



Member Complaint Form

Complete and mail or fax to:

Trillium Medicare Advantage | Attention: Complaints-Medicare Operations
7700 Forsyth Blvd | Saint Louis, MO | 63105 | Fax: 1-844-273-2671

Trillium Medicare Advantage will have a resolution to your complaint no later than 30 days of the date you submit your complaint. 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 (44 calendar days total) to answer your complaint. However, if we take this extension, we will notify you or your representative. We can usually help you right away or at the most 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. If you need any help, please call us at 1-877-867-1156, or TTY/TDD users 711. Hours are from October 1 to February 14 seven days a week from 8 a.m. to 8 p.m. and from February 15 to September 30, Member Services is available Monday through Friday from 8 a.m. to 8 p.m. You can also submit a complaint about Trillium Medicare Advantage directly to Medicare by calling 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048. Or you can visit www.TrilliumAdvantage.com.

Member's Name (First and Last): _____

Medicare ID Number: _____ Member Date of Birth: _____

Relationship to Member (please choose one): ☐ Self ☐ Parent ☐ Legal Guardian ☐ Spouse
☐ Other: _____

Phone Number: _____

Street Address: _____

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

Provider: _____

Complaint Type (please choose one):

☐ Access

☐ Service Request



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Claims Payment Issue

- ☐ Appeals
- ☐ Benefits
- ☐ Prescription Drug Request or Issue/Coverage Determination & Redetermination Process
- ☐ Customer Service
- ☐ Enrollment & Disenrollment
- ☐ Fraud & 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 for the next 7 days? (please choose one):

☐ Yes ☐ No

What is your complaint?

How can Trillium Medicare Advantage 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 (i.e. phone number, email address, etc.):

For Administrative Use Only

Complaint Number: _____ Date Received: _____

Trillium Medicare Advantage is contracted with Medicare for HMO SNP and PPO plans, and with the Oregon Medicaid program. Enrollment in Trillium Medicare Advantage depends on contract renewal.

For Administrative Use Only

Complaint Number: _____ *Date Received:* _____