

What is a grievance?

A grievance is any complaint other than one that involves a coverage determination (coverage or payment for Part D prescription drug benefits). You would file a grievance if you have any type of problem with Aspirus Health Plan or one of our network pharmacies that does not relate to coverage for a prescription drug. For example, you would file a grievance if you have a problem with things such as waiting times when you fill a prescription, the way your Plan network pharmacist or others behave, being able to reach someone by phone or get the information you need, or the cleanliness or condition of a Plan network pharmacy.

When do I file a grievance?

You or your appointed representative can file an oral or written grievance. Those processes are described below. You must file a grievance no later than 60 days after the event or incident that caused the grievance. We can give you more time if you have a good reason for missing the deadline. We may extend the timeframe for resolving your oral or written grievance by up to 14 calendar days if you request the extension or if we justify a need for additional information and the delay is in your best interest. If we extend the deadline, we must immediately notify you in writing of the reason for the delay.

How do I file an oral grievance?

If you have an oral grievance, we encourage you to call Aspirus Health Plan Customer Service at these phone numbers:

- Local number: 715-631-7411 or 1-855-931-4850 toll free
- TTY: 715-631-7413 or 1-855-931-4852 toll free.

You can file an oral grievance with a Customer Service representative. If we cannot resolve your oral grievance when we talk with you, we will look into the matter and call you with a response as quickly as your situation requires based on your health status, but no later than 30 calendar days from the date you called us. If you request a written response to your oral grievance, we will respond to you in writing. If you do not agree with our decision, we have a formal written grievance procedure to further review your grievance.

How do I file a written grievance?

You can also send us your grievance in writing.

To file an appeal, call or write Aspirus Health Plan Member Complaints, Appeals, and Grievances.

Call: 715-631-7440 or 1-855-931-4858 (toll free)

Write: Aspirus Health Plan
Attn: Appeals and Grievances
P.O. Box 51
Minneapolis, MN 55440-9972

Or fax your written appeal to:
715-631-7439 or 1-855-931-4857 (toll free)

We will notify you within 10 calendar days that we received your written grievance. We will look into your concerns and gather information. We will send you a written response about your grievance as quickly as your situation requires based on your health status, but no later than 30 calendar days after receiving your written grievance. There are specific situations in which we will respond to your oral or written grievance within 24 hours. This is called an expedited (fast) grievance. You would file an expedited grievance if you disagree with our decision not to give you a fast initial decision (expedited coverage determination) or a fast appeal.

What is a quality of care grievance?

If you are not happy with the quality of care you received under Medicare, you can file a quality of care grievance (complaint) with Aspirus Health Plan or an organization called the Quality Improvement Organization (QIO), or both. The QIO is a group of doctors and other health care experts paid by the federal government to monitor and help improve the care given to Medicare patients. They are not part of Aspirus Health Plan or another health care organization. The name of the QIO organization for Minnesota and Wisconsin is Livanta Beneficiary & Family Centered Care (BFCC)-QIO Program. The doctors and other health experts in the QIO review certain types of grievances made by Medicare patients. Examples include if you believe your pharmacist gave you the incorrect dose of a prescription or if you have been hospitalized and you think your hospital stay is ending too soon.

How do I make a quality of care grievance?

You must file a written quality of care grievance with the QIO. A member who files a quality of care grievance with the QIO is not required to file the grievance within a specific time period. You can also file a quality of care grievance with Aspirus Health Plan following the oral or written grievance process above. To file a written quality of care grievance with the QIO, send your grievance to the QIO in your state or call them for more information.

Livanta BFCC-QIO Program
10820 Guilford Road, Suite 202
Annapolis Junction, MD 20701
Phone: 1-888-524-9900 toll free
Fax: 1-833-868-4059 toll free
TTY: 1-888-985-8775 toll free

Questions?

Call Aspirus Health Plan Customer Service if you:

- Have questions about coverage determinations, appeals, or grievances.
- Want to get an aggregate number of Aspirus Health Plan grievances, appeals, and exceptions.
- Have questions about the status of a coverage determination request.

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