

# Medicare Advantage grievances and appeals overview

The following information provides a brief overview of how to file a grievance, coverage decision and appeal. For more detailed explanation of each process, please refer to your plan's Evidence of Coverage.

## What is a complaint?

A complaint (also called a "grievance") is a formal process used for problems related to the quality of care or service received from the plan or medical providers.

## What kinds of things are considered complaints?

If you have a concern related to:

- Quality of care.
- Your right to privacy.
- Poor customer service.
- Long waiting times for appointments, on the phone, at your doctor's office, etc.
- Information you get from us.
- How long we take to respond to a coverage decision or appeal.

## Who can submit a complaint request?

You (member) or a person you appoint. (See section below "What if I would like someone else to start a grievance, coverage decision, or appeal?")

## What else should I know about complaints?

- CMS Medicare guidelines give you up to sixty (60) days to tell us after the problem occurs.
- You can't be disenrolled from your plan for contacting us with a complaint.
- Your complaint will always be handled fairly and investigated following CMS Medicare rules.

## How do I file a complaint?

Calling Customer Service is the first step in addressing a concern. Please use the Customer Service number on the back of your Arkansas Blue Medicare or Medicare Advantage Health Advantage HMO member ID card. We try to resolve the problem the first time we hear from you. If you'd rather write us, please use the appropriate address or fax for your type of complaint:

### Complaints about medical care or service

Write to:

Arkansas Blue Medicare  
Attn: Grievance & Appeals  
P.O. Box 3648  
Little Rock, AR 72203-3648

Or Fax: 1-501-301-1928



Arkansas  
**BlueCross BlueShield**

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Medicare Advantage Health Advantage  
Attn: Grievance & Appeals  
P.O. Box 3648  
Little Rock, AR 72203-3648

**Complaints about pharmacy  
related concerns**

Write to:  
Arkansas Blue Medicare  
Attn: Grievance & Appeals  
P.O. Box 3648  
Little Rock, AR 72203-3648

Or Fax: 1-501-301-1928

Medicare Advantage Health Advantage  
Attn: Grievance & Appeals  
P.O. Box 3648  
Little Rock, AR 72203-3648

## What is a coverage decision?

A coverage decision is the plan's decision about your benefits and coverage and whether we will pay for the medical services you or your doctor have requested. You, your representative, or your doctor can ask us for a coverage decision.

## How long does a coverage decision take?

- If your coverage decision is related to a medical service you haven't yet received, we will reply within 14 calendar days.
- If your coverage decision is related to a prescription drug you haven't yet received, we will reply within 72 hours.

## What if I can't wait that long?

You can get a fast coverage decision only if using the standard deadlines could cause serious harm to your health or hurt your ability to function. If your doctor tells us that your health requires a "fast coverage decision," we will automatically agree to give you a fast coverage decision. We'll reply within 72 hours if it's related to a medical service, and 24 hours if it's related to a prescription drug.

It's best to have your doctor or pharmacist request a fast coverage decision. You can request a fast coverage decision only if you are asking for care you have not yet received (You cannot ask for a fast coverage decision if your request is about payment for medical care you have already received.)

## How do I ask for a coverage decision?

If your doctor doesn't do it for you, make a free call to Customer Service using the number on the back of your Arkansas Blue Medicare or Medicare Advantage Health Advantage HMO member ID card. You can call us seven days a week, from 8 a.m. – 8 p.m. If you'd rather write us, please use the appropriate address or fax for your type of coverage decision:

**Complaints decisions about  
medical care or service**

Call us at 800-287-4188  
Write to:  
Arkansas Blue Medicare  
Attn: Utilization Management  
P.O. Box 3648  
Little Rock, AR 72203-3648

Or Fax: 501-301-1927

Medicare Advantage Health Advantage  
Attn: Utilization Management  
P.O. Box 3648  
Little Rock, AR 72203-3648

**Coverage decisions about prescription drugs** Write to: Prime Therapeutics LLC Or Fax: 1-800-693-6703  
Attn: Clinical Review Department  
2900 Ames Crossing Road  
Eagan, MN 55121

## What is an appeal?

An appeal is asking us to review, and change, our decision not to cover a service, item, or prescription.

