

DELTA DENTAL OF IOWA

Medicare Advantage

GRIEVANCE AND APPEAL PROCESS



Delta Dental Medicare Advantage Grievance And Appeal Process

Overview

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

- Your Medicare Advantage Dental Plan
- Delta Dental of Iowa
- A Dentist
- The services you received

We will review your request and provide a response when our review is final.

If you want someone else to act for you

You can name a relative, friend, attorney, provider, or someone else to act as your representative. If you want someone else to act for you, call us at: 1-833-721-2892 to learn how to name your representative. TTY users call 1-888-287-7312

. Both you and the person you want to act for you must sign and date a statement confirming this is what you want. You'll need to mail or fax this statement to us. Keep a copy for your records.

Appeal

An appeal is the procedure that deals with the review of adverse initial determination for payment of services. Examples are:

- Decision about furnishing or paying a service you believe your plan may cover
- A reduction, suspension, or termination of a previously authorized service
- Delta Dental's failure to give an organization determination in a timely manner

There are two kinds of appeals with Delta Dental

Standard Appeal - We'll give you a written decision on a standard appeal within **30 days** after we get your appeal. Our decision might take longer if you ask for an extension, or if we need more information about your case. We'll

tell you if we're taking extra time and will explain why more time is needed. If your appeal is for payment of a medical service/item you've already received, we'll give you a written decision within **60 days**.

Fast Appeal - We'll give you a decision on a fast appeal within **72 hours** after we get your appeal. You can ask for a fast appeal if you or your provider believe your health could be seriously harmed by waiting up to 30 days for a decision. You cannot request an expedited appeal if you are asking us to pay you back for a dental service you've already received.

We'll automatically give you a fast appeal if a provider asks for one for you or if your provider supports your request. If you ask for a fast appeal without support from a provider, we'll decide if your request requires a fast appeal. If we don't give you a fast appeal, we'll give you a decision within 30 days.

How to ask for an appeal with Delta Dental

Step 1: You, your representative, or your provider must ask us for an appeal. Your written request must include:

- Your name
- Address
- Member number
- Reasons for appealing
- Whether you want a Standard or Fast Appeal (for a Fast Appeal, explain why you need one)
- Any evidence you want us to review, such as medical records, providers' letters
(such as a provider's supporting statement if you request a fast appeal), or other information that explains why you need the medical service/item. Call your provider if you need this information.

If you're asking for an appeal and missed the deadline, you may ask for an extension and should include your reason for being late.

We recommend keeping a copy of everything you send us for your records. You can ask to see the medical records and other documents we used to make our decision before or during the appeal. At no cost to you, you can also ask for a copy of the guidelines we used to make our decision.

Step 2: Mail, email, or deliver your appeal.

For a Standard Appeal:

Mailing Address:

Delta Dental of Iowa
Government Programs Appeals and Grievance
P.O. Box 9040
Johnston, IA 50131-9000

Phone:

1-833-721-2892

Hearing Impaired Toll Free:

1-888-287-7312

Email:

MAMembers@deltadentalia.com

For a Fast Appeal:

Phone:

1-833-721-2892

Hearing Impaired Toll Free:

1-888-287-7312

Email:

MAMembers@deltadentalia.com

What happens next?

If you ask for an appeal and we continue to deny your request for payment of a dental, we'll automatically send your case to an independent reviewer. **If the independent reviewer denies your request, the written decision will explain if you have additional appeal rights.**

Grievance

A grievance is an expression of dissatisfaction with any aspect of the operation, activities or behavior of Delta Dental, your Medicare Advantage Plan, or a Dentist that has provided dental services under your Plan. Some Examples are:

- A change in your premiums or cost sharing arrangements from one contract year to the next
- Lack of quality of the care received
- Plan benefit design
- Difficulty contacting Delta Dental via phone
- The appeals process
- Delta Dental's decision not to expedite a coverage or appeal request

How to file a grievance with Delta Dental

Step 1: You or your representative may file a grievance with Delta Dental within 60 days of the incident. Please provide as much information as possible regarding the incident. You may either call, email, or mail us your grievance.

Mailing Address:

Delta Dental of Iowa
Government Programs Appeals and Grievance
P.O. Box 9040
Johnston, IA 50131-9000

Phone:

1-833-721-2892

Hearing Impaired Toll Free:

1-888-287-7312

Email:

MAMembers@deltadentalia.com

Step 2: We will review all information provided by you or your representative and in some cases we will ask for your dentist to send in information. We will respond to your grievance within 30 days after receiving. There may be times when this time may be extended by up to 14 additional days if you request more time or if Delta Dental needs more time and we feel it is in your best interest. If we decide to extend we will notify you in writing. If you provide your grievance over the phone, we may resolve your grievance over the phone unless you ask us to send you a response in writing.