


PLAN OPERATIONS	 From DentaQuest		
	<i>Policy and Procedure</i>		
	Policy Name:	Enrollee Appeals	Policy ID: PLANCG-90
	Approved By:	Quality Assurance and Performance Improvement Committee	Last Revision Date: 02/04/2026
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Application:	Medicaid	Effective Date: 04/07/2026	

PURPOSE

To establish the Dental Subcontractor’s policy on how to process, respond to and resolve appeals from Coordinated Care Organization (CCO) enrollees and potential enrollees (“enrollees”) in a manner that is fair, efficient, confidential and takes into account the needs, rights and responsibilities of the involved parties in compliance with state and federal laws. The Dental Subcontractor’s Appeals System complies with the requirements set forth in the Oregon Administrative Rules (OARs), and CCO partner contracts. Information about the Dental Subcontractor’s appeal system is included in CCO Member Handbooks.

POLICY

The following procedures are for use in all appeals filed with the Dental Subcontractor, whether oral or written. The Dental Subcontractor shall afford enrollees and potential enrollees, including enrollees and potential enrollees that are aged, blind, disabled having complex medical needs, or Special Health Care Needs, the full use of the procedures and shall cooperate in the Oregon Health Authority (OHA) hearings process. Any hearing requests made outside of the Dental Subcontractor’s appeals process or without previous use of the Dental Subcontractor’s appeals process shall be reviewed by the Dental Subcontractor upon notification by OHA or a CCO partner.

The Dental Subcontractor shall inform enrollees both orally and in writing about the Dental Subcontractor’s appeals procedures. This shall be done through enrollee materials distributed at the time of enrollment with the Dental Subcontractor and through communications with the Member Services Department. Written enrollee materials shall be provided in 12 to 18 font size, and “easily understood” as defined by the OHA, meaning 6th grade reading level or lower using the Flesch-Kincaid readability scale. The Dental Subcontractor shall assure the enrollee of the confidentiality in the appeals process in the materials and communications provided. Potential enrollees and enrollees shall also be able to access information about the Dental Subcontractor’s appeals process on the Dental Subcontractor’s website or the CCO Member Handbook, or through communication with the Dental Subcontractor Member Services department.

Every enrollee will be provided with reasonable assistance with the appeals process. This assistance may include help with filling out forms, steps in filing, availability of interpreter services, auxiliary aids, and toll-free numbers that have adequate TTY/TTD interpreter capacity. Assistance may also include aid from qualified community health workers, qualified peer wellness specialists, or personal health navigators to participate in processes affecting the enrollee’s care and services; as well as reasonable accommodation or policy and procedure modifications as required by any disability of the enrollee. If the Dental Subcontractor identifies that an enrollee has an authorized representative, the Dental Subcontractor shall assist the enrollee with completion of the Authorized Representative form.

The Dental Subcontractor, its subcontractors, and its participating providers will not:

- Discourage an enrollee from using any aspect of the appeal or hearing process or take punitive action against a provider who requests an expedited resolution or supports an enrollee’s appeal;
- Encourage the withdrawal of an appeal or hearing request already filed; or

- Use the filing or resolution of an appeal or hearing request as a reason to retaliate against an enrollee or to request enrollee disenrollment.

DESIGNATED STAFF FOR APPEALS PROCESS

The Dental Subcontractor has designated the following staff responsible for the appeals process:

- A. Vice President of Clinical Services: The Vice President of Clinical Services or their designee(s), Dental Reviewers, who are licensed dentists, shall be responsible for review and oversight of the written and oral appeals process. Dental Reviewers are licensed Oregon dentists who have the expertise and experience to evaluate the specific clinical issues involved in the health care services requested by the provider.
- B. Appeals Department: The Dental Subcontractor's Appeals Department shall be responsible for receiving, processing and responding to enrollee appeals and ensuring that all appeals are managed, documented, and reported according to written procedure. After completion of an investigation by the Appeals Department, and review by the Vice President of Clinical Services or their designee(s), who are licensed dentists, the Appeals Department shall review and reply in writing to the enrollee within required timeframes for appeal processing.
- C. Quality Assurance and Performance Improvement Committee: This committee reviews all trend data regarding appeals. The committee reviews all appeals and the minutes of the committee meetings shall reflect this.

Individuals who make decisions on appeals are individuals who were not involved in any previous level of review or decision-making with respect to the appeal and were not a subordinate of an individual involved in any previous level of review or decision-making with respect to the appeal. The Dental Subcontractor shall ensure the Vice President of Clinical Services or their designee(s) making decisions on appeals are not receiving incentivized compensation for utilization management activities to deny, limit, or discontinue medically necessary services to any enrollee. The Dental Subcontractor shall also ensure the Vice President of Clinical Services or their designee(s) who are making decisions on appeals follow all requirements in OAR 410-141-3875 (MCE Grievance and Appeals: Definitions and General Requirements).

CONFIDENTIALITY OF APPEALS PROCESS

Dental Subcontractor shall keep all information concerning an enrollee's appeal confidential. The staff is trained and notified of this at the time of employment. All information concerning an enrollee's appeal is kept confidential, except that the CCO and OHA have a right to this information without a signed release from the enrollee. The Dental Subcontractor and any provider whose authorizations, treatments, services, items, quality of care, or requests for payment are involved in the appeal, or hearing may use this information without the enrollee's signed release for purposes of resolving the matter; or maintaining the appeals log. The Dental Subcontractor shall assure enrollees that appeals are handled in confidence consistent with ORS 411.320, 42 CFR 431.300, the HIPAA Privacy Rules, and other applicable federal and state confidentiality laws and regulations.

