

# Dental Plan Appeal

For services incurred on or after January 1, 2018

Guide for Members of the AlaskaCare Retiree Health Plan



## Introduction

The AlaskaCare Retiree 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 *Retiree Insurance Information Booklet* 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 (ben074a) 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.

## Level II – Claims Administrator Appeals (Administrative)

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.

## Independent Review Organization (Clinical in Nature)

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 within 45 calendar days. If the external review organization decides the medical issues in your favor, the plan will pay immediately.

The Claims Administrator will send you a separate appeal response letter, in addition to the IRO's letter, explaining your Level III appeal rights and directions.

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 previously submitted.

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 State of Alaska's Office of Administrative Hearings. See instructions for Level IV Office of Administrative Hearings Appeal below.

### ***Level IV – Office of Administrative Hearings Appeal***

Please submit your request and the following forms to the Division of Retirement and Benefits within 30 calendar days of the date of the final Level III decision:

- AlaskaCare Retiree Health Plan Notice of Appeal
- AlaskaCare Authorization for the Use and Disclosure of Protected Health Information (PHI)

Please send this material to:

State of Alaska  
Division of Retirement and Benefits Attention: Health Appeals  
P.O. Box 110203  
Juneau, AK 99811-0203

Your appeal file and any additional documentation submitted in support of your appeal will be forwarded to the Office of Administrative Hearings (OAH) within 15 calendar days after receiving your request. (AS 39.35.006)

**NOTE:** Details regarding OAH appeals can be found in the brochure titled Office of Administrative Hearings available upon request from the Division of Retirement and Benefits.

If you are not satisfied with the final OAH decision, you may appeal to the Superior Court.



### **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

ben074a

*The information in this brochure is not intended to replace the Alaska Statutes, the Alaska Administrative Code, or the plan documents. Language contained in Alaska Statutes, the Alaska Administrative Code, and the plan documents governs the plans.*