

## AvMed Medicare Appeals and Grievances Data Report

January 1, 2020 to December 31, 2020

<p>What kind of information is this?</p>	<p>Medicare Advantage plan members have the right to file an appeal or grievance with their plan. Individuals eligible to enroll in a Medicare Advantage plan have the right to request information about the number of appeals and grievances a plan receives. The next few pages contain information about the appeals and grievances that AvMed received in 2020.</p>
<p>How many members does AvMed have?</p>	<p>AvMed has about 23,958 members.</p>
<p>What is a level 1 appeal?</p>	<p>A level 1 appeal is a formal request for AvMed to review AvMed’s decision not to pay for, not to provide, or to stop an item or service that a member believes they need.</p> <p>If a member cannot get an item or service that the member feels they need, or if the plan has denied payment of a claim for a service the member has already received, the member can appeal to the plan. For example, a member might appeal our decision to stop physical therapy, to deny a visit to a specialist, or to deny payment of a claim.</p> <p>The number of level 1 appeals AvMed had in 2020 can be found on <b>line 1</b> of the attached report. The number of level 1 appeals received per 1,000 members can be found on <b>line 2</b>.</p>
<p>What can happen with level 1 appeals?</p>	<p>Plans may decide to pay for or to provide all services that the member asked for. These are called favorable decisions.</p> <p>Sometimes, plans decide not to pay for or to provide the services that the member asked for. These are called unfavorable decisions.</p> <p>Sometimes a member may decide to withdraw their appeal. Because the plan doesn’t do anything with a withdrawn appeal, they are not included in this report.</p> <p>The number of favorable level 1 appeal decisions AvMed made can be found on <b>line 3</b> of the attached report. Unfavorable decisions can be found on <b>line 4</b>.</p>

<p>What is a grievance?</p>	<p>A grievance is a complaint that a member makes about AvMed. For example, a member can file a grievance when they are unhappy because they believe their plan gives them too much or too little information, there are long wait times when calling the plan, a doctor’s office waiting room is too cold, or they have to travel long distances to get to their doctor.</p> <p>The number of grievances AvMed had in 2020 can be found on <b>line 5</b> of the attached report. The number of grievances received per 1,000 members can be found on <b>line 6</b>.</p>
<p>Where can I get more information about appeals and grievances?</p>	<p>If you are a member of AvMed, you have the right to file an appeal or grievance.</p> <p>You can contact AvMed at 1-800-782-8633 to resolve a concern you may have or to get more information on how to file an appeal or grievance. TTY users can call 711. You may also refer to your Evidence of Coverage for a complete explanation of your rights.</p> <p>You also can contact the Beneficiary and Family Centered Care-Quality Improvement Organization (QIO) at 585-348-3300 or more information about quality of care grievances or to file a quality of care grievance.</p>

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Average Number of Members in 2020: 23,958

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### Level 1 Appeals

	Description	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year Total
1	Level 1 appeals received	33	33	48	30	144
2	Level 1 appeals per 1,000 members	1.37	1.37	2.00	1.25	6.01
3	Favorable level 1 appeal decisions	25	21	40	19	105
4	Unfavorable level 1 appeal decisions	8	12	8	11	39

### Grievances

	Description	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year Total
5	Grievances received	258	195	167	272	892
6	Grievances per 1,000 members	10.77	8.14	6.97	11.35	37.23

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**Quarter 1:** January 1 – March 31

**Quarter 2:** April 1 – June 30

**Quarter 3:** July 1 – September 30

**Quarter 4:** October 1 – December 31

**Year Total:** January 1 - December 31

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