



## **COMPLAINT PROCEDURES**

### **DELAWARE:**

#### **Step 1**

If a member has discussed a grievance/inquiry relating to dental care with a participating Dominion dentist and is not satisfied with the resolution (or if the dentist is not available to receive the grievance/inquiry), the member may refer the grievance/inquiry to a Dominion Member Service Representative by calling toll-free 888.518.5338. The grievance/inquiry will be investigated and the result of the investigation will be verbally communicated to the member within fifteen (15) working days after receipt of the grievance/inquiry.

#### **Step 2**

If a grievance cannot be resolved in Step 1, a member or participating provider may submit a letter of complaint to Grievances and Appeals, c/o Dominion National, 251 18th Street South, Suite 900, Arlington, VA 22202 or fax 703.518.4450. Grievances and Appeals will acknowledge receipt of the complaint to the member or provider in writing within fifteen (15) working days. Grievances and Appeals will then conduct a review of the complaint and initiate any correspondence necessary to resolve it.

If the matter involves significant health services, quality or ethical aspects, the matter will be referred to the Director of Provider Relations. The Director of Provider Relations will consult with parties involved and may contact members of the Quality Assurance Committee to review findings.

The aggrieved party will receive a report of the findings within sixty (60) working days of receipt of the complaint. If additional time is needed to resolve the issue the member will be notified in writing. Complaints will be categorized by type or subject matter and presented to the Quality Assurance Committee.

When corresponding with Dominion regarding a complaint, members must indicate their name, address and phone number, as well as the group number listed on their I.D. card.

### **DISTRICT OF COLUMBIA:**

#### **Step 1**

If a member has discussed a grievance/inquiry relating to dental care with a participating Dominion dentist and is not satisfied with the resolution (or if the dentist is not available to receive the grievance/inquiry), the member may refer the grievance/inquiry to a Dominion Member Service Representative by calling toll-free 888.518.5338. The grievance/inquiry will be investigated and the result of the investigation will be verbally communicated to the member within fifteen (15) working days after receipt of the grievance/inquiry.

#### **Step 2**

If a grievance cannot be resolved in Step 1, a member or participating provider may submit a letter of complaint to Grievances and Appeals, c/o Dominion National, 251 18th Street South, Suite 900, Arlington, VA 22202 or fax 703.518.4450. Grievances and Appeals will acknowledge receipt of the complaint to the member or provider in writing within fifteen (15) working days. Grievances and Appeals will then conduct a review of the complaint and initiate any correspondence necessary to resolve it.

If the matter involves significant health services, quality or ethical aspects, the matter will be referred to the Director of Provider Relations. The Director of Provider Relations will consult with parties involved and may contact members of the Quality Assurance Committee to review findings.

The aggrieved party will receive a report of the findings within sixty (60) working days of receipt of the complaint. If additional time is needed to resolve the issue the member will be notified in writing. Complaints will be categorized by type or subject matter and presented to the Quality Assurance Committee.

When corresponding with Dominion regarding a complaint, members must indicate their name, address and phone number, as well as the group number listed on their I.D. card.

### **Step 3**

If Member is dissatisfied with the resolution reached by the Plan regarding medical necessity, Member may contact the Director, Office of the Health Care Ombudsman and Bill of Rights at the following: FOR MEDICAL NECESSITY CASES: District of Columbia Department of Health Care Finance, Office of the Health Care Ombudsman and Bill of Rights, One Judiciary Square 441 4th Street, NW, 900 South, Washington, D.C. 20001, Phone: (202) 724-7491, Fax: (202) 442-6724, E-mail: healthcareombudsman@dc.gov.

If Member is dissatisfied with the resolution reached by the Plan regarding a non-medical necessity case, Member may contact the Commission at the following: Commissioner, Department of Insurance, Securities and Banking, 810 First St. N.E., 7<sup>th</sup> Floor, Washington, D.C. 20002, (202) 727-8000, Fax: (202) 354-1085, E-mail: disb@dc.gov.

## **GEORGIA:**

### **Step 1**

If a member has discussed a grievance/inquiry relating to dental care with a participating Dominion dentist and is not satisfied with the resolution (or if the dentist is not available to receive the grievance/inquiry), the member may refer the grievance/inquiry to a Dominion Member Service Representative by calling toll-free 888.518.5338. The grievance/inquiry will be investigated and the result of the investigation will be verbally communicated to the member within fifteen (15) working days after receipt of the grievance/inquiry.

### **Step 2**

If a grievance cannot be resolved in Step 1, a member or participating provider may submit a letter of complaint to Grievances and Appeals, c/o Dominion National, 251 18th Street South, Suite 900, Arlington, VA 22202 or fax 703.518.4450. Grievances and Appeals will acknowledge receipt of the complaint to the member or provider in writing within fifteen (15) working days. Grievances and Appeals will then conduct a review of the complaint and initiate any correspondence necessary to resolve it.