In the event the Dental Subcontractor needs to communicate with other external individuals or entities for reasons outside of those permitted or required by applicable privacy laws, including but not limited to HIPAA; the Dental Subcontractor shall obtain the enrollee's signed release and retain the release in the enrollee's record.

DEFINITIONS

- **“Adverse Benefit Determination”** means the denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit. The reduction, suspension, or termination of a previously authorized service. The denial, in whole or in part, of payment for a service solely because the claim does not meet the definition of a “clean claim” is not an adverse benefit determination. The failure to provide services

in a timely manner, as defined by the State. The failure to act within applicable timeframes regarding the standard resolution of grievances and appeals. For a resident of a rural area with only one Dental Subcontractor, the denial of an enrollee's request to exercise his or her right to obtain services outside of the network. The denial of an enrollee's request to dispute a financial liability, including cost sharing, copayments, premiums, deductibles, coinsurance, and other enrollee financial liabilities.

- **Appeal** means a request by an enrollee or enrollee's representative for review of an Adverse Benefit Determination.
- **Contested Case Hearing** means a hearing before the OHA under the procedures of OAR 410-141-3900 (Grievances & Appeals: Contested Case Hearings) and 410-120-1860 (Contested Case Hearing Procedures).
- **Continuing benefits** means a continuation of benefits in the same manner and same amount while an appeal or contested case hearing is pending.
- **Enrollee** for actions taken regarding grievances and appeals, "enrollee" includes, as appropriate, the enrollee, the enrollee's representative, and the representative of a deceased enrollee's estate. With respect to Dental Subcontractor notification requirements, a separate notice must be sent to each individual who falls within this definition;
- **Grievance** means an expression of dissatisfaction by an enrollee or enrollee's representative about any matter other than an adverse benefit determination. Grievances may include, but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect the enrollee's rights regardless of whether remedial action is requested. grievance also includes an enrollee's right to dispute an extension of time proposed by the Dental Subcontractor to make an authorization decision.
- **Grievance and appeal system** means the processes the Dental Subcontractor implements to handle appeals of an adverse benefit determination and grievances, as well as the processes to collect and track information about them.
- **Limited English proficient (LEP)** means potential enrollees, enrollees, the enrollee's representatives, family members and caregivers with hearing impairments or limited English proficiency who need to understand the enrollee's condition and care who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English may be LEP and may be eligible to receive language assistance for a particular type of service, benefit, or encounter.
- **Prevalent** means a non-English language determined to be spoken by a significant number or percentage of potential enrollees and enrollees that are limited English proficient.
- **Readily accessible** means electronic information and services which comply with modern accessibility standards such as section 508 guidelines, section 504 of the Rehabilitation Act, and W3C's Web Content Accessibility Guidelines (WCAG) 2.0 AA and successor versions.
- **State fair hearing** means the process adopted and implemented by the Department of Human Services, in compliance with Federal regulations and State rules relating to Medicaid Fair Hearings. The appeal process with the Dental Subcontractor must be completed before a fair Hearing is requested.

PROCEDURE

APPEALS PROCESS

- A. Appeal of Notice of Action/Adverse Benefit Determination (NOABD). NOABD letters are sent as set forth in the Notice of Action Benefit Denial Policy and the Pre-Authorization Policy. An enrollee, enrollee's representative, or provider with enrollee's written consent may appeal an NOABD orally or in writing through the Dental Subcontractor's appeals process to express disagreement with an adverse benefit determination. The Dental Subcontractor has only one level of appeal for enrollees. The enrollee must go through Dental Subcontractor's appeals process before requesting an OHA Administrative Hearing. Enrollees also have the right to file an appeal based on the Dental Subcontractor's failure to meet the State timeframes regarding the standard resolution of appeals.

1) Standard Appeal through Dental Subcontractor Appeals Process:

- a) **Deadline to File Appeal:** An enrollee must file an appeal with the Dental Subcontractor no later than 60 calendar days from the date on the NOABD. Any appeal received by the Dental Subcontractor will be promptly transferred to the Appeals Department to begin the appeals process. An enrollee can file an appeal directly with Dental Subcontractor, either orally or in writing by contacting the Dental Subcontractor's Member Services Department. Oral inquiries seeking to appeal an NOABD are treated and processed as an appeal. Oral appeal timeframes shall begin when there is established contact made between the enrollee and a Dental Subcontractor representative. If the enrollee leaves a voice mail message with the Dental Subcontractor indicating that they wish to appeal a denial, the Dental Subcontractor shall make reasonable efforts (multiple calls at different times of day) to reach the enrollee by phone to get the details of the service they wish to appeal. The Dental Subcontractor shall document each attempt to reach the enrollee (date(s) and time(s)) by phone and make note on the date they establish contact with the enrollee and are able to attain the appeal information needed to process the appeal.
- b) **Present Evidence:** An enrollee shall have a reasonable opportunity to make legal and factual arguments, present evidence, and allegations orally, in person, or in writing. Enrollees have an opportunity, before and during the appeals process, to examine the enrollee's file, including medical records and any other documents or records to be considered during the appeals process.
- c) **Parties to Appeal:** Parties to the appeal may include the Dental Subcontractor, CCO, enrollee or enrollee's representative; a provider acting on behalf of an enrollee, with written consent from the enrollee, or the legal representative of a deceased enrollee's estate.
- d) **Response to Appeal:** Upon receipt of a standard appeal, the Dental Subcontractor shall do the following:
 1. Within five business days, resolve or acknowledge receipt of the appeal to the enrollee and the enrollee's provider where indicated;
 2. Give the appeal to staff with the authority to act upon the matter;
 3. Consistent with confidentiality requirements, obtain documentation of all relevant facts concerning the issues, including taking into account all comments, documents, records, and other information submitted by the enrollee without regard to whether the information was submitted or considered in the initial adverse benefit determination;
 4. Ensure the Vice President of Clinical Services or their designee(s) who are making decisions on appeals are:
 - a. Not involved in any previous level of review or decision making nor a subordinate of any such individual;
 - b. Health care professionals with appropriate clinical expertise in treating the enrollee's condition or disease if the appeal involves clinical issues or if the enrollee requests an expedited review. Health care professionals shall make decisions for the following:
 - i. An appeal of a denial that is based on lack of medically appropriate services or involves clinical issues;
 - ii. A grievance regarding denial of expedited resolution of an appeal or involves clinical issues.
 5. Consider all comments, documents, records, and other information submitted by the enrollee without regard to whether the information was submitted or considered in the initial adverse benefit determination;
- e) The Dental Subcontractor shall inform the enrollee of the limited time available for receipt of materials or documentation sufficiently in advance of the resolution timeframe for both standard and expedited appeals for the review.
- f) The Dental Subcontractor shall resolve all appeals as expeditiously as the enrollee's health condition requires and no later than the expiration date of the extension.

