

Office of Human Resources | CITY OF GRESHAM

For claims related questions or assistance with claims issues, each carrier has built into their customer service platform a claims support team. While the City's benefits department has the capacity to provide guidance on the steps to resolving claim concerns, they are not trained in claims adjudication or disputing services that have been denied.

The first and best resource is always contacting claims support for the carrier with whom the claim originated. The phone number is located on the back of your medical or dental identification card (except for Willamette Dental who do not have identification cards). Those numbers have been listed below for your convenience.

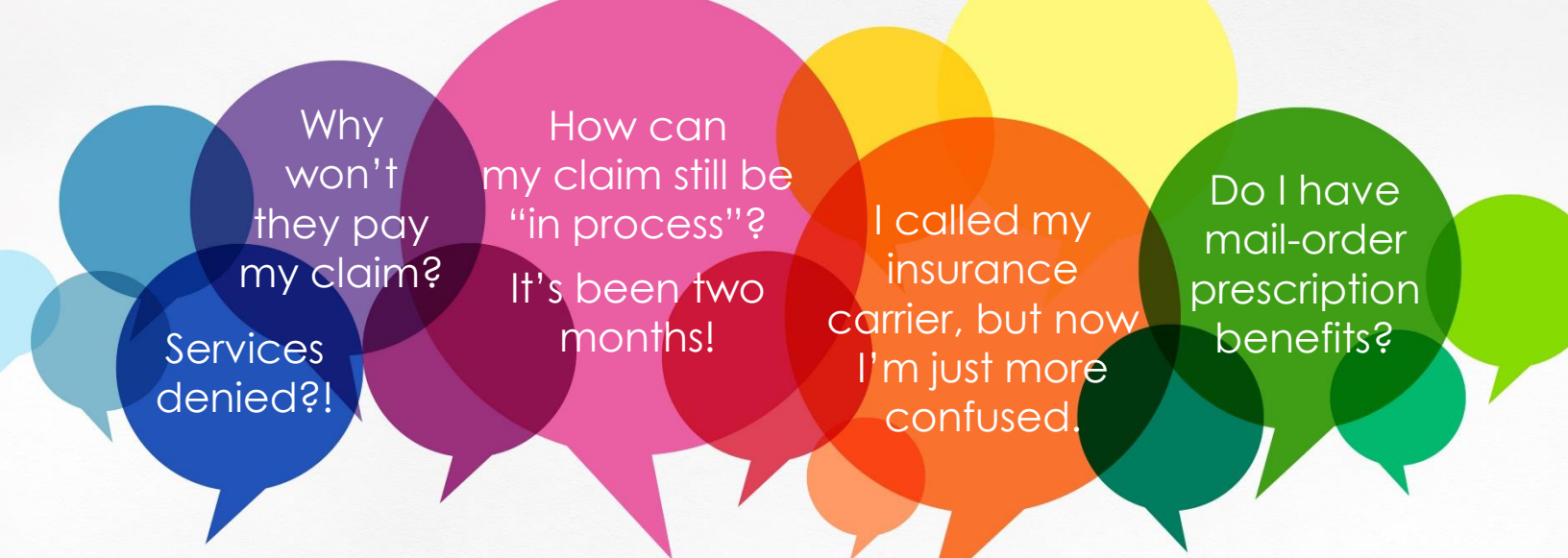
- UMR/United Healthcare 1-800-207-3172
- Kaiser Permanente 1-800-813-2000, Extension 5
- MODA/Delta Dental 1-888-217-2365
- Willamette Dental 1-855-433-6825, Option 2

If a claim has been denied in whole or in part, there are ways to dispute that decision. The Summary Plan Description (SPD) and the Explanation of Benefits (EOB) provide details on how to submit an appeal. The SPD for all City sponsored plans are located on the benefits page at [Employee Benefits | City of Gresham](#). All appeals need to be submitted within 180 days from the "date of notice" which is located on the EOB. Appeal forms are located on the carrier's website. Timing on appeal decisions vary between carriers so please refer to either the SPD (located on the City's external benefits page [Employee Benefits | City of Gresham](#)) or the individual EOB for more specifics.

IF the appeal is denied or a timely decision is not made, a member can request an independent, third-party review to issue a final decision. A written request must be received by the carrier to begin this final step. Please note that an independent, third-party review can only be initiated after all internal appeals have been exhausted. All appeal decisions are provided to members in writing however, claims support (listed above) can always provide the status of any appeal or level of appeals completed.

In addition to these carrier level services, the City of Gresham has enlisted the help of our benefits broker, USI, to assist employees with claims related issues. This is a free, local service that has familiarity with our plans and our carriers, so they are uniquely geared to helping City employees with claims and claims-related issues. This team is called the Benefits Resource Center or BRC. Attached below is an overview of that service and what is provided.

We encourage you to utilize these resources as they are there to support you. Again, if you have any questions about how to access these services, please contact HRBenefits@greshamoregon.gov



Why won't they pay my claim?

Services denied?!

How can my claim still be "in process"? It's been two months!

I called my insurance carrier, but now I'm just more confused.

Do I have mail-order prescription benefits?

Call the Benefit Resource Center ("BRC"), We're Here To Help!

We speak insurance. Our Benefits Specialists can help you with:

- Deciding which plan is the best for you
- Benefit plan & policy questions
- Eligibility & claim problems with carriers
- Information about claim appeals & process
- Allowable family status election changes
- Transition of care when changing carriers
- Claim escalation, appeal & resolution
- Medicare basics with your employer plan
- Coordination of benefits
- Finding in-network providers
- Access to care issues
- Obtaining case management services
- Group disability claims
- Filing claims for out-of-network services



Benefit Resource Center

BRCWest@usi.com | Toll Free: 866-468-7272

Monday through Friday 8:00am to 5:00pm Mountain, Pacific and Alaska Standard Time