If the matter involves significant health services, quality or ethical aspects, the matter will be referred to the Director of Provider Relations. The Director of Provider Relations will consult with parties involved and may contact members of the Quality Assurance Committee to review findings.

The aggrieved party will receive a report of the findings within sixty (60) working days of receipt of the complaint. If additional time is needed to resolve the issue the member will be notified in writing. Complaints will be categorized by type or subject matter and presented to the Quality Assurance Committee.

When corresponding with Dominion regarding a complaint, members must indicate their name, address and phone number, as well as the group number listed on their I.D. card.

## **MARYLAND:**

### **Step 1**

If a member has discussed an appeal relating to dental care with a participating Dominion dentist and is not satisfied with the resolution (or if the dentist is not available to receive the appeal), the member may refer the appeal to a Dominion Member Service Representative by calling toll-free 888.518.5338. The appeal will be investigated and the result of the investigation will be verbally communicated to the member within fifteen (15) working days after receipt of the appeal.

### **Step 2**

If the matter cannot be resolved in Step 1, a member or participating provider may submit it in writing to Grievances and Appeals, c/o Dominion National, 251 18th Street South, Suite 900, Arlington, VA 22202 or fax 703. 518.4450. Grievances and Appeals will acknowledge receipt of the appeal to the member or provider in writing within fifteen (15) working days. Grievances and Appeals will then conduct a review of the appeal and initiate any correspondence necessary to resolve it.

If the matter involves significant health services, quality or ethical aspects, the matter will be referred to the Director of Provider Relations. The Director of Provider Relations will consult with parties involved and may contact members of the Quality Assurance Committee to review findings.

The aggrieved party will receive a report of the findings within sixty (60) working days of receipt of the appeal. If additional time is needed to resolve the issue the member will be notified in writing. Appeals will be categorized by type or subject matter and presented to the Quality Assurance Committee.

When corresponding with Dominion regarding an appeal, members must indicate their name, address and phone number, as well as the group number listed on their I.D. card.

### **Step 3**

If an appeal cannot be satisfactorily resolved, the member, member's representative or a dentist may file a complaint with the Insurance Commissioner within 4 months after receipt of Dominion's appeal decision at Maryland Insurance Administration, Life and Health Complaint Unit, 200 St. Paul Place, Suite 2700, Baltimore, Maryland 21202 or call them toll-free at 800.492.6116 or fax 410.468.2260.

A Member, Member's Representative or a dentist may file a complaint on behalf of the Member with the Maryland Insurance Administration without first filing a Grievance with Dominion and receiving a final decision on the Grievance if, Dominion waives the requirement that its internal Grievance process be exhausted before filing a complaint with the Commissioner, Dominion has failed to comply with any of the requirements of the internal Grievance process as described in this section, or the Member, Member's Representative, or a dentist provides sufficient information and supporting documentation in the complaint that demonstrates a compelling reason to do so. Sufficient documentation includes a showing that the potential delay in services that may result by filing the Grievance first with Dominion could result in loss of life, serious impairment to a bodily function, serious dysfunction of a bodily organ, or the Member remaining seriously mentally ill with symptoms that cause the Member to be in danger to self or others.

A Member, Member's Representative, or a dentist may file a complaint with the Commissioner if the Member, Member's Representative, or the dentist does not receive a Grievance decision from Dominion on or before the 30th working day on which the Grievance is filed. The Member, Member's Representative or a dentist may file a complaint with the Maryland Insurance Administration without first filing an Appeal or Grievance with Dominion if the Appeal pertains to a Coverage Decision that involves an Urgent Dental Condition for which care has not been rendered, or in the case of a Grievance, the Member must provide sufficient documentation in the complaint to the satisfaction of the Maryland Insurance Administration demonstrating a compelling reason to do so. Sufficient documentation includes a showing that the potential delay in services that may result by filing the Grievance first with Dominion could result in loss of life, serious impairment to a bodily function, serious dysfunction of a bodily organ, or the Member remaining seriously mentally ill with symptoms that cause the Member to be in danger to self or others.

The Health Advocacy Unit of Maryland's Consumer Protection Division is available to assist the Member or Member's Representative with filing an Appeal or Grievance. The unit can also attempt to mediate a resolution to a Member's dispute. The Health Advocacy Unit is not available to represent the Member during any proceeding of the appeal or grievance process. The Member may contact the Health Advocacy Unit at: Office of the Attorney General, 200 St. Paul Place, 16<sup>th</sup> Floor, Baltimore, Maryland 21202 - Phone (410) 528-1840 or toll-free (877) 261-8807 -Fax (410) 576-6571 - Email [heau@oag.state.md.us](mailto:heau@oag.state.md.us).

