

Notice of Additional Information About Your Rights and Benefits

1. What is a Medi-Cal Dental Managed Care (DMC) plan?

A Medi-Cal DMC plan coordinates your dental benefits with dentists in your area to give you Medi-Cal covered dental services. Members in a Medi-Cal DMC plan must use a dentist in their Medi-Cal DMC plan's provider network most of the time.

If you live in **Sacramento County**, you must enroll in a Medi-Cal DMC plan, with a few exceptions.

If you live in **Los Angeles County**, you can choose to enroll in a Medi-Cal DMC plan, or you can choose Medi-Cal Dental Fee-For-Service (FFS).

2. Can I keep my dentist if they are not in my new Medi-Cal DMC plan network?

If you have gone to a Medi-Cal dentist in the past 12 months who is not in your new Medi-Cal DMC plan network, you may be able to temporarily keep your dentist if you ask your new plan for "continuity of care."

Continuity of care lets you keep your Medi-Cal dentist for up to 12 months after you join a new Medi-Cal DMC plan.

Your dentist may agree to work with the new Medi-Cal DMC plan. This can last up to 12 months. If you want continuity of care, call your new Medi-Cal DMC plan's member services once you join the new Medi-Cal DMC plan. If your dentist does **not** agree to work with your new Medi-Cal DMC plan, the plan will help you find a new dentist. To learn more about your Medi-Cal DMC plan choices, go to **www.healthcareoptions.dhcs.ca.gov**.

3. What if I have appointments scheduled on or after XX/XX/XXXX?

Work with your current dentist to schedule your visits with your new Medi-Cal DMC plan. Your dentist may need to ask your new plan for approval before you can schedule any new visits or services.

4. Can I keep appointments I have with a Medi-Cal specialist?

If you scheduled an appointment with a new Medi-Cal specialist before you joined a Medi-Cal DMC plan, you may be able to keep your appointment.

Call your Medi-Cal DMC plan's member services once you join the plan. Ask your Medi-Cal DMC plan if you can keep this appointment. The specialist may already be in your new Medi-Cal DMC plan network, or they may agree to join it.

5. Will I need to get a new authorization when I move to a Medi-Cal DMC plan?

If you are getting a Medi-Cal service or treatment that does not require a prior authorization (approval), you can keep getting that service or treatment. If you need to continue the service or treatment beyond XX/XX/XXXX, call your Medi-Cal Dental Managed Care Plan's member services once you join the plan.

If you have an existing authorization from your current dentist for a Medi-Cal service, you can keep using your existing authorization.

If your Medi-Cal dentist is not in your new Medi-Cal DMC plan's network, you may need to go to a new dentist to keep getting your service or treatment on and after XX/XX/XXXX. To find out if your dentist is in your new Medi-Cal DMC plan's network, call the plan. If your dentist is not in your new plan's network, you can ask for continuity of care, as explained in Section 2.

6. What if I get a bill?

If you get a bill from a dentist or from your current Medi-Cal DMC plan, call your current Medi-Cal DMC plan. They will tell you if you need to pay the bill. If you got care without your Medi-Cal DMC plan's authorization for out-of-network dentists, you may have to pay the bill.

If you get a bill for a service you got with your **new** Medi-Cal DMC plan, call your new plan to find out if you need to pay the bill.

7. How do I choose a Medi-Cal DMC plan?

Your choices depend on the county you live in.

If you live in **Sacramento County**, you must choose a Medi-Cal DMC plan. If you live in Sacramento County and do not choose a Medi-Cal DMC plan, the Department of Health Care Services (DHCS) will choose a Medi-Cal DMC plan for you.

If you live in **Los Angeles County**, you can choose to enroll in a Medi-Cal DMC plan. Or you can choose Medi-Cal Dental Fee-For-Service (FFS).

If you live in **San Mateo County**, you will get dental services through the Health Plan of San Mateo (HPSM) or Medi-Cal Dental FFS.

- If you are enrolled in HPSM, you will receive dental services through HPSM. To learn more about HPSM, call member services Monday – Friday, 8 a.m. to 6 p.m., at 1-800-750-4776 (TTY: 1-800-735-2929).
- If you are enrolled in Kaiser, you will receive dental services through Medi-Cal Dental FFS. To find a dental provider, you can call the Medi-Cal Dental's Customer Service Center at 1-800-322-6384 (TTY: 1-800-735-2922), Monday – Friday, 8 a.m. to 5 p.m.

