



Member Bulletin

MARCH 2024
Volume 7, Number 4



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Know Your Medi-Cal Rights: What if Medi-Cal Does Not Cover Your Dental Treatment?

Medi-Cal covers medically necessary dental treatment. If your provider tells you Medi-Cal will not cover your dental treatment, you have options. You can ask your provider for treatment covered by Medi-Cal. They must give you a treatment plan showing dental services covered by Medi-Cal Dental before providing treatment. Your dental provider cannot make you get any treatment that Medi-Cal does not cover.

If you are not sure what is covered by Medi-Cal or want to know if there is different treatment that is covered, call us and we can help. Please call the Member Telephone Service Center at **(800) 322-6384** if you need help. They are open Monday through Friday from 8:00 am to 5:00 pm. The call is free.

Reminder: Kindergarten Oral Health Assessment Program

Poor oral health can affect a child's attendance, grades, and overall performance in school. To make sure your child is ready for school, California law requires that children have a dental

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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.



Medi-Cal Dental



check-up. The check-up must be done by **May 31st** of your child's first year in public school (kindergarten or 1st grade). This requirement is called the [Kindergarten Oral Health Assessment](#) (KOHA).

Steps to Complete the KOHA

1. **Look out for information from your child's school.** They will give you a:
 - a. Letter about the KOHA requirement
 - b. Form for the dentist to complete during your child's check-up
2. **Take your child to the dentist by May 31st.** You can use the [Find a Dentist tool](#) on the [SmileCalifornia.org website](#) or contact Customer Service at **(800) 322-6384** from 8:00am to 5pm, Monday through Friday to find one that's right for your family.
3. **Ask the dentist to fill out the KOHA form at your child's visit.** Remember to ask any questions you have. Don't be afraid to share your concerns.
4. **Give your child's school the completed form.** At this point, you're done with the requirement but not with your child's dental care! As a Medi-Cal member, your child is covered for two dental visits each year. Take your child to the dentist regularly and ask your dentist to schedule future appointments for your child.

For more information, visit the *Smile, California* [Oral Health and School Readiness page](#).

Clinical Screening for Dental Treatment

Your Medi-Cal dentist may need to get approval from Medi-Cal Dental before they provide certain treatments. Medi-Cal Dental will review your dentist's request and might have to further assess your treatment.

If this happens, you will receive a Notice of Dental Examination Appointment letter from Medi-Cal Dental. This letter tells you to go to a dental exam appointment. The dental exam is called a clinical screening.

The appointment will last about 15-30 minutes. No dental work will be provided by the clinical screening dentist. You do not have to pay for the appointment. Once the appointment is over, the dentist will mail a report to Medi-Cal Dental. The report will be used to decide the next steps for your treatment and/or the right level of care.

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IMPORTANT: Here are a few things to keep in mind for any clinical screening you receive.

- You may call the phone number listed on the Notice of Dental Examination Appointment letter to ask about directions to your dental exam. Do not call the phone number for any other reason.
- Be on time for your appointment. If you arrive late, your appointment may have to be rescheduled.
- If the clinical screening is for a new denture, then you should bring your old dentures with you to the appointment.
- The clinical screening report is only sent to Medi-Cal Dental. You will not receive a copy.
- The clinical screening dentist is not allowed to tell you if your treatment is approved or denied, or what they recommend for you.

For more information about the clinical screening process, please read the [Member Handbook](#) section *Getting Dental Care: Why is Medi-Cal Dental asking me to go for a dental exam with another dental provider?* ([English version](#)).

If you have any more questions, please call the Customer Service at **(800) 322-6384**.

When you call, let us know the “Screening #” located on the bottom right hand corner of the Notice of Dental Examination Appointment letter.

Are you still eligible for Medi-Cal benefits?

During the COVID-19 (PHE), Medi-Cal members were able to keep their coverage, without having to renew their eligibility. This [continuous coverage ended on March 31, 2023](#). It is important to see if you are still eligible for Medi-Cal.

Eligibility renewals started April 1, 2023. If someone in your house receives a letter from the county asking for information about your Medi-Cal coverage, please provide it. This will help the county ensure that your Medi-Cal coverage remains active.

Make sure that your local county office has your current contact information, so you don't miss important information about your Medi-Cal coverage.