- g) The Dental Subcontractor shall provide the enrollee and their representative the enrollee's case file (including medical records, other documents and records), and any new or additional evidence considered, relied upon, or generated by the Dental Subcontractor (or at the direction of the Dental Subcontractor) in connection with the appeal of the adverse benefit determination at no charge and sufficiently in advance of the standard resolution timeframe for appeals.
- h) **Resolution of Appeal:** The Dental Subcontractor must provide a written Notice of Appeal Resolution (NOAR) to the enrollee. For standard resolution of an appeal, the Dental Subcontractor shall establish a timeframe that is no longer than 16 days from the date the Dental Subcontractor or CCO receives the appeal. The written NOAR shall be in a format approved by the OHA. The written NOAR must include, as appropriate, the same elements as the notice of action/adverse benefit determination, as specified in OAR 410-141-3885, in addition to the date the enrollee filed the appeal with the Dental Subcontractor or CCO, the results of the appeal and the date it was completed, and the effective date of the appeal decision. For appeals resolved partially or wholly in favor of the enrollee, an explanation that the enrollee may now access those benefits that were denied and how to do so. If the resolution was not in the enrollee's favor, the notice must also include the reasons for the resolution and a reference to the particular sections of the statutes and rules involved for each reason identified in the NOAR relied upon to deny the appeal. The notice must also inform the enrollee of their right for a contested hearing or expedited hearing with OHA, how to request one, and attach the Health Systems Division Service Denial Appeal and Hearing Request form (OHP 3302). The notice must state the enrollee's right to continue receiving benefits while the hearing is pending, how to make the request, and that the enrollee will be liable for those benefits if the hearing upholds the Dental Subcontractor's decision.
- i) **Continuation of Benefits:** To be entitled to continuing benefits, the enrollee shall complete a Dental Subcontractor appeal request or an OHA contested case hearing request form and check the box requesting continuing benefits by either the tenth day following the date of the notice of adverse benefit determination or the NOAR; or by the effective date of the action proposed in the notice, if applicable. When an enrollee requests an appeal or hearing by telephone, the enrollee may request continuation of benefits verbally. The Dental Subcontractor shall continue the enrollee's benefits if: (1) the appeal or contested hearing request involves the termination, suspension or reduction of a previously authorized covered service; (2) the services were ordered by an authorized provider; (3) the period covered by the original authorization has not expired; and (4) the enrollee, enrollee's representative or provider, with the enrollee's written or oral consent, timely files for continuation of benefits. For purposes of this paragraph, "timely" means the filing was on or before the later of: (1) within 10 days after the Dental Subcontractor mailed the Notice of Action or (2) the intended effective date of the Dental Subcontractor's proposed action. If the Dental Subcontractor receives a grievance related to an enrollee's entitlement of continuing benefits in the same manner and same amount during the transition of transferring from one Dental Subcontractor/CCO to another Dental Subcontractor/CCO as defined in OAR 410-141-3850, the Dental Subcontractor shall log the grievance and work with the receiving or sending Dental Subcontractor/CCO to ensure continuity of care during the transition.
- j) **Duration of Benefits:** If, at the enrollee's request, the Dental Subcontractor continues or reinstates the enrollee's benefits while the appeal or hearing is pending, the benefits must be continued until one of the following occurs: (1) the enrollee withdraws the appeal or request for hearing; (2) The enrollee fails to request a hearing and continuation of benefits within 10 calendar days from the date of the NOAR letter; (3) a final order resolves the hearing.
- k) **Enrollee's responsibilities for services furnished while the appeal is pending:** If the final resolution of the appeal is adverse to the enrollee (i.e. upholds the Dental Subcontractor's decision to deny the service), the Dental Subcontractor may recover from the enrollee the cost

of the services furnished to the enrollee while the appeal was pending, to the extent that they were furnished solely because of the requirements of this section.

