



Agent Resource Guide: Medicare Grievance and Appeals Rights

According to the 2017 Medicare Advantage Core Medicare Training Module, "Grievance and appeal rights ensure that Medicare beneficiaries who enroll in MA plans or PDPs have access to services that should be covered." Centers for Medicare & Medicaid Services (CMS) has established rules and regulations regarding how members may request services, file an appeal and submit a grievance.

These details must be provided to members; they are outlined in the member's Evidence of Coverage (EOC).

Note: Grievance and appeal rights for Medigap policies generally follow the guidelines put in place for original Medicare.

Appeal: Action a member can take if he/she disagrees with a coverage or payment decision made by his/her plan. There are multiple levels to an appeal. Each level must be completed within the organization's set timeframes. Appeals include:

- Request for a health care service, supply or prescription that the member thinks he/she should receive
- Request for payment for health care services or supplies or a prescription drug the member already received that was denied
- Request to change the amount the member must pay for a prescription drug
- Coverage of a Part D drug (coverage determination)
- Asking for plan restrictions on coverage to be waived (i.e. quantity limits)
- Asking to pay a lower cost-sharing amount

Grievance: Complaint or dispute expressing dissatisfaction with the organization or its contractors. You can also file a grievance if you have a concern about the quality of care or other services you get from a Medicare provider. Areas of concern may include: a doctor, hospital or provider, quality of care, your dialysis or kidney transplant, durable medical equipment, waiting times and general timeliness, cleanliness, respecting your privacy, disrespect, poor customer service or other negative behavior or information you receive from us.

How to File:

Appeals and grievances may be filed by members, their appointed representatives or providers. Agents may **not** file an appeal or grievance on behalf of a member unless they are listed as an appointed representative (an appointment may be requested with CMS Form 1696).

Medigap/Medicare Supplement

Appeals can be filed in one of the following ways:

- Blue Care Network Medigap Customer Service: 800.662.6667
- Blue Cross® Blue Shield® of Michigan Medicare Supplement Customer Service: 888.216.4858
- Follow instructions on the back of Medicare Summary Notice (MSN)
- Medicare Redetermination Request Form (CMS Form 20027)



Grievances may be filed in one of the following ways:

- Medicare complaint form: <https://www.medicare.gov/MedicareComplaintForm/home.aspx>
- According to instructions on the back of Medicare Summary Notice (MSN)

For assistance making a coverage decision, appeal or grievance members can contact:

- 800.MEDICARE or visit medicare.gov
- Provider (low-level appeals only)
- State Health Insurance Assistance Program (SHIP)* at shiptacenter.org

**SHIP: a national program offering one-on-one counseling and assistance to Medicare members and their families*

Medicare Advantage

Grievances and Appeal can be filed by contacting BCBSM or BCN Customer Service. By phone:

- BCBSM (PPO & PDP): 877.241.2583
- BCN Advantage: 800.450.3680

Or by submitting the appropriate forms:

- Member request for appeal or grievance (BCN only)
- Request for redetermination of Medicare prescription drug denial (BCBSM & BCN)
- Online callback form (regarding medical-BCN or regarding Rx- BCBSM & BCN)
- Medicare complaint form (<https://www.medicare.gov/MedicareComplaintForm/home.aspx>)

Grievances may also be filed by a written request to the carrier. *Note: The addresses below differ per carrier and medical/prescription [complaint](#).*

Medicare Plus Blue PPO Blue Cross Blue Shield of Michigan Grievance and Appeals Department P.O. Box2627 Detroit, MI 48231	BCNAdvantage BCNAdvantage Grievance and Appeals Unit P.O. Box284 Southfield, MI48086
---	--

Medicare Plus Blue PPO & Prescription BluePlans Blue Cross Blue Shield of Michigan Pharmacy Help Desk- C303 P.O. Box807 Southfield, MI48037	BCNAdvantage BCNAdvantage Clinical Pharmacy Help Desk- C303 P.O. Box807 Southfield, MI48037
--	---

For assistance making a coverage decision, appeal or grievance, members can contact:

- State Health Insurance Assistance Program (SHIP) at shiptacenter.org
- Doctor (Low-level appeals)

If you feel you have been treated unfairly or your rights have not been respected due to your race, disability, religion, sex, health, ethnicity, creed (beliefs), age, or national origin...Call the Department of Health and Human Services Office for Civil Rights – 800.368.1019 or call your local Office for Civil Rights, or go to hhs.gov/ocr.

The guidelines detailed above have been put in place by CMS and should be followed appropriately. As your managing agency, TGG Solutions is here to help you by offering expertise and guidance. Contact us at 800.748.0368 select 4 or email medicare@tggolutions.com.