

## Member Appeals Information Packet

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Please read and reference the information in this Packet that contains important information on how to appeal Adverse Determinations or Administrative Decisions made by Delta Dental of New Mexico.

### Getting Information about Appeals

Delta Dental of New Mexico (\*DDNM") will send you this Packet when you:

- First receive your policy or evidence of coverage;
- Within 5 business days after DDNM receives your appeal request; or
- At any time, you or your dental provider requests the Packet from the Customer Services Team.

When your coverage is renewed, DDNM will also send you a separate statement to remind you that you can request another copy of this Packet.

Attached to this Packet is a form you can use to file an appeal. DDNM will not reject your appeal if you do not use the form.

If you need help in filing an appeal, or you have questions about the process, call the Customer Services Team at 1-877-395-9420, 1-505-855-7111, or send an email to [appeals@deltadentalnm.com](mailto:appeals@deltadentalnm.com).

### Adverse Determinations

#### When can you appeal an Adverse Determination?

When DDNM does not authorize or approve a service or pay a claim, DDNM will notify you of your right to appeal that decision. Your notice may come directly from DDNM or through your treating dental provider.

#### Decisions You can Appeal

You may appeal any "Adverse Determination" that is defined under New Mexico law as any of the following:

1. A Rescission of Coverage (regardless of whether the rescission has an adverse effect on any particular benefit at the time);

2. A Denial, Reduction, or Termination of, or a Failure to make full or partial payment for a Benefit including any denial, reduction, termination, or failure to make payments that is based on a determination of an Enrolled Person's eligibility to participate in Plan;
3. A Denial, Reduction, or Termination of, or a Failure to make full or partial payment for a Benefit resulting from the application of Utilization Review;
4. Failure to cover a Service for which Benefits are otherwise provided because it is determined to not be Medically Necessary and appropriate, or Experimental or Investigational; or
5. A Denial, Reduction, or Termination of, or a Failure to make full or partial payment for a Benefit resulting from Prior Authorization request.

Here are some examples of Adverse Determinations that you can appeal:

- DDNM does not approve a Service requested by a Member or Member's Dental Provider.
- DDNM does not pay for a Service that the Member has received.
- DDNM does not authorize a Service or pay for a Claim because DDNM determines that it is not Medically Necessary and appropriate or is Experimental or Investigational.
- DDNM does not authorize a Service or pay a Claim because it is not covered.
- DDNM does not timely notify the Member after receiving Member's request whether DDNM will authorize the requested Service.
- DDNM denies a Prior Authorization request submitted by a Member or Member's Dental Provider.

Decisions you cannot appeal under the Adverse Determination appeal process

- Disagreement with a DDNM decision as to the amount of charges.



- Disagreement on how DDNM coordinates benefits.
- Disagreement on how DDNM has applied Claims or Services to a Deductible.
- Disagreement with the amount of a Copayment or Coinsurance paid.
- Disagreement with a DDNM decision to issue or not issue a Plan.
- You believe that DDNM has violated the New Mexico Insurance Code.

If you disagree with a decision that is not appealable according to the list above as an Adverse Determination, you may file a complaint with the OSI Consumer Affairs Bureau, 1120 Paseo de Peralta, Santa Fe, New Mexico, 87501.

### Who can file an Appeal

Either you, your treating Dental Provider, or your Authorized Representative (at your expense) can file an appeal on your behalf.

Your appointment of an Authorized Representative must be in writing and signed to prevent the unauthorized disclosure of protected information. You can download an Authorized Representative Designation Form from the DDNM website or request a form from the DDNM Customer Services.

Note that DDNM will not be charged any fees or costs incurred by you as part of the internal or external appeals process. If you arrange to be represented by an attorney or your witnesses require a fee, you will need to pay those fees.

Attached to this Packet is a form that you may use for filing your appeal. You are not required to use the Form and may send DDNM a letter with the same information. If you decide to appeal an Adverse Determination, you should tell your treating Dental Provider, so that they can help you with information you need to support the Appeal.

You can request a Level 2-Internal Panel Review in writing or by phone. You must explain the reasons why you do not agree with the Adverse Determination and provide any support information or documents. You should also tell us how you would like the matter to be resolved.

## Delta Dental Plan of New Mexico, Inc.

Requests may be submitted as follows:

By Mail:

Delta Dental Plan of New Mexico Attn:  
Customer Service - Appeals & Grievances  
100 Sun Avenue NE, Suite 400  
Albuquerque, NM 87109

By Email:

[appeals@deltadentalnm.com](mailto:appeals@deltadentalnm.com)

By Phone:

Toll-Free at 1-877-395-9420 or locally at 1-505-855-7111

Note that if you submit your request by phone, our Customer Services Representative will assist you in preparing your request and you will need to confirm your request in writing to ensure that we accurately capture your grievance.