The representative of the Plan who is responsible for the internal appeal and grievance process is: Carey Wintz, Administrator of Grievances and Appeals Dominion National, 251 18th Street S., Suite 900, Arlington, VA 22202, Telephone: (703) 518-5338 or (888) 518-5338, Fax: (703) 518-4450. When filing a complaint with the Commissioner, the Member or the Member's Representative will be required to authorize the release of any medical records of the Member that may be required to be reviewed for the purpose of reaching a decision on the complaint.

INFORMATION DESCRIBED IN THIS NOTICE MAY ALSO BE FOUND IN THE MEMBER'S CERTIFICATE OF COVERAGE AND/OR INDIVIDUAL POLICY.

## **NEW JERSEY:**

### **Step 1**

If a member has discussed a grievance/inquiry relating to dental care with a participating Dominion dentist and is not satisfied with the resolution (or if the dentist is not available to receive the grievance/inquiry), the member may refer the grievance/inquiry to a Dominion Member Service Representative by calling toll-free 888.518.5338. The grievance/inquiry will be investigated and the result of the investigation will be verbally communicated to the

member within fifteen (15) working days after receipt of the grievance/inquiry.

## **Step 2**

If a grievance cannot be resolved in Step 1, a member or participating provider may submit a letter of complaint to Grievances and Appeals, c/o Dominion National, 251 18th Street South, Suite 900, Arlington, VA 22202 or fax 703.518.4450. Grievances and Appeals will acknowledge receipt of the complaint to the member or provider in writing within fifteen (15) working days. Grievances and Appeals will then conduct a review of the complaint and initiate any correspondence necessary to resolve it.

If the matter involves significant health services, quality or ethical aspects, the matter will be referred to the Director of Provider Relations. The Director of Provider Relations will consult with parties involved and may contact members of the Quality Assurance Committee to review findings.

The aggrieved party will receive a report of the findings within sixty (60) working days of receipt of the complaint. If additional time is needed to resolve the issue the member will be notified in writing. Complaints will be categorized by type or subject matter and presented to the Quality Assurance Committee.

When corresponding with Dominion regarding a complaint, members must indicate their name, address and phone number, as well as the group number listed on their I.D. card.

## **Step 3**

If a Member is unable to contact or obtain satisfaction from Dominion National or the Participating Dentist, they may file a complaint with the New Jersey Department of Banking and Insurance (DOBI) or the Office of Insurance Claims Ombudsman at the addresses shown below. Complaints should be based on questions related to the nature of the Benefits that are described in this agreement, such as procedures that are covered or non covered, frequency limitations, timely premium payments and eligibility. You may send your complaints to: New Jersey Department of Banking and Insurance, *Consumer Protection Services*, P.O. Box 329, Trenton, New Jersey 08625-0329 or Office of Insurance Claims Ombudsman, 20 West State Street, P.O. Box 472, Trenton, NJ 08625-0472, Phone: 800-446-7467, (outside of NJ call 609-292-5316 & ask for the Ombudsman's Office), Fax: 609-292-2431, Email: [ombudsman@dobi.state.nj.us](mailto:ombudsman@dobi.state.nj.us).

## **OREGON:**

### **Step 1**

If a member has discussed a grievance/inquiry relating to dental care with a participating Dominion dentist and is not satisfied with the resolution (or if the dentist is not available to receive the grievance/inquiry), the member may refer the grievance/inquiry to a Dominion Member Service Representative by calling toll-free 888.518.5338. The grievance/inquiry will be investigated and the result of the investigation will be verbally communicated to the member within fifteen (15) working days after receipt of the grievance/inquiry.

### **Step 2**

If a grievance cannot be resolved in Step 1, a member or participating provider may submit a letter of complaint to Grievances and Appeals, c/o Dominion National, 251 18th Street South, Suite 900, Arlington, VA 22202 or fax 703.518.4450. Grievances and Appeals will acknowledge receipt of the complaint to the member or provider in writing within fifteen (15) working days. Grievances and Appeals will then conduct a review of the complaint and initiate any correspondence necessary to resolve it.

If the matter involves significant health services, quality or ethical aspects, the matter will be referred to the Director of Provider Relations. The Director of Provider Relations will consult with parties involved and may contact members of the Quality Assurance Committee to review findings.

The aggrieved party will receive a report of the findings within sixty (60) working days of receipt of the complaint. If additional time is needed to resolve the issue the member will be notified in writing. Complaints will be categorized by type or subject matter and presented to the Quality Assurance Committee.

When corresponding with Dominion regarding a complaint, members must indicate their name, address and phone number, as well as the group number listed on their I.D. card.

