment will last approximately 15 minutes. No dental work will be provided by the screening dentist. You are not required to pay any money for the appointment. Once the appointment is over the dentist will mail a report back to Denti-Cal. The report will be used as a tool to determine if the services should be allowed or denied.

If you are unable to attend, please call the TSC at least two days before the appointment. If you do not attend the appointment and do not notify Denti-Cal, the requested services may be denied.

Here are some important tips to keep in mind:

- Be on time for your appointment. If you arrive late, your appointment may have to be rescheduled.
- If your appointment is in regards to dentures, and your dentist has requested new dentures, bring the dentures that you are currently wearing to the appointment.
- If you call the TSC, refer to the “Screening #” located on the bottom right hand corner of the letter when calling.
- The phone number to the office is included on the letter for directions only. Call the Denti-Cal TSC with any other questions.
- The screening dentist will not be able to discuss his/her recommendation or if the services will be approved or denied.
What if I need to cancel a dentist appointment?
If you cannot keep an appointment, call the dentist’s office at least one day in advance to cancel or as soon as possible. The dentist office can help you reschedule your appointment.

What if I need dental services when I am out of California or country?
There are Medi-Cal dentists in some states next to the California border. You can get covered dental services from any Medi-Cal dentist in these border areas.

Prior authorization is required for all other out-of-state services other than emergencies. You can call the TSC for assistance. Dental services performed outside the country are not covered by Medi-Cal, except for emergency services requiring you to be hospitalized in Canada or Mexico.

Cost of Dental Services

Do I have to pay anything for my dental care?
Services included in the Medi-Cal Dental Program’s scope of benefits are not chargeable to you unless you have Medi-Cal coverage with a share of cost. You can learn about your share of cost in the “My Medi-Cal” booklet (Pub. 68) you received with your new Medi-Cal enrollment packet. You can also access that booklet at: http://www.dhcs.ca.gov/Pages/myMedi-Cal.aspx

After your dentist confirms you are eligible for Medi-Cal dental services, the dentist can only ask you to pay any copayment or share of cost amount you may owe for covered services. Your dentist may charge you for services if you choose to have treatment that is not covered by the Medi-Cal program or you are age 21 or older, and want comprehensive orthodontic treatment (braces).
What is a Copayment?

Some Medi-Cal services have a small copayment. The dentist will collect any copayment at your appointment. See the copayment criteria below.

<table>
<thead>
<tr>
<th>Services Subject to Copayment</th>
<th>Copay Fee</th>
<th>Exceptions to Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Emergency Services Provided in An Emergency Room:</td>
<td>$5.00</td>
<td>1. Persons aged 18 or under.</td>
</tr>
<tr>
<td>A non-emergency service is defined as “any service not required for relief of severe pain or the immediate diagnosis and treatment of severe medical conditions which, if not immediately diagnosed and treated, would lead to disability or death.” Such services provided in an emergency room are subject to copayment.</td>
<td></td>
<td>2. Any woman receiving care during pregnancy and one month following delivery.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Persons who are in a health facility (hospital, skilled nursing facility, intermediate care facility).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5. Any service for which the program’s payment is $10 or less.</td>
</tr>
<tr>
<td>Outpatient Services:</td>
<td>$1.00</td>
<td>1. Persons aged 18 or under.</td>
</tr>
<tr>
<td>Physician, optometric, chiropractic, psychology, speech therapy, audiology, acupuncture, occupational therapy, pediatric, surgical center, hospital or clinic outpatient, physical therapy and dental.</td>
<td></td>
<td>2. Any woman receiving care during pregnancy and one month following delivery.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Persons who are in a health facility (hospital, skilled nursing facility, intermediate care facility).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5. Any service for which the program’s payment is $10 or less.</td>
</tr>
<tr>
<td>Drug Prescriptions:</td>
<td>$1.00</td>
<td>All listed above, plus person aged 65 or older.</td>
</tr>
<tr>
<td>Each drug prescription or refill.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
What if I can’t pay the copayment when I go to my appointment?
A Medi-Cal dentist cannot refuse to treat you if you cannot make the copayment at your appointment. This is different from the share of cost amount.

What do I do if I paid for a service that I did not have to pay for?
Call the TSC for help with your situation. If you were charged, or if you paid for a dental procedure that is a benefit of the Medi-Cal program based on your aid code, we can help you get a refund.

What do I do if I paid for a service that I didn’t have to pay for?
Call the TSC for help with your specific situation. If you were charged or paid for a dental procedure, which is a benefit of the Medi-Cal Program based on your aid code, we can help you get a refund.

