

APPEALS & GRIEVANCES

Tufts Medicare Preferred HMO is dedicated to providing its members with comprehensive health care coverage. However, there may be times when you have concerns or problems related to your coverage or care. In these instances, you have the right to make complaints to Tufts Medicare Preferred HMO. If you make a complaint, we must be fair in how we handle it, and you cannot be disenrolled or penalized in any way. There are two types of formal complaints you can make. They are appeals and grievances.

Appeals

An “appeal” is a complaint you make when you want us to reconsider and change a decision we’ve made about a request for authorization of services or payment of a denied claim or the cost sharing amount for services received.

Grievances

A “grievance ” is a type of complaint you make about us or one of our network providers or pharmacies, including a complaint concerning the quality of your care. This type of complaint does not involve coverage or payment disputes. If you have a complaint, we encourage you to call Customer Relations to resolve the issue over the phone. All complaints will be documented and referred to the Appeals and Grievances Department. You can request a response in writing. All complaints related to quality of care issues will be responded to in writing.

For more detailed information about appeals and grievances for both Medicare Advantage and Part D prescription drug benefits, please see your Evidence of Coverage booklet that you receive as a Tufts Medicare Preferred HMO member, or call Customer Relations at 1-800-701-9000 (TTY 711). Representatives are available Monday - Friday, 8:00 a.m. - 8:00 p.m. (From Oct. 1 - Mar. 31, representatives are available 7 days a week, 8:00 a.m. - 8:00 p.m.) After hours and on holidays, please leave a message and a representative will return your call on the next business day.

Tufts Health Plan is an HMO Plan with a Medicare contract. Enrollment in Tufts Health Plan depends on contract renewal.