

GRIEVANCE RESOLUTION PROCEDURE

Any member not satisfied with any aspect of United Concordia may file a written complaint/grievance. While United Concordia prefers the complaint/grievance to be filed by the member in writing due to the more concise nature of written statements as compared to verbal statements, complaints/grievances may be submitted verbally with the assistance of a United Concordia representative. Assistance with filing a complaint/grievance is provided, as necessary, at each location where complaints/grievances may be filed. The member, or a person acting on the member's behalf, must file a complaint/grievance within 180 days following the incident(s) or action(s) that is(are) the subject(s) of the enrollee's dissatisfaction. The complaint/grievance should contain sufficient detail to identify the nature of the problem.

A letter or completed United Concordia Dissatisfaction Report must be submitted to the Customer Services Department at: P.O. Box 10194, Van Nuys, CA 91410-0194, or via United Concordia's website www.unitedconcordia.com, or you may call Customer Service at (866) 357-3304 for assistance.

A member who files a complaint/grievance will not be subject to discrimination, disenrollment, or otherwise penalized for filing a grievance.

Complaint/Grievance forms and a description of the complaint/grievance procedure are available directly from United Concordia, on United Concordia's website www.unitedconcordia.com and at each contracted provider's facility, and are provided promptly upon request.

Receipt of your concern will be acknowledged within five (5) days. After receipt, all parties involved will be contacted and any pertinent facts, dental records, or other supportive materials will be collected. **A copy of your grievance will be forwarded to the dental office(s) which is/are the subject of the grievance.**

Complaints/grievances will be resolved within 30 days. A notice of the disposition for the complaint/grievance will be sent to the member within 30 days from the receipt of the complaint/grievance.

A member may file a complaint/grievance with the Department of Managed Health Care (DMHC) if no response is received from United Concordia within 30 days or as soon as a written decision has been rendered, or any time in any case determined by the DMHC to be a case involving imminent and serious threat to the health of the patient, including but not limited to severe pain, potential loss of life, limb, or major bodily function, or in any case where the DMHC determines that an earlier review is warranted.

Because of regulations concerning the confidentiality of patient medical records, any resolution to complaint/grievance will be forwarded to the Dental Office and member only. All such replies will be made in writing and will be held in the strictest confidence.

For members who are not proficient in English, who are hearing impaired, who are visually impaired, or who are otherwise impaired such that access to United Concordia's

complaint/grievance system is potentially hampered, United Concordia provides assistance as necessary.

United Concordia's complaint/grievance system addresses the linguistic and cultural needs of its members as well as the needs of members with disabilities, to ensure that all members have access to and can fully participate in the complaint/grievance system, by the following means:

1. Translations of complaint/grievance procedures, forms, and plan responses to complaints/grievances, as needed,
2. Access to telephone interpreters,
3. Access to telephone relay systems and other devices that aid disabled individuals to communicate,
4. Other individualized assistance to meet the member's specific needs.

You can access the above referenced services by contacting Customer Service at (866) 357-3304.

In the event that an expedited complaint/grievance is filed that involves an imminent or serious threat to the health of the patient, including, but not limited to, severe pain, potential loss of life, limb, or major bodily function, United Concordia will conduct an expedited review of the complaint/grievance. Upon United Concordia's notice of an expedited review case, United Concordia will immediately inform the member of his/her right and method to notify the DMHC of the complaint/grievance. United Concordia also will notify the member of the disposition or pending status of the expedited complaint/grievance no later than three (3) days from receipt of the complaint/grievance.

Due to regulatory constraints on the timeline for complaint/grievance resolution, a complaint/grievance determination **may not** be appealed to United Concordia.

“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 1-866-357-3304 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 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 Web site <http://www.hmohelp.ca.gov> has complaint forms, IMR application forms and instructions online.”

Grievance Form

Member Name: _____ Group Number: _____

Member ID Number: _____ Plan Type: _____

Address: _____

Home Phone: _____ Work Phone: _____

Dentist Name: _____ Dental Office ID Number: _____

Report Relates to:

Subscriber Dependant Name of Dependant: _____
(please circle one)

Dissatisfaction (PLEASE EXPLAIN FULLY, USE OTHER SIDE IF NECESSARY):

Recommendation (ACTION REQUESTED BY MEMBER):

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Signature: _____ Date: _____

You have a right to language assistance services at no charge to you, including translation of certain plan documents in Spanish and interpretation in any language regarding your dental treatment. If you need language assistance for dental care or if you want to tell us your spoken and written language preference, please call United Concordia at **(866) 357-3304** or visit our Web site at www.unitedconcordia.com or inform your dentist.

Usted tiene derecho a recibir servicios de asistencia idiomática sin cargo alguno, incluso a la traducción de ciertos documentos del plan al español e interpretación a cualquier idioma en lo que respecta a su tratamiento dental. Si necesita asistencia idiomática durante su atención dental o quiere indicarnos en qué idioma prefiere que se le hable y escriba, llame a United Concordia al **(866) 357-3304**, visite nuestro sitio de Internet en www.unitedconcordia.com o informe a su dentista.