Pharmacy Appeals and Grievances

It is the policy of AgeWell New York to provide meaningful procedures for timely hearing and resolution of grievances. This policy enables us to use listening and problem-solving skills to resolve the issue presented. The policy also provides a protocol for escalation of grievances when warranted or requested.

What is a grievance?

A grievance is different from an appeal because usually it will not involve coverage or payment for prescription drugs included in Medicare prescription drug coverage benefits. Instead, the following types of problems might lead to you filing a grievance:

Quality of your medical care

- Are you unhappy with the quality of the care you have received?

Respecting your privacy

- Do you believe that someone did not respect your right to privacy or shared information about you that you feel should be confidential?

Disrespect, poor customer service, or other negative behaviors

- Has someone been rude or disrespectful to you?
- Are you unhappy with how our Member Services has treated you?
- Do you feel you are being encouraged to leave the plan?

Waiting times

- Have you been kept waiting too long by pharmacists? Or by our Member Services or other staff at the plan?
    - Examples include waiting too long on the phone or when getting a prescription at the pharmacy.

Cleanliness

- Are you unhappy with the cleanliness or condition of a pharmacy?

Information you get from us

- Do you believe we have not given you a notice that we are required to give?
- Do you think written information we have given you is hard to understand?

Complaints related to the timeliness of our actions related to coverage decisions and appeals

The process of asking for a coverage decision and making appeals is explained below. If you are asking for a decision or making an appeal, you use this process, not the complaint process.

However, if you have already asked us for a coverage decision or made an appeal, and you think that we are not responding quickly enough, you can also make a complaint about our slowness. Here are examples:

- If you have asked us to give you a “fast coverage decision” or a “fast appeal,” and we have said we will not, you can make a complaint.
- If you believe we are not meeting the deadlines for giving you a coverage decision or an answer to an appeal you have made, you can make a complaint.
- When a coverage decision we made is reviewed and we are told that we must cover or reimburse you for certain drugs, there are deadlines that apply. If you think we are not meeting these deadlines, you can make a complaint.
- When we do not give you a decision on time, we are required to forward your case to the Independent Review Organization. If we do not do that within the required deadline, you can make a complaint.

How do I file a grievance?

If you would like to file a grievance, you may do so by contacting Member Services at 1-866-237-3210 (TTY/TDD users should call 1-800-662-1220). Hours are 7 days a week from 8:00 am to 8:00 pm. Note: From April 1 to September 30, we may use alternate technologies on Weekends and Federal holidays. You can write to us at:

AgeWell New York
Attn: Appeals & Grievance Department
1991 Marcus Ave. Suite M107
Lake Success, New York 11042
Fax: 1-855-895-0778

APPEALS

As a member of AgeWell New York, you have the right to request an appeal to review an adverse coverage determination made by the AgeWell New York on the benefits that you believe you are entitled to receive.

What is an appeal?

An “appeal” is the type of complaint you make when you want us to reconsider an adverse coverage determination we have made about what prescription drug benefits are covered for you or what we will pay for a prescription drug. This includes a delay in providing or approving drug coverage (when the delay will affect your health), or on any amounts you must pay for drug coverage. There are several levels of appeals that you can exercise (request for redetermination, independent review entity, Administrative Law Judge (ALJ) hearing, and review by the Medicare Appeals Council). The first level of appeals is an appeal submitted to AgeWell New York and is sometimes called a “request for redetermination.” The appeal information below explains how long it takes for a first level appeal and how to request an appeal.

How long is the appeal process?

AgeWell New York has both standard and fast (sometimes called expedited) appeal procedures. When requesting an appeal, you, your doctor, or appointed representative should let us know which of the two decision timeframes you need.

Standard Appeal When we review a standard appeal, we must give you our answer within 7 calendar days after we receive your appeal. We will give you our decision sooner if you have not received the drug yet and your health condition requires us to do so. If you believe your health requires it, you should ask for a "fast" appeal.

Fast Appeal When we review a fast appeal, we must give you our answer within 72 hours after we receive your appeal. We will give you our decision sooner if you have not received the drug yet and your health condition requires us to do so.

You can ask for a fast appeal *only if* you or your doctor believe that waiting for a standard appeal could seriously harm your health or your ability to function. Fast appeals apply only to requests for Medicare prescription drugs (Medicare Part D) that you have not received yet. You cannot get a fast appeal if you are requesting payment for a Medicare prescription drug (Medicare Part D) that you already received.