What if I get a bill from the dentist?
First, you should call you dental office and ask them why they sent you the bill. The dental office will explain the charges and why they are asking you to pay. For example, if you have a share of cost amount, you will need to pay that amount before the dentist can ask Denti-Cal to pay for the treatment. Or, if you get treatment that is not covered by Medi-Cal or other insurance, you will have to pay the dentist for that treatment.

If you still have questions about what your dentist is charging you and/or what Medi-Cal pays for, call the TSC.

What happens if I have other dental insurance?
Your dentist must bill your other dental insurance before asking Denti-Cal to pay for any treatment. The Medi-Cal Dental program does not pay any benefits you can get through other dental insurance including other government programs, TRICARE (CHAMPUS) or Workers’ Compensation. Coverage provided under Medi-Cal is secondary to all other coverage.

If you have other dental insurance that does not pay for a service that is covered by Denti-Cal, or pays less than the amount paid by Denti-Cal, your dentist will send a claim to Denti-Cal for any unpaid amount. Your dentist cannot ask you to pay for any treatment that is covered by Denti-Cal.
Transportation and Other Services

If I do not have a ride, how can I get to the dentist’s office?

Medi-Cal can help with rides to medical, mental health, substance use, or dental appointments when those appointments are covered by Medi-Cal. The rides can be either nonmedical transportation (NMT) or non-emergency medical transportation (NEMT). You can also use NMT if you need to pick up prescriptions or medical supplies or equipment.

If you can travel by car, bus, train, or taxi, but do not have a ride to your appointment, NMT services can be arranged.

- If you are enrolled in a Medi-Cal health plan, call your plan for information on how to get NMT services.
- If you are not enrolled in a Medi-Cal health plan, you can do the following:
  - Call your county Medi-Cal office to see if they can help you get an NMT ride.
  - After July 1, 2018, Medi-Cal will offer approved transportation providers who can give NMT rides. You will need to contact an approved provider to arrange a ride, or you can call your health or dental provider and ask about a transportation provider in your area.

Medi-Cal provides NEMT services to eligible beneficiaries based on medical necessity, as determined by your doctor or dentist, through prior authorization.

If you need a special, medical vehicle to get to your appointment, let your dentist know. He or she can order NEMT such as a wheelchair van, a litter van, an ambulance, or air transport. For transportation assistance, call the TSC, or contact your doctor or dentist to assist with or request NEMT from your home to dental and medical visits. The transportation may be used only to obtain necessary medical or dental services covered by Medi-Cal.

Be sure to ask for a ride as soon as you can before an appointment. If you have frequent appointments, your dentist or doctor can request advance transportation to cover future appointments.

Go to [http://www.dhcs.ca.gov/Pages/myMedi-Cal.aspx](http://www.dhcs.ca.gov/Pages/myMedi-Cal.aspx) for more information about rides arranged by approved NMT providers.
What if I am hearing-impaired or speech-impaired?

If you have limitations hearing or speaking, call us Monday through Friday, from 8 a.m. and 5 p.m. through our TTY line at 1-800-735-2922. At all other times, please call the California Relay Service TDD/TTY at 711 to get the help you need. American Sign Language (ASL) translation services are provided by law. When requesting assistance, please have the following information available:

- Date of dental appointment
- Start and end time of appointment
- Appointment type (for example: “dental appointment, surgical appointment, consultation, etc.”)
- Name of person needing ASL services and his or her Beneficiary ID
- Office location address and phone number
- Office contact person name

What if I am vision impaired?

This handbook and other important materials will be made available in large print, enlarged computer disk (CD) formats, and audiotape for the vision impaired. Please call the TSC for alternative formats, or for help reading this handbook or other Denti-Cal materials.

What if I have a medical condition or other problem that makes it hard for me to get dental care?

Call the TSC. TSC staff can help you find a dentist who can treat you. They can also help coordinate your care with your medical provider, if needed.

What if I have a physical limitation that makes it hard for me to go see a dentist?

We make every effort to ensure that the offices and facilities of Denti-Cal dentists are physically accessible to the disabled. If you are not able to locate an accessible dentist, please call the TSC and we will help you.

Complaint Process

Denti-Cal has procedures to resolve complaints about:

- Dental services
- Quality of care
• Modification or denial of a treatment authorization request
• Other aspects of services provided under the Denti-Cal Program

Examples of complaints:
• You can’t get a service, treatment, or medicine you need
• A service is denied as not medically necessary
• You have to wait too long for an appointment
• You received poor care or were treated rudely
• You were charged money at the dentist office for a covered dental service
• Your dental office keeps sending you a bill you believe you should not have to pay

What can I do if Denti-Cal denies or limits a service my dentist has asked for?

