

Prescription Drug – Part D Grievances

Grievances

You have the right to file a complaint if you have a problem or concern. The formal name for making a complaint is “filing a grievance”. A grievance is any complaint other than one that involves an unfavorable determination. The complaint process is used for certain types of problems *only*. This includes problems related to quality of care, waiting times, and the customer service you receive. 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 or pharmacies. You may file a grievance if you have a problem with things such as waiting too long to fill a prescription; pharmacy errors such as dispensing the wrong medication or dosage; access to network pharmacies; the way your pharmacist or other staff behave; being able to reach someone by telephone or get the information you need; complaints about the formulary to name a few examples. We may use your complaint type to track trends and identify service issues. Please see Chapter 9 of the Evidence of Coverage (EOC) for detailed information and timelines for filing a grievance. [Click HERE for the EOC.](#)

If you want to file a grievance, contact us promptly – either by phone or in writing. Usually, calling Member Services is the first step. If there is anything else you need to do, Member Services will let you know. You can reach Member Services at (602) 263-3000 or (800) 624-3879, TTY/TDD (866) 602-1982, 24 hours a day, 7 days a week.

If you do not wish to call (or you called and were not satisfied), you can put your complaint in writing and send it to us. If you do this, it means that we will use our *formal procedure for answering grievances*. Here’s how it works:

- o If you ask for a written response, file a written grievance, or your complaint is related to quality of care, we will respond to you in writing.
- o If we cannot resolve your complaint over the phone, we will respond to your complaint within 30 calendar days. .

Whether you call or write, you should contact Member Services right away. The complaint must be made within 60 days after you had the problem you want to complain about. If you need an interpreter, one can be provided at no cost to you.

You can file an expedited grievance if you disagree with our decision not to expedite a coverage determination. We will respond to your expedited grievance not later than 24 hours from the receipt of your complaint.

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 (602) 264-6382 or (800) 359-9909.

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