

**ORAQUEST DENTAL PLANS  
COMPLAINT FORM**

**Instruction: In order for us to process your complaint, you must complete and sign this form. Upon receipt of the complete form, OraQuest Dental Plans will investigate your concerns and notify you within 30 calendar days as to the resolution of your complaint. By signing this form you are also authorizing OraQuest Dental Plans to obtain any medical records applicable to your complaint.**

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**Member Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_  
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**Explanation of issue (please give dates and names and attach additional sheets as necessary):**

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**Your Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

If you are not satisfied with the resolution of your concerns, you may request a hearing by an appeal panel by calling us at 1-800-660-6064 or writing us at OraQuest Dental Plans, Attn: Complaint Coordinator, 12946 Diary Ashford, Suite 360, Sugar Land, TX 77478

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**Administrative Use only**

**Complaint File #:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_

# **ORAQUEST DENTAL PLANS "RESOLVING COMPLAINTS FOR HMO MEMBERS" COMPLAINT AND APPEAL PROCESS**

"Complainant" is defined as a Member or a treating dentist, treating provider or other individual designated to act on behalf of the Member who files a complaint.

OraQuest Dental Plans has established a process for receiving and handling complaints from Members.

A "Complaint" is a Member's written or oral dissatisfaction about an aspect of OraQuest's operation including, but not limited to, dissatisfaction with OraQuest's plan administration, the procedures, denial, reduction or termination of a service for reasons not related to medical necessity, disenrollment decisions, or the way a service is provided.

A Complaint does not include (a) a misunderstanding or problem of misinformation that can be promptly resolved by OraQuest by clearing up the misunderstanding or by supplying the correct information to the Member's satisfaction.

## **COMPLAINT RESOLUTION PROCEDURES**

If the Member notifies OraQuest orally or in writing of Member's complaint, no later than the 5<sup>th</sup> business day after OraQuest receives the complaint, OraQuest will send Member a letter acknowledging the date OraQuest received the complaint. If OraQuest is notified orally, OraQuest will send Member a one-page Complaint Form that must be returned to OraQuest for prompt resolution of the complaint.

If Member's complaint involves an emergency, OraQuest will resolve the complaint no later than one business day after OraQuest receives the complaint. If the complaint does not involve an emergency, OraQuest will resolve the complaint no later than 30 calendar days after OraQuest receives the complaint. OraQuest will send Complainant a letter-notifying Complainant of OraQuest's resolution of the complaint.

## **APPEALS TO ORAQUEST**

If OraQuest does not resolve the complaint to the satisfaction of the Member, the Member has the right to appeal OraQuest's decision to the OraQuest complaint appeal panel. The Member may appeal by:

- Appearing in person before the complaint appeal panel where Member normally receives dental services or at a different location to which Member agrees
- Presenting a written appeal to the complaint appeal panel. When Member appeals a complaint:

- (a) OraQuest will send an acknowledgement letter to the Member no later than the fifth business day after the date the written request for appeal is received.
- (b) Not later than the 5<sup>th</sup> business day before the complaint appeal panel meets, OraQuest will provide to Member or Member's designated representative:
  - (1) Any documentation which will be presented by OraQuest to the complaint appeal panel
  - (2) The specialization of any Dentist or provider consulted during the investigation
  - (3) The name and affiliation of each of the member on the OraQuest appeal panel
- (c) A complainant, or designated representative, if Member is a minor or disabled, has the right to:
  - (1) Appear in person before the complaint appeal panel
  - (2) Present alternative expert testimony
  - (3) Request the presence of, and to question, any person that was involved in making the prior determination that resulted in Member's appeal
- (d) A Complaint appeal panel shall be composed of an equal number of OraQuest Dental Plans staff members, physicians or other providers, and enrollees.
  - A member of a complaint appeal panel may not have been previously involved in the disputed decision.
  - The Physicians or other providers on a complaint appeal panel must have experienced in the area of care that is in dispute and must be independent of any physician or provider who made any previous determination.
  - If specialty care is in dispute, the complaint appeal panel must include a person who is specialist in the field of care to which the appeal relates.
  - The enrollee members of a complaint appeal panel may not be employees of the OraQuest Dental Plans
- (e) OraQuest Dental Plans shall include in a notice of the final decision on an appeal a statement of the specific determination, clinical basis, and contractual criteria used to reach the final decision.

- The letter-informing complainant of final decision on appeal must include the toll free phone number and address of the Texas Department of Insurance.
- (f) OraQuest will complete the appeals process not later than the 30<sup>th</sup> calendar day after OraQuest receives Member's appeal.
- (g) Investigation and resolution of appeals involving ongoing emergencies will be concluded in accordance with the medical immediacy of the case but no later than 1 business day after Member's request for appeal. At Member's request, OraQuest will provide, instead of a complaint appeal panel, a review by a dentist or provider who has not previously reviewed the case and who is of the same or similar specialty as ordinarily manages the dental condition, procedure, or treatment under appeal. The dentist or provider reviewing the appeal may interview Member or Member's designated representative and will make a decision on the appeal. Initial notice of the decision on the appeal may be delivered orally to Member but will be followed by a written notice of the determination within 3 days.

## **FILING COMPLAINTS WITH THE TEXAS DEPARTMENT OF INSURANCE**

Any person, including persons who have attempted to resolve complaints through OraQuest's complaint process and who are dissatisfied with the resolution, may report an alleged violation to the Texas Department of Insurance, PO Box 149091, Austin, Texas 75714-9091.

The Commissioner of Insurance will investigate a complaint against OraQuest to determine compliance with insurance laws within 60 days after the Texas Department of Insurance receives Member's complaint and all information necessary for the Department to determine compliance. The commissioner may extend the time necessary to complete an investigation in the event any of the following circumstances occur:

1. Additional information is needed:
2. An on-site review is necessary:
3. OraQuest, the dentist or provider, or Member do not provide all documentation necessary to complete the investigation; or
4. Other circumstances beyond the control of the department occur.

## **RELEASE OF MEDICAL RECORDS**

Any member who files a complaint or appeal thereby authorizes, as permitted by law, OraQuest or its authorized designee, to review or disseminate, as necessary to the resolution of the complaint or appeal, such Member's individual medical records, without notice to the Member or any other person.

## **NO RETALIATION**

OraQuest will not take any retaliatory action such as refusing to renew or canceling Coverage against the Member or the Group because the Member, the Group or any personal action on the Member's or the Group's behalf, has filed a complaint against OraQuest or appealed a decision by OraQuest.

OraQuest will not engage in any retaliatory action, including termination or refusal to renew a contract, against a Dentist or provider, because the Dentist or provider has, on behalf of a Member, reasonably filed a complaint against OraQuest or has appealed a decision of OraQuest.

Date Sent: \_\_\_\_\_

Member Name: \_\_\_\_\_