- l) **For reversed appeal and hearing resolution services:**
 1. **Services Furnished:** If Dental Subcontractor or the Administrative Law Judge (ALJ) reverses a decision to deny authorization of services, and the enrollee received the disputed services while the appeal was pending, the Dental Subcontractor will pay for those services in accordance with the Authority policy and regulations.
 2. **Services Not Furnished:** If Dental Subcontractor or the ALJ reverses a decision to deny, limit or delay services and those services were NOT provided while the appeal/hearing was pending, then Dental Subcontractor shall authorize or provide the disputed services promptly and as expeditiously as the enrollee's health condition requires. The Dental Subcontractor must take the following steps;
 3. Notify the enrollee, the enrollee's representative (if applicable) both orally and in writing and the enrollee's provider in writing of the available services and how to access them;
 - a. Enter the prior authorization into the system or adjust the encounter data claim representing the service.
- m) **Failure to act within timeframes:** If the Dental Subcontractor fails to adhere to the notice and timing requirements resolution of appeals, the enrollee is considered to have exhausted the appeals process. In this case, the enrollee may request a hearing through OHA.
- n) **Extended timeframe:** The Dental Subcontractor may extend timeframes by up to 14 days if:
 1. The enrollee requests the extension; or
 2. The Dental Subcontractor shows to the satisfaction of the Authority upon its request that there is need for additional information and how the delay is in the enrollee's interest.
 3. If the Dental Subcontractor extends the timeframes but not at the request of the enrollee, the Dental Subcontractor shall:
 - a. Make reasonable efforts (including as necessary multiple calls at different times of day) to give the enrollee prompt oral notice of the delay;
 - b. Within two (2) days, give the enrollee written notice of the reason for the decision to extend the timeframe and inform the enrollee of the right to file a grievance if the enrollee disagrees with that decision;
 - c. Resolve the appeal as expeditiously as the enrollee's health condition requires and no later than the date the extension expires.

2) **Expedited Appeal through Dental Subcontractor Appeal Process:**

- a) **Deadline to File Appeal:** Deadline to File Appeal: The Dental Subcontractor has established and maintains an expedited review process for all oral and written appeals for when the Dental Subcontractor determines (for a request from the enrollee) or when the provider indicates (in making the request on the enrollee's behalf or supporting the enrollee's request) that taking the time for a standard resolution could seriously jeopardize the enrollee's life, physical or mental health, or ability to attain, maintain, or regain maximum function. The enrollee must file an appeal with Dental Subcontractor no later than 60 calendar days from the date on the Notice of Action/Adverse Benefit Determination. Any expedited appeal received by the Dental Subcontractor will be promptly transferred to the Appeals Department to begin the appeal process. Enrollee can file an appeal directly with Dental Subcontractor, either orally or in writing by contacting Dental Subcontractor Member Services Department. Oral inquiries seeking to appeal a NOABD are treated and processed as an appeal. Oral appeal timeframes shall begin when there is established contact made between the enrollee and a Dental Subcontractor representative. If the enrollee leaves a voice mail message with the Dental Subcontractor indicating that they wish to appeal a denial, the Dental Subcontractor shall make reasonable efforts (multiple calls at different times of day) to reach the enrollee by phone to get

the details of the service they wish to appeal. The Dental Subcontractor shall document each attempt to reach the enrollee (date(s) and time(s)) by phone and make note on the date they establish contact with the enrollee and are able to attain the appeal information needed to process the appeal.

- b) **Present Evidence:** An enrollee shall have a reasonable opportunity to make legal and factual arguments, present evidence, and allegations orally, in person, or in writing. Enrollees have an opportunity, before and during the appeals process, to examine the enrollee's file, including medical records and any other documents or records to be considered during the appeals process.
- c) **Parties to Appeal:** Parties to the expedited appeal may include the Dental Subcontractor; CCO; enrollee or enrollee's representative; a provider acting on behalf of an enrollee, with written consent from the enrollee, or the legal representative of a deceased enrollee's estate.
- d) **Response to Appeal:** Upon receipt of an expedited appeal, the Dental Subcontractor shall:
 - i. Acknowledge receipt of the expedited appeal to the enrollee and the enrollee's provider where indicated, both orally and in writing within one business day;
 - ii. Give the appeal to staff with the authority to act upon the matter;
 - iii. Consistent with confidentiality requirements, obtain documentation of all relevant facts concerning the issues, including taking into account all comments, documents, records, and other information submitted by the enrollee without regard to whether the information was submitted or considered in the initial adverse benefit determination;
 - iv. Ensure the Vice President of Clinical Services or their designee(s) who are making decisions on appeals are:
 - a. Not involved in any previous level of review or decision making nor a subordinate of any such individual;
 - b. Health care professionals with appropriate clinical expertise in treating the enrollee's condition or disease, if the appeal involves clinical issues or if the enrollee requests an expedited review. Health care professionals shall make decisions for the following:
 - i. An appeal of a denial that is based on lack of medically appropriate services or involves clinical issues;
 - ii. A grievance regarding denial of expedited resolution of an appeal or involves clinical issues.
 - v. Consider all comments, documents, records, and other information submitted by the enrollee without regard to whether the information was submitted or considered in the initial adverse benefit determination;
- e) The Dental Subcontractor shall inform the enrollee of the limited time available for receipt of materials or documentation sufficiently in advance of the resolution timeframe for both standard and expedited appeals for the review.
- f) The Dental Subcontractor shall resolve all appeals as expeditiously as the enrollee's health condition requires and no later than the expiration date of the extension.
- g) The Dental Subcontractor shall provide the enrollee and their representative the enrollee's case file (including medical records, other documents and records), and any new or additional evidence considered, relied upon, or generated by the Dental Subcontractor (or at the direction of the Dental Subcontractor) in connection with the appeal of the adverse benefit determination at no charge and sufficiently in advance of the resolution timeframe for appeals.
- h) **Expedited Resolution:** If the enrollee requests expedited resolution of the appeal and such request is granted, upon receipt of an expedited appeal, the Dental Subcontractor shall acknowledge receipt of the expedited appeal to the enrollee and the enrollee's provider where indicated, both orally and in writing within one business day. Dental Subcontractor shall resolve the appeal as expeditiously as the enrollee's health condition requires and make reasonable efforts to call (including as necessary multiple calls at different times of the day) the enrollee and provider with notice of the resolution no later than 72 hours after Dental Subcontractor receives the appeal. The Dental Subcontractor shall inform the enrollee of the limited time available for receipt of materials or documentation sufficiently in advance of the resolution timeframe for both standard and expedited appeals for the review. The

