

## **Important information on Appeals and Grievance Rights as a Member**

**There is some important information you need to know.**

Elderplan strives to provide quality care and excellent service to its members. There may be times when you feel a provider or employee may not have provided you with the quality service you deserve. If you are dissatisfied with the service you receive from Elderplan, you should contact us by phone or mail to let us know and we will do everything we can to resolve your issue as quickly as possible. For your convenience we have listed some important contact information, commonly used procedures and terms.

Thank you for your interest in Elderplan, your Medicare Advantage Organization with a Medicare contract. We look forward to serving you as our valued member.

### **How to contact Elderplan once you become a member**

**Call: 1-800-353-3765**

7 days a week 8 am- 8 pm

**TTY 1-800-622-1220**

(for hearing or speech impaired)

**Mail: Elderplan**

Member Services Department

6323 7<sup>th</sup> Avenue

Brooklyn, NY 11220

**Web: [www.elderplan.org](http://www.elderplan.org)**

You may also contact Medicare at 1-800-MEDICARE (1-800-633-4227) TTY/TTD user can call 1-877-486-2048, 24 hours a day, 7 days a week for more information about Medicare benefits and the service including general information regarding your health or part D benefits.

### **Grievances and Appeals-Medical Coverage Part C benefits**

#### **Grievance**

Is an expression of dissatisfaction about any aspect of the health plan. It does not pertain to payment or approval of Plan benefits – which are known as organization determinations. For example, you may complain about how long it takes to make an appointment or the cleanliness of a doctor's office.

To file a grievance you can...

Call Elderplan at 1(800) 353-3765 7 days a week 8 am-8pm 'or by writing to:

Elderplan: Appeals & Grievances Department 6323 7<sup>th</sup> Avenue, Brooklyn, NY 11220.

#### **Appeal**

Is a request to review the organization determination we made. For example, you can file an appeal if we did not pay for an emergency, or urgently needed care. Or if we reduce or discontinue a service or care you think you need. Appeals can be standard or you may request a fast appeal.

To file a fast appeal you can call Elderplan at 1(800) 353-3765 7 days a week 8 am-8pm or if you wish to file a standard appeal, you must submit a written request within sixty (60 days) from the date of the notice of the organization determination to:

Elderplan: Appeals & Grievances Department  
6323 7<sup>th</sup> Avenue  
Brooklyn, NY 11220

## **Grievances and Appeals Prescription Coverage (Part D benefits)**

### **Grievance**

Is a complaint about any problem you had with Elderplan or its network Pharmacies that does not relate to coverage for a prescription drug. Grievances do not relate to payment for, or approval of prescription drugs, which are known as coverage determinations. Grievances can include a complaint about rudeness of a pharmacist or if your prescription was dispensed incorrectly. To file a Grievance please call or write us.

Call Elderplan at 1(800) 353-3765 7 days a week 8 am-8pm or by writing to:

Elderplan: Appeals & Grievances Department  
6323 7<sup>th</sup> Avenue  
Brooklyn, NY 11220

### **Coverage Determination**

When our pharmacy vendor receives a request for payment or to provide a part D drug to a member, it must decide whether or not requested prescription drugs is necessary and appropriate and what your share of the cost is for the drug. These actions by Envision are known as “Coverage Determination”

### **Exception**

Coverage Determinations include exception requests. You have the right to ask us for an “Exception” if you believe you need a drug that is not on our list of covered drugs (formulary) or believe you should get a drug at a lower co-Payment. If you request an exception, your doctor must provide a statement to support your request.

To request a coverage determination you may call

**Envision at:**

**1-800-361-4542.**

### **Appeal**

Is a request to review a coverage determination that Elderplan has made. You can file an appeal if we decided not to grant you an exception or not pay for a drug. There are standard and fast appeals. If you wish for to file a Standard Appeal, you must submit written request within sixty (60) days from the date the notice of the coverage determination to:

Elderplan: Appeals & Grievances Department  
6323 7<sup>th</sup> Avenue  
Brooklyn, NY 11220

We will make a decision on a Standard appeal within 7 days. To request a fast appeal, you may call Elderplan at 1(800) 353-3765 7 days a week 8 am-8pm. Elderplan will make a decision on a fast appeal within 72 hours timeframe can be extended by up to 14 days .

### **Important:**

Elderplan Medicare Plan has a Medicare Advantage contract with the Centers for Medicare and Medicaid Services (CMS). Both Elderplan and CMS have a right not to renew this contract annually. Termination or non –renewal may result in termination of your enrollment in the plan. In addition Elderplan may reduce its service area and no longer offer services in the area where you reside.