If you are denied a service that your dentist has requested approval for, contact your dentist and ask if the dentist can request a re-evaluation.

How will I find out if Denti-Cal has denied a service?

Denti-Cal will mail you a Notice of Denti-Cal Action if your dental treatment is denied or modified. The notice explains why the requested dental treatment was denied or modified. The notice also provides information about what you can do if you disagree with the action.

What should I do if I have a complaint? How do I file a formal complaint?

Some complaints can be resolved quickly by talking to your dentist about the problem first. Often, the dentist can quickly resolve your complaint. If you do not want to talk to your dentist first or if the dentist is unable to resolve your complaint, call the TSC. Denti-Cal accepts complaints by phone or in writing.

When you call the TSC, give them your information and the name of the dentist involved. Describe your problem, including the services involved and any action or inaction. The TSC will make every effort to resolve the problem during the call. You will receive a follow-up call if your complaint cannot be resolved by the TSC on the first call.
If you choose to send a written complaint, you can download the Beneficiary Medi-Cal Dental Program Complaint Form from the Denti-Cal website. Complete and return the form to Denti-Cal at the address printed on the form. Denti-Cal will let you know it has been received within five calendar days of receiving the form. You can also call the TSC to ask if your form has been received.

An example of the Beneficiary Medi-Cal Dental Program Complaint Form is on the next page. The form can also be found on the beneficiary page of the Denti-Cal website at: https://www.denti-cal.ca.gov/Beneficiaries/Denti-Cal/.

Denti-Cal Telephone Service Center:
1-800-322-6384

Teletext Typewriter (TTY):
1-800-735-2922
BENEFICIARY MEDI-CAL DENTAL PROGRAM COMPLAINT FORM

Please fill in the form below and describe your questions or complaints completely. This information is important and necessary to research and resolve your questions or complaints.

STATE OF CALIFORNIA MEDI-CAL

BENEFITS IDENTIFICATION CARD NUMBER: ______________________________________________________

TELEPHONE NUMBER: (____) __________-________________________

MESSAGE TELEPHONE NUMBER: (____) __________________________

YOUR REPRESENTATIVE (if not yourself):

NAME: __________________________________________________________

ADDRESS: ______________________________________________________

CITY: ______________________, STATE: ____ ZIP CODE: __________

TELEPHONE NUMBER: (____) __________________________

YOUR DENTAL PROVIDER’S NAME: __________________________________________________________

NAME: __________________________________________________________

ADDRESS: ______________________________________________________

CITY: ______________________, STATE: ____ ZIP CODE: __________

TELEPHONE NUMBER: (____) __________________________
BENEFICIARY MEDI-CAL DENTAL PROGRAM COMPLAINT FORM (PAGE 2)

TYPE OF COMPLAINT:

_____ Dentist service was incomplete or unsatisfactory
_____ Clinical Screening process was unsatisfactory
_____ Other

_____ Comments (Please describe your questions or complaints/ grievances completely here. Use the reverse side of this form or additional pages if you need additional space.)


PLEASE SIGN AND DATE THIS FORM:

It may be necessary to obtain your medical records from your dental care provider. Your signature below authorizes release of your dental records to Denti-Cal.

SIGNATURE____________________ DATE____________________

Return this form to: Medi-Cal Dental Program
Beneficiary Services Group
P.O. Box 15539
Sacramento, CA 95852-1539

When we receive this information, we will research your questions or complaints/grievances and notify you of our findings. If it is necessary for you to appear for a clinical examination in order to resolve this matter, we will notify you in writing of the date, time, and location of this appointment.

P.O Box 15539 • Sacramento, CA 95852-0609 • (800) 322-6384
Notice from the Department of Managed Health Care

You may file a complaint with the California Department of Managed Health Care after you have completed Delta’s grievance process or after you have been involved in Denti-Cal’s grievance process for 30 days. You may file a grievance with the Department immediately in an emergency situation that is one involving severe pain and imminent and serious threat to your health.

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 plan at (1-800-322-6384) and use your 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-HMO-2219) and a TDD line (1-877-888-9891) for the hearing and speech impaired. The Department’s Internet Web site (http://www.hmohelp.ca.gov) has complaint forms, IMR application forms and instructions online.

IMR has limited application to your dental program. You may request IMR only if your dental claim concerns a life-threatening or seriously debilitating condition(s) and is denied or modified because it was deemed an experimental procedure.
What happens after I file a complaint?