Dental Subcontractor will mail written confirmation of the resolution to the enrollee within 72 hours. This timeframe may be extended as described above in paragraph (d). If Dental Subcontractor denies the enrollee's request for an expedited resolution, the Dental Subcontractor will transfer the appeal to the time frame for standard resolutions. The Dental Subcontractor may extend the timeframe for processing an expedited appeal by up to 14 calendar days: 1) If the enrollee requests the extension; or 2) If the Dental Subcontractor (to the satisfaction of OHA upon its request) shows that there is need for additional information and that the delay is in the enrollee's interest. If the Dental Subcontractor extends the timeline for processing an expedited appeal not at the request of the enrollee, the Dental Subcontractor will make reasonable efforts to give the enrollee prompt oral notice of the delay (including as necessary multiple calls at different times of day) and give the enrollee written notice, within 2 calendar days, of the reason for the decision to extend the timeframe and inform the enrollee of the right to file a grievance if they disagree with that decision. The Dental Subcontractor shall resolve the appeal as expeditiously as the enrollee's health condition requires and no later than the date the extension expires. The expedited review process applies to both written and oral appeals. Oral appeal timeframes shall begin when there is established contact made between the enrollee and a Dental Subcontractor representative. A request for an expedited appeal for a service that has already been provided (post-service) to the enrollee will not be granted. The Dental Subcontractor shall transfer the appeal to the timeframe for standard resolution.

- i) **Resolution of Appeal:** The Dental Subcontractor shall make reasonable efforts (including as necessary multiple calls at different times of day) to provide oral notice, of the resolution of an expedited appeal and follow-up within two days with a written notice. The written notice must state the right of an enrollee to file a grievance with the Dental Subcontractor if he or she disagrees with that decision. The written NOAR shall be in a format approved by the OHA. The written NOAR must include, as appropriate, the same elements as the notice of action/adverse benefit determination, as specified in OAR 410-141-3885 in addition to: the date the enrollee filed the appeal with the Dental Subcontractor or CCO, the results of the appeal and the date it was completed, and the effective date of the appeal decision. For appeals resolved partially or wholly in favor of the enrollee the notice must include an explanation that the enrollee may now access those benefits that were denied and how to do so. If the resolution was not in the enrollee's favor, the notice must also include the reasons for the resolution and a reference to the particular sections of the statutes and rules involved for each reason identified in the NOAR relied upon to deny the appeal. The notice must also inform the enrollee of their right for a contested hearing or expedited hearing with OHA, how to request one, and attach the Health Systems Division Service Denial Appeal and Hearing Request form (OHP 3302) The notice must state the enrollee's right to continue receiving benefits while the hearing is pending, how to make the request, and that the enrollee will be liable for those benefits if the hearing upholds Dental Subcontractor's decision.
- j) **Continuation of Benefits:** To be entitled to continuing benefits, the enrollee shall complete a Dental Subcontractor appeal request or an OHA contested case hearing request form and check the box requesting continuing benefits by either the tenth day following the date of the notice of adverse benefit determination or the NOAR; or by the effective date of the action proposed in the notice, if applicable. When an enrollee requests an appeal or hearing by telephone, the enrollee may request continuation of benefits verbally. Dental Subcontractor shall continue the enrollee's benefits if: (1) the appeal or contested hearing request involves the termination, suspension or reduction of a previously authorized covered service; (2) the services were ordered by an authorized provider; (3) the period covered by the original authorization has not expired; and (4) the enrollee, enrollee's representative or the provider, with the enrollee's written or oral consent, timely files for continuation of benefits. For purposes of this paragraph, "timely" means the filing was on or before the later of: (1) within 10 days after the Dental Subcontractor mailed the Notice of Action or (2) the intended effective date of the Dental Subcontractor's proposed action. If the Dental Subcontractor receives a grievance related to an enrollee's entitlement of continuing benefits in the same manner and same amount during the transition of transferring from one Dental Subcontractor/CCO to another Dental

Subcontractor/CCO as defined in OAR 410-141-3850, the Dental Subcontractor shall log the grievance and work with the receiving or sending Dental Subcontractor/CCO to ensure continuity of care during the transition

