



Delta Dental of California

REQUIRED NOTICE

## PROCESS FOR RESOLVING GRIEVANCES

If you have a grievance regarding the denial of dental services or claims, the policies, procedures and operation of Delta Dental, you may contact Delta at P.O. Box 997330, Sacramento, CA 95899-7330, or by calling toll-free **1-800-765-6003**. (A downloadable grievance form is available at [www.deltadentalca.org/enrollee/online\\_help.html](http://www.deltadentalca.org/enrollee/online_help.html).) You have 180 days to appeal after you receive a notice of denial. Any questions of ineligibility should be handled directly between you and your employer. If you write to Delta, you must include the name of the eligible employee and his/her social security number (or enrollee identification number), the name of the patient and your telephone number. You should also include a copy of the treatment form, a copy of cancelled checks or dental statements if the grievance concerns over-billing, Notice of Payment and any other information. Clearly explain your grievance.

You will receive written confirmation within 5 days of Delta's receipt of your grievance. You will receive a written decision on your request for review within 30 days (or 60 days if your group health plan is subject to the Employee Retirement Income Security Act of 1974 [ERISA]).

If you have completed Delta's grievance process or if you have been involved in Delta's grievance process for 30 days, you may file a complaint with the California Department of Managed Health Care (the "department") if Delta has not satisfactorily resolved your grievance. You may immediately file a complaint with the department in an emergency situation, which 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 health plan at **(1-800-765-6003)** and use your health 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 **(1-877-688-9891)** for the hearing and speech impaired. The department's web site at <http://www.hmohelp.ca.gov> has complaint forms, IMR application forms and instructions.

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.

If your health plan is covered under ERISA, you may also contact the U.S. Dept. of Labor, Employee Benefits Security Administration for further review of the claim or if you have questions about your rights under ERISA. The address is: U.S. Dept. of Labor, Employee Benefits Security Administration, 200 Constitution Avenue, N.W., Washington, D.C. 20210.