



Member Bulletin

SEPTEMBER 2021
Volume 4, Number 12



THIS ISSUE

- pg 1 Save the Date:
Smile, California
Facebook Live Event
September 15th
- pg 2 September is Healthy
Aging Month
- pg 3 Your Protected Health
Information: How to
Assign an Authorized
Representative
- pg 5 Medi-Cal Member
Identification
- pg 7 Language Assistance

Learn more about free or low-cost dental services to help keep you and your smile healthy at SmileCalifornia.org.

FIND A DENTIST

Click for a complete list of Medi-Cal dental providers in your area.

Save the Date: *Smile, California* Facebook Live Event September 15th

Medi-Cal members, join us for a special Facebook Live event on September 15th! We will:

- Talk about the important role oral health plays in your child's academic success
- Discuss how to help your child keep up good dental habits
- Answer your questions about Medi-Cal Dental and your dental benefit

Stay for the full presentation and you could win one of two \$50 VISA gift cards!

What: *Smile, California* Facebook Live: **Healthy Smiles, Bright Futures!**

Where: Facebook.com/events/557137522143406/

When: Wednesday, September 15, 2021, 1:00 PM – 2:00 PM
Pacific Standard Time

Language: English

Continued on pg 2



In the meantime, we would love to connect with you online! “Like” our [Facebook page](#) or follow us on [Instagram](#) to get updates on the *Smile, California* campaign. You can also visit [SmileCalifornia.org](#) to learn more.

September is Healthy Aging Month

A healthy smile never gets old! Seniors, September is a great time to brush up on good dental habits and your [covered services](#). Help keep your teeth and gums healthy by making sure you:

- Brush your teeth twice a day and floss daily
- If you have dentures, clean them daily with cleaners made for dentures. Remember to brush your gums with a soft toothbrush
- Eat a healthy, well-balanced diet
- See the dentist for a checkup once a year

As a Medi-Cal member, you may qualify for the following free or low-cost services:

- | | |
|--|---|
| » Dental exams (every 12 months) | » Root canals |
| » Teeth cleaning (every 12 months) | » Partial and full dentures |
| » Fluoride treatment (every 12 months) | » Denture relines |
| » X-rays | » Tooth removal |
| » Deep cleaning (scaling and root planing) | » Emergency services |
| » Fillings | » Other medically necessary dental services |
| » Crowns | |

Your safety is important, now more than ever. Please follow your dentist’s instructions when visiting the dental office. For what to expect at your next visit, please read this [important COVID-19 message](#) from *Smile, California*.

Need to find a dentist? Use our [Find a Dentist tool](#) to find one that’s right for you.

Continued on pg 3



Your Protected Health Information

How to Assign an Authorized Representative

As a Medi-Cal member, you can give another person permission to access your dental information. You can do this two different ways:

1. **Give your verbal consent.** If you and a trusted person call Medi-Cal Dental customer service, a representative will ask you if your dental information can be discussed on the call with the other person. You can simply reply “yes” to give verbal consent. This kind of permission is only good for that phone call.

OR

2. **Complete, sign, and submit an Authorized Representative Form.** This form lets your trusted person speak with a Medi-Cal Dental representative without you on the call every time. An Authorized Representative can be a family member, friend, organization, or anybody you choose.

- You can find the form on the *Smile, California* website [here](#).
- Once you complete the form, email it to MemberFormReturn@delta.org, or mail it to the address below:

Medi-Cal Dental Program
Attn: Information Security/Privacy Office
P.O. Box 15539
Sacramento, CA 95852-1539

- **Note:** Assigning an Authorized Representative is optional. You do not need an Authorized Representative to discuss your own dental information.

Please remember the important tips below when submitting an Authorized Representative Form. This will help us process your request more easily.

- » **Do NOT list multiple names on one form.** There is no limit to how many Authorized Representatives you can have, but you must submit a separate form for each person.

Continued on pg 4



- » **Print clearly.** We use the information you provide on the form to verify your Authorized Representative when they call us.
- » **Be very specific with any special instructions.** Your Authorized Representative may help you with all duties related to Medi-Cal Dental, but you can also limit their duties. Examples of Authorized Representative duties include:
 - Giving us information we ask for
 - Reporting changes
 - Providing assistance during calls to Medi-Cal Dental
 - Helping with State Hearings and complaints
- » **Both you and your Authorized Representative must sign the form.** If we do not receive a completed form signed by you *and* your Authorized Representative, we cannot release your dental information to that person.

Aside from you and your Authorized Representative, we only share your dental information with your dentist or legal Personal Representative. **An Authorized Representative is not the same as a Personal Representative.** A Personal Representative can make health related decisions and an Authorized Representative cannot. Examples of a Personal Representative include:

- Parents of a minor
- Legal guardian
- Medical Power of Attorney
- Executor of Estate
- A deceased person's next of kin

You can find more information about Authorized Representatives by checking out these resources:

- [Information about Authorized Representatives and Treatment Authorization Requests](#)
- [Member Authorized Representative Frequently Asked Questions](#)
- [Member Handbook **Authorized Representative** Section](#)

If you have any other questions, please call the Telephone Service Center at 1-800-322-6384.

