Medicare prescription drug plan appeals

Date: _____

Helpline caller:

The Medicare Rights Center is a national, nonprofit organization. We help older adults and people with disabilities through education, advocacy, and counseling. We are not a government agency, nor are we connected to any insurance plan or company.

You recently called our helpline for assistance with a Medicare prescription drug plan (Part D) denial. You have the right to appeal, which is a formal request that your plan review its initial decision. In most cases, you can appeal any time you believe that your plan's decision to deny payment was incorrect.

This packet contains additional information we discussed in our phone call regarding your Part D appeal, including:

- An overview of the appeal process
- Tip sheet
- Sample appeal letter
- Sample provider letter

If you have more questions or concerns, please call us again at 800-333-4114.

Sincerely,

Helpline counselor

Appealing your plan's decision to deny payment

If you were denied coverage for a prescription drug, you can choose to file an appeal, which asks your plan to reconsider its decision. The appeal process is the same in stand-alone Part D plans and Medicare Advantage Plans with Part D coverage.

When your Part D plan will not pay for your drug, you should receive a notice at the pharmacy titled Medicare Prescription Drug Coverage and Your Rights. This notice provides instructions on filing an exception request (a formal coverage request) with your plan. Note that even though your plan will not pay for the medication, this initial notice is not a formal denial. Before filing an exception request, follow the steps below to understand more about your denial and options:

Step 1	Call your plan to find out the reason it is not covering your drug. The phone number for your Part D plan is written on the back of your plan benefit card. If the plan made an error, they should correct it. Ask your plan the following questions: • Is my drug on the plan's formulary? • Does my drug have a coverage restriction (requirement you must meet before you can get your drug)? • Am I using an in-network pharmacy?
Step 2	Once you know why your drug was not covered at the pharmacy, speak to your prescribing doctor or other provider about your options. • Make sure you are using an in-network pharmacy. • You may be able to try a comparable drug that is on the formulary.

If switching to another drug is not an option, follow the steps below to file an exception request and, if needed, to appeal your plan's decision. Ask your doctor to write a letter of support to send to your plan requesting an exception to the plan's rules. This letter should explain why you need the drug and, if possible, how other medications to treat the same condition are dangerous or less effective for you.

1. File an exception request.

Before you start the appeal process, you need to file an exception request) with your plan. If you need to, contact your plan to learn how to file an exception request.

Ask your doctor to write a letter of support to send to your plan requesting an exception to the plan's rules. This letter should explain why you need the drug and, if possible, how other medications to treat the same condition are dangerous or less effective for you. Your plan should issue a decision within 72 hours. You can request a fast (expedited) exception request if you or your doctor feel that your health could be seriously harmed by

waiting the standard timeline for a decision. If the plan grants your request to expedite the process, you will get a decision within 24 hours of the initial request.

2. Request a redetermination (appeal).

If your exception request is approved, your drug will be covered. If your exception request is denied, your plan should send you a Notice of Denial of Medicare Prescription Drug Coverage. You have 60 days from the date listed on this notice to begin the formal appeal process by filing an appeal with your plan.

Follow the directions on the notice to appeal. If a doctor is not appealing on your behalf, you may want to ask your doctor to write a letter of support addressing the plan's reasons for not covering the needed drug.

3. Get your plan's decision.

Your plan should issue a decision within seven days. If you are filing an expedited appeal, the plan should issue a decision within 72 hours. If your appeal is successful, your drug will be covered. If your appeal is denied, you have the right to continue appealing.

4. Get an independent review.

If your appeal is denied, you can move on to the next level by appealing to the Independent Review Entity (IRE) within 60 days of the date listed on your plan denial notice. The IRE should issue a decision within 7 days. If you are filing an expedited appeal, the IRE should issue a decision within 72 hours.

You can call the IRE to check on your appeal, or to mail more information. The IRE is also known as C2C Solutions, and their phone number is 833-919-0198.

5. Continue to additional levels of appeal.

If your appeal is denied and your drug is worth a certain amount, you can choose to appeal to the Office of Medicare Hearings and Appeals (OMHA) level. You must file your OMHA level appeal within 60 days of the date on your IRE denial letter.

