

Grievance, Appeal, and Independent Medical Review Insert

If you are dissatisfied with the action described on this notice, you have the right to appeal the decision by contacting Access Dental Plan's Grievance Department Coordinator within 30 days from the date of the decision. You may also request a second opinion for covered services by contacting the Grievance Department Coordinator. The cost of obtaining a second opinion will be paid for by Access Dental. Contact the Grievance Department Coordinator at the following telephone number 1-800-448-4733 and address: Access Dental Plan, P.O. Box 255039, Sacramento, California 95865-5039.

If you are dissatisfied with the action described on this notice, you may request a state hearing within 90 days from the date of the notice.

TO REQUEST A HEARING:

Send this entire notice, along with your written request to:

Office of the Chief Administrative Law Judge
State Department of Social Services
C/o The Department of Health Services
Post Office Box 13189
Sacramento, California 95813-3189

OR you may call the TOLL-FREE number at the Public Inquiry and Response Unit. 1-800-952-5253.
(TTY: 1-800-952-8349) (ASSISTANCE AVAILABLE IN LANGUAGES OTHER THAN ENGLISH)

STATE REGULATIONS:

A copy of Title 22, California Code of Regulations, Sections 50951, 50953, 51014.1 and 51014.2, which covers state hearings, is available at your county social services office.

AUTHORIZED REPRESENTATIVE:

You can represent yourself at the hearing or you can be represented by a friend, lawyer, or any other person. You are expected to arrange for the representative yourself. You can get help in locating free legal assistance by calling the toll-free number of the Public Inquiry and Response Unit or from your local social service office.

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 **(1-800-707-6453)** 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.