- k) **Duration of Benefits:** If, at the enrollee's request, the Dental Subcontractor continues or reinstates the enrollee's benefits while the appeal or hearing is pending, the benefits must be continued until one of the following occurs: (1) the enrollee withdraws the appeal or request for hearing; (2) The enrollee fails to request a hearing and continuation of benefits within 10 calendar days from the date the Dental Subcontractor sends the NOAR letter; (3) final order resolves the hearing.
 - l) **Enrollee's responsibilities for services furnished while the appeal is pending:** If the final resolution of the appeal is adverse to the enrollee (i.e. upholds the Dental Subcontractor's decision to deny the service), the Dental Subcontractor may recover from the enrollee the cost of the services furnished to the enrollee while the appeal was pending, to the extent that they were furnished solely because of the requirements of this section.
 - m) **For reversed appeal and hearing resolution services:**
 - 1. **Services Furnished:** If Dental Subcontractor or the ALJ reverses a decision to deny authorization of services, and the enrollee received the disputed services while the appeal was pending, the Dental Subcontractor will pay for those services in accordance with the Authority policy and regulations.
 - 2. **Services Not Furnished:** If Dental Subcontractor or the ALJ reverses a decision to deny, limit or delay services and those services were NOT provided while the appeal/hearing was pending, then Dental Subcontractor shall authorize or provide the disputed services promptly and as expeditiously as the enrollee's health condition requires. The Dental Subcontractor must take the following steps;
 - i. Notify the enrollee, the enrollee's representative (if applicable) both orally and in writing and the enrollee's provider in writing of the available services and how to access them;
 - ii. Enter the prior authorization into the system or adjust the encounter data claim representing the service.
- 3) Contested Hearing through OHA:**
- a) If an enrollee is unsatisfied with Dental Subcontractor's resolution of the appeal, the enrollee may request a contested hearing or expedited hearing with OHA (after receiving notice that an adverse benefit determination is upheld). The request must be made within 120 calendar days from the date on the NOAR. Dental Subcontractor must retain a complete record of the appeal for more than 120 days so that if the enrollee requests a hearing, the record can be submitted to the OHA Hearing Unit within 2 business days. A request for an expedited hearing for a service that has already been provided (post-service) to the enrollee will not be granted.
 - b) If the enrollee files a request for a contested hearing or expedited hearing through OHA without first requesting an appeal through Dental Subcontractor, OHA will transfer the request to the Dental Subcontractor and provide notice of the transfer to the enrollee. The Dental Subcontractor will complete the appeal process within 16 days and provide a NOAR.
 - c) If a provider filed an appeal on behalf of an enrollee, the provider may subsequently request a hearing on behalf of the enrollee. Appeals brought on the provider's own behalf are not subject to this rule, which governs appeals brought by enrollee or by a provider on the enrollee's behalf but are governed by OAR 410-120-1560.
 - d) If the enrollee sends the hearing request to the Dental Subcontractor after the Dental Subcontractor has already completed the appeal, the Dental Subcontractor will date-stamp the hearing request with the date of receipt; and submit within two business days to OHA a copy of the hearing request, the Notice of Adverse Benefit Determination and NOAR and all documents and records the Dental Subcontractor relied upon to take its action, including

those used as the basis for the initial action or the NOAR, if applicable, and all other relevant documents and records the OHA requests as outlined in detail in OAR 141-410-3890.

- e) Parties to the hearing may include the Dental Subcontractor, Coordinated Care Organization (CCO), enrollee or enrollee's representative; a provider acting on behalf of an enrollee, with written consent from the enrollee, or the legal representative of a deceased enrollee's estate.
- f) Enrollees have the right to have an attorney or representative present at the hearing and can access free legal help through Legal Aid Services and Oregon Law Center. Information can be accessed from the Public Benefits Hotline (1-800-520-5292, TTY 711).
- g) **Continuation of Benefits:** To be entitled to continuing benefits, the enrollee shall complete a Dental Subcontractor appeal request or an OHA contested case hearing request form and check the box requesting continuing benefits by either the tenth day following the date of the notice of adverse benefit determination or the NOAR; or by the effective date of the action proposed in the notice, if applicable. When an enrollee requests an appeal or hearing by telephone, the enrollee may request continuation of benefits verbally. Dental Subcontractor shall continue the enrollee's benefits if: (1) the appeal or contested hearing request involves the termination, suspension or reduction of a previously authorized covered service; (2) the services were ordered by an authorized provider; (3) the period covered by the original authorization has not expired; and (4) the enrollee timely files for continuation of benefits. For purposes of this paragraph, "timely" means the filing was on or before the later of: (1) within 10 days after the Dental Subcontractor mailed the NOAR or (2) the intended effective date of the Dental Subcontractor's proposed action. If the Dental Subcontractor receives a grievance related to an enrollee's entitlement of continuing benefits in the same manner and same amount during the transition of transferring from one Dental Subcontractor/CCO to another Dental Subcontractor/CCO as defined in OAR 410-141-3850, the Dental Subcontractor shall log the grievance and work with the receiving or sending Dental Subcontractor/CCO to ensure continuity of care during the transition.
- h) **Duration of Benefits:** If, at the enrollee's request, the Dental Subcontractor continues or reinstates the enrollee's benefits while the hearing is pending, the benefits must be continued until one of the following occurs: (1) the enrollee withdraws the request for hearing; (2) The enrollee fails to request a hearing and continuation of benefits within 10 calendar days from the date the Dental Subcontractor sends the NOAR letter; (3) a final order resolves the hearing;
- i) **Services furnished while the hearing is pending:** If the final resolution of the hearing is adverse to the enrollee (i.e. upholds the Dental Subcontractor's decision to deny the service), the Dental Subcontractor may recover from the enrollee the cost of the services furnished to the enrollee while the appeal was pending.
- j) **Reversed hearing resolution services:**
If a decision to deny, limit or delay services that were not furnished while the hearing was pending, is reversed by the ALJ, the Dental Subcontractor shall authorize or provide the disputed services promptly and as expeditiously as the enrollee's health condition requires but no later than 72 hours from the date it receives notice reversing the determination. The Dental Subcontractor must take the following steps;
 - i. Notify the enrollee, the enrollee's representative (if applicable) both orally and in writing and the enrollee's provider in writing of the available services and how to access them;
 - ii. Enter the prior authorization into the system or adjust the encounter data claim representing the service.
- k) Any party to the hearing can file written exceptions or present argument to the Proposed and Final Order within ten working days after the date the Proposed Order is issued by the ALJ (see OAR 410-120-1860). If written exceptions are filed the Order does not become a Final Order on the 11th work day and the services shall not be provided until the Final Order is

issued by OHA. Once a Final Order is issued and if the decision remains overturned the services shall be authorized or provided to the enrollee within 72 hours of the Dental Subcontractor receiving the Final Order.

