

**YOUR RIGHTS  
UNDER MEDI-CAL MANAGED CARE**

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**IF YOU DO NOT AGREE WITH THE DECISION MADE FOR YOUR DENTAL TREATMENT, YOU CAN FILE AN APPEAL. FILE THE APPEAL WITH YOUR DENTAL PLAN.**

**HOW TO FILE AN APPEAL**

You have **60 days** from the date of this "Notice of Action" letter to file an appeal. **But, if you are currently getting treatment and you want to continue getting treatment, you must ask for an appeal within 10 days** from the date this letter was postmarked or delivered to you, OR before the date your dental plan says services will stop. You must say that you want to keep getting treatment when you file the appeal.

You can file an appeal by phone, in writing, or electronically:

- **By phone:** Contact *[Dental Plan]* between *[hours of operation]* by calling *[telephone number]*. If you cannot hear or speak well, please call *[TTY/TDD number]*.
- **In writing:** Fill out an appeal form or write a letter and send it to:

*[Dental Plan]  
[address]*

Your dentist's office will have appeal forms available. Your dental plan can also send a form to you.

- **Electronically:** Visit your dental plan's website. Go to *[Dental Plan's weblink]*.

You may file an appeal yourself. You may have a relative, friend, advocate, dentist, doctor, or attorney file the appeal for you. This person is called an "authorized representative." You may send in any type of information you want your dental plan to review. A dentist who is different from the dentist who made the first decision will look at your appeal.

Your dental plan has 30 days to give you an answer. At that time, you will get a "Notice of Appeal Resolution" letter. This letter will tell you what the dental plan has decided. **If you do not get a letter within 30 days, you can:**

- Ask for an "**Independent Medical Review**" (IMR) and an outside reviewer that is not related to the health plan will review your case.
- Ask for a "**State Hearing**" and a judge will review your case

For Knox-Keene Plans (deny or modify NOA)

Please read the section below for instructions on how to ask for an IMR or State Hearing.

### **EXPEDITED APPEALS**

If you are in pain or think waiting 30 days will hurt your health or dental function, you might be able to get an answer within 72 hours. When filing your appeal, say why waiting will hurt your health or dental function. Make sure you ask for an **“expedited appeal.”**

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### **IF YOU DO NOT AGREE WITH THE APPEAL DECISION**

If you filed an appeal and received a “Notice of Appeal Resolution” letter telling you that your dental plan will still not provide the services, or **you never received a letter telling you of the decision and it has been past 30 days**, you may:

- Ask for an **“Independent Medical Review” (IMR)** and an outside reviewer that is not related to the dental plan will review your case
- Ask for a **“State Hearing”** and a judge will review your case

**You may ask for both an IMR and State Hearing at the same time.** You may also ask for one before the other to see if it will resolve your problem first. For example, if you ask for an IMR first, but do not agree with the decision, you can still ask for a State Hearing later. However, if you ask for a State Hearing first, but the hearing has already taken place, you cannot ask for an IMR. In this case, the State Hearing has the final say.

You will not have to pay for an IMR or State Hearing.

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### **INDEPENDENT MEDICAL REVIEW (IMR)**

If you want an IMR, you must first file an appeal with your health plan. If you do not hear from your dental plan within 30 days, or if you are unhappy with your dental plan’s decision, then you may request an IMR. You must ask for an IMR within **180 days** from the date of the “Notice of Appeal Resolution” letter.

**You may be able to get an IMR right away without filing an appeal first. This is for cases where your health or dental function is in immediate danger.** The paragraph below will provide you with information on how to request an IMR. Note that the term “grievance” is talking about both “complaints” and “appeals.”

For Knox-Keene Plans (deny or modify NOA)

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 *[Dental Plan telephone number]* 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 **(1-888-466-2219)** and a TDD line **(1-877-688-9891)** for the hearing and speech impaired. The Department's Internet Website ([www.dmhca.ca.gov](http://www.dmhca.ca.gov)) has complaint forms, IMR application forms, and instructions online.

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## **STATE HEARING**

If you want a State Hearing, you must ask for one **no later than 120 days** from the date of the "Notice of Appeal Resolution" letter. You can ask for a State Hearing by phone or in writing:

- **By phone:** Call **1-800-952-5253**. This number can be very busy. You may get a message to call back later. If you cannot speak or hear well, please call **TTY/TDD 1-800-952-8349**.
- **In writing:** Fill out a State Hearing form or send a letter to:

**California Department of Social Services  
State Hearings Division  
P.O. Box 944243, Mail Station 9-17-37  
Sacramento, CA 94244-2430**

Be sure to include your name, address, telephone number, Social Security Number, and the reason you want a State Hearing. If someone is helping you ask for a State Hearing, add their name, address, and telephone number to the form or letter. If you need an interpreter, tell us what language you speak. You will not have to pay for an interpreter. We will get you one.

After you ask for a State Hearing, it could take up to 90 days to decide your case and send you an answer. If you are in pain or think waiting that long will hurt your health or dental function, you might be able to get an answer within 3 working days. Ask your dentist or dental plan to write a letter for you. The letter must explain in detail how waiting for up to 90 days for your case to be decided will seriously harm your health or

For Knox-Keene Plans (deny or modify NOA)

dental function. Then, make sure you ask for an “**expedited hearing**” and provide the letter with your request for a hearing.

You may speak at the State Hearing yourself. You may have a relative, friend, advocate, dentist, doctor, or attorney speak for you. If you want another person to speak for you, then you must tell the State Hearing office that the person is allowed to speak for you. This person is called an “authorized representative.”

### **LEGAL HELP**

You may be able to get free legal help. Call the *[name and telephone number of the county’s consumer rights hotline]*. You may also call the local Legal Aid Society in your county at 1-888-804-3536.