

Appeals and grievances: What to do if you have complaints

Introduction

We encourage you to let us know right away if you have questions, concerns, or problems related to your covered services or the care you receive. Please call Customer Service at the number 1-888-844-3781.

This section gives the rules for making complaints in different types of situations. Federal law guarantees your right to make complaints if you have concerns or problems with any part of your care as a plan member. The Medicare program has helped set the rules about what you need to do to make a complaint, and what we are required to do when we receive a complaint. If you make a complaint, we must be fair in how we handle it. You cannot be disenrolled from MedicareBlueRx Plan or penalized in any way if you make a complaint.

What are appeals and grievances?

You have the right to make a complaint if you have concerns or problems related to your coverage or care. “Appeals” and “grievances” are the two different types of complaints you can make.

An **“appeal”** is the type of complaint you make **when you want us to reconsider and change a decision we have made about what prescription drug benefits are covered for you or what we will pay for a prescription drug.** For example, if we refuse to cover or pay for a prescription drug you think we should cover, you can file an appeal. If MedicareBlueRx Plan refuses to give you a prescription drug you think should be covered, you can file an appeal. If MedicareBlueRx Plan reduces or cuts back on the prescription drugs you have been receiving, you can file an appeal. If you think we are stopping your prescription drug coverage too soon, you can file an appeal.

A **“grievance”** is the type of complaint you make **if you have any other type of problem with MedicareBlueRx Plan or one of our network pharmacies.** For example, you would file a grievance if you have a problem with things such as waiting times when you fill a prescription, the way your network pharmacist or others behave, being able to reach someone by phone or getting the information you need, or the cleanliness or condition of a network pharmacy.

This section tells you how to appeal

We use the word “provide” in a general way to include such things as authorizing prescription drugs, paying for prescription drugs, or continuing to provide a MedicareBlue Rx prescription drug that you have been getting. Problems getting a MedicareBlue Rx prescription drug that you believe we should provide include

the following situations:

- If you are not getting a prescription drug that you believe may be covered by MedicareBlueRx Plan.
- If you have received a MedicareBlue Rx prescription drug you believe may be covered by MedicareBlueRx Plan while you were a member, but we have refused to pay for.
- If we will not provide or pay for a MedicareBlue Rx prescription drug that your doctor has prescribed for you because it is not on our list of covered drugs (called a “formulary”). You can request an exception to our formulary.
- If you disagree with the amount that we require you to pay for a MedicareBlue Rx prescription drug that your doctor has prescribed for you. You can request an exception to the co-payment we require you to pay for a drug.
- You have requested an exception to our formulary or to the co-payment for a drug and we have denied your request.
- If you are being told that coverage for a MedicareBlue Rx prescription drug that you have been getting will be reduced or stopped.
- If there is a requirement that you try another drug before we pay for the drug your doctor prescribed, or if there is a limit on the quantity (or dose) of the drug and you disagree with the requirement or dosage limitation.
- You bought a drug at a pharmacy that is not in our network and you want to request reimbursement for the expense.
- We do not make a decision on your request within the required time frame.

Requesting an appeal from MedicareBlueRx Plan.

If you are having a problem getting a MedicareBlue Rx benefit or payment for a MedicareBlue Rx prescription drug that you have already received, you can request an appeal. After we have made the initial coverage determination, there are five levels of appeal. At each level, your request is considered and a decision is made. If you are unhappy with the decision, you may be able to ask for the next level of appeal if you want to continue requesting the benefit or payment. Each appeal level is discussed in greater detail in the section called “How does the appeals process work?”

This section tells you how to file a grievance about any other type of problem you have with MedicareBlueRx Plan or one of our plan providers

A grievance is different from an appeal because usually it will not involve coverage or payment for MedicareBlue Rx prescription drug benefits (concerns about our failure to cover or pay for a certain drug should be addressed through the appeals process discussed above).

What types of problems might lead to you filing a grievance?

- If you feel that you are being encouraged to leave (disenroll from) MedicareBlueRx Plan.

- Problems with the customer service you receive.
- Problems with how long you have to spend waiting on the phone or in the pharmacy.
- Disrespectful or rude behavior by pharmacists or other staff.
- Cleanliness or condition of pharmacy.
- If you disagree with our decision not to expedite your request for an expedited coverage determination or redetermination.
- You believe our notices and other written materials are difficult to understand.
- Failure to make a decision within the required time frame.
- Failure to forward your case to the independent review entity if we do not make a decision within the required time frame.

