



## **Member Medicare Prescription Drug Grievances and Appeals (Redeterminations)**

Upper Peninsula Health Plan MI Health Link (Medicare-Medicaid Plan) is required to process appeals and grievances using the requirements and timeframes established by the Centers for Medicare and Medicaid Services (CMS), the agency that oversees the Medicare program. The following is a description of these processes.

For detailed information about Upper Peninsula Health Plan MI Health Link (Medicare-Medicaid Plan) prescription drug appeal and grievance processes and our contact information, please refer to our website: [www.uphp.com/medicare](http://www.uphp.com/medicare).

Copies of the forms mentioned in this document and copies of our Member Handbook documents can be found on our website at: [www.uphp.com/medicare](http://www.uphp.com/medicare). If you do not have access to the internet, you may also contact Customer Services with any questions you may have or for copies of the forms and other information available on our website. Please call 1-877-349-9324 (TTY 711), 7 days a week from 8 a.m. to 9 p.m. Eastern time. The call is free.

### **Appointment of Representation**

You or someone you name may communicate with us on your behalf to request a coverage determination or file a grievance or appeal. The person you name would be your "appointed representative." You may name a relative, friend, advocate, doctor, or anyone else to act for you. Other persons may already be authorized under State law to act for you. If you want someone to act for you who is not already authorized under State law, then you and that person must sign and date a statement that gives the person legal permission to be your appointed representative. If you would like to appoint a representative to assist you with the appeals or grievance process, please print, complete and sign the CMS Appointment of Representative form (CMS-1696) available on our website and include it with your written request. You can also contact Customer Services for a copy of this form.

## The Prescription Drug Plan Grievance Process

A "grievance" is any complaint other than one that involves a coverage determination. You would file a grievance if you have any type of problem with us or one of our network pharmacies that does not relate to coverage for a prescription drug. Grievance issues can include complaints about quality of care, waiting times, or customer service. Grievances do not include complaints related to payment disputes. If you have a grievance, we encourage you to first call Upper Peninsula Health Plan MI Health Link (Medicare-Medicaid Plan) Customer Service at 1-877-349-9324 (TTY 711), 7 days a week from 8 a.m. to 9 p.m. Eastern time. The call is free.

A grievance can be filed orally or in writing. A grievance filed in writing must be filed within 60 days of the event or incident. We have dedicated Customer Service Representatives available to assist members in resolving their oral grievances. You may contact them at the number provided below. If you prefer you may file your grievance in writing with the Upper Peninsula Health Plan MI Health Link (Medicare-Medicaid Plan) by using the address and fax information provided below.

Grievances will be resolved as expeditiously as the case requires based on the member's health status, but no later than 30 days from the date of receipt. Upper Peninsula Health Plan MI Health Link (Medicare-Medicaid Plan) or the member can take up to a 14-day extension. If we initiate an extension, we must notify you in writing and the letter must provide the reason for the delay. A quality-of-care complaint can be filed with us or the Quality Improvement Organization (QIO). There is a Quality Improvement Organization (QIO) in each state.

A QIO has a group of doctors and other health care professionals who are paid by the federal government. This organization is paid by Medicare to check on and help improve the quality of care for people with Medicare. A QIO is an independent organization. It is not connected with our plan.

You may contact the QIO in your state if you have a complaint about the quality of care you have received from your prescriber other provider.

Please refer to your Member Handbook for the name and contact information of the QIO in your state. You can find the Member Handbook online at [www.uphp.com/medicare](http://www.uphp.com/medicare).

You also have the right to ask for an "expedited" or "fast" grievance. An expedited or "fast" grievance is a type of complaint that must be resolved within 24 hours from the time you contact us. You have the right to request an "expedited" or "fast" grievance if you disagree with our denial of your request to expedite a coverage determination or redetermination for a prescription drug.

Upper Peninsula Health Plan MI Health Link (Medicare-Medicaid plan) will track

all oral and written grievances received, including the date received, type of grievance and final disposition of the grievance, and the date the complainant was notified of the final outcome or resolution.

If you would like to file an oral grievance, please call CustomerService at 1-877-349-9324 (TTY 711), 7 days a week from 8 a.m. to 9 p.m. Eastern time. The call is free.

If you would like to file a written grievance, you can mail us your written complaint. Written complaints should be mailed to the address indicated below or you may fax them to the following fax number:

**Mail To:**

Upper Peninsula Health Plan  
Attn: Medicare Part D Grievances  
853 West Washington Street  
Marquette, MI 49855

**Fax To:**

1-906-225-4516

Upper Peninsula Health Plan MI Health Link (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.