

**Medicare Prescription Drug Program  
Grievances, Coverage Determinations,  
Appeals: HELP!!!**

Medicare Advocacy Project  
1-800-323-3205  
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## Short glossary of terms:

- Grievances: not happy but **not** an issue of medication coverage or cost.
- **Coverage Determinations [including, EXCEPTIONS]: availability and cost**
- Appeals: **five** levels of appeal to reach a coverage/cost goal

# When your clients can't get their prescriptions filled . . .

- “Sorry, your plan doesn't cover this medication” (a/k/a: it's not on the *formulary*).
- “Sorry, that's what your plan charges for this medication” (a/k/a: it's on a *non-preferred* more expensive *tier*.)
- “Sorry . . . if you disagree, call your plan. The number's on the wall.” (Pharmacist must inform enrollee re: option to request exception, coverage determination.)

# What can your clients do?

Call your to confirm why your prescription was not filled.

Consult with prescribing physician.

Seek an *exception* if:

Medically necessary, non-formulary drug was prescribed  
Available, but on an expensive cost sharing tier  
Drug has been removed from the formulary  
Cost to enrollee has increased

# Requesting an exception

- Who can request an exception:
  - prescribing physician
  - enrollee
  - enrollee's authorized representative
- Contact plan by telephone or in writing.

## Requesting an exception (continued)

- Requires prescribing physician support that no formulary drug would be as **effective** as requested drug, or alternative formulary drug would cause **adverse side effects**
- Additional medical evidence may be required.
- Certain drugs not subject to exceptions process.

# Time frames for exception decisions

- Expedited requests: 24 hrs. from receipt of request
  - If physician indicates or plan determines that standard 72 hour time frame would seriously jeopardize enrollee's health or ability to regain maximum function
- Standard: 72 hours

# Pursuing further levels of appeal

- **Unfavorable exception or other coverage determination**
- **Redetermination (by sponsor)**
  - Enrollee has 60 days to file
  - Plans must respond either within 72 hrs. (expedited) or 7 days (standard or if enrollee has already paid for drug)
- **Reconsideration by Independent Review Entity** (same time frames as above)
- Administrative Law Judge (60 days to file ); then
- Medicare Appeals Council (60 days to file); then
- Federal District Court (60 days to file)

# Medicare Advocacy Project

## 1-800-323-3205

- State wide advocacy
- 20 years representing Medicare beneficiaries

# Medicare Advocacy Project (con't)

## 1-800-323-3205

- Call MAP for free legal advice and representation on Medicare issues under Parts A, B, C and soon D:
  - Enrollment
  - Eligibility
  - Premium penalties
  - Coverage
- Call MAP with all your Part D problems to help us help your clients and identify issues.