

DELTA DENTAL OF IOWA

DENTAL WELLNESS PLAN

GRIEVANCE AND APPEAL PROCESS



July, 2017



GRIEVANCES AND APPEALS

Overview

You can take action if you are not happy about any part of the Dental Wellness Plan by filing either an appeal or grievance (complaint). For example, you can take action if you are not happy with:

- The Dental Wellness Plan
- Delta Dental of Iowa
- A Dentist
- The services you received

We will review your request and provide a written response that we received your request and when our review is final.

A dentist or someone else helping you may file an appeal, grievance, or request a state fair hearing for you. You need to give them your okay in writing first by signing a form.

Call us at 1-888-472-2793 if you need help or have questions.

Appeal

An appeal is a request for a review of an adverse benefit determination by Delta Dental. An appeal can be for any of the following:

- The denial or limited authorization of a requested service, including the type of level of service.
- The reduction, suspension or termination of a previously authorized service.
- The denial, in whole or in part, of payment for a service.
- The failure to provide services in a timely manner, as defined by the State.
- The failure of Delta Dental of Iowa's Dental Wellness Plan to act within the required time frames for the standard resolution of appeals.
- Denial of a rural area resident's request to obtain services outside the provider network.
- The denial of enrollee's request to dispute financial liability.

Below are some things to do when you file an appeal.

- File within 60 days of the date on your Explanation of Benefits statement.
- Tell us you want an appeal. You can mail, email, fax, or telephone us.
- If you call us, you will need to follow up with a written signed request.

We will tell you when we get your written appeal request. Then we send you a written decision within 30 days of receiving your appeal request. This time may be extended by up to 14 additional days if 1) you request more time or 2) we need more information and it is in your best interest. We will let you know if an extension is needed in writing and orally.

Expedited Appeal

You or your dentist can ask for a faster appeal. Call us if taking time for a standard appeal jeopardizes your life, your health or your ability to regain or maintain maximum functions. If you have additional information that may help us review your appeal, please promptly provide it in person or in writing.

We will return a decision within 72 hours of the request. This time may be extended by up to 14 additional days if 1) you request more time or 2) we need more information and it is in your best interest. We will let you know if an extension is needed in writing and verbally.

Grievance (Complaint)

A grievance is an expression of dissatisfaction about any matter other than an adverse benefit determination. A grievance may be about any of the following:

- Quality of or access to care
- Quality of or access to services
- Inappropriate actions or behavior of a dentist
- Inappropriate action or behavior of Delta Dental
- Failure to respect your rights
- Potential fraud, waste or abuse
- Dissatisfaction with a complaint or appeal resolution or disenrollment request
- Dispute an extension of time DWP requests to make an authorized decision

We will tell you in writing when we get your grievance. Then we send you a written decision within 90 days. This time may be extended by up to 14 additional days if 1) you request more time or 2) we need more information and it is in your best interest. We will let you know if an extension is needed in writing and orally.

How do I file an Appeal or Grievance?

You can file an appeal or grievance at any time directly with us by doing one of the following:

- Call us toll-free at 1-888-472-2793
- Send an email at dwpmembers@deltadentalia.com
- Send us a fax to 1-888-264-0195
- Write us at:

Delta Dental of Iowa
Attn: DWP Appeals and Grievance
P.O. Box 9040
Johnston, IA 50131-9040

State Fair Hearing

If you are not happy with our appeal decision, the next step is to ask for a state fair hearing. You must ask for this within 120 days of receiving our appeal decision.

To request a state fair hearing do one of the following:

- Complete a state fair hearing request electronically at <http://dhs.iowa.gov/node/966> or
- Write a letter telling the Iowa Department of Human Services stating why you think Delta Dental of Iowa's decision is wrong.

Call the Department of Human Services Appeal Section at 1-515-281-3094 if you want to appeal by telephone. Or mail, fax, or take your appeal to:

Iowa Department of Human Services
Attn: Appeals Section
1305 E. Walnut, 5th Floor
Des Moines, IA 50319
Fax: 1-515-564-4044
Email: appeals@dhs.state.ia.us

You can speak for yourself or have someone else speak for you. This could be:

- A friend
- A relative
- A spokesperson
- A lawyer

Your dentist may also ask for a state fair hearing for you. You need to give your okay in writing first by signing a form. This form will say that you know your health information may be shared publicly during the state fair hearing process.

Continuing Your Benefits

You can ask to have your benefits cover you during the appeal or state fair hearing process. All of the following must apply:

- The appeal was filed with us within 60 days following the adverse benefit determination AND
- The services are ordered by an approved dentist AND
- The allowed time of service has not expired AND
- The request is made by you or your representative on or before the later of:
 - 10 days from the notice date OR
 - The date of the adverse benefit determination we had planned to take

Delta Dental of Iowa will pay for the services you asked to be continued if the appeal or state fair hearing decision is in your favor. If it is not in your favor, you may have to pay for all or part of the services used.