

YOUR RIGHTS KNOX-KEENE  
UNDER DENTAL MANAGED CARE

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If you still do not agree with this decision, you can:

- Ask for an "Independent Medical Review" and an outside reviewer that is not related to the dental plan will review your case
- Ask for a "State Hearing" and a judge will review your case

You can ask for both an Independent Medical Review and State Hearing at the same time. You can also ask for one before the other to see if it will resolve your problem first. For example, if you ask for an Independent Medical Review first, but do not agree with the decision, you can still ask for a State Hearing later. However, if you ask for a State Hearing first, and the hearing has already taken place, then you cannot ask for an Independent Medical Review. In this case, the State Hearing has the final say.

You will not have to pay for an Independent medical Review or State Hearing.

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INDEPENDENT MEDICAL REVIEW (IMR)

If you want an Independent Medical Review, you must ask for one within 180 days from the date of this Notice of Appeal Resolution letter. The paragraph below provides you with information on how to request an Independent Medical Review.<sup>1</sup> Note that the term "grievance" is talking about both "complaints" and "appeals."

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your dental plan, you should first telephone your dental plan at **(877) 550-3875 (Sacramento) or (888) 703-6999 (Los Angeles) or TTD/TTY (877) 855-8039** and use your dental 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 dental 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 dental plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The Department also has a toll-free telephone number **(1-888-466-2219) and a TDD line (1-877-688-9891)** for the hearing and speech impaired. The Department's Internet Website ([www.dmhc.ca.gov](http://www.dmhc.ca.gov)) has complaint forms, IMR application forms, and instructions online."

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<sup>1</sup> Health and Safety Code (HSC) Section 1368.02(b). HSC is searchable at: <https://leginfo.ca.gov/faces/codesTOCSelected.xhtml>

## STATE HEARING

If you want a State Hearing, you must ask for one no later than 120 days from the date of this Notice of Appeal Resolution letter. However, if your dental plan continued to provide you with the disputed service(s) (Aid Paid Pending) during the dental plan's appeal process and you want the service(s) to continue until there is a decision on your State Hearing, you must request a State Hearing within 10 days of this Notice of Appeal Resolution letter. Even though your dental plan must give you Aid Paid Pending when you ask for a State Hearing in this way, you should let your dental plan know you want to get Aid Paid Pending until your State Hearing is decided. You should contact LIBERTY Dental Plan between Monday through Friday, 8:00 a.m. to 5:00 p.m. (PST) by calling (888) 703-6999. If you cannot hear or speak well, please call (877) 855-8039.

You can ask for a State Hearing in the following ways:

- Online at [www.cdss.ca.gov](http://www.cdss.ca.gov)
- By phone: Call 1-800-743-8525. This number can be very busy. You may get a message to call back later. If you cannot speak or hear well, please call TTY/TDD 1-800-952-8349.
- In writing: Fill out a State Hearing form or write a letter. Send it by mail or fax to:

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

Fax: (916) 309-3487 or toll-free at 1-833-281-0903

A State Hearing form is included with this letter. Be sure to include your name, address, telephone number, Social Security Number, and the reason you want a State Hearing. If someone is helping you ask for a State Hearing, add their name, address, and telephone number to the form or letter. If you need an interpreter, tell the State Hearings Division what language you speak. You will not have to pay for an interpreter. The State Hearings Division will get you one. If you have a disability, the State Hearings Division can get you special accommodations free of charge to help you participate in the hearing. Please include information about your disability and the accommodation you need.

After you ask for a State Hearing, it could take up to 90 days to decide your case and send you an answer. If you think waiting that long will hurt your health or dental function, you might be able to get an answer within 3 days. Ask your dentist or dental plan to write a letter for you. The letter must explain in detail how waiting for up to 90 days for your case to be decided will seriously harm your health or dental function. Then, make sure you ask for an Expedited Hearing and provide the letter with your request for a hearing.

For Knox-Keene Plans (NAR)

You may speak at the State Hearing yourself. You may have a relative, friend, advocate, dentist, dentist, or attorney speak for you. If you want another person to speak for you, then you must tell the State Hearing Division that the person is allowed to speak for you. This person is called an Authorized Representative.

### LEGAL HELP

You may be able to get free legal help. Call the Health Consumer Alliance at (888) 804-3536 or TTY/TTD (877) 735-2929. You may also call the local Legal Aid Society in your county at 1-888-804-3536