Grievances

You have the right to make a complaint regarding your insurance plan coverage or medical care.

A complaint is defined as any expression of dissatisfaction to a Medicare health plan, provider, facility or Quality Improvement Organization (QIO) by an enrollee made orally or in writing.

Examples of a grievance would include concerns regarding your providers such as long wait times, rude personnel, inadequate services at a facility, questionable customer service or information or respect paid to enrollees. Complaints regarding denial of request for coverage of medical services or prescription drugs or payment, require an appeal to be filed.

Once you file a grievance, SummaCare will respond within 30 days from the time filed. A grievance filed regarding an expedited coverage decision, an expedited appeal request or an extension taken on your appeal, will be handled as an expedited grievance and will be responded to within 24 hours.

To file a grievance

Grievances need to be filed within 60 days of the event causing the grievance and may be filed orally or in writing.

Phone:	330-996-8885
Toll Free:	800-996-6250
TTY:	800-750-0750

Office hours: From April 1 through September 30, a representative will be available to speak with you from 8 a.m. to 8 p.m., Monday through Friday. Beginning October 1 through March 31, a representative will be available to speak with you from 8 a.m. to 8 p.m., seven days a week. Outside these hours, you may leave us a message and a representative will return your call the next business day. Persons with hearing impairments should call 800-750-0750.

FAX:	330-996-8545
Address:	ATTN: Appeals and Grievances SummaCare, PO Box 1107 Akron, OH 44309-1107

Quality of Care complaints may also be made to an independent organization, Commence Health.

BFCC-QIO Program
Commence Health
PO Box 2687
Virgina Beach, VA 23450
Phone: 888-524-9900; TTY: 711

Appointing a representative:

Should you have someone other than yourself filing the grievance, SummaCare will require an Appointment of Representative (AOR) form to be able to respond. You may contact our Member Services department at the above numbers for a copy of this form or one will be sent upon receipt of the grievance.

For complete information, please refer to your plan's Evidence of Coverage document. SummaCare is an HMO and HMO-POS plan with a Medicare contract. Enrollment in SummaCare depends on contract renewal.