## **PENNSYLVANIA:**

### **Step 1**

If a member has discussed a grievance/inquiry relating to dental care with a participating Dominion dentist and is not satisfied with the resolution (or if the dentist is not available to receive the grievance/inquiry), the member may refer the grievance/inquiry to a Dominion Member Service Representative by calling toll-free 888.518.5338. The grievance/inquiry will be investigated and the result of the investigation will be verbally communicated to the member within fifteen (15) working days after receipt of the grievance/inquiry.

### **Step 2**

If a grievance cannot be resolved in Step 1, a member or participating provider may submit a letter of complaint to Grievances and Appeals, c/o Dominion National, 251 18th Street South, Suite 900, Arlington, VA 22202 or fax 703.518.4450. Grievances and Appeals will acknowledge receipt of the complaint to the member or provider in writing within fifteen (15) working days. Grievances and Appeals will then conduct a review of the complaint and initiate any correspondence necessary to resolve it.

If the matter involves significant health services, quality or ethical aspects, the matter will be referred to the Director of Provider Relations. The Director of Provider Relations will consult with parties involved and may contact members of the Quality Assurance Committee to review findings.

The aggrieved party will receive a report of the findings within sixty (60) working days of receipt of the complaint. If additional time is needed to resolve the issue the member will be notified in writing. Complaints will be categorized by type or subject matter and presented to the Quality Assurance Committee. When corresponding with Dominion regarding a complaint, members must indicate their name, address and phone number, as well as the group number listed on their I.D. card.

### **Step 3**

Should the aggrieved party remain dissatisfied following Step 2, they may file the complaint with the Pennsylvania Department of Health, Bureau of Managed Care, Commonwealth and Forester Street, Box 90, Room 912, Harrisburg, PA 17108, 717.787.5193, 888.466.2787, or fax 717.705.0946.

## **VIRGINIA:**

### **Step 1**

If a member has discussed a grievance/inquiry relating to dental care with a participating Dominion dentist and is not satisfied with the resolution (or if the dentist is not available to receive the grievance/inquiry), the member may refer the grievance/inquiry to a Dominion Member Service Representative by calling toll-free 888.518.5338. The grievance/inquiry will be investigated and the result of the investigation will be verbally communicated to the member within twenty (20) days after receipt of the grievance/inquiry.

### **Step 2**

If a grievance cannot be resolved in Step 1, or if a member has a complaint regarding a different issue or would like to request an appeal of a claim decision, a member or participating provider may submit a letter of complaint or appeal to Grievances and Appeals, c/o Dominion National, 251 18th Street South, Suite 900, Arlington, VA 22202 or fax 703.518.4450. Grievances and Appeals will acknowledge receipt of the complaint or appeal to the member or provider in writing within twenty (20) days. Grievances and Appeals will then conduct a review of the complaint or appeal and initiate any correspondence necessary to resolve it. An appeal of a claim decision must be received by Dominion within 180 days of receipt of the claim decision.

If the matter involves significant health services, quality or ethical aspects, the matter will be referred to the Director of Provider Relations. The Director of Provider Relations will consult with parties involved and may contact members of the Quality Assurance Committee to review findings.

The aggrieved party will receive a report of the findings within sixty (60) working days of receipt of the required documentation concerning the complaint or appeal. Complaints will be categorized by type or subject matter and presented to the Quality Assurance Committee.

When corresponding with Dominion regarding a complaint or appeal, members must indicate their name, address and phone number, as well as the group number listed on their I.D. card.

### **Step 3**

The aggrieved party may contact the Bureau of Insurance, Virginia's Office of the Managed Care Ombudsman at any point in the Complaint Process if they have questions regarding a complaint or appeal which have not been satisfactorily addressed by Dominion. Virginia's Office of the Managed Care Ombudsman can be reached at P.O. Box 1157, Richmond, VA 23218 or call them at 804.371.9032 or toll-free at 877.310.6560 or email them at [Ombudsman@scc.virginia.gov](mailto:Ombudsman@scc.virginia.gov). For Quality of Care issues or complaints members may contact the Office of Licensure and Certification at 9960 Maryland Drive, Ste. 401, Richmond, VA 23233-1463, fax them at 804.527.4503, or call them toll free at 800.955.1819. They may also be contacted via email at [mchip@vdh.virginia.gov](mailto:mchip@vdh.virginia.gov).

Dominion will maintain a record of complaints for a period of five years in accordance with state laws. The record will indicate the total number of complaints, their classification and nature, the disposition of each complaint, and the time it took to process each complaint.

For these purposes, "complaint" shall mean any written communication from a policyholder, subscriber or claimant primarily expressing a grievance. No covered person who exercises the right to file a complaint or an appeal shall be subject to disenrollment or otherwise penalized due to the filing of a complaint or appeal.