Continued on pg 5

Medi-Cal Member Identification

Make sure you are ready for your next dental visit! Bring these items each time you visit the dentist. Your dental office uses these to check your Medi-Cal coverage and eligibility.

- » **Medi-Cal Benefits Identification Card (BIC):** The BIC is your Medi-Cal identification (ID). Having the card does not guarantee eligibility for Medi-Cal benefits.

BIC Poppy Design:



BIC Pre-Poppy Design:



Medi-Cal Identification Card Presumptive Eligibility:

DO NOT DESTROY THIS CARD/NO DESTRUYA ESTA TARJETA	
SIGNATURE/FIRMA: <i>Jane Doe</i>	DATE/FECHA: 09/19/99
THE PERSON NAMED ON THIS CARD IS ELIGIBLE TO RECEIVE BENEFITS UNDER PRESUMPTIVE ELIGIBILITY	
VALID FOR AMBULATORY PRENATAL CARE AND PHARMACY SERVICES ONLY	
PROVIDER USE ONLY	
MEDI-CAL APPLICATION FILED:	PROVIDER SIGNATURE:
PE PROVIDER SIGNATURE:	PROVIDER STAMP:
PE PROVIDER TITLE:	HERE
SECOND GOOD THRU:	
MEDI-CAL ID: 12-7G-2A34567-8-90	
FIRST GOOD THRU: 10/31/99	
PATIENT NAME: JANE DOE	
DOB (MM/DD/YYYY): 123170	
PE Provider Signature: <i>John Jake, MD</i>	Date: 09/19/99
PE Provider Title: M.D.	

Immediate Need Card:

STATE OF CALIFORNIA	
TEMPORARY BENEFITS IDENTIFICATION CARD	
FOR IDENTIFICATION PURPOSES ONLY	
PROVIDER: PLEASE VERIFY ELIGIBILITY	
ID NO. BICIDNUMBERXXX	ISSUE DATE: MM/DD/YYYY
FIRSTNAME I LASTNAME APL	GOOD THRU : MM/DD/YYYY
F MM/DD/YYYY	
SIGNATURE _____	
TERMVTAMCICSTRANYYYMMDDHHMMSSDDOFRXXXXXDISWRKR	

- » **Valid, current photo ID:** Bring a valid, current California photo ID, such as a driver's license or ID card. **If your photo ID has expired, the dental office will accept it up to six months from the expiration date.**
- » **Social Security Number (SSN):** The dental office can use a foster child's SSN to check eligibility if the child does not have a BIC.

Continued on pg 6



- » **Other dental insurance:** If you have other dental insurance, bring this information to show the dental office.

If you have any questions about your Medi-Cal coverage or eligibility, please call our Telephone Service Center at 1-800-322-6384.

Continued on pg 7



Language Assistance

English

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-800-322-6384 (TTY: 1-800-735-2922).

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-322-6384 (TTY: 1-800-735-2922).

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-322-6384 (TTY: 1-800-735-2922).

Tagalog (Tagalog – Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-322-6384 (TTY: 1-800-735-2922).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

1-800-322-6384 (TTY: 1-800-735-2922). 번으로 전화해 주십시오.

繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-322-6384 (TTY: 1-800-735-2922)。

Հայերեն (Armenian)

ՈՒՇԱՄԻՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցություններ։ Ձանգահարեք 1-800-322-6384 (TTY (հեռատիպ)՝ 1-800-735-2922):

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-322-6384 (телетайп: 1-800-735-2922).

فارسی (Farsi)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-322-6384 (TTY: 1-800-735-2922) تماس بگیرید.

日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-322-6384 (TTY: 1-800-735-2922) まで、お電話にてご連絡ください。

Continued on pg 8



Hmoob (Hmong)

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-322-6384 (TTY: 1-800-735-2922).

ਪੰਜਾਬੀ (Punjabi)

ਪਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-322-6384 (TTY: 1-800-735-2922) 'ਤੇ ਕਾਲ ਕਰੋ।

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-322-6384 (رقم هاتف الصم والبكم: 1-800-735-2922).

हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-322-6384 (TTY: 1-800-735-2922) पर कॉल करें।

ภาษาไทย (Thai)

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-322-6384 (TTY: 1-800-735-2922).

ខ្មែរ (Cambodian)

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, បសវនករយើងនឹងជួយអ្នក ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-800-322-6384 (TTY: 1-800-735-2922)។

ພາ ສາ ລາ ອ (Lao)

ໂບດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-322-6384 (TTY: 1-800-735-2922).