



Medicare Complaints

How you file a Medicare-related complaint depends on what kind of complaint you have. Knowing who to contact with complaints can help ensure that your concerns are heard and addressed.

Complaints about quality of medical care

- Call your Beneficiary and Family Centered Care — Quality Improvement Organization (BFCC-QIO)
 - Find your BFCC-QIO by visiting www.qioprogram.org/file-complaint
 - A staff member can help you access and complete the quality-of-care complaint form

These complaints can be about a physician, inpatient hospital, hospital outpatient department, hospital emergency room, skilled nursing facility, home health agency, or ambulatory surgery center.

Examples: You received unnecessary or inappropriate surgery or treatment, experienced drug errors, did not receive treatment after your condition changed, were discharged from a facility too soon, received incomplete discharge instructions/arrangements.

Complaints about Medicare Advantage or Part D drug plans

- Call 1-800-MEDICARE (1-800-633-4227) and request to file a complaint using the Complaint Tracking Module
 - Or, submit a [Complaint Form](#) on the Medicare.gov website
- File a grievance with your plan by sending a letter to your plan's Grievance and Appeals department
 - Check your plan's website or contact them by phone for the address
 - File your grievance within 60 days of the event that led to the complaint. Your plan should notify you of its decision generally no later than 30 days after the plan gets the complaint. Certain urgent complaints must be addressed by your plan within 24 hours.

Examples: You have a complaint about customer service, your plan's access to specialists or the adequacy of provider network, or the plan is not following the appeals process correctly.

If you are experiencing issues with Medicare Part A or B enrollment

- Visit your local Social Security Administration (SSA) office
 - [Find your local SSA office](#)
- Or, call the SSA helpline at 1-800-772-1213



Getting Medicare right

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Examples: You are paying a higher Part B premium and believe you should not, you were mistakenly disenrolled from Medicare, or your Medicare has the wrong effective date.

Complaints about a durable medical equipment (DME) supplier

- Call your supplier to submit your complaint
- You can also call 1-800-MEDICARE

Once you file a complaint, your supplier must tell you that they received it within five calendar days of you sending it. The supplier must send you the result of your complaint and their response in writing within 14 calendar days.

Examples: Your supplier refuses to fix a piece of DME in a timely manner, your supplier fails to provide the correct type or quantity of DME that you were prescribed.

Concerns about suspected Medicare fraud, abuse, or misleading marketing from a Medicare provider or private plan

- Contact your provider or plan first to clarify and check if they made a billing error
- Call your Senior Medicare Patrol (SMP)
 - Find your SMP by calling 877-808-2468 or visiting www.smpresource.org
- Call the Inspector General's Medicare fraud helpline at 1-800-HHS-TIPS (1-800-447-8477)

Examples: You are being billed for services you did not receive, you were enrolled in a Medicare plan after being told incorrect information by the plan, or you were offered gifts in exchange for your Medicare information.

Complaints about a dialysis or kidney transplant center

- Call your ESRD Network Organization
 - Find your ESRD Network Organization by visiting www.esrdnetworks.org

Your Network must investigate your issue and work on your behalf to solve it. Even if you wish to remain anonymous, your Network can still investigate a complaint and represent you.

Examples: The facility staff does not treat you kindly or with respect, the staff does not allow you to eat if you are hungry during dialysis, or your dialysis shifts conflict with work hours and the facility will not allow you to change your shifts.