



Medicare Minute Script — April 2022 Grievances, Complaints, and Beneficiary Resources

Things don't always go according to plan. When unforeseen challenges or mistakes occur, it is helpful to know where to voice your concerns and who can help.

Point 1: Know how to file a grievance with a Medicare Advantage or Part D plan.

A grievance is a formal complaint that you file with your Medicare Advantage or Part D prescription drug plan. A grievance is not the same as an appeal, which is a request for your plan to cover a service or item that it has denied. Times when you may wish to file a grievance include if your plan has poor customer service, your plan takes too long to decide on an appeal, or your plan fails to deliver a promised refund. To file a grievance, send a letter to your plan's Grievance and Appeals department within 60 days of the event that led to the grievance. Visit your plan's website or call the plan for the address. You can also file a grievance with your plan over the phone, but we recommend keeping a written record of the name of the person you spoke to, the date and time of the call, and the outcome of the call. Your plan must investigate your grievance and get back to you within 30 days, or within 24 hours for urgent requests. You can check the status of your grievance by calling your plan or 1-800-MEDICARE. Your State Health Insurance Assistance Program, or SHIP, can help you understand when and how to submit grievances.

Point 2: Know how to file a complaint about a Medicare Advantage or Part D plan.

You can also file a complaint with Medicare if you have an issue with your plan that has not been resolved through the grievance process, or if you want to alert Medicare about other issues with your plan. Medicare has a formal system to handle beneficiary concerns with Medicare health and drug plans. For example, if a plan is not responding to your grievance or appeals by Medicare's specified deadlines, you should call 1-800-MEDICARE to file a complaint. Your State Health Insurance Assistance Program, or SHIP, can also help you submit complaints to Medicare.

Point 3: Know how to file a complaint about the quality of care you receive.

If you have a concern about the quality of care you receive from a Medicare provider, your concern can be handled by the Beneficiary and Family Centered Care-Quality Improvement Organization, which is called BFCC-QIO, or just QIO for short. The QIOs are made up of practicing doctors and other health care experts. Their role is to monitor and improve the care given to Medicare enrollees. Some examples of situations about which you might file a quality-of-care complaint include medication mistakes, receiving the wrong care or treatment, and experiencing barriers to accessing care. There are two QIOs, Livanta and KEPRO. To find out which QIO serves your state or territory and how to contact them, call 1-800-MEDICARE or visit www.qioprogam.org. You can file a complaint with the QIO over the phone or in writing.

Point 4: Know what to do if you suspect a provider is committing Medicare fraud, errors, or abuse.

Medicare fraud occurs when someone knowingly deceives Medicare to receive payment when they should not, or to receive higher payment than they should. Medicare abuse involves billing Medicare for services that are not covered or are not correctly coded when the provider has unknowingly or unintentionally misrepresented the facts to obtain payment. Medicare errors are honest mistakes related to the billing of a health care service or

product. You can watch out for fraud and abuse by keeping a calendar of all your medical appointments and comparing it with your Medicare statements and the bills you receive from your providers. If something does not seem right—for example, if you see on a claims summary notice from Medicare that your provider billed Medicare for an office visit on a day when you did not see them—you should first contact your provider. Call your doctor or their billing office and let them know about the problem in case it was a mistake. If your doctor does not fix the error or if you suspect potential fraud or abuse, you can call your local Senior Medicare Patrol, or SMP.

Take Action:

1. **Call 1-800-MEDICARE** to learn the status of your plan grievance or file a complaint.
2. **Call your Medicare Advantage or Part D plan** to learn how and where to submit plan grievances.
3. **Contact the Beneficiary and Family Centered Care-Quality Improvement Organization (BFCC-QIO)** to file a complaint about the quality of care you receive.
4. **Contact your SHIP** for help navigating the grievance, complaint, or appeals processes.
5. **Contact your SMP** if you suspect that a provider is committing Medicare fraud or abuse.

Local SHIP Contact Information	Local SMP Contact Information
SHIP toll-free: SHIP email: SHIP website: To find a SHIP in another state: Call 877-839-2675 or visit www.shiphelp.org .	SMP toll-free: SMP email: SMP website: To find an SMP in another state: Call 877-808-2468 or visit www.smpresource.org .

This document was supported, in part, by grant numbers 90SATC0002 and 90MPRC0002 from the Administration for Community Living (ACL), Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy.

SHIP National Technical Assistance Center: 877-839-2675 | www.shiptacenter.org | info@shiptacenter.org

SMP National Resource Center: 877-808-2468 | www.smpresource.org | info@smpresource.org

© 2022 Medicare Rights Center | www.medicareinteractive.org | *The Medicare Rights Center is the author of portions of the content in these materials but is not responsible for any content not authored by the Medicare Rights Center.*