



Member Grievance Form

In keeping with our commitment to provide our members with the very best service possible, DentaQuest has established a formal procedure for receiving and responding to your concerns.

This form is for your use in filing a formal Grievance regarding any aspect of your DentaQuest benefit plan, including care you receive from a dentist or other healthcare professional or organization as a member of this plan. If you have further questions please call the Customer Service number printed on your Member Identification card.

Included with this form, you should also send all documentation you have to support your concern. Some of the documentation may come from your dentist.

Please print or type of the following information:

_____	_____
Member Name (Last, First, MI)	Member Identification Number
_____	_____
Address	Phone Number
_____	Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening
City:	

State:	Zip Code:

You can ask someone to file your grievance on your behalf. This is called an authorized representative. This can be anyone that you choose. When this occurs, we will provide the information relating to your grievance to your authorized representative.

Authorized Representative Name (Last, First, MI), if not filed by the member

Authorized Representative Address

Authorized Representative Phone Number

Please choose one of the following:

- Your grievance is about a claim or authorization that has been denied by DentaQuest.**
- Your grievance is about something other than a claim or authorization that has been denied by DentaQuest.**

Need this communication in another language?

English: you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-844-241-5605.

Chinese: 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 1-844-241-5605。

Vietnamese: quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-241-5605.

Arabic: من وذن افي كت ل تف. ت الل ح ذ د عم م ر ت مج ال ص ت ب 1-844-241-5605 إن ك ان ل ك يد وأ ل دى ص خ ش س ت ع ا ه س أ ئ ل ة ص خ ب ص و ر ض ل ا ة ر و ل ب غ ت ك

Korean: 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-844-241-5605 로 전화하십시오.

French: vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-844-241-5605.

Russian: то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-844-241-5605

Spanish: tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-241-5605.

German: haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-241-5605] an.

Tagalog: may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-241-5605.

Gujarati: વિશે પ્રશ્નો હોય તો તમને મદદ અને મ હહતી મેળિવ નો અવિકર છે. તે ખર્ચ વિન તમ રી ભ ષ મ પ્ર પ્ત કરી શક ર છે. દ ભ િષર ો વ ત કરર મ ટે,આ 1-844-241-5605 પર કોલ કરો.

Hindi: के बारे में प्रश्न हैं ,तो आपके पास अपनी भाषा में मुफ्त में सहायता और सूचना प्राप्त करने का अधिकार है। ककसी िुडुडुभाषण से बात करने के लिए , 1-844-241-5605 पर कॉिु करें।

Italian: hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-844-241-5605.

Japanese: についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入力したりすることができます。料金はかかりません。通訳とお話される場合、1-844-241-5605までお電話ください。

Portuguese: você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-241-5605.

French Creole: se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-844-241-5605.

Polish: masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku .Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-844-241-5605.

Amharic: ጥያቄ ካላችሁ፣ ያለ ምንም ከፍተኛ በቋንቋዎ እርዳታና መረጃ የማግኘት መብት አላችሁ። ከአስተርጓሚ ጋር ለመነጋገር፣ 1-844-241-5605 ይደውሉ።

Grievance Process

Definitions

Adverse Determination – a determination made by DentaQuest that a health care service has been reviewed and, based upon the information provided, does not meet the requirements for medical necessity or appropriateness and the payment for the requested service is therefore denied, reduced or terminated.

Inquiry – A question or request for information or action. Usually can be resolved on initial contact with no follow-up action required.

Complaint – An oral allegation of improper or inappropriate action, or an oral statement of dissatisfaction with covered services, post-service claims payment, or policies that do not fall within the definition of a Grievance.

Grievance – A written complaint submitted by or on behalf of a member regarding:

- a. The availability, delivery, or quality of healthcare services, including a complaint regarding an Adverse Determination made pursuant to utilization review;
- b. Post-service claims payment, handling or reimbursement for healthcare service; or
- c. Matters pertaining to the contractual relationship between a member and DentaQuest, including a denial of coverage.
- d. Grievance must be filed within 180 days of receipt of the denial.

Expedited Review – A Complaint or Grievance that fits the description of a Grievance, but involved a situation where the times frame of the standard Grievance procedures:

- a. Would seriously jeopardize the life or health of a member;
- b. Would jeopardize the member's ability to regain maximum function; or
- c. In the opinion of a physician with knowledge of the member's medical condition, would subject the member to severe pain that cannot be adequately managed without the requested care or treatment.

When you are dissatisfied with your dealings with DentaQuest, you have the right to pursue your concerns through the following mechanisms:

Procedures for Filing a Grievance

You are encouraged to discuss your concerns regarding your care with your physician or other healthcare provider. Your customer service representative (see the phone number on your identification card) is also available to answer questions about claims and benefits.

However, if you are not fully satisfied with the response you receive, and wish to express your concern at a higher level, you may complete this form, or you may write a letter outlining as many details as possible regarding the incident in question. Your completed form or letter can be faxed to (262) 834-3452, Attn: Appeals Department, or mailed to the following address:

Appeals Department
DentaQuest
11100 W. Liberty Drive
Milwaukee WI, 53224

Procedures for Filing a Second Level Grievance

If our response to your Grievance does not satisfy all your concerns, you may have the right to file a Second Level Grievance. Please refer to the Grievance letter for additional appeal rights. We will acknowledge receipt of your communication within 10 working days, and review (with the assistance of a Grievance Advisory Panel) the results of our previous review, as well as any new information provided to us at the time of your latest request.

Our Grievance Advisory Panel consists of representatives that were not involved in the circumstances giving rise to the Grievance or in any subsequent investigation or determination of the Grievance.

If the Grievance involves an Adverse Determination, the panel will consist of a majority of persons that are appropriate clinical peers in the same or similar specialty as would manage the case being reviewed who were not involved in the circumstances giving rise to the Grievance or in any subsequent investigation or determination of the Grievance.

The Panel will convene within 20 working days of the date of receipt of the Second Level Grievance, or we will notify you of the need for an extension. You will be advised of the decision of the Grievance Advisory Panel within 5 working days of the Panel's determination.

Contact the State Department of Insurance

You may, at any time, contact the Missouri Department of Insurance. You may also have the right to have your Grievance reviewed by an Independent Review Organization (IRO) at no cost to you.

Missouri Department of Insurance
P.O. Box 690
Jefferson City, MO 65102-0690
Phone: 1-800-726-7390

NONDISCRIMINATION NOTICE

DentaQuest follows the Federal civil rights laws. DentaQuest does not treat people differently because of race, color, national origin, age, disability, or sex.

DentaQuest will:

- Give you free help if you have a disability. These services are to help you communicate with us. We can give you:
 - Skilled sign language interpreters
 - Written information in other formats (large print, audio, and clear electronic formats)
- Give you free language services if you do not speak English. We can give you:
 - Skilled interpreters
 - Information written in other languages

Our website will give you the phone number you can call to get these free services. These phone numbers may be specific to your state and health plan. Our website address is:

<http://www.dentaquest.com/members/>

You can file a complaint if you feel we have not given you the services when you need them. You can also file a complaint if you feel we have treated you differently because of your race, color, national origin, age, disability, or sex. You can file the complaint with:

Ugonna Onyekwu
Civil Rights Coordinator
Compliance Department
465 Medford Street
Boston, MA 02129
Fax: 617-886-1390
Phone: 617-886-1683
Email: FairTreatment@greatdentalplans.com
TTY: 711

You can file a complaint in person or by mail, fax, or email. If you need help filing a complaint, we can help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can file a complaint online or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>