



Member Complaint Form

Complete and mail or fax to:

Absolute Total Care | Attention: Appeals & Grievances

7700 Forsyth Blvd | St Louis, MO | 63105 | Fax: 1-844-273-2671

Absolute Total Care (ATC) will have a resolution to most complaints within 30 calendar days. If we need more information and the delay is in your best interest, or if you ask for more time, we can take up to 14 more calendar days to answer your complaint. However, if we take this extension, we will notify you or your representative in writing. We can usually help you right away or within a few days. If you are making a complaint because we denied your request for a “fast coverage decision” or a “fast appeal”, we will automatically give you a “fast” complaint. If you have a “fast” complaint, it means we will give you an answer within 24 hours. You can also find more information in Chapter 9 of the Member Handbook. If you are filing on behalf of a member please complete the form located by clicking here <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms1696.pdf>. If you need any help, please call us at 1-855-735-4398. TTY users call 711. Hours are from 8:00 a.m. to 8:00 p.m., Monday through Friday.

Member’s Name (First and Last): _____

Member ID: _____ Member Date of Birth: _____

Name of Person Submitting the Complaint: _____

Relationship to Member (please choose one): Self Spouse Son/Daughter Legal Guardian
 Other: _____

Please provide the following member information:

Phone Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Provider: _____

Complaint Type (please choose one):

- Abuse, Neglect, Exploitation
- Access to Services
- Service Request, Claim Payment Issue/Appeals
- Prescription Drug Request or Issue/Coverage Determination & Redetermination Process
- Customer Service
- Enrollment & Disenrollment
- Fraud and Abuse
- Marketing
- Privacy Issues
- Quality of Care

Is this complaint about your medications? (Please choose one): Yes No

If you answered **YES** above, do you have enough supply of the medications you need for the next 7 days?
(Please choose one): Yes No

What is your complaint?

How can Absolute Total Care resolve your issue?

What is the best way to reach you regarding this complaint? (Please choose one):

Phone Email Other: _____

Please provide further contact information (phone number, email address, etc.):

Absolute Total Care is a health plan that contracts with both Medicare and South Carolina Healthy Connections Medicaid to provide benefits of both programs to enrollees.

You can get this information for free in other languages. Please call our Member Services number at 1-855-735-4398. Hours are from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. TTY users call 711. The call is free.

Puede obtener esta información gratuitamente en otros idiomas. Por favor llame a nuestro número de Servicios para Afiliados al 1-855-735-4398. El horario de atención es de 8 a.m. a 8 p.m., de lunes a viernes. Luego del horario de atención, los fines de semana y los días feriados federales, es posible que se le pida que deje un mensaje. Le devolveremos la llamada el próximo día hábil. Los usuarios de TTY deben llamar al 711. La llamada es gratuita.

For Administrative Use Only

Complaint Number: _____ *Date Received:* _____

Notice of Non-Discrimination. Absolute Total Care complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Absolute Total Care does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Absolute Total Care:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Absolute Total Care's Member Services at 1-855-735-4398 (TTY: 711). If you believe that Absolute Total Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; Absolute Total Care's Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, (TDD: 1-800-537-7697).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Services

ATTENTION: If your primary language is not English, language assistance services are available to you, free of charge. Call 1-855-735-4398 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-735-4398 (TTY: 711).

ملحوظة: إذا كنت لا تجيد التحدث باللغة الإنجليزية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-735-4398 (رقم هاتف الصم والبكم: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-735-4398 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-735-4398 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-735-4398 (TTY: 711).

ATENÇÃO: Se você fala português do Brasil, os serviços de assistência em sua língua estão disponíveis para você de forma gratuita. Chame 1-855-735-4398 (TTY: 711).

注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請電 1-855-735-4398 (TTY: 711)。

RUAHSAKNAK: Mirang ttong hmang nan um silen, Mirang ttong thawn pehpar aw in a lak in bawm nak a um. Himi ah in contact thei asi: 1-855-735-4398 (TTY: 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।

1-855-735-4398 (TTY: 711) पर कॉल करें।

주의: 한국어를 사용하지는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-735-4398 (TTY: 711) 번으로 전화해 주십시오.

THEIHTERNAK: Mirang holh a thiammi na si ahcun, holh lei kongkau bawmchanh khawhnak a lak in nangmah caah a um. Hika hin au hna 1-855-735-4398 (TTY-711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-735-4398 (ATS : 711).

ဟ်သ့ၣ်ဟ်သးဘၣ်တက့ၢ်-ဝဲန့ၣ်တကတိၤဆဲးကလံးအကျိၣ်ဘၣ်န့ၣ်,ကျိၣ်အတၢ်ဆိၣ်ထွဲမၤစၢၤအတၢ်ဖဲတၢ်မၤတဖၣ်အိၣ်ဝဲဒၣ်လၢန့ၣ်လၢတလိၣ် ဟ့ၣ်အပူၤဘၣ်န့ၣ်လီၤ.ကိးဘၣ် 1-855-735-4398 (TTY: 711) တက့ၢ်.

ማሳሰቢያ:- ኦሚርኛ የሚናገሩ ከሆነ የቋንቋ እገዛ አገልግሎቶች ያለ ምንም ክፍያ ለእርስዎ ሊሰጡ ይችላሉ። ወደ 1-855-735-4398 (TTY: 711) ይደውሉ።

သတိပြုရန်။ သင် မြန်မာစကားပြောပါက အခမဲ့ ဘာသာပြန် ဝန်ဆောင်မှုကို ရရှိနိုင်သည်။ 1-855-735-4398 (TTY: 711) ကိုခေါ်ပါ။