DHMO or State of California

Grievance/Appeal Form

Refer to page three of this form for information about grievances and appeals. If you need help with this form, please call us.

Mail the completed form to:

Access Dental
Attn: Grievances/Appeals Dept.
PO Box 38313
Phoenix, AZ 85069

The form can also be emailed to GrievanceDept@premierlife.com or faxed to 602-638-5956.

Customer Service:

Monday through Friday, 8:00 a.m. to 6:00 p.m.
DHMO: 1-866 650-3660
State of California Employees: 1-888-534-3466

What program is this grievance/appeal request for?	☐ **DHMO**	☐ **State of California**
Who is completing this form? Providers can file a grievance/appeal on behalf of a member, with the member's written consent, which must be attached.	☐ Member	☐ Provider
Is a quick decision needed? A quick decision is needed when there is possible harm to a member's life, health, or ability to function. These are expedited appeals. Expedited appeals can be filed by calling Customer Service. A form is not needed.	☐ Yes	☐ No
Has this already been filed by phone? When you file an appeal by phone, a written form is not required. If you filed by phone and need to submit additional documents, please submit a completed form with your documents.	☐ Yes	☐ No
Do you want to continue receiving services while we process your grievance/appeal? If the member continues services while we process the grievance/appeal, and the outcome is not in the member's favor, the member will be responsible for the cost of the disputed services received.	☐ Yes ☐ Does not apply	☐ No

Member ID Number: _____ Member Birthdate: _____
Member Name: _____ MI: _____
Street Address: _____
City: _____ State: _____ ZIP: _____
Telephone Number: _____

Office Name: _____
Office Address: _____
Provider Name: _____ Office Phone Number: _____
Contact Person filing on the member's behalf (if applicable): _____
Contact Phone Number:

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Describe the details of your grievance/appeal. Please provide specific information such as the date(s) of service, services involved, etc. Please use additional sheets if needed.

Signature: _____ Date: _____

The California Department of Managed Health Care is responsible for regulating healthcare service plans. If you have a grievance against your health plan, you should first telephone your health plan for **DHMO: 1-866 650-3660 State of California Employees: 1-888-534-3466** 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 **(1-888-466-2219)** 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, IMR application forms, and instructions online.

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Guidelines for Grievances and Appeals:

	Grievances	Appeals
What is it?	A grievance is a complaint about the way your dental care services were handled by your dentist or Access Dental.	An appeal is a request for Access Dental to review one of the following: • Request for services is denied or the approved services are less than what was requested. • Previously authorized service is terminated, reduced, or suspended. • Payment for a service is denied in whole or in part. The denial could result in the member being liable for payment. • An Access Dental network provider fails to provide services in a timely manner (e.g., appointment wait time requirement not met) • Access Dental failed to meet the timeframes for the Grievance and Appeals process
What is an expedited request?	Not applicable for grievances.	An expedited appeal is a request for a quick decision. This is done to avoid possible harm to a member's life, health, or ability to function.
Who can file?	The member or provider.	The member, the member's legally authorized representative, or a provider (on behalf of the member with the member's written consent).
How do I file?	A grievance can be filed orally or in writing.	An appeal can be filed orally or in writing. Written appeals can be submitted via mail, email, or fax. We recommend when submitting an appeal in writing that supporting documentation be included. Call customer service to file an oral appeal.
When can I file?	A grievance can be filed at any time.	An appeal must be filed within 30 calendar days from the date of the Notice of Action. For services previously approved: If the original approval has not expired and the member wants to continue services while the appeal is processed, an appeal must be filed the later of the following: • By the intended effective date of the Action • Within 10 days of the Notice of Action
Can I receive services while my request is reviewed?	Not applicable for grievances	Disputed services can continue while the appeal is in process if all of the following apply: • The member requests to continue services. • The appeal for terminating, suspending, or reducing a previously approved service. • The original approval has not expired. • The appeal was requested on time.

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How long does it take to process?	The grievance process takes up to 30 calendar days. A notice is sent with the decision. *	The appeal process takes up to 30 calendar days. A notice is sent with the decision. Quick or expedited appeals take up to three working days to process. You will receive notice of the decision. *

**Access Dental may take an additional 14 days for processing if either:*

- *The member requests an extension, or*
- *There is a need for more information is needed, and it is in the member's best interest.*

You will receive a notice of the reason for the delay.

Fax: 602-638-5956

Email: GrievanceDept@premierlife.com

Attn: Grievances/Appeals Dept.

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