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## How to make a complaint about quality of care, waiting times, customer service, or other concerns

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### What kinds of problems are handled by the complaint process?

The complaint process is *only* used for certain types of problems. This includes problems related to quality of care, waiting times, and the customer service. Here are examples of the kinds of problems handled by the complaint process.

Complaint	Example
<b>Quality of your medical care</b>	<ul style="list-style-type: none"> <li>• Are you unhappy with the quality of the care you have received (including care in the hospital)?</li> </ul>
<b>Respecting your privacy</b>	<ul style="list-style-type: none"> <li>• Did someone not respect your right to privacy or shared confidential information?</li> </ul>
<b>Disrespect, poor customer service, or other negative behaviors</b>	<ul style="list-style-type: none"> <li>• Has someone been rude or disrespectful to you?</li> <li>• Are you unhappy with our Member Services?</li> <li>• Do you feel you are being encouraged to leave the plan?</li> </ul>
<b>Waiting times</b>	<ul style="list-style-type: none"> <li>• Are you having trouble getting an appointment, or waiting too long to get it?</li> <li>• Have you been kept waiting too long by doctors, pharmacists, or other health professionals? Or by our Member Services or other staff at the plan?               <ul style="list-style-type: none"> <li>○ Examples include waiting too long on the phone, in the waiting or exam room.</li> </ul> </li> </ul>
<b>Cleanliness</b>	<ul style="list-style-type: none"> <li>• Are you unhappy with the cleanliness or condition of a clinic, hospital, or doctor's office?</li> </ul>
<b>Information you get from us</b>	<ul style="list-style-type: none"> <li>• Did we fail to give you a required notice?</li> <li>• Is our written information hard to understand?</li> </ul>

Complaint	Example
<p><b>Timeliness</b> (These types of complaints are all related to the timeliness of our actions related to coverage decisions and appeals)</p>	<p>If you have asked for a coverage decision or made an appeal, and you think that we are not responding quickly enough, you can make a complaint about our slowness. Here are examples:</p> <ul style="list-style-type: none"> <li>• You asked us for a “fast coverage decision” or a “fast appeal,” and we have said no; you can make a complaint.</li> <li>• You believe we are not meeting the deadlines for coverage decisions or appeals: you can make a complaint.</li> <li>• You believe we are not meeting deadlines for covering or reimbursing you for certain medical services or drugs that were approved; you can make a complaint.</li> <li>• You believe we failed to meet required deadlines for forwarding your case to the independent review organization; you can make a complaint.</li> </ul>

### How to make a complaint

#### Legal Terms

- A “**Complaint**” is also called a “**grievance.**”
- “**Making a complaint**” is also called “**filing a grievance.**”
- “**Using the process for complaints**” is also called “**using the process for filing a grievance.**”
- A “**fast complaint**” is also called an “**expedited grievance.**”

### Step-by-step: Making a complaint

#### **Step 1: Contact us promptly – either by phone or in writing.**

Usually, **calling Member Services is the first step.** If there is anything else you need to do, Member Services will let you know.

**If you do not wish to call (or you called and were not satisfied), you can put your complaint in writing and send it to us.** If you put your complaint in writing, we will respond to your complaint in writing.

The **deadline** for making a complaint is 60 calendar days from the time you had the problem you want to complain about.

**Step 2: We look into your complaint and give you our answer.**

**If possible, we will answer you right away.** If you call us with a complaint, we may be able to give you an answer on the same phone call.

**Most complaints are answered within 30 calendar days.** If we need more information and the delay is in your best interest or if you ask for more time, we can take up to 14 more calendar days (44 calendar days total) to answer your complaint. If we decide to take extra days, we will tell you in writing.

**If you are making a complaint because we denied your request for a “fast coverage decision” or a “fast appeal,” we will automatically give you a “fast complaint.”** If you have a “fast complaint,” it means we will give you **an answer within 24 hours.**

If we do not agree with some or all of your complaint or don't take responsibility for the problem you are complaining about, we will include our reasons in our response to you.

<b>You can also make complaints about quality of care to the Quality Improvement Organization</b>
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When your complaint is about *quality of care*, you also have two extra options:

**You can make your complaint directly to the Quality Improvement Organization.** The Quality Improvement Organization is a group of practicing doctors and other health care experts paid by the Federal government to check and improve the care given to Medicare patients. Chapter 2 of your Evidence of coverage has contact information.

*Or*

**You can make your complaint to both the Quality Improvement Organization and us at the same time.**

<b>You can also tell Medicare about your complaint</b>
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You can submit a complaint about Prominence Plus directly to Medicare. To submit a complaint to Medicare, go to [www.medicare.gov/MedicareComplaintForm/home.aspx](http://www.medicare.gov/MedicareComplaintForm/home.aspx). You may also call

1-800-MEDICARE (1-800-633-4227). TTY/TDD users can call 1-877-486-2048.