### Description of the Adverse Determination appeal process

#### Level 1 – Automatic Dental Consultant Review

All Claims involving an Adverse Determination are automatically reviewed by a Dental Consultant who is New Mexico licensed dental professionals with appropriate qualifications and expertise.

The Dental Consultant will review the Claim involving the Adverse Determination and provide **you and your Dental Provider** with a Notice of Adverse Determination in writing that contains the following minimum information as required by NM insurance law:

- A clear and concise written explanation of the Adverse Determination, i.e., whether the adverse determination is a denial, reduction, or termination of, or a failure to make full or partial payment for a Benefit;
- The basis for the Adverse Determination, i.e., rescission of coverage, eligibility, limit, exclusion, not Medically Necessary or appropriate, or Experimental or Investigation;
- Cite the authority relied upon in making the decision; and

- The following language:

“If you are dissatisfied with this Adverse Determination, you may file a request for an Internal Panel Review within 180 days of receipt with DDNM by contacting DDNM Customer Services toll-free at 1-877-395-9420, by email at [appeals@deltadentalnm.com](mailto:appeals@deltadentalnm.com), or by mail at Delta Dental Plan of New Mexico, Attn: Appeals & Grievances, 100 Sun Avenue NE, Albuquerque, NM 87109.”

## Level 2 – Internal Panel Review

If you, your Dental Provider, or your Authorized Representative remains dissatisfied, a request for a second-level Internal Panel Review may be made within **180 days** after receipt the initial notification of Adverse Determination.

You, your Dental Provider, or your Authorized Representative may make the request in writing or by phone through the DDNM Customer Service Team who will review the request and assure that the Grievant provides:

- An explanation of the reasons why they do not agree with the Adverse Determination;
- Any support information or documents; and
- An indication as to how they would like the matter to be resolved.

Upon receipt of an appeal request, the DDNM Customer Services Team will acknowledge receipt of the request within **2 business days** for Standard Reviews and earlier for Expedited Reviews by phone or email. The DDNM Customer Services Team will also provide you with this Packet, along with:

- Contact information of the DDNM Customer Services Representative who will assist the Grievant throughout the Internal Panel Review process;
- General information about your rights, the process, schedule, links, forms, and other information;
- Proposed dates and times of the Internal Panel Review meeting and information on how you may participate;

## Delta Dental Plan of New Mexico, Inc.

- How you may reasonably access or obtain copies of all information or rationale, considered, relied upon, or generated for the Internal Panel Review;
- How you may participate, present or submit comments, documents, records, and other materials relating to the Internal Panel Review;
- How you may request additional time so that you have a reasonable opportunity to prepare a response or participate in the Internal Panel Review meeting; and
- If DDNM will be represented by an attorney.

Standard Internal Reviews will be completed within:

- **30 days** of DDNM’s receipt of the appeal request for a Pre-Service Claim; and
- **60 days** of DDNM’s receipt an appeal request for a Post-Serviced Claim.

Expedited Internal Reviews will be completed within:

- Within **72 hours** of DDNM’s receipt of the appeal request.

Expedited Internal Reviews involve urgent care situations based upon the Member’s medical condition.

You may request or you and DDNM may mutually agree on additional time so that you have reasonable opportunity to prepare a response or participate, or DDNM can assure that the process serves your best interests.

If DDNM does not adhere to these timeframes, then you may request an external review by the OSI.

The Internal Review Panel will issue a written decision that at a minimum provides the following in accordance with New Mexico law:

- The date and time that the Internal Panel met to review the appeal;
- List of attendees and participants of the Internal Panel Review meeting;
- A clear and complete explanation of the decision;
- The basis of the decision that cites the authority and relevant facts that Internal

Review Panel relied upon in making the decision; and

- Information about the individuals who served on the Internal Review Panel.

Within **5 business days** (unless an Expedited Internal Review), the DDNM Customer Services Team will prepare and issue a Notice of Decision that will provide you and your Dental Provider with:

- The Internal Panel Review Decision;
- An explanation that if you remain dissatisfied, you may file an external review request with the OSI within **4 months**;
- If the Adverse Determination involves an urgent care situation, you may immediately request an expedited external review with the OSI; and
- A description of the process and necessary forms for you to request an external review with the OSI.

