

Grievances, Complaints, and Beneficiary Resources

What is a grievance?

A grievance is a formal complaint that you file with your plan. If you are dissatisfied with your Medicare Advantage or Part D prescription drug plan for any reason, you can choose to file a grievance. A grievance is not 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 or you face administrative problems.

Some examples of issues that might lead you to file a grievance include:

- Your plan fails to return a coverage determination or appeal decision on time
- Your plan fails to expedite a coverage determination or appeal
- You experience poor quality of care from an in-network provider
- You experience poor customer service from a plan representative
- You are asked to pay an incorrect copayment amount
- You are involuntarily disenrolled from your plan
- There is a change in premiums or cost-sharing
- You receive inadequate written communications from your plan
- You experience a potential marketing violation or enrollment fraud



To file a grievance, send a letter to your plan's Grievance and Appeals department.

- Visit your plan's website or contact them by phone for the address.
- You can also file a grievance with your plan over the phone, but it is recommended to send your complaints in writing.
- Be sure to send your grievance to your plan within 60 days of the event that led to the grievance.



Your plan must investigate your grievance and get back to you within 30 days.

- If you made your request in writing, the plan must respond in writing.
- If you made your request over the phone, your plan may respond verbally or in writing, unless you specifically request a written response.
- If your request is urgent, your plan must respond within 24 hours.
- If you have not heard back from your plan within this time, you can check the status of your grievance by calling your plan or 1-800-MEDICARE.

Need help with your grievance? Your State Health Insurance Assistance Program (SHIP) can help you understand when and how to submit grievances. (See the last page.)

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Who should I contact if...

I have a quality of care concern?

- Call your BFCC-QIO if the concern is about a physician, inpatient hospital, hospital outpatient department, hospital emergency room, skilled nursing facility, home health agency, or ambulatory surgery center. Find your BFCC-QIO on www.qioprogram.org/locate-your-qio.
- Call your ESRD Network Organization if the concern is about a dialysis or kidney transplant center. Find your ESRD Network Organization by visiting www.esrdnetworks.org.

I have a complaint about my Medicare Advantage or Part D prescription drug plan?

- Call 1-800-MEDICARE to file a complaint once you have submitted a grievance to the plan.

I have a complaint about my durable medical equipment supplier?

- Call your supplier to submit your complaint.
- You can also call 1-800-MEDICARE.

I suspect potential fraud, abuse, or marketing violation by a Medicare provider or plan

- Contact your provider or plan first to clarify and see if they made an error.
- Contact your Ohio Senior Medicare Patrol (SMP) by calling 800-488-6070 or visiting www.proseniors.org/ohio-smp to report the potential concerns.

I have questions about my Medicare Part A or B enrollment or my Social Security Benefits?

- Call the Social Security Administration (SSA) helpline at 1-800-772-1213.
- Visit or call your local SSA office.

I need help filing my complaint or understanding my Medicare benefits or enrollment?

- Contact your Ohio State Health Insurance Information Program (OSHIIP) by calling 800-686-1578 and saying “Medicare” when prompted, or by visiting www.insurance.ohio.gov.
- Call 1-800-MEDICARE or visit www.medicare.gov.



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What other resources are available to Medicare beneficiaries?

Ohio State Health Insurance Information Program (OSHIIIP): If you have questions about Medicare, call OSHIIP for assistance. They can help with:

- Medicare Advantage and Part D prescription drug plan selection and enrollment
- Eligibility screenings and enrollment in programs for people with limited incomes
- Questions about what items and services are covered by Medicare
- Appealing coverage denials by Original Medicare, Medicare Advantage, or Part D plans
- Questions about coordination of benefits between Medicare and other types of insurance, like supplemental policies, Medicaid, and retiree coverage

Ohio Senior Medicare Patrol (SMP): The SMP empowers and assists Medicare beneficiaries, their families, and their caregivers to prevent, detect, and report health care fraud, errors, and abuse.

Ohio Senior Health Insurance Information Program	Ohio Senior Medicare Patrol
800-686-1578	800-488-6070
OSHIPPmail@insurance.ohio.gov	mgallagher@proseniors.org
www.insurance.ohio.gov	www.proseniors.org/ohio-smp
To find a SHIP in another state: Call 877-839-2675 (and say “Medicare” when prompted) or visit www.shiphelp.org	To find an SMP in another state: Call 877-808-2468 or visit www.smpresource.org

SHIP National Technical Assistance Center: 877-839-2675 | www.shiphelp.org | info@shiphelp.org
 SMP National Resource Center: 877-808-2468 | www.smpresource.org | info@smpresource.org
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