## Who can submit the appeal?

You (member), a person you appoint, or your physician can submit an appeal. (See section below “What if I would like someone else to start a grievance, coverage decision, or appeal?”)

## How long do I have to appeal a decision?

Medicare guidelines give you 60 days to contact us about an appeal after you get our written notification. How long will it take to hear from us about an appeal?

- If your appeal is related to a medical service you’re waiting to receive, we will respond to you within 30 days.
- If your appeal is related to prescription drugs, we will respond to you within 7 days.
- If your appeal is related to payment for a drug you’ve already paid for, we will respond to you within 30 days.
- If your appeal is related to a medical service you’ve already received, or payment for a medical service you’ve already paid for, we will respond to you within 60 days.

## What if I can’t wait that long?

If you’re appealing a decision about medical care or a prescription drug you haven’t received yet, and waiting could cause serious harm to your health or hurt your ability to function, you can ask for a fast appeal. We’ll reply within 72 hours if it’s related to a medical service, and 24 hours if it’s related to a prescription drug.

It’s best to have your doctor or pharmacist request a fast appeal.

## How do I appeal a decision related to a medical service or treatment?

It’s often easiest to call the Customer Service number on the back of your Arkansas Blue Medicare or Medicare Advantage Health Advantage HMO member ID card. If you’d rather write us, please use the appropriate address or fax for your type of appeal:

### Appeals about medical care or service

Write to:  
Arkansas Blue Medicare  
Attn: Grievance & Appeals  
P.O. Box 2181  
Little Rock, AR 72203-2181

Or Fax: 1-501-378-3366

Medicare Advantage Health Advantage  
Attn: Grievance & Appeals  
P.O. Box 2181  
Little Rock, AR 72203-2181

## Appeals about prescription drugs

Write to: Prime Therapeutics LLC  
Attn: Clinical Review Department  
2900 Ames Crossing Road  
Eagan, MN 55121

Or Fax: 1-800-693-6703

## What if I would like someone else to start a grievance, coverage decision, or appeal?

If someone is acting on your behalf (a representative) to ask for a grievance, coverage decision, or appeal, make sure you fill out and send us an Appointment of Representative form. We won't be able to start the process without it.

**Note:** Your doctor doesn't need to complete the Appointment of Representative form if they are asking for a coverage decision or appeal.

## How do I check the status of a complaint, coverage decision, or appeal I filed or filed on my behalf?

For process or status questions related to your grievance, coverage decision, and/or appeal please call the Customer Service number on the back of your ID card.

For appeals, you can contact the Appeals Department at 501-378-2025.

## How does the plan perform in relation to grievances and appeals?

You may also call the Customer Service number on the back of your card for the number of grievances, appeals and exceptions filed with Health Advantage Blue plans.

## What are the Customer Service numbers and hours?

If you do not have immediate access to your ID card, please choose the appropriate Customer Service number(s) below:

### CUSTOMER SERVICE - MEDICAL

Plan Name	Contract ID	Customer Service Number
Arkansas Blue Medicare (PDP)	S5795	1-866-390-3369 (CT)
MA Health Advantage (HMO)	H9699	1-877-349-9335 (CT)
Arkansas Blue Medicare (PFFS)	H4213	1-877-233-7022 (CT)
Arkansas Blue Medicare (PPO)	H3554	1-844-201-4934 (CT)
Arkansas Blue Medicare (HMO)	H6158	1-844-463-1088 (CT)

### CUSTOMER SERVICE - PHARMACY

Plan Name	Contract ID	Customer Service Number
Arkansas Blue Medicare (PDP)	S55795	1-866-230-7264 (CT)
MA Health Advantage (HMO)	H9699	1-888-249-1595 (CT)
Arkansas Blue Medicare (PFFS)	H4213	1-888-249-1556 (CT)
Arkansas Blue Medicare (PPO)	H3554	1-866-590-3028 (CT)
Arkansas Blue Medicare (HMO)	H6158	1-855-457-0228 (CT)

Customer Service Hours are from 8 a.m. to 8 p.m. CT Monday through Friday (April 1 through September 30), 8 a.m. to 8 p.m. CT seven days a week (October 1 through March 31).



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