Contact your local county office or visit [KeepMediCalCoverage.org](#) to report any changes

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to your name, address, phone number, or e-mail address. Visit the [Department of Health Care Services website](#) to find a list of county offices or call the Medi-Cal Member Helpline at **(800) 541-5555**. You can also find more information online at, [CoveredCA.com](#) or [BenefitsCal.com](#).

Find a Dentist Online

Regular dental checkups are essential for good overall health. That's why Medi-Cal offers dental services at little or no cost to keep you and your smile healthy.

Smile, California makes it easy to find a dentist that accepts Medi-Cal. Just visit the [SmileCalifornia.org](#) website, click on the [Find a Dentist](#) button, then click on the [Provider Search Directory](#).

On the Provider Search Directory, you can:

- Select your preferred distance and enter your zip code
- Choose your preferred language from the list
- Select "Show only providers accepting new patients"
- Click "Search" and a list of Medi-Cal dental providers in the area will appear

And finally, call the Medi-Cal dental provider to schedule your appointment.

For additional assistance with finding a dentist, please call the Telephone Service Center at (800) 322-6384, Monday through Friday from 8:00am to 5:00pm. To learn more about Medi-Cal Dental, please visit [SmileCalifornia.org](#).

How to Request a State Hearing

Medi-Cal Dental wants to make sure you are aware of your rights to request a State Fair Hearing if your dental treatment has been denied or modified. If your dental provider submits a Treatment Authorization Request and a service is denied or modified, you will receive a Notice of Action explaining the reason for the denial. Also, if your Conlan Reimbursement request is denied, you will also receive a denial letter. On both denial letters, there is information on how you can request a State Hearing if you disagree with the denial. You may submit a request for State Hearing with the Department of Social Services

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(CDSS), State Hearing Division in writing, online, or by telephone.

- To submit a request in writing, please mail your request to:

California Department of Social Services
State Hearing Division
P.O. Box 944243, MS 9-17-442
Sacramento, CA 94244-2430

- To submit a request online, please click here: [Request a Hearing Online](#)
- To submit a request by phone, please call 1-800-473-8525.

Please call the Public Inquiry and Response Unit of CDSS at **(800) 952-5253** for help with general information about the State Hearing process and may be able to provide free legal help. For additional free legal help, call the California Department of Consumer Affairs at (800) 952-5210 or TTY 1-800-326-2297 or your county's local Legal Aid Society at (888) 804-3536. **Medi-Cal Dental** wants to make sure you are aware of your rights to request a **State Fair Hearing** if your dental treatment request has been denied or modified.

Here are the key points:

- 1. Treatment Authorization Request Denial:** If your dental provider submits a **Treatment Authorization Request (TAR)** and the service is denied or modified, you will receive a **Notice of Action (NOA)** explaining the reason for the denial.
- 2. Conlan Reimbursement Request Denial:** Similarly, if your **Conlan Reimbursement request** is denied, you will also receive a denial letter.
- 3. State Fair Hearing Request:** If you disagree with the denial or modification of your request, you have the right to request a **State Hearing**. You can do this by submitting a request to the **Department of Social Services (CDSS), State Hearing Division**. **You can submit your request in writing, online, or by telephone.** Provide all necessary information when making your hearing request, including your full name, address, telephone number, the county involved, and the specific aid program. If you need language assistance, please let us know your preferred language and dialect.

Remember to keep a copy of your hearing request for your records.

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For more information, visit the [Your Hearing Rights page](#).

You can submit your request in the following ways:

- To the county welfare department (address provided on the NOA).
- To the California Department of Social Services State Hearings Division:
- By mail: P.O. Box 944243, Mail Station 21-37, Sacramento, California 94244-2430.
- By fax: (833) 281-0905.
- Online via the [hearing request page](#).

For free legal help, you may call the California Department of Consumer Affairs at (800) 952-5210 or TTY 1-800-326-2297, or your county's local Legal Aid Society at (888) 804-3536.



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)

ՈՒՇԱՂԴՐՈՒԹՅՈՒՆՆԵՐ 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。

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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, បសវនករជំនួយខ្លួនភាសា បោយមិនគិតថ្លៃ ក៏អាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-800-322-6384 (TTY: 1-800-735-2922)។

ພາ ສາ ລາ ອ (Lao)

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