4) Expedited Hearing through OHA:

- a) **Request for Expedited Hearing.** The Dental Subcontractor has a system in place to ensure its enrollees and providers have access to expedited review for MCE's action by requesting an expedited contested case hearing. If an enrollee is unsatisfied with Dental Subcontractor's resolution of the appeal, the enrollee may request an expedited contested hearing with OHA (after receiving notice that an adverse benefit determination is upheld). The request must be made within 120 calendar days from the date on the NOAR. Expedited hearings are requested using OHA form MSC 443 or other OHA-approved appeal or hearing request forms. An enrollee, or provider, who believes that taking the time for a standard resolution of a Contested Case Hearing could seriously jeopardize the enrollee's life or health or ability to attain, maintain or regain maximum function may request an expedited Contested Case Hearing as described in OAR 410-141-3905. Dental Subcontractor will retain a complete record of the appeal for more than 120 days so that if the enrollee requests a hearing, the record can be submitted to the OHA Hearing Unit within 2 business days. A request for an expedited hearing for a service that has already been provided (post-service) to the enrollee will not be granted.
- b) If the enrollee files a request for an expedited hearing through OHA without first requesting an appeal through Dental Subcontractor, OHA will transfer the request to the Dental Subcontractor and provide notice of the transfer to the enrollee. The Dental Subcontractor will complete the appeal process within 16 days and provide a NOAR.
- c) If a provider filed an appeal on behalf of an enrollee, the provider may subsequently request a hearing on behalf of the enrollee. Appeals brought on the provider's own behalf are not subject to this rule, which governs appeals brought by enrollee or by a provider on the enrollee's behalf but are governed by OAR 410-120-1560
- d) Dental Subcontractor will submit relevant information to OHA within two working days about an expedited appeal decision. OHA shall decide within two working days from the date of receiving the relevant documentation applicable to the request whether the enrollee is entitled to an expedited contested case hearing.
- e) Parties to the hearing may include the Dental Subcontractor; Coordinated Care Organization (CCO); enrollee or enrollee's representative; a provider acting on behalf of an enrollee, with written consent from the enrollee, or the legal representative of a deceased enrollee's estate.
- f) Enrollees have the right to have an attorney or representative present at the hearing and can access free legal help through Legal Aid Services and Oregon Law Center. Information can be accessed from the Public Benefits Hotline (1-800-520-5292, TTY 711).
- g) **Services furnished while the hearing is pending:** If the final resolution of the hearing is adverse to the enrollee (i.e. upholds the Dental Subcontractor's decision to deny the service), the Dental Subcontractor may recover from the enrollee the cost of the services furnished to the enrollee while the appeal was pending.
- h) **Reversed hearing resolution services :**
If a decision to deny, limit or delay services that were not furnished while the appeal/hearing was pending, is reversed, the Dental Subcontractor shall authorize or provide the disputed services promptly and as expeditiously as the enrollee's health condition requires but no later than 72 hours from the date it receives notice reversing the determination. The Dental Subcontractor must take the following steps;
 - i. Notify the enrollee, the enrollee's representative (if applicable) both orally and in writing and the enrollee's provider in writing of the available services and how to access them;

- ii. Enter the prior authorization into the system or adjust the encounter data claim representing the service.
 - i) Any party to the hearing can file written exceptions or present argument to the Proposed and Final Order within ten working days after the date the Proposed Order is issued by the ALJ (see OAR 410-120-1860). If written exceptions are filed the Order does not become a Final Order on the 11th work day and the services shall not be provided until the Final Order is issued by OHA. Once a Final Order is issued and if the decision remains overturned the services shall be authorized or provided to the enrollee within 72 hours of the Dental Subcontractor receiving the Final Order.
- 5) Dental Subcontractor Cooperation with Investigations:** In all investigations or requests from the Department of Human Services Governor's Advocacy Office, the OHA's Ombudsperson or hearing representatives, the Dental Subcontractor, subcontractors, and participating providers shall cooperate in ensuring access to all activities related to enrollee appeal and hearing requests including providing all requested written materials in required timeframes.

SYSTEM RECORDKEEPING

- A. The Dental Subcontractor shall document and maintain a record, in a central location for each appeal. The Dental Subcontractor's record of each appeal will be accurately maintained in a manner accessible to the state and available upon request to CMS. The record shall include:
 - i. A general description of the reason for the Appeal and the supporting reasoning for its resolution;
 - ii. The enrollee's name and at a minimum OHP ID#;
 - iii. Primary Care Dentist (PCD) name
 - iv. Type of appeal
 - v. The date Contractor received the Appeal filed by the enrollee, Subcontractor, or Provider;
 - vi. The nature of the appeal
 - vii. The NOABD;
 - viii. The date of the NOABD
 - ix. If filed in writing, the Appeal;
 - x. If filed orally, documentation that the was received orally;
 - xi. Records of the review or investigation at each level of the Appeal or Contested Case Hearing, including dates of review;
 - xii. NOAR, including dates of resolution at each level;
 - xiii. Copies of correspondence with the enrollee and all evidence, testimony, or additional documentation provided by the enrollee, the enrollee's representative, or the enrollee's provider as part of the Appeal or Contested Case Hearing process; and
 - xiv. All written decisions and copies of all correspondence with all parties to the Appeal or Contested Case Hearing.
 - xv. Whether continuing benefits were requested and provided,
- B. The Dental Subcontractor shall monitor the written log on a monthly basis for receipt, disposition and documentation of all written and oral appeals. Review of appeals shall contain the following components: completeness, accuracy, timeliness of documentation and compliance of plan procedures for handling appeals.
- C. The Dental Subcontractor shall maintain current appeals and previous year appeals on file in office with all other appeals being sent to storage to maintain for length of 10 years to permit evaluation subject to the Dental Subcontractor's record retention policy. Dental Subcontractor shall retain and