If you filed a complaint over the phone and the complaint was not resolved during the call, you will receive a follow up call for further assistance. If your complaint cannot be resolved during the follow up call, we will help you download the Beneficiary Medi-Cal Dental Program Complaint Form from the Denti-Cal website https://www.denti-cal.ca.gov/Beneficiaries/Denti-Cal/Beneficiary_Forms/. We can also mail the form to you. Once you have filled out and signed the form, mail it to Denti-Cal at the address printed on the form. A sample Complaint Form is shown on pages 18-20.

If you filed a written complaint, Denti-Cal will let you know it has been received within five calendar days of receiving your Complaint Form. The written complaint may be referred to a Denti-Cal dental consultant, who will determine the next course of action. We may:

- Contact you and/or the dentist
- Refer you for a clinical screening examination
- Send a referral to the appropriate peer review body

Denti-Cal will send you a letter summarizing the findings and reasons for the decision within 30 days of our receipt of the complaint. The 30-day time frame can be extended in some circumstances. For example, you may need additional time to attend your clinical screening appointment.

If I don’t like what happens when I file a complaint, is there anything else I can do?

If you are not satisfied with the decision of the complaint review process, you may ask for a State Hearing. To learn more about Medi-Cal State Hearings, please visit the Department of Health Care Services website at: http://www.dhcs.ca.gov/services/medi-cal/Pages/Medi-CalFairHearing.aspx.

State Hearing Process

If treatment your dentist requested has been denied or modified, or you are not happy with the resolution of your complaint about a denied service, you may request a State Hearing through the California Department of Social Services (CDSS). Your local county social services office can assist you with this request. You can find the phone number listed in your local telephone book, your county’s website, or using the Medi-Cal mobile app.
You can represent yourself at the State Hearing, or a friend, lawyer, or any other person can represent you. You are responsible for making the arrangements if you want someone else to represent you. To get free legal assistance, call the Public Inquiry and Response Unit of CDSS at 1-800-952-5253. This unit can also help with general information about the State Hearing process.

Requesting a state hearing will not affect your eligibility for dental services and you will not be penalized for asking for a hearing. We will maintain confidentiality during the entire complaint process.

**When do I ask for a State Hearing?**

If you disagree with the Denti-Cal Notice of Action you received, you should first discuss different treatment plans with your dentist to get the best care that is covered by the Denti-Cal program. If you and your dentist agree that a different treatment plan is not an option, you have 90 days after the date on that notice to request a State Hearing.

**How do I start the process?**

You can start the process by calling toll-free 1-800-952-5253. You may send the entire Notice of Denti-Cal Action or write to:

- California Department of Social Services
- State Hearings Division
- P.O. Box 944243 MS 9-17-37
- Sacramento, CA 94244-2430

If you are calling or writing to request a State Hearing, be sure to include the Document Control Number (DCN), located on the Notice of Denti-Cal Action. The DCN identifies the Treatment Authorization Request that the services were denied on and helps speed up the processing of your request.

**Dental Terms and Other Definitions**

There are many words used in the Denti-Cal program that have special or technical meaning. And, some dental terms may not be familiar. We hope you find the following definitions helpful. If you have any questions, call the TSC and talk to one of our representatives.

**Aid Code:** Describes the type of Medi-Cal coverage you have.
**Appeal:** A formal request asking Denti-Cal to review denied services for treatment provided. An appeal may be filed by your dentist, yourself, or an authorized representative.

**Authorization:** See Prior Authorization.

**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 Denti-Cal dentist that are available through the Medi-Cal dental program.

**Clinical Screening:** An examination by a dentist to provide an opinion about the appropriateness of treatment proposed or provided by a different Denti-Cal dentist. The Denti-Cal program 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 a beneficiary, or a dentist on the behalf of the beneficiary. Typically a complaint is filed due to the conditions of the environment or staff in which the service was rendered.

**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 Denti-Cal program. Denti-Cal will only pay for medically necessary services provided by a Denti-Cal dentist that are benefits of the Denti-Cal program. Children under age 21 are eligible for more covered services, such as braces, if medically necessary.

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

**Denti-Cal:** The Medi-Cal dental fee-for-service program.

**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 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.

**Early and Periodic Screening, Diagnostic and Treatment:** Benefit for Medi-Cal beneficiary under age 21 when it is necessary to correct or ameliorate defects and physical and mental illnesses and conditions.

**Full Scope Medi-Cal:** Full Scope Medi-Cal provides health care services to low-income individuals. All children enrolled in Medi-Cal, children in foster care and former foster youth up to age 26, pregnant women, and the blind or disabled people have full scope.