### Role of the OSI

You may submit an external review request with or obtain information and assistance from the New Mexico Office of the Superintendent of Insurance (“OSI”) as follows:

**NM Office of Superintendent of Insurance  
Consumer Assistance Bureau  
1120 Paseo de Peralta (PO Box 1689)  
Santa Fe, NM 87501 (87504-1689)**

**Phone: 1-855-4-ASK-OSI (1-855-427-5674)**

[www.osi.state.nm.us/pages/bureaus/consumer/resources/consumer-assistance](http://www.osi.state.nm.us/pages/bureaus/consumer/resources/consumer-assistance)

You may always contact the OSI if you cannot resolve any complaint with DDNM pursuant to OSI Rule, 13.10.35.16 NMAC.

## Administrative Decisions

### When can you appeal an Administrative Decision

When DDNM makes decision about any aspect of your dental coverage other than an Adverse Determination, you have the right to appeal the Administrative Decision under the following process.

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### Decisions You can Appeal

You may appeal any “Administrative Decision” that is defined under New Mexico law as any of the following:

1. Administrative practices of DDNM that affect the availability, delivery, or quality of Services;
2. Claims payment, handling, or reimbursement for Services, including but not limited to complaints concerning a Deductible, Copay or Coinsurance; and
3. Termination of coverage.

Here are some examples of Administrative Decisions that you can appeal:

- Disagreement with a DDNM decision as to the amount of charges;
- Disagreement on how DDNM coordinates benefits;
- Disagreement on how DDNM has applied Claims or Services to a Deductible;
- Disagreement with the amount of a Copayment or Coinsurance paid;
- Disagreement with a DDNM decision to issue or not issue a Plan; or
- You believe that DDNM has violated the New Mexico Insurance Code.

### Decisions you cannot appeal under the Administrative Decision process

- DDNM does not approve a Service requested by you or your Dental Provider;
- DDNM does not pay for a Service that the you have received;
- DDNM does not authorize a Service or pay for a Claim because DDNM determines that it is not Medically Necessary and appropriate or is Experimental or Investigational;
- DDNM does not authorize a Service or pay a Claim because it is not covered;
- DDNM does not timely notify you after receiving your request whether DDNM will authorize the requested Service; or
- DDNM denies a Prior Authorization request submitted by you or your Dental Provider.



## Who can file an Appeal

You can file an appeal of an Administrative Decision. You may also authorize your Dental Provider or an Authorized Representative (at your expense) to file an appeal of an Administrative Decision.

Your appointment of an Authorized Representative must be in writing and signed to prevent the unauthorized disclosure of protected information. You can download an Authorized Representative Designation Form from the DDNM website or request a form from the DDNM Customer Services Team.

Note that DDNM will not be charged any fees or costs incurred by you as part of the internal or external appeals process. If you arrange to be represented by an attorney or your witnesses require a fee, you will need to pay those fees.

Attached to this Packet is also a form that you may use for filing your appeal. You are not required to use the Form and may send DDNM a letter with the same information.

You can request either a Level 1 – Internal Review or a Level 2-Internal Committee Review in writing or by phone. You must explain the reasons why you do not agree with the Administrative Decision and provide any support information or documents. You should also tell us how you would like the matter to be resolved.

Requests may be submitted as follows:

By Mail:

**Delta Dental Plan of New Mexico  
Attn: Customer Service - Appeals &  
Grievances 100 Sun Avenue NE, Suite 400  
Albuquerque, NM 87109**

By Email:

**appeals@deltadentalnm.com**

By Phone:

**Toll-Free at 1-877-395-9420 or locally at  
1-505-855-7111**

Note that if you submit your request by phone, our Customer Services Representative will assist you in preparing your request and you will need to confirm your request in

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writing to ensure that we accurately capture your grievance.

### Description of the Administrative Decision appeal process

#### Level 1 – Internal Review

If you are dissatisfied with an Administrative Decision made by DDNM, then you may request an internal review of the Administrative Decision within **180 days** after the Administrative Decision.

You may make the request in writing or by phone through DDNM Customer Service Team who will review the request and assure that you provide:

- Reasons why you disagree with the Administrative Decision;
- Any support information or documents; and
- An indication as to how you would like the matter to be resolved.

The DDNM Customer Service Team will notify you within **2 business days** after receiving your request and provide you with this Packet along with:

- Contact information for the Customer Service Representative who can assist you throughout the process; and
- General information about the process and how you can submit relevant supporting information for consideration.

The initial review of the Administrative Decision shall be completed promptly by a DDNM representative with appropriate experience and expertise to review the Administrative Decision. The Level 1 Internal Review of an Administrative Decision will be completed and delivered by mail or email to you within **30 days** after receipt of your request.

