Grievances & 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 expressing dissatisfaction or problems related to the operations of the plan or quality of care or service received from the plan's medical providers.

What kinds of things are considered complaints?

If you have a problem or 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.

What else should I know about complaints?

- Medicare guidelines give you 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 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 Health Advantage Blue Member ID card. We will 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 or Part B drug

Write to:
Health Advantage Blue
P.O. Box 3648
Little Rock, AR 72203
Or Fax: 1-501-301-1928

Complaints about pharmacy related concerns

Write to:
Health Advantage Blue
P.O. Box 3648
Little Rock, AR 72203
Or Fax: 1-501-301-1928

Note: You can also contact Medicare directly about a complaint by using their online complaint form www/medicare.gov/MedicareComplaintForm/home.aspx

What is a coverage decision?

A coverage decision is the plan's decision on what's covered and how much it pays.

How long does a coverage decision take?

- If your coverage decision is related to a medical service you haven't received yet, we'll reply within 14 days.
- If your coverage decision is related to Part B or Part D prescription drugs you haven't received yet, we'll reply within 72 hours.

What if I can't wait that long?

If waiting could cause serious harm to your health or hurt your ability to function, you can ask for a fast decision. We'll reply within 72 hours if it's related to a medical service that you haven't yet received, and 24 hours if it's related to a Part B or Part D prescription drug that you haven't yet received.

It's best to have your doctor or pharmacist request a fast coverage decision.

How do I ask for a coverage decision?

If your doctor doesn't do it for you, the best way to start is by calling the Customer Service number on the back of your Health Advantage Blue Member ID card. If you'd rather write us, please use the appropriate address or fax for your type of coverage decision:

Coverage decisions about medical care or service or Part B drugs

Write to:
Health Advantage Blue
P.O. Box 3648
Little Rock, AR 72203
Or Fax: 1-501-301-1928

Coverage decisions about Part D prescription drugs

Write to:
Health Advantage Blue
P.O. Box 3648
Little Rock, AR 72203
Or Fax: 1-501-301-1928

What is an appeal?

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

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 a Part B or Part D prescription drug, we will respond to you within 7 days.
- If your appeal is related to payment for a Part B or Part D 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 Part B or Part D 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 Health Advantage Blue 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 or Part B drug

Write to:
Health Advantage Blue
P.O. Box 3648
Little Rock, AR 72203
Or Fax: 1-501-301-1928

Appeals about prescription drugs

Write to:
Health Advantage Blue
P.O. Box 3648
Little Rock, AR 72203
Or Fax: 1-501-301-1928

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 that was 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.

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 below:

- **Health Advantage Blue Classic and Premier (HMO):** 1-877-349-9335

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).