

Information partners can use on:

## Handling Medicare Drug Coverage Complaints

This is the fastest way an enrollee’s appointed representative can help an enrollee file a complaint (also called a “grievance”) about their Medicare drug coverage:

1. **Contact the Medicare plan directly about the complaint.** The enrollee or their representative can contact the plan by phone or in writing. If the enrollee has a complaint, they, or their representative, must contact the Medicare plan no later than 60 days after the event that led to the complaint.

The plan must resolve the complaint as quickly as the enrollee’s health condition requires, but no later than 30 days after getting the complaint. The plan can extend this timeframe for an additional 14 days if the enrollee or their representative requests it, or if the plan needs more information and the delay is in the best interest of the enrollee. The plan must notify the enrollee in writing of any reasons for the delay in responding to their complaint. The Medicare plan should be able to tell them when to expect a response.

**Note:** The plan must respond within 24 hours if the complaint involves the plan’s refusal to grant a request for an expedited coverage determination or expedited redetermination and the enrollee hasn’t bought or received the drug yet.

2. **Contact the Medicare plan if the plan hasn’t resolved the complaint within the required timeframes listed above.**

- 3. If the enrollee or their representative has followed up with the plan, and the plan still hasn't resolved the complaint, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.** Let the customer service representative know that the enrollee or their representative tried fixing the problem by contacting the plan. The customer service representative will log the complaint and enter it into the Centers for Medicare & Medicaid Services' (CMS) tracking system for the plan or a CMS caseworker to handle. When the plan or caseworker resolves the complaint, or if they need more information about the complaint, either the plan or a CMS caseworker will contact the enrollee or their representative.

An enrollee who has questions about appointing a representative can call 1-800-MEDICARE.

**Note for representatives of people with Medicare:** Only the enrollee or their appointed representative can get information from the plan or CMS about the complaint.

You can get an "Appointment of Representative" form (CMS Form No. 1696) at [CMS.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms1696.pdf](https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms1696.pdf), or call 1-800-MEDICARE and ask for a copy.

If you're making a complaint on behalf of an enrollee, include documentation with the complaint that shows you're the person's appointed representative.

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.Medicare.gov/about-us/accessibility-nondiscrimination-notice), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

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