

Medical Determinations - Part C

Grievances

You have the right to file a complaint if you have a problem or concern. A grievance is any complaint other than one that involves an unfavorable determination. The information you provide us will be held in confidence. You may file a grievance if you have a problem with Mercy Care Advantage or one of our network providers, including pharmacies. You may file a grievance if you have a problem with things such as wait times; problems in accessing network providers; the way your network physician (or pharmacist or other staff) behave; being able to reach someone by telephone or get the information you need; or the cleanliness of a facility, to name a few examples. We may use your complaint type to track trends and identify service issues. Please see Section 4 of the Evidence of Coverage (EOC) for detailed information and timelines for filing a grievance. Click [HERE](#) for the EOC.

You can file an expedited grievance if Mercy Care Advantage notifies you that your expedited coverage determination or appeal was downgraded to the standard review process. You may also file an expedited grievance if you want to complaint that we have extended a review timeframe. We will respond to your expedited grievance not later than 24 hours from the receipt of your complaint.

If you need an interpreter, one can be provided at no cost to you.

If you have a complaint about quality of your care, you may also file a grievance with Arizona's Quality Improvement Organization, Health Services Advisory Group at 1-800-359-9909.

**Health Services Advisory Group, Inc.
1600 E. Northern Ave., Suite 100
Phoenix, AZ 85020**