



Member Appeal Form

Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP)
Appeals and Grievances – Medicare Operations
7700 Forsyth Blvd | St. Louis, MO | 63105
Fax: 1-844-273-2671

As a member of Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP) you have the right to file an appeal for any denials related to medical services (Part C) or prescription drug (Part B) coverage. You may file appeal requests in writing or by calling Member Services at 1-866-896-1844 / TTY: 711, Monday through Friday, 8:00 a.m. to 8:00 p.m. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. Superior STAR+PLUS MMP will give you a decision within the following timeframes from receiving your request:

- Standard Medical Pre-Service Appeals: **15 calendar days**
- Standard Part B Prescription Drug Related Appeals: **7 calendar days**
- Expedited Medical Pre-Service Appeals: **72 hours**
- Expedited Part B Prescription Drug Related Appeals: **72 hours**

Appeals related to payment issues For Part C and Part B drugs will be given a standard appeal decision within 60 calendar days of request receipt. If we need more information and the delay is in your best interest or if you ask for more time, we have up to 14 more calendar days for Part C Pre Service. We will tell you or your representative in writing if we decide to take extra days to make the decision.

** **Expedited appeals** mean you feel that using the standard deadlines could cause serious harm to your life or health or jeopardize your ability to regain maximum function. You must also be asking for coverage for medical care or a drug you have not yet received.*

Member’s Name: Last _____ First _____

Medicare ID Number: _____

Member Date of Birth: _____

Relationship to Member* (please choose one): Self Parent Legal Guardian Spouse
 Other: _____

**If other than “Self” is selected, proof of guardianship, power of attorney or an Appointment of Representative (AOR) form will be required. The AOR form can be found on our website.*

Name of Person Submitting the Appeal: _____

Phone Number(s): Home: _____ Cell: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Physician: _____

Appeal Type (please choose one):

- Standard Pre-Service (Medical) Appeal – (15 calendar days review)
- Expedited Pre-Service (Medical Appeal – (72 hours review)
- Standard Part B (Prescription Drug) Appeal – (7 calendar days review)
- Expedited Part B (Prescription Drug) Appeal – (72 hours review)
- Standard Payment Issues Appeal (Part C and Part B drugs) – (60 calendar days review)

What was denied? (Please include a copy of the denial letter.)

Why do you think you should have <this/these> medical service(s)/prescription or payment?

What is the best way to reach you regarding this appeal? (please choose one): Phone Email
 Other: _____

Signature of Person Appealing: _____ Date: _____

If you have any questions please call our Member Services number at 1-866-896-1844 / TTY: 711, Monday through Friday, 8:00 a.m. to 8:00 p.m. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day.

Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP) is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees.

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-866-896-1844 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-896-1844 (TTY: 711) de 8 a. m. a 8 p. m., lunes a viernes. Después de horas hábiles, los fines de semana y los días festivos, es posible que se le pida que deje un mensaje. Le devolveremos la llamada el próximo día hábil. La llamada es gratuita.

For Administrative Use Only

Appeal Number: _____ *Date Received:* _____

Statement of Non-Discrimination

Superior HealthPlan (Superior) STAR+PLUS Medicare-Medicaid Plan (MMP) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Superior STAR+PLUS MMP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Superior STAR+PLUS MMP:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Superior STAR+PLUS MMP's Member Services at 1-866-896-1844 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.

If you believe that Superior STAR+PLUS MMP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; Superior STAR+PLUS MMP's Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F
HHH Building, Washington, DC 20201
1-800-368-1019, (TDD: 1-800-537-7697)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Declaración de no discriminación

Superior HealthPlan (Superior) STAR+PLUS Medicare-Medicaid Plan (MMP) cumple con las leyes federales de derechos civiles aplicables y no discrimina por cuestiones de raza, color, nacionalidad, edad, discapacidad o sexo. Superior STAR+PLUS MMP no excluye a ninguna persona ni la trata de manera diferente por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Superior STAR+PLUS MMP:

- Proporciona servicios y dispositivos gratuitos a personas con discapacidades para que se comuniquen eficazmente con nosotros, como intérpretes calificados de lengua de señas e información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles y otros formatos).
- Brinda servicios lingüísticos gratis a aquellas personas cuya lengua materna no es el inglés, como intérpretes calificados e información escrita en otros idiomas.

Si necesita estos servicios, póngase en contacto con Servicios para afiliados de Superior STAR+PLUS MMP al 1-866-896-1844 (los usuarios de TTY deben llamar al 711) de 8 a. m. a 8 p. m., lunes a viernes. Después de horas hábiles, los fines de semana y los días festivos, es posible que se le pida que deje un mensaje. Le devolveremos su llamada el próximo día hábil. La llamada es gratuita.

Si usted considera que Superior STAR+PLUS MMP no le ha brindado estos servicios o lo ha discriminado de alguna otra manera debido a su raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar un reclamo llamando al número que aparece arriba e informando que necesita ayuda para presentar el reclamo; el Departamento de Servicios para afiliados de Superior STAR+PLUS MMP está disponible para ayudarlo.

También puede presentar una queja sobre derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Sociales de los EE. UU. de manera electrónica a través del Office for Civil Rights Complaint Portal (Portal de quejas de la Oficina de Derechos Civiles) disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o bien, por correo electrónico o a los teléfonos que figuran a continuación:

U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F
HHH Building, Washington, DC 20201
1-800-368-1019, (TDD: 1-800-537-7697)

Los formularios de quejas se encuentran disponibles en <http://www.hhs.gov/ocr/office/file/index.html>.

ENGLISH: Language assistance services, auxiliary aids and services, and other alternative formats are available to you free of charge. To obtain this, call 1-866-896-1844 (TTY: 711).

SPANISH: Tiene a su disposición sin costo alguno servicios de ayuda con el idioma, servicios y dispositivos auxiliares, y otros formatos alternativos. Para obtenerlos, llame al 1-866-896-1844 (TTY: 711).

SPANISH: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-896-1844 (TTY: 711).

VIETNAMESE: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-896-1844 (TTY: 711).

CHINESE: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-896-1844 (TTY: 711)。

KOREAN: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-896-1844 (TTY: 711) 번으로 전화해 주십시오.

ARABIC: ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-896-1844 (رقم هاتف الصم والبكم: 711).

URDU: خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-866-896-1844 (TTY: 711).

TAGALOG: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-896-1844 (TTY: 711).

FRENCH: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-896-1844 (ATS : 711).

HINDI: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-896-1844 (TTY : 711) पर कॉल करें।

**PERSIAN/
FARSI:** توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-866-896-1844 (TTY : 711) تماس بگیرید.

GERMAN: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-896-1844 (TTY: 711).



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- GUJARATI:** સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-866-896-1844 (TTY: 711).
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- RUSSIAN:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-896-1844 (телетайп: 711).
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- JAPANESE:** 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-866-896-1844 (TTY: 711) まで、お電話にてご連絡ください。
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- LAOTIAN:** ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-866-896-1844 (TTY: 711).