

Enrollee Newsletter

Spring/Summer 2023



California AB 1184 and Right to Confidential Communications About Sensitive Services

The Confidentiality of Medical Information Act was recently amended to provide you with greater confidentiality when you receive sensitive health care services. This letter is to inform you about your right to request confidential communications regarding sensitive health care.

If you live in California, you have the right to request all communications regarding your receipt of sensitive services be sent directly to you (either to your contact information on file or to a designated alternative address, email, or phone number).

Examples of confidential communications include:

- Bills and attempts to collect payment;
- Notices of adverse benefits determinations;
- Explanation of benefits notices;
- A plan's request for additional information regarding a claim;
- Notices of a contested claim;
- The name and address of a provider, description of services provided, and other information related to a visit; and
- Any written, oral, or electronic communication from a plan that contains protected health information.

Requests for confidential communications can be submitted to:

By regular mail: Western Dental Member Services
530 S Main Street
Orange, CA 92868

By electronic mail: privacyofficer@westerndental.com
By phone: 1-800-992-3366

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We will process requests received by email or phone within seven (7) calendar days, and requests received by first-class mail within fourteen (14) calendar days.

You do not need to obtain the permission of the primary subscriber or other enrollee in order to receive sensitive services or submit a claim for sensitive services.

We will not disclose information related to sensitive health care services you receive to the primary subscriber or any plan enrollees without your express authorization.

Your enrollment or coverage will not be affected by exercising this right.

Requests will be valid until you revoke the request or submit a new one. Requests for confidential communications will apply to all communications that disclose medical information or provider name and address related to your receipt of medical services.

Western Dental is committed to the privacy and wellbeing of our subscribers and enrollees. If you have questions or would like additional information regarding this matter, please contact the undersigned at eroyal@westerndental.com or call 1-714-571-3681.

Know someone without Dental Benefits, visit our site:

www.westerndental.com/en-us/insurance-financing/need-insurance

DON'T WORRY, WE HAVE YOU COVERED!

Nondiscrimination Notice

The health plan does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

You can mail it to: U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F,
HHH Building Washington, DC 20201

Toll-free: **1-800-368-1019**

TDD: **1-800-537-7697**

You can also send it electronically to a website through the Office for Civil Rights Complaint Portal at:

<http://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Language Assistance

Available

Many Western Dental enrollees speak a language other than English or may prefer to speak another language when discussing their dental health or dental plan benefit matters. Currently Western Dental offers free language assistance to our members. To arrange for this free service, you or your dentist may call the Member Services department directly at **1-800-992-3366** to arrange for an interpreter to join the call. Please allow some time for connection to this service.

Face-to-face interpreters in languages other than English (including Sign Language) may be available in some circumstances. Vital Documents such as plan brochures provider directories important forms and letters about Western Dental services language rights and certain outreach materials are currently produced in Spanish. For more information about Language Assistance contact **1-800-992-3366**.



Inquiries and Complaints

Enrollees (members) are encouraged to contact Western Dental at 1-800-992-3366 regarding any concerns that they may have while obtaining services. Western Dental maintains a grievance process to address these concerns. Enrollee complaints or grievances can be made over the phone in person, at any Western Dental Provider Office, by obtaining a Western Dental Member Incident Form and submitting it to Western Dental, or by submitting the complaint using the Western Dental website at www.westerndental.com. Western Dental will send notification that the complaint has been received within five calendar days of receiving the complaint, and Western Dental will send a written response to the concerns within 30 days of receipt of the complaint.

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1-800-992-3366** and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for an IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number **(1-888-466-2219)** and a TDD line **(1-877-688-9891)** for the hearing and speech impaired. The department's internet website www.dmhca.gov has complaint forms, IMR application forms, and instructions online.

**Need help locating a contracted
Primary Care Provider ("PCD")?
Search our provider directory
online at
www.westerndentalbenefits.com**

Public Policy

The Plan welcomes member participation on its Public Policy Committee which meets quarterly. In order to be considered for membership please write or call the Plan's Member Services department at **1-800-992-3366**.

Disclosure of Review Processes

Upon request, WDS' Member Service Department will send you a copy of the guidelines and criteria that are used to determine if a service is covered or not when a dentist or WDS provider sends requests to WDS for benefits and/or claims for payment to an enrollee, a dentist, or a member of the general public. You may ask for this information by writing to Western Dental Services, Inc., P.O. Box 14227, Orange, CA 92863, or by calling WDS Member Services at 1-800-992-3366.