PREFERRED INSURANCE SERVICES, Inc.

INQUIRIES, COMPLAINTS AND GRIEVANCES’ PROCEDURES

Preferred Insurance Services, Inc. is committed to providing high quality dental services to all Enrollees. As part of this commitment, Preferred Insurance Services, Inc. supports a complaint and grievance protocol that assures that all Enrollees have every opportunity to exercise their rights to a fair and expeditious resolution to any and all appeals, complaints and grievances. Towards that end, Preferred Senior Insurance Services, Inc. has developed a procedure to meet the following goals:

 To ensure that plan Enrollees receive a fair, just and speedy resolution to complaints and grievances.

 To allow Enrollees to be treated with dignity and respect at all levels of the complaint and grievance resolution process.

 To inform Enrollees of their full rights as they relate to complaint and grievance resolution, including their rights of appeal at each step in the process.

 To have Enrollees’ complaints and grievances resolved in a satisfactory and acceptable manner within the Preferred Senior Insurance Services, Inc. protocol.

 To comply with all regulatory guidelines and policies with respect to Enrollees’ complaints and grievances.

 To efficiently track the resolution of provider related complaints, so as to be able to track continuing unacceptable patterns of care over time.

Preferred Insurance Services, Inc. provides customer services, the primary purpose of which is to insure Enrollee access to information, services, and assistance on issues affecting their coverage. The designated complaint and grievance coordinator is dedicated to the expedient, satisfactory resolution of Enrollee inquiries, complaints and grievances.

# INQUIRY

An inquiry is any Enrollee request for administrative service or information, or an expression of an opinion regarding services or benefits available under the Plan.

The Benefit Administrator and staff (Customer Service Representatives) are trained to respond in a prompt and courteous fashion, and to resolve any surrounding issues in an expedient manner. The Benefit Administrator and Customer Service Representatives have at their disposal all internal resources of Preferred Senior Insurance Services, Inc. to insure prompt resolution of any problems. If specific corrective action is requested by the Client or determined to be necessary by Preferred Senior Insurance Services, Inc., then the inquiry is upgraded to a complaint.

# COMPLAINT

A complaint is any issue an Enrollee presents to Preferred Insurance Services, Inc. either written or orally, which is subject to informal resolution by the appropriate Preferred Insurance Services, Inc. personnel within a 30 day period.

Preferred Insurance Services, Inc. uses the following approach to resolve all Enrollee complaints within a 30 day period:

1. All complaints either oral or written will be forwarded to the Preferred Insurance Services, Inc. Complaint and Grievance Coordinator. The Complaint and Grievance Coordinator will gather all necessary information from the complainant including but not limited to:

Name, address and phone number of Enrollee

Enrollee’s Policy Number

Dental Provider’s Name

Nature of Complaint

Date of Service

1. The Complaint and Grievance Coordinator will assign the appropriate trend code and will make every effort to resolve the complaint on an immediate basis. The Complaint and Grievance Coordinator will handle complaints or else identify the appropriate Preferred Insurance Services, Inc. Personnel and forward the complaint to them requesting resolution within three days. The Complaint and Grievance Coordinator will do appropriate follow-up as needed to ensure expedient handling and to keep the complainant informed as to the stage of investigation and/or resolution. Any complaint not resolved within 30 days will automatically be upgraded to a grievance.
2. If the Enrollee chooses to appeal the decision, the Complaint and Grievance Coordinator will assist them by providing the information on how to initiate the appeals process which involves the filing of a grievance.
3. The Complaint and Grievance Coordinator will compile a monthly report of all complaints and any relevant information, and present this to the Quality Assessment and Utilization Review Department. The reports will be utilized for trending purposes as well as for meeting regulatory reporting requirements.
4. Any complaints involving a dental provider quality of care issue, a copy of the complaint and all attachments will be placed in the dental provider’s file.
5. The number to call to file a complaint or grievance is:

1-(847) 869-6100

The address to file a complaint or grievance is

Preferred Insurance Services, Inc.

1029 Howard Street Suite 201

Evanston, IL 60202

Attn: Complaint and Grievance Coordinator

# GRIEVANCE

A grievance is a complaint which cannot be resolved to the Enrollee’s satisfaction, or when the Enrollee requests formal grievance consideration.

All grievances received by SIS will be documented in writing on the GRIEVANCE FORM (EGF). Every effort will be made to resolve an Enrollee’s complaint before it becomes a grievance. However, there will be no attempt to delay, discourage or refuse an Enrollee’s request to utilize Preferred Senior Insurance Services, Inc. formal grievance procedure. The following will apply when that option is requested:

All grievances will be investigated and coordinated by the Preferred Insurance Services, Inc. Complaint and Grievance Coordinator. The responsibilities of this Enrollee advocate role will include:

Functioning as the Enrollee advocate throughout the process to record the complaint after a discussion with the Enrollee; to inform the Enrollee of their rights at each stage of the process; to be the contact person for the Enrollee and any involved Preferred Insurance Services, Inc. personnel; to explain the process, and communicate the progress of the investigation; to assist and/or represent the Enrollees in the preparation and presentation of materials to all levels of grievance committees.

To maintain the official file containing documentation of the grievance and all relevant materials.

To coordinate all aspects of the investigation. To the extent necessary, the coordinator will request and collate all necessary internal and external documents. These documents will be held as part of the permanent file.

To ensure the highest level of confidentiality be observed throughout the investigation and resolution process by all involved.

To prepare summaries and reports of grievances, including minutes of all grievance committee meetings for all internal as well as external reporting purposes.

The first level grievance review will be conducted in the following manner:

The grievance will be referred to the Preferred Insurance Services, Inc. Dental Director for review and to determine the next appropriate step which could include contacting the patient and dentist or examining the patient. If this procedure does not resolve the issue to the satisfaction of the Enrollee, the case can be referred to the Grievance Committee.

The Grievance Committee will meet as necessary and will address issues filed by or on behalf of all Enrollees in the Preferred Insurance Services, Inc. Dental Plan. The complainant or a designated representative shall be permitted to attend the committee meeting. The Grievance Committee will be made up of a minimum of five individuals.

The composition of the committee will include the Preferred Insurance Services, Inc. Dental Director, the Preferred Insurance Services, Inc. Benefit Administrator, the Preferred Insurance Services, Inc. Grievance and Complaint Coordinator, a dentist not involved in the dispute selected by Preferred Insurance Services, Inc., and at least one representative from a facility with the Preferred Insurance Services, Inc. Dental Plan. If the care given by the Preferred Insurance Services, Inc. Dental Director is in issue, then the Preferred Insurance Services, Inc. Dental Director will not be a participant in the resolution of the matter.

The Grievance Committee shall elect a Chairman, and may adopt such rules and procedures as it sees fit. It will be understood that it need not conduct formal hearings on matters brought before the Committee, and that its primary objective will be to bring about a fair and expeditious resolution of grievances. The Committee’s decisions shall be in writing and will be mailed to all interested parties.

The Grievance Committee will maintain a file with copies of all grievance cases. Resolution of grievance cases presented to the Grievance Committee will be within ninety days upon receipt of the original grievance or complaint.

If the Enrollee is still not satisfied with the decision of the Committee, they may file a complaint with the Illinois Department of Insurance according to the Department’s established complaint procedure.

State of Illinois

Department of Insurance

320 West Washington Street

Springfield, Illinois 62767-0001

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