Dental Health Services

Notice of Appeal Rights

You have the right to appeal Adverse Benefit decisions, when a Claim is not paid in full or in part.

How to file an appeal. If you have any questions about this adverse benefit decision or wish to file an appeal, contact us within one hundred eighty (180) days of receiving your adverse benefit decision. To file a verbal or written appeal: please contact our Member Services Specialists at membercare@dentalhealthservices.com, 800-637-6453 or by U.S. mail:

Dental Health Services
Attn: Appeals Department
3833 Atlantic Avenue
Long Beach, CA 90807

Who Can Appeal. You, and your provider have the right to provide any evidence with your appeal, to be considered in the determination. Additionally, you have the right to review the records or evidence relied upon by Dental Health Services, that was submitted or that in the course of making its decision Dental Health Services relied upon to influence the decision to make the adverse benefit determination.

To obtain a copy of Dental Health Services' Appeals Procedures or documentation used to determine the appeal, please contact our Member Services Specialist at membercare@dentalhealthservices.com or 800-637-6453

What happens next. If you appeal, we will review our decision and provide you with a written determination.

Completed claim appeals will be determined within fourteen (14) days of Dental Health Services' receipt of the appeal, this time to respond may be extended by (16) days for good cause. If additional time is needed to determine your appeal Dental Health Services will notify you. After completing a review of your Appeal, Dental Health Services will notify you, and your dentist of the determination.

If we continue to deny the payment, coverage, or service requested or you do not receive a timely decision, you may be able to request an external review of your claim by an independent third party, who will review the denial and issue a final decision.

Urgent Appeal. If you wish to appeal the result of an urgent care claim, a decision regarding your appeal will be made within seventy-two (72) hours of Dental Health Services receipt of the appeal. An urgent appeal is one for which you are currently receiving or is prescribed treatment or benefits that would end because of the adverse benefit determination; or where your treating provider for the believes that a delay in treatment based on the standard review time may seriously jeopardize your life, overall health or ability to regain maximum function, or would subject you to severe and intolerable pain; or when the claim determination is related to an issue related to admission,

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availability of care, continued stay, or emergency health care services when you have not been discharged from the emergency room or transport service.

Concurrent Expedited Appeal. Under certain circumstances, you may be eligible to request a concurrent expedited review. A Concurrent Expedited Review means initiating both internal and external expedited review simultaneously to:

1. Review a decision made under WAC 284-43-2000; or
2. Review conducted during a patient's course of treatment in a facility, dental professional's office, or any inpatient/outpatient health care setting so the final adverse determination is reach expeditiously.

Other resources to help you: For questions about your rights, this notice, or for assistance, you can contact: If group health plan coverage, insert: the Employee Benefits Security Administration at 1-866-444-EBSA (3272). Group or Individual coverage you may also contact Consumer Advocacy Division of the Washington State Office of the Insurance Commissioner P.O. Box 40255 Olympia, WA 98504-0255 Phone: 1-800-562-6900 or (360) 725-7080 Fax: (360) 586-2018 or online at https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status.

Please Note: During review of your appeal, Dental Health Services will continue to provide coverage for the disputed benefit pending outcome of the review if you are currently receiving services or supplies under the disputed benefit. If Dental Health Services prevails in the appeal, you may be responsible for the cost of coverage received during the review period. The decision at the external review level is binding unless other remedies are available under state or federal law.

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