You can enroll in a Medi-Cal DMC plan by phone. Call Medi-Cal Health Care Options (HCO) Monday – Friday, 8 a.m. to 6 p.m., at 1-800-430-4263 (TTY: 1-800-430-7077). Or enroll online at **www.healthcareoptions.dhcs.ca.gov**.

You have the right to change your Medi-Cal DMC plan at any time. Call Medi-Cal HCO Monday – Friday, 8 a.m. to 6 p.m., at 1-800-430-4263 (TTY: 1-800-430-7077). Or go to **www.healthcareoptions.dhcs.ca.gov**.

8. What is Medi-Cal Health Care Options?

Medi-Cal Health Care Options (HCO) is a service that helps members learn about Medi-Cal plans. The Department of Health Care Services offers this service to help members make the right choices about their Medi-Cal coverage.

The Medi-Cal HCO website is **www.healthcareoptions.dhcs.ca.gov**.

To learn more, call Medi-Cal HCO Monday – Friday, 8 a.m. to 6 p.m., at 1-800-430-4263 (TTY: 1-800-430-7077).

9. Can I enroll in the Program of All-Inclusive Care for the Elderly (PACE)?

If you are 55 years old or older and need a higher level of care to live at home, you may qualify to join a PACE plan in your area.

PACE gives you a personal care team of doctors, nurses, therapists, drivers, homecare workers, social workers, activity coordinators, and dietitians. They will coordinate your health care, home care, transportation, and specialty care such as dental care and hearing aids.

With PACE, you get most of your care at PACE centers. You can also take part in their social programs and use their senior gyms. Sometimes your care team brings services to you at home or remotely.

If you choose to join a PACE plan, you will be disenrolled from your Medi-Cal DMC plan because all dental services are provided by the PACE plan.

Enrollment in PACE is voluntary. You can disenroll at any time. There is an application process to join PACE. It includes a health assessment to learn about your care needs. The process can take a few weeks. If you have Medi-Cal, there are no other co-pays or deductibles to enroll in PACE.

PACE services include, but are not limited to:

- Doctor and specialist visits
- Hospital care and surgeries
- Emergency and urgent care
- Vision and dental services
- Prescription drugs
- Physical, occupational, and speech therapy
- Home health care

- Behavioral health services
- Equipment and medical supplies
- Transportation to and from the PACE centers and outside medical appointments
- Nutritional counseling and prepared meals
- Nursing home care

To find out if PACE is available in your county or to learn more about PACE, go to **www.CalPACE.org**. Or call Health Care Options Monday – Friday, 8 a.m. to 6 p.m., at 1-800-430-4263 (TTY: 1-800-430-7077).

10. Who does not have to join a Medi-Cal DMC plan?

If you live in Sacramento County, you may not have to join a Medi-Cal DMC plan if you:

- Are an American Indian/Alaska Native,
- Are a member who gets assistance under foster care, the Adoption Assistance Program, or Child Protective Services, or
- Get a beneficiary medical (dental) exemption from the requirement to join a Medi-Cal DMC plan.

To learn more about exemptions from joining a Medi-Cal DMC plan, call Health Care Options, Monday – Friday, 8 a.m. to 6 p.m., at 1-800-430-4263 (TTY: 1-800-430-7077).

11. Can I get a medical (dental) exemption from joining a Medi-Cal DMC plan?

If you live in **Sacramento County**, where dental managed care is mandatory, you may be able to get a medical (dental) exemption from the Medi-Cal DMC plan. You might be able to get a medical exemption if:

- You have a complex medical condition, and
- Your **Medi-Cal** dentist is a Medi-Cal Dental Fee-For-Service (FFS) dentist who is not in a Medi-Cal DMC plan network in Sacramento County.

If you want to stay in Medi-Cal Dental FFS, ask for a dental exemption as soon as you can. In most cases, you cannot qualify for an exemption from Medi-Cal dental plan enrollment after you have been in a Medi-Cal DMC plan for **90 days**.

Your dentist or an advocate can help you fill out the form. Your dentist will also need to fill out part of the form. Return the completed form to Medi-Cal Health Care Options (HCO).