If you decide to appeal to the OMHA level, you may want to contact a lawyer or legal services organization to help you with this or later steps in your appeal–but that is not required.

If your appeal is denied, you have the right to continue appealing to the Council and then to Federal District Court. Be aware that at each level there are separate requirements for when you must file the appeal and how much the drug must be worth to appeal.

Tips for appealing

Below are a few tips to help you while you are appealing.

- Before you start your appeal, make sure you fully read all the letters and notices sent by your plan.
    - Call your plan to learn why your drug is being denied, if the information was not provided. Their phone number should be on the back of your plan benefits card. Your appeal letter should address the reason(s) for denial stated by the plan.
    - Call your doctor to make sure there was not a billing error before appealing.
    - Keep any notices you receive from your plan and write down the names of any representatives you speak to, the date and time you spoke, and what you spoke about.
- Many plans let you appeal either in writing or over the phone. We recommend writing an appeal letter and sending it to your plan by mail or fax.
- You can strengthen your appeal by including a letter from your doctor in support of your appeal.
- Make sure you file each appeal in a timely manner.
    - Call your plan to make sure it got your appeal.
    - If there is a reason you cannot submit your appeal within the timeframe, see whether you are eligible for a **good cause extension**. Otherwise, your appeal may not be considered.
- Keep a copy of all documents sent and received during the process.
    - If possible, send your appeal with certified mail or delivery confirmation.
    - Do not send the original copies of important documents.
- If your provider sends you a bill for the denied drug, let your provider's billing office know that you are in the process of appealing your plan's coverage decision.

Note: If your plan has poor customer service, you face administrative problems (such as the plan taking too long to file your appeal or failing to deliver a promised refund), or you run into other issues, you can choose to file a grievance (a formal complaint). To file a grievance, contact your plan and send a letter to their Grievance and Appeals department.

If you have additional questions about the appeal process, there are resources to help you understand your rights. Contact your State Health Insurance Assistance Program (SHIP) for free information and assistance. To find your SHIP's helpline number, visit https://www.shiphelp.org/.

Sample general appeal letter

[Date]
[Your name]
[Your address]

Appeals & Grievance Department
[Name of Medicare Advantage Plan]
[Plan address]

Re: **[Your name]**
Medicare plan:
Medicare number:
Provider:
Claim number: **[Claim number for denied service/s]**
Date/s of service:

Dear sir/madam:

I am writing to appeal **[name of plan]**'s denial of coverage for **[name of medication]**. Your denial of coverage is not reasonable because **[Explain why the drug is medically necessary. Include personal information about your case, illness and treatment history, explanation of the care you received, the health care providers involved, and what you feel needs to be done. If possible, get a letter from your health care provider(s) confirming that the medication is medically necessary and explaining why.]**

As a result, **[name of plan]** must cover this **[name of medication]**. Please review your decision. If you have any questions or need additional information, please contact me at **[your number]**. Thank you for your prompt attention to this matter.

Sincerely,
[Your name]

Attachments: **[List, if any]**

Sample provider's appeal letter

[Print on your letterhead, attach copies of any relevant medical records, and return to client]

[Date]

Appeals & Grievance Department
[Plan name]
[Plan address]

Re: **[Patient name and date of birth]**
Date/s of service:

Dear sir/madam,

I write on behalf of my patient, **[patient name]**. They have been under my care for **[amount of time]**. In order to appropriately treat **[patient name]**'s medical condition, I prescribed **[name of medication, dosage, and amount]**. If my patient cannot take this medication, **[list consequences]**.

[List other medications/dosages previously prescribed to treat your patient's condition that were less effective or harmful when compared to the drug/dosage at issue. List medications/dosages you believe would be less effective or risky for your patient.]

[If requesting an expedited exception] In my professional opinion, **[patient name]** must receive an expedited decision in order to obtain **[name of medication]** immediately. Failure to do so will seriously jeopardize **[patient name]**'s health because **[provide explanation].**

Accordingly, please reconsider your denial of coverage for **[medication]**. Please contact me should you require any additional information. I can be reached at **[phone number]**.

Sincerely,

[Your name]
[Your title]

Attachments: **[List, if any]**