

ENROLLEE GRIEVANCE PROCESS

Option 1: Talk to your provider

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

Option 2: Contact Customer Service

If you are dissatisfied after speaking with your provider, or have questions about your plan and claims payment, please contact Customer Service for assistance. If the Customer Service team is unable to resolve your concerns to your satisfaction, you may file a formal grievance.

Option 3: File a formal grievance

You may file a grievance in several ways:

- Online: You can complete a form online at:
https://secure1.ddpdelta.org/ddpca_secure/%21complaint.asp
- In writing: You can obtain a form from the Customer Service representative or from your provider.
- Verbally: You may ask the Customer Service representative to take your grievance over the phone.

Include the following information with your grievance:

- Your name and enrollee identification number
- Your provider's name
- A detailed written description of your concern so that we may fully understand and respond to it. Include documentation, such as receipts or treatment records that will support your concern.

Fax or mail your written grievance to:

Delta Dental of California

Quality Management

P.O. Box 997330

Sacramento, CA 95899-7330

Customer Service: 888-335-8227

Fax Number: 916-631-6374

Our Delta Dental PPO plans are underwritten by these companies in these states: Delta Dental of California — CA, Delta Dental of the District of Columbia — DC, Delta Dental of Pennsylvania — PA & MD, Delta Dental of West Virginia, Inc. — WV, Delta Dental of Delaware, Inc. — DE, Delta Dental of New York, Inc. — NY, Delta Dental Insurance Company — AL, DC, FL, GA, LA, MS, MT, NV, TX and UT. DeltaCare USA is underwritten in these states by these companies: AL — Alpha Dental of Alabama, Inc.; AZ — Alpha Dental of Arizona, Inc.; CA — Delta Dental of California; AR, CO, IA, MA, ME, MI, MN, NC, ND, NE, NH, OK, OR, RI, SC, SD, VA, VT, WA, WI, WY — Dentegra Insurance Company; AK, CT, DC, DE, FL, GA, KS, LA, MS, MT, TN, WV — Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NM — Alpha Dental of New Mexico, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products. DeltaVision is underwritten by these companies in these states: Delta Dental of California — CA; Delta Dental Insurance Company — AL, DE, DC, FL, GA, LA, MD, MT, NV, NY, PA, TX, UT and WV. DeltaVision is administered by Vision Service Plan (VSP).

We 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.

Option 4:

The California DMHC is responsible for regulating health care service plans. If you have a grievance against your health plan, you are encouraged to contact your health plan and use your health plan's grievance process before contacting the California DMHC (although this is not a required first step). Utilizing DMHC's 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 California DMHC 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 California DMHC also has a toll-free telephone number **(1-888-466-2219)** and a TDD line **(1-877-688-9891)** for the hearing and speech impaired. The department's Internet website **<http://www.dmhc.ca.gov>** has complaint forms online.

Independent Medical Review (IMR) has limited application to your program. You may request IMR only if your provider claim concerns a life-threatening or seriously debilitating condition(s) and is denied or modified because it was deemed an experimental procedure.

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