



Complaints, Appeals & Grievances, and STARS Resource Records

Today's topics

- Complaints
- Appeals and grievances
- STARS resource records

Training materials

- [This PowerPoint](#)
- Complaints Question Form
- How to Handle Denied Claims or File an Appeal

Housekeeping

Please honor the following requests:

- There will be specific question times
- Send questions to “Chat Monitor”
- Mute yourself
- Raise your hand
- Limit your questions to the material we are covering

Complaints

Complaints

- How many of you have had a complaint that you have needed to escalate to the OIC or Phillip?
- Would anyone like to share their experience?

Complaints

- As a volunteer, you should address any complaints you feel comfortable and capable of resolving.
- If you do not feel comfortable working on a specific complaint, or if it is outside of SHIBA scope, please escalate the complaint.
 - **We will cover this process and urgent complaints in general later in the presentation.**

Complaint Types – Item or Service

- If the complaint is about denial of coverage for an item or service, the client should contact Medicare or the plan first to try and resolve the issue.

Complaint Types – Item Example

Client is denied Dexcom (insulin) pump

- **Step 1** – Review the reason for denial
 - Supplier may be able to help
- **Step 2** – Follow the plan's appeal process
 - Doctor may need to help with documentation
 - Can be found on Medicare Summary Notice (MSN) or Explanation of Benefits (EOB)
- **Step 3** – If issue is still unresolved, consider [filing a complaint](#) with OIC

Complaint Types – Service Example

Client is denied a Prior Authorization (PA) for a medically necessary service deemed “cosmetic”.

- **Step 1** – Tell client to review denial with doctor
- **Step 2** – Doctor may help client follow insurance company’s appeal process
- **Step 3** – If issue is still unresolved, consider [filing a complaint](#) with OIC

Knowledge Check

What kind of information should you gather from the client before calling the provider for a billing issue?

- a) Medicare Summary Notice (MSN), Explanation of Benefits (EOB), and/or statement/bill
- b) Date of service
- c) Denial letter
- d) Type of service
- e) All of the above

Complaint Types - Billing

- If the complaint is a billing issue, coach the client to contact the medical provider or billing office first to try and resolve the issue (giving direction or helping make the call *with them*).
- Types of billing issues may include outdated insurance information or client forgot Provider One card.
- If unable to resolve the issue, fill the Complaints Question Form and send it to SHIBA@oic.wa.gov.

Complaints Question Form – Part 1

Complaints Question Form

As part of complaints and problem resolution, you need to gather information. Here is a list of questions you might want to get answers to. Please add other questions as you deem necessary.

Date: _____ If existing complaint, Case Number: _____

Name: _____ Phone number: _____

Address: _____

DOB: _____ *Medicare or SS Number: _____

(*Medicare number needed to use Unique ID)

Check any that apply below

- Have contacted provider
- Have contacted insurance plan
- Have contacted Medicare
- Have received official denial
- Have received MSN (Original Medicare) or EOB (Part C or Part D plan)
- Have already submitted an appeal
- Waiting to hear on appeal
- Appeal was denied
- Other or notes: _____

Complaints Question Form – Part 2

Examples of supporting documents needed-(if mailed, only send COPIES):

- Denial letters
- Bills
- Medicare Summary Notice
- Explanation of Benefits
- Any prior appeals submitted on this issue.

If no Complaint form submitted yet:

For SHIBA to work a complaint we will need a completed Complaint form. Clients can submit one on line and upload any supporting documents, or we can mail them a paper copy that you can return via US mail.

Urgent Complaint Referrals

- Urgent complaints can include a beneficiary being out of medication or an early discharge from hospital or Skilled Nursing Facility (SNF).
- Urgent complaints requiring immediate attention can be emailed to SHIBA@oic.wa.gov. In the subject line, please specify the reason why it's urgent.
- Don't forget to complete a Beneficiary Contact form in STARS!

Appeals & Grievances

Discharge Appeals

- If the appeal is about early discharge from the hospital, skilled nursing facility, or a Quality-of-Care concern, refer the client (or family member) to the BFCC-QIO (KEPRO) **as soon as possible**.
- Washington State
 - 888-305-6759 (available 24/7)

Appeals Process

- An appeal is when Medicare or a plan refuses to cover a service, supplies (DME), or prescriptions.
- You may help the client submit an appeal through Medicare or the plan.
- For how to file an appeal, review the [Medicare Appeals booklet](#).

Filing Grievances

- A grievance is not a denial of service or denial of payment. A grievance is an expression of dissatisfaction about the quality of care the client has received.
 - Some examples include; customer service issues, long wait times, prescription costs, printed materials that are difficult to understand, or feeling that doctor isn't listening to the client.
- To file a grievance, they should:
 - Use the process found in the Explanation of Benefits (EOB)
 - [File a grievance on Medicare.gov](#)
 - Call 1-800-MEDICARE

STARS Resource Records

Updating Your STARS Profile

You will receive an email soon containing:

- Your STARS profile snapshot and
- A link to [Smartsheet STARS Resource Record](#) form

Updating Your STARS Profile

- Please review the information on your STARS profile. If your profile is not accurate, follow the link and fill the form with the correct information.

Coming soon to a screen near you...

SHIBA Lunch & Learn

October 12:

Angie Gonzales – DSHS

Financial Supervisor (Kennewick)

Medicaid Spenddown Basics

- 2nd Thursdays
- 11:00-Noon
- Register in advance for this meeting here:
https://wa-oic.zoom.us/meeting/register/tZEuc-mupzsoGtYfm4hRHlLyA3_wHg4xKQTN

Resources

CMS Regulations and Guidance

- <https://www.cms.gov/regulations-and-guidance/administrative-simplification/enforcements/fileacomplaint>

Medicare.gov Medicare Complaint Form

- <https://www.medicare.gov/my/medicare-complaint/step1>

Kepro

- <https://www.keproqio.com/bene/>

Advising Complaint Process and Checklist Job Aid

- https://www.insurance.wa.gov/sites/default/files/documents/shiba-complaints-process_0.pdf

Complaints Question Form

- Nick to add link

CMS Medicare Appeals

- <https://www.medicare.gov/Pubs/pdf/11525-Medicare-Appeals.pdf>