

IMPORTANT INFORMATION ABOUT YOUR GRIEVANCE RIGHTS

For more information about your Grievance rights, call us or see your Evidence of Coverage.

What is a Grievance?

A grievance is any complaint other than one that involves a coverage determination (a decision by your health plan to provide or pay for a Part D drug). You would file a grievance if you have any type of problem with us or one of our network pharmacies.

What types of problems might lead to you filing a grievance?

- Problems with how long you have to spend waiting on the phone or in the pharmacy.
- Cleanliness or condition of the pharmacy.
- The quality of care or benefits provided.
- Disrespectful or rude behavior by pharmacists or other staff.
- A complaint about a plan's benefit design
- Complaints about a plan's written communications, including its written notices.
- Failure to give you a decision within the required timeframe.
- Failure to forward your case to the independent review entity if we do not give you a decision within the required timeframe.

If you have a grievance, we encourage you to first call the Member Services Department Monday through Friday from 8:00 a.m. to 6:00 p.m. We will try to resolve any complaint that you might have over the telephone. If you request a written response to your phone complaint,

How Do I Request a Grievance?

You can request a grievance no later than 60 days after the event or incident takes place. You can contact us either by telephone:

Phone: 1-800-645-3965
TTY/TDD: 1-888-857-4816
8:00 am to 8:00 pm, seven days a week.

Or you can request a grievance in writing:

AmeriHealth 65
Member Appeals
PO Box 41820
Philadelphia, PA 19101-1820

You can also fax your letter if it is more convenient for you:

Fax: 1-888-289-3008

What Happens Next? If you file a grievance, we will review your case and give you a decision no later than 30 calendar days after receiving your complaint.

Fast Grievance

In certain cases, you have the right to ask for a "fast grievance"; meaning your grievance will be decided within 24 hours. As a member, you can file an expedited grievance with AmeriHealth 65 for the following reasons:

- AmeriHealth 65's decision to invoke an extension to the organization determination or reconsideration time frames.
- AmeriHealth 65's refusal to grant a member's request for an expedited

we will respond in writing to you. If we cannot resolve your complaint over the phone, we have a formal procedure to review your complaints. We call this the grievance complaint process.

organization determination or reconsideration.

AmeriHealth 65 must respond within 24 hours of receiving your expedited grievance request.

Quality of Care Complaints

Quality of Care complaints can also be submitted in writing to the State Quality Improvement Organization. If you wish to file a quality of care grievance you are not required to file the grievance within a specific time period.

Other Resources To Help You:

Medicare Rights Center
Toll Free: 1-888-HMO-9050

Elder Care Locator
Toll Free: 1-800-677-1116

1-800-MEDICARE (1-800-633-4227)
TTY: 1-877-486-2048