

Information partners can use on:

Handling Medicare Prescription Drug Plan Complaints

Note: This publication gives information on complaints managed outside of the Medicare prescription drug coverage determination and appeals processes. For information on coverage and appeals, visit Medicare.gov to view “Your Guide to Medicare Prescription Drug Coverage” (CMS Product No. 11109).

Use this process for the fastest way to help a person with Medicare file a complaint (also called a “grievance”) about his or her Medicare drug plan:

1. **Contact the Medicare drug plan directly about the complaint.** You can contact the plan either by phone or in writing. If you have a complaint, you must contact the Medicare drug plan no later than 60 days after the event that led to the complaint.

The plan is required to resolve the complaint as quickly as the person’s health condition requires, but no later than 30 days after receiving the complaint. The plan can extend this timeframe for an additional 14 days if you request it, or if the plan needs more information and the delay is in the best interest of the person with Medicare. The plan must notify the person with Medicare in writing of the reason or reasons for the delay in responding to his or her complaint. The Medicare drug plan should be able to tell him or her 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 person with Medicare hasn’t yet purchased or received the drug.

2. **If the plan hasn't resolved the complaint within the timeframes listed on the previous page**, follow-up with the Medicare drug plan by calling the plan's toll-free number.
3. **If you've followed up with the plan, and it still hasn't resolved the complaint, call 1-800-MEDICARE (1-800-633-4227)**. TTY users should call 1-877-486-2048. Let the customer service representative know you've 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 handling by the plan or a CMS caseworker. When the matter has been resolved or if more information about the complaint is needed, either the plan or a CMS caseworker will contact you.

Note for representatives of people with Medicare: How much you can help the person with his or her grievance will depend on whether you're the enrollee's representative. Only the person with Medicare or his or her appointed or authorized 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/cmsforms/downloads/cms1696.pdf, or by calling 1-800-MEDICARE and asking for a copy.

If you're making a complaint on behalf of a person with Medicare, you should include documentation with the complaint that shows you're the person's appointed or authorized representative.

A person with Medicare who has questions about appointing a representative can call 1-800-MEDICARE.