How do I request an appeal?
You, your doctor or your appointed representative must request an appeal (request for redetermination) **within 60 days** from the date of the notice of the adverse coverage determination (date printed or written on the notice). There two ways you may request your standard or fast appeal.

Mail or fax us your appeal request to:
Elixir
Attn: Clinical Services
7835 Freedom Avenue NW
North Canton, OH 44720
Fax: 1-877-503-7231

Call us at 1-866-237-3210 (TTY/TDD users should call 1-800-662-1220):
Hours are 7 days a week from 8:00 am to 8:00 pm. Note: From April 1 to September 30, we may use alternate technologies on Weekends and Federal holidays.

What happens after I request a standard appeal?
AgeWell New York will review the standard appeal (request for redetermination) and will provide you notice of our decision in writing (and process the change if favorable) as expeditiously as your health condition requires but no later than 7 calendar days of receipt of the appeal request. If AgeWell New

York decides that the time frame for the standard appeals process could seriously jeopardize your life, health or ability to regain maximum function, the review of your request will be expedited.

What happens after I request a fast (expedited) appeal?

If AgeWell New York decides that the time frame for the standard appeals process could seriously jeopardize your life, health or ability to regain maximum function, the review of your request will be expedited. A request made or supported by your prescribing physician will be expedited if the physician indicates that applying the standard timeframe for making a determination may seriously jeopardize your life or health or your ability to regain maximum function. When an appeal request meets criteria for expedited processing, AgeWell New Yorkmust provide you and your prescribing physician notice of its decision (and effectuate the change if favorable) as expeditiously as your health condition requires, but no later than 72 hours after receiving the request.

If additional medical information is required to process the request, AgeWell New York must request it within 24 hours of receiving the fast appeal request. Even if additional information is required, AgeWell New York must still issue notice of the decision within the 72 hour timeframe.

If AgeWell New York determines that your request is not time-sensitive, where your health is not seriously jeopardized, AgeWell New York will notify you verbally and in writing and will automatically begin processing your request under the standard appeals process. If you disagree and believe the review should be expedited, you may file an expedited grievance with AgeWell New York. The written notice will include instructions on how to file an expedited grievance. You have the right to resubmit your request for an expedited appeal with your prescribing physicians support.

Failure to meet the timeframes for either a standard or an expedited appeal constitutes an adverse determination and AgeWell New York must forward your request to the Independent Review Entity (IRE) within 24 hours of the expiration of the adjudication timeframe for the IRE to issue the appeal (redetermination) decision. This applies to both standard and expedited appeal requests. You will be notified in writing by AgeWell New York if your request is sent to the IRE. The approval or denial for auto-forwarded cases will be sent by the IRE directly to you or your appointed representative.

You can appoint a representative to act on your behalf for filing a coverage determination or appeal by providing us with a completed Appointment of Representative form or visit the CMS Medicare website at www.cms.hhs.gov/MedPrescriptDrugApplGriev/13_Forms.asp. Please note by clicking on this link, you will be leaving the AgeWell New York website.

Further Appeals

If you disagree with a decision AgeWell New York made regarding your appeal (request for redetermination), you may file an appeal with an outside entity. For further information regarding appeals, refer to Chapter 7 of your Evidence of Coverage or call Member Services at 1-866-237-3210 (TTY/TDD users should call 1-800-662-1220). Hours are 7 days a week from 8:00 am to 8:00 pm. Note: From April 1 to September 30, we may use alternate technologies on Weekends and Federal holidays.

Who may ask for a grievance or an appeal?

You or someone you name to act for you (your appointed representative) may request a grievance or an appeal. You can name a relative, friend, advocate, attorney, doctor, or someone else to act for you. Others may already be authorized under state law to act for you. Please fill out the Appointment of Representative form and send it to us with your request. You can call us at: 1-866-237-3210 (TTY/TDD users should call 1-800-662-1220), Hours are 7 days a week from 8:00 am to 8:00 pm. Note: From April 1 to September 30, we may use alternate technologies on Weekends and Federal holidays, if you need help filling out the form or want to learn more about appointing a representative. For further information, please refer to Chapter 9 of your Evidence of Coverage with links provided below.