

Dental Plan Appeal

For services incurred on or after January 1, 2018

Guide for Members of the AlaskaCare Employee Dental Plan



Introduction

The AlaskaCare Employee Dental Plan provides members with the right to appeal the dental claims and precertifications that have been denied by the claims administrator, Moda Health (previously Oregon Dental Services, ODS).

If a claim or precertification is denied, in whole or in part, your Explanation of Benefits (EOB) or letter from Moda Health will explain the reason for the denial. Please refer to your AlaskaCare Employee Health Plan for coverage information and if necessary, call Moda Health toll-free at (855) 718-1768 for further clarification. If you still feel the claim or precertification should be covered under the terms of the Plan, you may take the following steps to file an appeal.

NOTE: See the Health Plan Appeal brochure (ben075a) for information on medical, pharmacy, vision or audio appeals.

Level I – Claims Administrator Appeals

Please submit your request in writing, explaining the nature of your appeal, including copies of the ODS Complaint and Appeal Form (optional), EOBs, correspondence, and pertinent medical records. Your appeal must be received by Moda Health within 180 calendar days of the date the EOB or precertification denial letter was issued. Submit your request to the following address:

Moda Health Appeal Unit
Attention: AlaskaCare Member Appeal Level I
601 SW Second Avenue, Portland, OR 97204
Fax: (503) 412-4003

If appealing a precertification denial, you will receive a written decision from Moda Health within 30 calendar days after their receipt of your appeal. If your precertification denial is not eligible for external review, Moda Health will issue a written decision within 15 calendar days after their receipt of your appeal. If appealing a claim denial, Moda Health will issue a written decision within 60 calendar days (30 calendar days if not eligible for external review) after their receipt of your appeal. If you are not satisfied with the Level I decision, you may submit a Level II appeal to Moda Health. See instructions for Level II Appeal below.

Level II – Claims Administrator Appeals; Independent Review Organization

You may request a Level II appeal if your claim is not eligible for external review. Moda Health must receive your written request for a Level II appeal within 180 calendar days of the date the Level I decision letter was issued. Submit your request to the same address as the Level I appeal, but with the indication that it is a Level II appeal.

Your appeal will be reviewed by individuals who did not participate in the Level I review and Moda Health will issue a written decision within 15 calendar days for precertification appeals or within 30 calendar days for post service appeals.

If your denied claim relates to benefits that involve medical judgment (e.g. medical necessity or level of care), you may file a request for external review no later than 4 months following receipt of your Level I denial. The Independent Review Organization (IRO) will provide written notice of its decision with 45 calendar days. If the external review organization decides the medical issues in your favor, the plan will pay immediately.

If you are not satisfied with the final Level II or IRO decision, you may appeal this decision to the Division of Retirement and Benefits.

URGENT APPEALS: If your doctor or provider advises Moda Health that a delay in your appeal process could harm your health, Moda Health will reach a decision regarding your appeal within 72 hours after receipt of your Level I or Level II appeal.

Level III – Division of Retirement and Benefits Appeal

You may request a Level III appeal in writing, explaining the nature of your appeal and submitting any additional documentation from your provider not submitted with your level I or II appeals. Your appeal must be received by the Division within 60 calendar days of the date of the level II or IRO decision. The Division will issue a written response within 60 calendar days after receipt of all relevant material. If you are not satisfied with the Division decision, you may appeal this decision to the Alaska superior court. See instructions for Level IV Alaska superior court appeals below.

Level IV – Administrative Appeal with Superior Court

Appellant Instructions for filing an Administrative Appeal with the superior court are located at courts.alaska.gov/forms; select AP-210. Pursuant to Rule 602(a)(2) of the Alaska Rules Appellate Procedure:

An appeal may be taken to the superior court from an administrative agency within 30 days from the date that the decision appealed from is mailed or otherwise distributed to the appellant. If a request for agency reconsideration is timely filed before the agency, the notice of appeal must be filed within 30 days after the date the agency's reconsideration decision is mailed or otherwise distributed to the appellant, or after the date the request for reconsideration is deemed denied under agency regulations, whichever is earlier.

Alaska Division of Retirement and Benefits

6th Floor, State Office Building | 333 Willoughby Ave. | P.O. Box 110203 | Juneau, AK 99811-0203

Member Services Contact Center

Hours: Monday-Thursday 8:30 a.m. - 4 p.m. | Friday 8:30 a.m. - 3 p.m.

Toll-Free: (800) 821-2251 | In Juneau: (907) 465-4460 | Fax: (907) 465-3086 | TDD: (907) 465-2805

alaskacare.gov | doa.drb.mscc@alaska.gov

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