In certain cases, you have the right to ask for a “fast grievance,” meaning your grievance will be decided within 24 hours. We discuss these fast-track grievances in more detail below.

Filing a grievance with MedicareBlueRx Plan

If you have a grievance, we encourage you to first call Customer Service at the number 1-888-844-3781. We will try to resolve any complaint that you might have over the phone. If you request a written response to your phone complaint, we will respond to you in writing. If we cannot resolve your complaint over the phone, we have a formal procedure to review your complaints. We must notify you of our decision about your grievance as quickly as your case requires based on your health status, but no later than 30 calendar days after receiving your complaint. We may extend the time frame by up to 14 calendar days if you request the extension, or if we justify a need for additional information and the delay is in your best interest.

Detailed information about how to request an appeal

What is the purpose of this section?

The purpose of this section is to give you more information about how to appeal a decision by us not to cover or pay for all or part of a drug, vaccine, or other MedicareBlue Rx benefit. There are five levels to the appeals process. This section goes through each step in detail.

What kinds of decisions can be appealed?

You can generally appeal our decision not to cover a drug, vaccine, or other

MedicareBlue Rx benefit. You may also appeal our decision not reimburse you for a MedicareBlue Rx drug that you paid for. In addition, if you think we should have paid or reimbursed you more than you received, or the amount you are paying is more than you are supposed to pay under the plan, you can appeal. Finally, if we deny your exception request, you can appeal. Here are some examples of situations where you might want to file an appeal:

- If you are not getting a prescription drug that you believe may be covered by MedicareBlueRx Plan.
- If you have received a MedicareBlue Rx prescription drug you believe may be covered by MedicareBlueRx Plan while you were a member, but we have refused to pay for the drug.
- If we will not provide or pay for a MedicareBlue Rx prescription drug that your doctor has prescribed for you because it is not on our list of covered drugs (called a “formulary”). You can request an exception to our formulary.
- If you disagree with the amount that we require you to pay for a MedicareBlue Rx prescription drug that your doctor has prescribed for you. You can request an exception to the co-payment we require you to pay for a drug.
- You have requested an exception to our formulary or to the co-payment for a drug and we have denied your request.
- If you are being told that coverage for a MedicareBlue Rx prescription drug that you have been getting will be reduced or stopped.
- If there is a requirement that you try another drug before we pay for the drug your doctor prescribed, or if there is a limit on the quantity (or dose) of the drug and you disagree with the requirement or dosage limitation.
- You bought a drug at a pharmacy that is not in our network and you want to request reimbursement for the expense.
- We do not make a decision on your request within the required time frame.

Please Note: *If we approve your exception request for a non-formulary drug, you cannot request an exception to the co-payment we require you to pay for the drug.*

How does the appeals process work?

There are five levels to the appeals process. Here are a few things to keep in mind as you read the description of these steps in the appeals process:

Moving from one level to the next. At each level, your request for MedicareBlue Rx benefits or payment is considered and a decision is made. The

decision may be partly or completely in your favor (giving you some or all of what you have asked for), or it may be completely denied (turned down). If you are unhappy with the decision, there may be another step you can take to get further review of your request. Whether you are able to take the next step may depend on the dollar value of the requested drug or on other factors.

“Initial decision” vs. “making an appeal.” Whenever you ask for a MedicareBlue Rx benefit, the first step is called an “initial decision” or a “coverage determination.” If you are unhappy with the initial decision, you can ask for an appeal, which is called a redetermination. There are also four other levels of appeal that an enrollee may request.

Who makes the decision at each level. You make your request for coverage or payment of a MedicareBlue Rx prescription drug directly to us. We review this request and make an initial decision. If our initial decision is to turn down your request (in whole or in part), you can go on to the first level of appeal by asking us to review our initial decision. If you are still dissatisfied with the outcome, you can ask for further review. If you do, **your appeal is then sent outside of MedicareBlueRx Plan, where people who are not connected to us conduct the review and make the decision.** After the first level of appeal, all subsequent levels of appeal will be decided by someone who is connected to the Medicare program or the federal court system. This will help ensure a fair, impartial decision.