

FOUR-STEP GRIEVANCE PROCESS

Step 1: Talk to your provider

We urge you to communicate directly with your dentist if you are dissatisfied with the service he or she provided. We are confident that the dental office will welcome the opportunity to address your questions and concerns.

Step 2: Call Delta Dental

If you are still dissatisfied after speaking with your dentist or have questions about your plan, please call Delta Dental Customer Service for assistance at 800-422-4234. A Customer Service representative can assist you Monday through Friday between 5 a.m. and 6 p.m., Pacific time. If Delta Dental's Customer Service Team is unable to resolve your concerns to your satisfaction, you may file a formal grievance.

Step 3: How to file a formal grievance

- a. You may file a grievance with Delta Dental in several ways:
 - Online: You can complete a form online at:
https://secure1.ddpdelta.org/ddpca_secure/pmi_grievance_Dental.asp.
 - In writing: Either by obtaining a form from Delta Dental's Customer Service department or from your provider.
 - Verbally: You may ask the Customer Service representative to take your grievance verbally over the phone.

You are not required to participate in the Plan's grievance process prior to applying to the California Department of Managed Health Care for review of your grievance (see Step 4).

- b. Information to Include: Please include your name, enrollee identification number and dentist. Provide detailed information about your concern. As pertinent, please include documentation, such as receipts or treatment records. We appreciate your written description of the concern so we may fully understand and respond to it.
- c. Written grievances may be faxed or mailed to Delta Dental:
 - Fax number: 562-924-6914
 - Mailing address:
Quality Management Department
P.O. Box 6050
Artesia, CA 90702

- d. Next step: Delta Dental will send you a written determination within 30 days of receipt of your grievance. Submissions involving severe pain and/or imminent and serious threat to your health will be reviewed immediately and responded to within three days of receipt.

Step 4:

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 **800-422-4234** 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 an 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 Internet website <http://www.hmohelp.ca.gov> has complaint forms, IMR application forms and instructions. IMR is generally not applicable to a dental plan, unless that dental plan covers services related to the practice of medicine or is offered pursuant to a contract with a health plan providing medical, surgical or hospital services.

Please keep this notice with your contract or Evidence of Coverage (EOC) booklet.