

NEBRASKA SHIP NEWSLETTER

Grievances, Complaints, & Resources

Things don't always go according to plan. When unforeseen challenges or mistakes occur, it is helpful to know where to voice your concerns and who can help.



What is a Grievance?

A grievance is a formal complaint that you file with your Medicare Advantage or Part D prescription drug plan. A grievance is not the same as 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, your plan takes too long to decide on an appeal, or your plan fails to deliver a promised refund.

To file a grievance, send a letter to your plan's Grievance and Appeals department within 60 days of the event that led to the grievance. Visit your plan's website or call the plan for the address. You can also file a grievance with your plan over the phone, but we recommend keeping a written record of the name of the person you spoke to, the date and time of the call, and the outcome of the call.

Your plan must investigate your grievance and get back to you within 30 days, or within 24 hours for urgent requests. You can check the

status of your grievance by calling your plan or 1-800-MEDICARE.

When Should a Complaint be Filed?

You can also file a complaint with Medicare if you have an issue with your plan that has not been resolved through the grievance process, or if you want to alert Medicare about other issues with your plan. Medicare has a formal system to handle beneficiary concerns with Medicare health and drug plans. For example, if a plan is not responding to your grievance or appeals by Medicare's specified deadlines, you should call 1-800-MEDICARE or Nebraska SHIP to file a complaint.

The Centers for Medicare & Medicaid Services (CMS), the government agency that oversees the Medicare program, uses information from the complaint tracking module in setting Medicare Advantage and Part D star ratings each year.

Star ratings measure how well Medicare Advantage and Part D plans perform. Medicare scores how well plans perform in several categories, including quality of care and customer service. Ratings range from one to five stars, with five being the highest and one being the lowest. Making a complaint to Medicare about a problem with a private plan is a way to make sure that plan is held accountable for mistakes or bad behavior.

Visit [Medicare.gov/gopaperless](https://www.medicare.gov/gopaperless) to sign up to get your "Medicare & You" handbook electronically.

CALL NEBRASKA SHIP AT 1.800.234.7119

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Grievances, Complaints, & Resources

How to File a Complaint about Quality of Care

If you have a concern about the quality of care you receive from a Medicare provider, your concern can be handled by the Beneficiary and Family Centered Care-Quality Improvement Organization, which is called BFCC-QIO, or just QIO for short.

The QIOs are made up of practicing doctors and other health care experts. Their role is to monitor and improve the care given to Medicare enrollees. Some examples of situations about which you might file a quality-of-care complaint include medication mistakes, receiving the wrong care or treatment, and experiencing barriers to accessing care.

In Nebraska, Livanta serves as the state's QIO. Livanta may be reached at 1.888.755.5580. You can file a complaint with the QIO over the phone or in writing. When the BFCC-QIO gets your complaint, they should call you to ask clarifying questions about your complaint and to get the contact information for your provider. A physician of matching specialty will review the medical record to determine whether the care provided met the medical standard of care, or whether the standard of care was not met. The review process can take up to a few months, and when the review is over, you and your doctor will be notified by phone and in writing.

How to File a Complaint about Durable Medical Equipment (DME)

Durable medical equipment (DME) suppliers should have processes in place to handle complaints from Medicare beneficiaries. If you have a complaint, contact your DME supplier and tell them what your complaint is. Within five calendar days, your supplier must let you know

they received your complaint and that they are investigating it. Within 14 calendar days, the supplier should send you the result of its investigation in writing.

If your supplier does not handle the complaint appropriately or does not respond in time, you can also file a complaint with Medicare via 1.800.MEDICARE.

What if you Suspect Medicare Fraud, Errors, or Abuse?

Medicare fraud occurs when someone knowingly deceives Medicare to receive payment when they should not, or to receive higher payment than they should. Medicare abuse involves billing Medicare for services that are not covered or are not correctly coded when the provider has unknowingly or unintentionally misrepresented the facts to obtain payment. Medicare errors are honest mistakes related to the billing of a health care service or product.

You can watch out for fraud and abuse by keeping a calendar of all your medical appointments and comparing it with your Medicare statements and the bills you receive from your providers. If something does not seem right—for example, if you see on a claims summary notice from Medicare that your provider billed Medicare for an office visit on a day when you did not see them—you should first contact your provider.

Call your doctor or their billing office and let them know about the problem in case it was a mistake. If your doctor does not fix the error or if you suspect potential fraud or abuse, you can call your local Senior Medicare Patrol, or SMP. Nebraska SHIP administers the State of Nebraska's SMP and may be reached at 1.800.234.7119.

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UNDERSTANDING MEDICARE MARKETING

Medicare Marketing: Can They Do That?

WHAT IS MEDICARE MARKETING?

- Marketing is communication related to selling and promoting products.
- Rules are set to prevent plans from giving misleading information about costs and benefits.
- Medicare Marketing guidelines must be followed by Medicare Advantage and Medicare Drug (Part D) plans.
- Most Medicare Advantage and Part D marketing happens between October 1–December 7.

WHICH MARKETING ACTIVITIES ARE OK?

- Host marketing and educational events about the plan.
- Give plan promotional gifts valued no more than \$15.
- Contact current or past plan enrollees.
- Provide marketing information in common areas of healthcare providers like pharmacies or hospitals.
- Visit you in your home WITH prior consent.
- Place ads on TV, in newspapers and online.

Help Prevent Marketing Scams!

Marketing Don'ts - 4 Things to Look For:



Cold Calling - Did an insurance agent call you or visit your home WITHOUT you requesting the visit?



Advertising "Free" Plans - Did an agent or company tell you the plan was premium "free"?



Indicated They Are With Medicare - Did an agent or company lead you to believe they are a representative of Medicare?



Conduct Enrollment Health Screenings - Did a plan ask you to complete a screening to ensure you were healthy before you enrolled?

If you answer YES to any of the above questions, contact Nebraska SHIP to report marketing misconduct.

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NEBRASKA
SHIP

Report suspected Medicare Fraud
to the Nebraska SHIP!

1-800-234-7119

PROTECT Personal Information | **DETECT** Fraud and Scams | **REPORT** Your Concerns

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Medicare Educational Events

Nebraska SHIP hosts a number of Medicare educational events to help people understand their Medicare benefits.

People with Medicare, their families, and/or friends are welcome to attend or contact Nebraska SHIP to request education for their group or organization. Nebraska SHIP is available through its statewide hotline at 1.800.234.7119 or by visiting www.doi.nebraska.gov/ship.

Welcome to Medicare:

Falls City—April 7

Webinar—April 12

Omaha—April 12

Grand Island—April 14

Broken Bow & McCook—April 20

Kearney—April 25

Find these words:

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GRIEVANCES

COMPLAINTS

RESOURCES

MISTAKES

ADVANTAGE PLAN

DRUG PLAN

APPEAL

WEBSITE

INVESTIGATE

CMS

QIO

EXPERTS

MONITOR

IMPROVE

NEBRASKA
SHIP

Contact Nebraska SHIP with questions
about your Medicare benefits.

1-800-234-7119

Local help for Nebraskans with Medicare.