
Texas Health Care Network – COMPLAINT PROCESS

If you are dissatisfied with the Prime Health Services TX Health Care Network (referred to as the “Network” in this notice), you have the right to file a complaint regarding the Network or its providers.

Texas law does not permit the Network to retaliate against you, your employer, your doctor, or any other person who files a complaint or appeals a decision of the Network on your behalf.

A complaint may be made by calling, faxing, writing, or emailing the EK Health Services Texas HCN Grievance Coordinator. A complaint must be filed with the Network’s Grievance Coordinator no later than 90 days from the date the issue occurred. Complaints should be forwarded to:

EK Health Services, Inc for Prime Health Services Texas HCN
Attention: Grievance Coordinator
1072 S. De Anza Blvd., Ste. A107-534, San Jose, CA 95129
Phone: (888) 512-5454 Fax: (408) 355-9561
grievance.coordinator@ekhealth.com

To quicken the processing of your complaint, please include the following information:

- Name; current physical address; phone number; and
- A copy of the carrier’s/employer’s/or Network’s determination and any information you provided to assist them in making their determination.

Within 7 days after receipt of your complaint, the Network will send you an Acknowledgement Letter that describes the Network’s complaint procedures and deadlines.

Then, within 30 days of its initial receipt of the complaint, the Network will send you a Resolution Letter that explains the basis for its resolution, including: specific medical or clinical reasons; description/source of the screening criteria used as guidelines; and professional specialty of any provider consulted. It will also describe the reconsideration process and notify you of the availability of obtaining independent review.

The Resolution Letter will also inform you of your right to file a complaint with the TX Department of Insurance if you disagree with the Network’s determination. The Department’s complaint form is available online at **www.tdi.state.tx.us** or you may file a complaint by calling the Department (toll-free) at **1-800-252-3439** or in writing by mailing it to:

HMO Division, Mail Code 103-6A
Texas Department of Insurance
P.O. Box 149104
Austin, TX 78714-9104