The Level 1 Internal Review Decision will at a minimum in accordance with New Mexico law provide the following:

- A clear and concise written explanation of the Administrative Decision, citing the basis or authority relied upon; and

- The following language:  
“If you remain dissatisfied with Administrative Decision, you may request a Level 2 Internal Committee Review within **20 days** of receipt of the Level 1 Internal Review decision.

The DDNM Customer Services Team will mail or email you the Level 1 Internal Review Decision within **30 days** after receipt of your request.

### Level 2 – Internal Committee Review

If you remain dissatisfied, you may request a Level 2 Internal Committee Review.

DDNM will schedule and conduct the Internal Committee Review of the Administrative Decision. An Internal Review Committee shall consist of two or more DDNM representatives who were not involved in either the initial decision or the initial internal review.

The DDNM Customer Services Team will notify you at least **3 days** prior to when the Internal Review Committee meets so that you may provide information or participate virtually. If you cannot participate, then you may request up to a 30-day postponement.

The Internal Review Committee will meet and make a decision to uphold or reverse the Administrative Decision within **15 days** after receipt of your request. The Internal Review Committee decision will be provided to you within **7 days** after the Internal Review Committee meets.

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The Internal Review Committee’s written decision shall, at a minimum, include the following in accordance with New Mexico law:

- The date and time that the Internal Review Committee met to review the appeal and a list of the attendees and participants;
- A clear and complete explanation and basis of the decision, citing applicable authority; and
- The following language:  
“If you remain dissatisfied with the Administrative Determination, you may request an external review by the OSI within **20 days** after their receipt of the Internal Review Committee’s decision.

### Role of the OSI

You may submit an external review request with or obtain information and assistance from the New Mexico Office of the Superintendent of Insurance (“OSI”) as follows:

**NM Office of Superintendent of Insurance  
Consumer Assistance Bureau  
1120 Paseo de Peralta (PO Box 1689)  
Santa Fe, NM 87501 (87504-1689)**

**Phone: 1-855-4-ASK-OSI (1-855-427-5674)**

[www.osi.state.nm.us/pages/bureaus/consumer/resources/consumer-assistance](http://www.osi.state.nm.us/pages/bureaus/consumer/resources/consumer-assistance)

You may always contact the OSI if you cannot resolve any complaint with DDNM pursuant to OSI Rule, 13.10.35.16 NMAC.

## Member Appeal Request Form

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You may use this form to appeal an Adverse Determination or Administrative Decision made by Delta Dental of New Mexico.

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

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

Authorized Representative Name (if different from above): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Appeal:     Adverse Determination                       Administrative Decision

If you are appealing an Adverse Determination for an urgent service not yet received, would a 30-to-60-day delay in receiving the Service likely cause a significant negative change in your health?

Yes     No

If "Yes", you may be entitled to an Expedited Adverse Determination Appeal. Your treating Dental Provider must sign and send certification and documentation supporting the need for an Expedited Adverse Determination Appeal.

Explain the reasons why you do not agree with the Adverse Determination or Administrative Decision made by DDNM.

Explain how you would like the matter to be resolved.

Provide everything that supports your position such as medical records, dental provider letters, notes, communications, receipts, etc. . . .

Attach additional sheets if needed. Attach certification from your dental provider if you seek an Expedited Adverse Determination Review.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Submit Completed Form and Support Documentation to:

Delta Dental Plan of New Mexico  
Attn: Customer Service - Appeals & Grievances  
100 Sun Avenue NE, Suite 400 Albuquerque, NM 87109  
appeals@deltadentalnm.com  
Toll-Free at 1-877-395-9420 or locally at 1-505-855-7111

## Provider Certification for Expedited Adverse Determination Appeal

You and your Dental Provider may use this form when requested an Expedited Appeal of an Adverse Determination made by Delta Dental of New Mexico.

### Provider Information

Treating Provider Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Member Information

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is the appeal for a Service that the Member has already received?  Yes  No

If "Yes", the Member must use the Standard Appeals Process.

If "No", continue completing this form.

**What Service denial is the Member Appealing?**

**Explain why you believe the Member needs the requested Service and why the time for the Standard Appeal Process will harm the Member:**

*Attach Additional Sheets if needed.*

Include:  Medical Records  Supporting Documentation

If you have questions about the Appeals Process or need help with this certification, call Delta Dental of New Mexico at 1-877-395-9420 or 1-505-855-7111.

I certify, as the Member's treating Dental Provider, that delaying the Member's care for the time period need for formal appeal processes is likely to cause a significant negative change in the Member's medical condition at issue.

Dental Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit Completed Form and Support Documentation to:  
Delta Dental Plan of New Mexico  
Attn: Customer Service - Appeals & Grievances  
100 Sun Avenue NE, Suite 400 Albuquerque, NM 87109  
appeals@deltadentalnm.com