



El Paso Health Is Here to Help You

You have the right to request a grievance if you are unhappy with the care or service that you have received. You also have the right to ask for an appeal of decisions to deny, defer or limit services or benefits.

To File a Grievance or an Appeal

To file a grievance or appeal, you may call El Paso Health Member Services at **1-833-742-2121 for MAPD or 1-833-742-3127 for DSNP** (TTY users call 711). Please note that your El Paso Health Evidence of Coverage (EOC) or Member Handbook also has more information about your grievance and appeal rights.

You may also request an appeal or grievance in writing by visiting our website and completing the form: www.ephmedicare.com. If you need help filling out your grievance or appeal forms, El Paso Health staff are here to help you. If you speak another language, you may ask for an interpreter at no cost to help you file your grievance or appeal.

Both processes have been approved by Medicare. Each process has a set of rules and procedures, and deadlines that must be followed by us and by you.

You can ask someone to act on your behalf. You can name another person to act for you as your representative to ask for a grievance or an appeal. If you want a friend, relative, or other person to be your representative, call Member Services at **1-833-742-2121 for MAPD or 1-833-742-3127 for DSNP** (TTY users call 711) and ask for the *Appointment of Representative form* (OMB-approved Form CMS-1696), to be mailed to you or download the form from our website at: www.ephmedicare.com

If you disagree with the appeal decision, you have additional rights. For services covered by Medicare, El Paso Health will forward any denials to the Independent Reviewer Entity (IRE) for reconsideration. For services you believe to be covered in whole or in part as a Medicaid service or benefit, you have the right to submit a request for a state hearing.

Quality of Care Grievances

A quality of care (QOC) grievance is a type of grievance about dissatisfaction with the actual *medical care* received. Some examples include, wrong prescription drugs, misdiagnosis, or unnecessary surgery. If you have experienced a quality-of-care issue, please contact El Paso Health Member Services at **1-833-742-2121 for MAPD or 1-833-742-3127 for DSNP** (TTY users call 711).

You may also have the right to file a written complaint with the Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO) at the following:



Acentra, Texas's Quality Improvement Organization – Contact Information:

Call: 1-888-315-0636 (TTY users call 1-855-843-4776)

Available Monday to Friday, 9:00 a.m. to 5:00 p.m.

1650 Summit Lake Dr., Suite 102

Tallahassee, FL 32317

<https://acentraqio.com/aboutus/contact/>

The BFCC-QIO is comprised of practicing doctors and other health care experts under contract with CMS to review member complaints about the quality of care provided by physicians, inpatient hospitals, hospital outpatient departments, hospital emergency rooms, skilled nursing facilities (SNFs), home health agencies (HHAs), Medicare managed care plans, Medicare Part D prescription drug plans, and ambulatory surgical centers.

How to File a Part D Coverage Determination, Redetermination or Grievances

If you have an issue with a Part D Prescription Drug you can request a coverage determination. A coverage decision is a decision we make about your drug coverage or about the amount we will pay for your drugs. If you receive a Notice of Denial of Medicare Part D Prescription Drug Coverage, you can request a redetermination (appeal) drug request. Please contact El Paso Health Member Services at **1-833-742-2121 for MAPD** or **1-833-742-3127 for DSNP** (TTY users call 711) and we will help you.

You may also request a Part D redetermination (appeal) or grievance in writing by visiting our website and completing the form: www.ephmedicare.com. If you need help filling out your grievance or appeal forms, El Paso Health staff are here to help you. If you speak another language, you may ask for an interpreter at no cost to help you file your grievance or appeal.

To File a State Hearing (For Medicare Advantage Dual (D-SNP) Enrollees Only)

If you are part of El Paso Health Medicare Advantage Dual (HMO D-SNP) and disagree with the El Paso Health's internal appeal decision, you have the right to ask for a State Fair Hearing. You may name someone to represent you by writing a letter to El Paso Health telling them the name of the person you want to represent you. A provider may be your representative. If you want to challenge a decision made by El Paso Health, you or your representative must ask for the State Fair Hearing within 120 days of the date on the El Paso Health's letter with the internal appeal decision. If you do not ask for the State Fair Hearing within 120 days, you may lose your right to a State Fair Hearing.

To ask for a State Fair Hearing, you or your representative should either send a letter or call to:

El Paso Health

1145 Westmoreland Dr.

El Paso, Tx 79925

1-833-742-2121 for MAPD or 1-833-742-3127 for DSNP (TTY users call 711)