Appeals – Part D Prescription Drugs

What is an Appeal?

An appeal is something you do if you disagree with our decision to deny a request for coverage of health care services or prescription drugs or payment for services or drugs you already received. You may also make an appeal if you disagree with our decision to stop services that you are receiving. For example, you may ask for an appeal if we don't pay for a drug, item, or service you think you should be able to receive. Chapter 9 of the Evidence of Coverage (EOC) explains appeals, including the process involved in making an appeal.

Who May Request an Appeal?

Your doctor or other provider can make a request for you. Your doctor or other provider can request a coverage decision or a Level 1 Appeal on your behalf. To request any appeal after Level 1, your doctor or other provider must be appointed as your representative.

You can ask someone to act on your behalf. If you want to, you can name another person to act for you as your "representative" to ask for a coverage decision or make an appeal.

- There may be someone who is already legally authorized to act as your representative under State law.

- If you want a friend, relative, your doctor or other provider, or other person to be your representative, call Member Services and ask for the "Appointment of Representative" form. (The form is also available on Medicare's website at http://www.cms.hhs.gov/cmsforms/downloads/cms1696.pdf or on our website at https://www.avmed.org/pdf/unsecure/Forms/common/AOR-Form-Medicare.pdf.) The form gives that person permission to act on your behalf. It must be signed by you and by the person who you would like to act on your behalf. You must give us a copy of the signed form.

You also have the right to hire a lawyer to act for you. You may contact your own lawyer, or get the name of a lawyer from your local bar association or other referral service. There are also groups that will give you free legal services if you qualify. However, **you are not required to hire a lawyer** to ask for any kind of coverage decision or appeal a decision.

There Are Two Kinds of Appeals You Can Request

Standard (7 days) - You can request a standard appeal for a case that involves coverage or payment. AvMed Health Plans must give you a decision no later than 7 days after receiving your appeal.

Expedited (72 hours) - You can request an expedited (fast) appeal for cases that involve coverage, if you or your doctor believes that your health could be seriously harmed by waiting up to 7 days for a decision. If your request to expedite is granted, AvMed Health Plans must make a decision no later than 72 hours after receiving your appeal.

- If the doctor who prescribed the drug(s) asks for an expedited appeal for you, or supports you in asking for one, and the doctor indicates that waiting for 7 days could seriously harm your health, AvMed Health Plans will automatically expedite the appeal.

- If you ask for an expedited appeal without support from a doctor, AvMed Health Plans will decide if your health requires an expedited appeal. If you do not get an expedited appeal, your appeal will be decided within 7 days.

How Do I Request an Appeal?

You need to file your appeal within 60 calendar days from the date included on the notice of our coverage determination. We can give you more time if you have a good reason for missing the deadline.

For a Standard Appeal:
You or your appointed representative should mail your written appeal to:

AvMed Health Plans
Member Services
P. O. Box 569008
Miami, FL 33256-9008

For an Expedited Appeal:
You or your appointed representative should contact us by telephone at 1-800-782-8633, 24-hours a day, seven days a week. (TTY/TDD users should call 1-877-442-8633, 8:00 AM – 8:00 PM, seven days a week.) You may also send us a fax to: (305) 671-4936.

What Do I Include with My Appeal?

You should include your name, address, Member ID number, the reasons for appealing, and any evidence you wish to attach. If your appeal relates to a decision by us not to cover a drug that is not on our list of covered drugs (formulary), your prescribing physician must indicate that all of the drugs on any tier of our formulary would not be as effective to treat your condition as the requested off-formulary drug or would harm your health. If your appointed representative is appealing for you, the signed, dated, and completed Appointment of Representative form must be included with the appeal.

What Happens Next?

When we receive your request to reconsider the coverage determination, we give the request to people at our organization who were not involved in making the coverage determination. This helps ensure that we will give your request a fresh look.

We must gather all the information we need to make a decision about your appeal. If we need your assistance in gathering this information, we will contact you. You have the right to obtain and include additional information as part of your appeal.

If we decide completely in your favor: For a Part D drug you already paid for and received, we must send payment to you no later than 30 calendar days after we receive your request. For a Part D drug you have not received, we must authorize or provide you with the Part D drug as quickly as your health requires, but no later than 7 calendar days for a standard decision, and 72

hours or sooner, if your health would be affected by waiting this long for a fast decision.

If we deny your appeal: If we deny any part of your appeal, you or your appointed representative has the right to ask an independent organization, to review your case. This independent review organization contracts with the federal government and is not part of AvMed Health Plans.

Contact Information:

If you need information or help, call us at:
1-800-782-8633, 24-hours a day, 7 days a week
(TTY/TDD users should call 1-877-442-8633,
8:00 AM – 8:00 PM, 7 days a week.)

Other Resources To Help You:

1-800-MEDICARE (1-800-633-4227)
(24-hours a day/7 days a week)
TTY/TTD: 1-877-486-2048

AvMed is a Medicare Advantage organization with a Medicare contract

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