**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.

**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.
**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.

**Pregnancy Related:** Pregnancy-related services are available prenatally from the day that pregnancy is medically established and postnatally to the end of the month in which the 60-day period after the pregnancy ends. Regardless of your aid code and/or scope of benefits, you are eligible to receive all covered dental procedures as long as all other procedure requirements and criteria are met.

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

**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 program to provide health care and/or dental services to Medi-Cal beneficiaries.

**Restricted Scope:** Limited to Emergency services only.

**Share of Cost:** The amount you must pay or promise to pay each month for health or dental before Medi-Cal starts to pay.

**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.

**State Hearing:** A State Hearing is a legal process that allows beneficiaries to request a reevaluation of any denied or modified Treatment Authorization Request. It also allows a beneficiary or dentist to request a reevaluation of a reimbursement case.

**Treatment Authorization Request:** A request submitted by a Denti-Cal dentist for approval of certain covered services before treatment can begin. A Treatment Authorization Request is required for certain services and under special circumstances.
Your Rights and Responsibilities

What are my rights and responsibilities under the Medi-Cal program?

When you apply for Medi-Cal, you will get a list of your rights and responsibilities. This includes the requirement to report changes in address, income, or if someone is pregnant or gave birth. You can find the most up to date list of your rights and responsibilities below: [http://www.dhcs.ca.gov/services/medi-cal/Pages/Medi-CalFairHearing.aspx](http://www.dhcs.ca.gov/services/medi-cal/Pages/Medi-CalFairHearing.aspx).

You have the right to:

- Be treated with respect and dignity
- Get dental services you are eligible to receive as a benefit of the Medi-Cal program by an enrolled dentist of your choice
- Get appointments within a reasonable amount of time
- Participate in talks and decisions about your dental care needs, including appropriate or medically necessary treatment options
- Have your dental records kept confidential. This means that we will not share your dental care information without your written permission or unless it is allowed by law.
- Tell us concerns about Denti-Cal, or about dental services you received
- Get information about Denti-Cal, available services and dentists
- See your dental records.
- Request an interpreter at no charge to you
- Use interpreters who are not your family or friends
- File a complaint if your language needs are not met.

Your responsibilities are to:

- Give your dentists and Medi-Cal correct information
- Understand your dental problem(s) and participate in developing treatment goals, as much as possible, with your dentist
- Always show your Beneficiary Identification Card when getting services.
- Ask questions about any dental condition and make certain that the explanations and instructions are clear to you
- Make and keep dental appointments. You should inform your dentist at least twenty-four (24) hours in advance, if you must cancel an appointment.
• Help Denti-Cal maintain accurate and current medical records by providing timely information about changes in address, family status and other health care coverage
• Notify Denti-Cal as soon as possible if a dentist bills you incorrectly or if you have a complaint
• Treat all Denti-Cal staff and dentists respectfully and with courtesy.

Your Privacy is Important to Us

This section describes how to receive information about how medical information may be used and disclosed. It also describes how you can get access to your information.

Notice of Privacy Practices

The Department of Health Care Services mails you a Notice of Privacy Practices as part of your Medi-Cal welcome packet. You can also access a copy online by visiting http://dhcs.ca.gov/privacyoffice. This notice describes your privacy rights and choices about your health information.

How can I see what protected health information Denti-Cal has about me?

You have the right to request to see your protected health information in records that Denti-Cal maintains. You also have the right to request copies of those records. You may be charged for the cost of copying records and postage for mailing. You will receive a response within 30 days after we receive your request.

You will need to send us a photocopy of your California driver's license, DMV Identification Card, or any other identification that can prove your identity. You will also need to send documentation verifying your address.

You can get the request form by calling the TSC or go online to fill out and print the form:

2. Click on the Beneficiaries tab at the top of the webpage.
3. Click on Denti-Cal (Fee-For-Service).
4. Click on Forms.
5. Select form to Request Personal Health Information from Denti-Cal.

Mail the completed form along with your identification to:
Correspondence Specialist  
c/o Delta Dental of California  
P.O. Box 15539  
Sacramento, CA 95852-1539  
1-800-322-6384

Note: any attempt to falsely gain access to protected health information is subject to legal penalties.

Denti-Cal is committed to protecting the information you provide us. To prevent unauthorized access or disclosure, to maintain data accuracy, and to ensure the appropriate use of the information, Denti-Cal has in place appropriate physical and managerial procedures to safeguard the information we collect.