keep accessible all documentation, logs and other records for the Appeals System whether in paper, electronic, or other form for a minimum of 10 years.

- D. Dental Subcontractor shall communicate these policies and procedures to subcontractors.
- E. In the event the Dental Subcontractor delegates any elements of the appeal process, the Dental Subcontractor shall regularly monitor its subcontractors' compliance and take any necessary corrective action. The Dental Subcontractor shall document all monitoring and corrective action activities for subcontractors. The Dental Subcontractor will not delegate adjudication of appeals in an enrollee appeals process to a Subcontractor.

COMPLIANCE

The Dental Subcontractor requires its providers to comply with the grievance and appeal system requirements set forth in this policy and procedure. In addition to providing its participating providers and subcontractors, with written notification of procedures and timeframes for appeals and hearings upon initial contracting, the Dental Subcontractor shall also provide all of its providers and other subcontractors with written notification of updates to these procedures and timeframes within five (5) business days after approval of such updates by the Dental Subcontractor's approval committee.

Dental Subcontractor Peer Review and Credentialing Committee reviews the appeals for quality-of-care issues and looks for any trends. If the Committee sees discrepancies or concerns in any of the audit results they request additional information or verification of the information or process of the audit and request the Dental Subcontractor to review ways to improve the audit results if an improvement is needed. The Dental Subcontractor utilizes the Grievance and Appeal log and resulting reports to collect and track information on the effectiveness of the Dental Subcontractor grievance process.

If the Dental Subcontractor delegates any of its responsibilities under this policy and procedure to a third party, the Dental Subcontractor shall communicate the grievance and appeal system requirements set forth in this policy and procedure. The Dental Subcontractor shall monitor the third party's compliance with the delegated responsibilities and the third party's performance, deficiencies, or areas for improvement. The Dental Subcontractor shall perform a formal compliance review at least once a year to assess performance, deficiencies, or areas for improvement; and upon identification of deficiencies, or areas for improvement, the Dental Subcontractor shall cause the third party to take corrective action. The Dental Subcontractor shall retain and keep accessible all subcontractor documentation, logs and other records for delegated responsibilities for a minimum of 10 years, to include all documentation of monitoring and corrective action activities. At the current time, the Dental Subcontractor does not delegate any responsibilities to third parties.

TOLL FREE NUMBERS TO FILE ANAPPEAL

- Member Services: 866-268-9631

REFERENCES

42 CFR 438.10 Information requirements

42 CFR 438.100

42 CFR 438.228

42 CFR 438.400-424

OAR 410-141-3580 MCE Member Relations: Potential Member Information

OAR 410-141-3585 MCE Member Relations: Education and Information

OAR 410-141-3875 MCE Grievances & Appeals: Definitions and General Requirements

OAR 410-141-3890 Grievances & Appeals: Appeal Process
 OAR 410-141-3895 Grievances & Appeals: Expedited Appeal
 OAR 410-141-3900 Grievances & Appeals: Contested Case Hearings
 OAR 410-141-3905 Grievances & Appeals: Expedited Contested Case Hearings
 OAR 410-141-3910 Grievances & Appeals: Continuation of Benefits
 OAR 410-141-3915 Grievances & Appeals: System Recordkeeping

FORMS AND OTHER RELATED DOCUMENTS

OHP Grievance Form (OHP 3001)
 Appeal and Hearing Request form (OHP 3302)
 Notice of Hearing Rights (OHP 3030)
 Administrative Hearing Request (MSC 443)
 MCE appeal forms
[Readability scoring guide](#)

Revision History

Date:	Description
07/31/2012	Approval and adoption.
06/06/2014	Updates based on annual review.
02/23/2015	Updates based on annual review.
02/23/2016	Updates based on annual review.
10/19/2016	Updates based on CCO partner audit findings.
02/14/2017	Updates based on annual review.
07/12/2017	Updates based on CCO partner audit findings.
03/12/2018	Updates based on annual review.
04/23/2019	Updates based on annual review.
12/05/2019	Conversion to revised policy and procedure format and naming convention.
01/06/2020	Updates based on CCO partner audit findings.
05/20/2020	Updates based on CCO partner audit findings.
06/18/2021	Updates based on annual review.
11/08/2021	Updates based on annual review.
05/19/2022	Updates based on CCO partner audit findings.
08/12/2022	Updates based on OHA audit findings.
12/20/2022	Updates based on CCO partner audit findings.
12/31/2022	Updates based on annual review.
03/28/2024	Updates based on annual review.

06/01/2024	Updates based on CCO partner audit findings.
01/09/2025	Updates based on annual review.
02/04/2026	Annual review. Appeals policy was previously part of policy PLANCG-24 which was split into separate policies for grievances and appeals during this year's review.