There are two ways you can ask for a medical (dental) exemption:

1. Call Medi-Cal HCO Monday – Friday, 8 a.m. to 6 p.m., at 1-800-430-4263 (TTY: 1-800-430-7077).

2. Go to Medi-Cal HCO at **www.healthcareoptions.dhcs.ca.gov**.

If your exemption is approved, you can stay in Medi-Cal Dental FFS and keep your dentist until the medical (dental) exemption ends.

If your exemption is denied, you might be able to keep your doctor if you ask your Medi-Cal DMC plan for continuity of care.

To learn more about medical exemptions and how to ask for one, go to the Medi-Cal HCO website at **www.healthcareoptions.dhcs.ca.gov**.

12. What is the Beneficiary Dental Exception (BDE) process?

If you live in **Sacramento County**, where dental managed care is mandatory, you may qualify for a beneficiary dental exception from the dental plan if you are not able to get from your Dental Managed Care (DMC) plan:

- An “emergency” (pain, swelling, and/or bleeding) appointment within 24 hours,
- A “routine” (non-emergency) appointment within four (4) weeks, or
- A “specialist” appointment within 30 days from authorized request.

If you are having trouble scheduling an appointment, as noted above, you can ask for a beneficiary dental exception. There are two ways you can ask for a beneficiary dental exception:

1. Call the Beneficiary Dental Exception line, Monday – Friday, 8 a.m. to 5 p.m., at 1-855-347-3310.
2. Go to the Beneficiary Dental Exception webpage at **dental.dhcs.ca.gov/Members/Dental_Managed_Care/Beneficiary_Dental_Exception**.

If your exception is approved, you can move to Medi-Cal Dental FFS.

13. What other services can I get through Medi-Cal?

Transportation

If you do not have a way to get to doctor, clinic, dentist, mental health, or substance use disorder treatment services, to pick up medicine or to get to other Medi-Cal covered services, you may qualify for free transportation services. You can get these Non-Medical Transportation (NMT) services, by car, taxi, bus, or other public or private vehicle. NMT is available for appointments covered by Medi-Cal but not through the Medi-Cal health plan. These include substance use disorder treatment services.

If you cannot use a car, bus, taxi, or other public or private vehicle due to your health conditions, you may get Non-Emergency Medical Transportation (NEMT) services to get to your appointments. This is by ambulance, wheelchair van, or litter van. You will need a prescription from a licensed provider to ask for NEMT. NEMT is for people who cannot use public or private transportation. Your primary care provider, dentist, podiatrist, mental health, or substance use disorder provider can prescribe it.

Your Medi-Cal Dental Managed Care Plan or health plan can help you schedule transportation. Call your Medi-Cal health plan's member services to ask for a ride.

When asking for transportation, you must contact your Medi-Cal health plan as soon as you can before an appointment. If you have many appointments, you can also ask for transportation to those appointments.

14. Where can I learn more or get help?

For questions about Medi-Cal DMC plan choices:

- Call Medi-Cal Health Care Options (HCO) Monday – Friday, 8 a.m. to 6 p.m., at 1-800-430-4263 (TTY: 1-800-430-7077). Or go to Medi-Cal HCO at **www.healthcareoptions.dhcs.ca.gov**.

For questions about the Medi-Cal Dental Program:

- Call the Medi-Cal Dental Telephone Service Center Monday – Friday, 8 a.m. to 5 p.m., at 1-800-322-6384 (TTY: 1-800-735-2922 or 711). Or go to **www.dental.dhcs.ca.gov**.

For questions about Medi-Cal:

- Call the Medi-Cal Helpline Monday – Friday, 8 a.m. to 5 p.m., at 1-800-541-5555. The call is free and also TTY accessible.

For questions about why your Medi-Cal DMC plan is changing:

- Call the Medi-Cal Ombudsman Office Monday – Friday, 8 a.m. to 5 p.m., at 1-888-452-8609 (TTY: 711 for California State Relay). The call is free. Or email them at **MMCDombudsmanOffice@dhcs.ca.gov**. The Medi-Cal Ombudsman Office helps people with Medi-Cal use their benefits and know their rights and responsibilities.

15. What if I am an American Indian or Alaska Native Member?

If you are an American Indian/Alaska Native (AI/AN) member enrolled in a Dental Managed Care Plan, you may continue to receive services from an Indian Health Care Provider of your choice. If you have questions about your benefits, please contact your Dental Managed Care Plan or the Medi-Cal Dental Program Telephone Service Center at 1-800-322-6384.