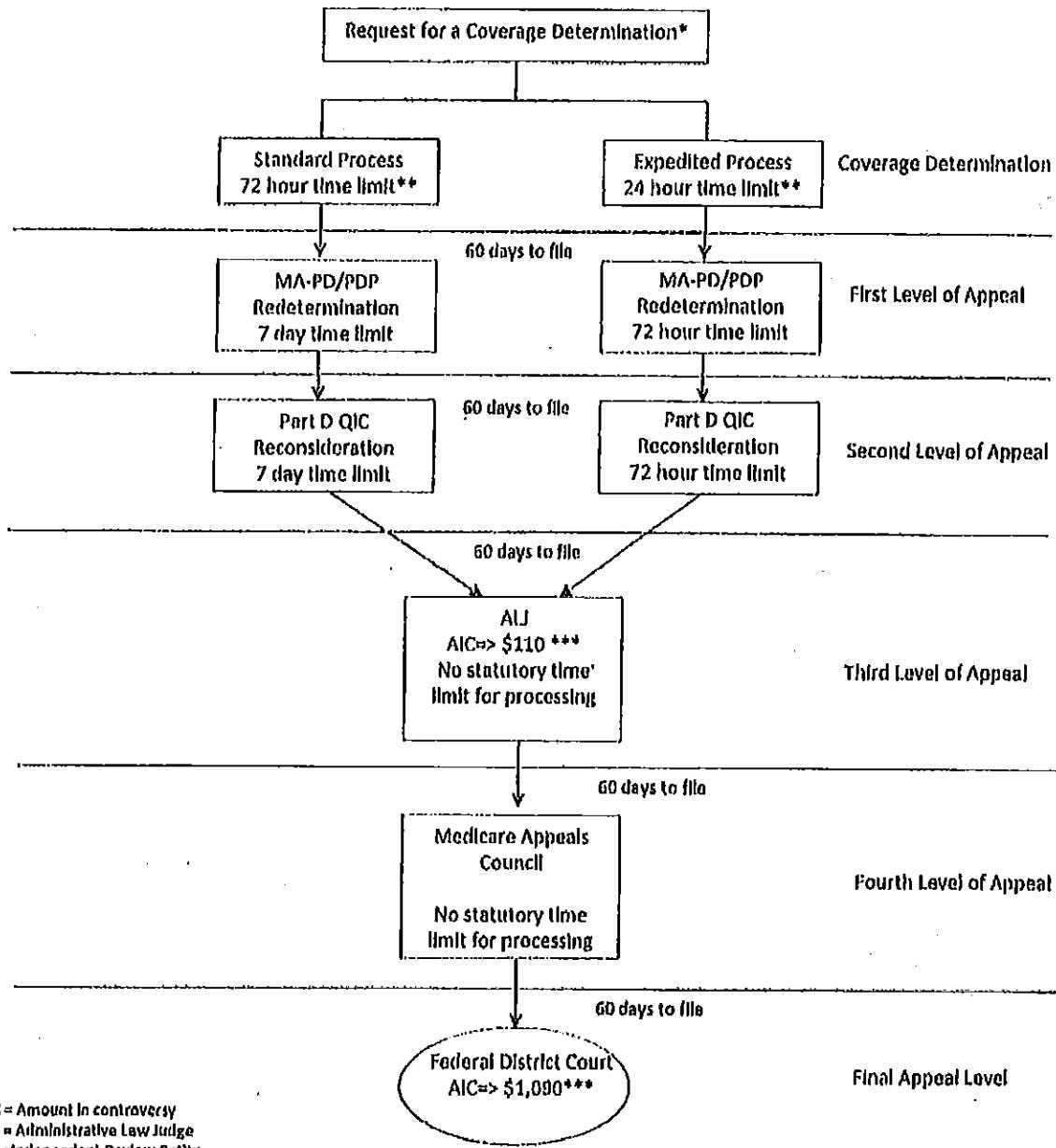


Medicare Part D Appeal Process



AIC = Amount in controversy

ALJ = Administrative Law Judge

IRE = Independent Review Entity

MA-PD = Medicare Advantage plan that offers Part D benefits

PDP = Prescription Drug Plan

*A request for a coverage determination includes a request for a tiering exception or a formulary exception. A request for a coverage determination may be filed by the enrollee, the enrollee's appointed representative, or the enrollee's physician.

**The adjudication timeframes generally begin when the request is received by the plan sponsor. However, if the request involves an exception request, the adjudication timeframe begins when the plan sponsor receives the physician's supporting statement.

***Starting in 2005, the AIC requirement for an ALJ hearing and Federal District Court will be adjusted in accordance with the medical care component of the consumer price index.





The Medicare Part D Exceptions Process

What can you do if your plan won't cover your prescriptions?

IF THEN
Your didn't go through the utilization management protocol your plan has in place to reduce costs (e.g. quantity limits, prior authorization and generic substitution).

Your plan decided the medication wasn't medically necessary

IF THEN
You need to request a COVERAGE DETERMINATION – a ruling in which your plan decides whether you really need your prescribed medication. It needs to be decided within 72 hours*

IF Your plan decides your medication is necessary

You can file an appeal **

If you can't wait 72 hours, you can request an Expedited Coverage Determination, which must be decided within 24 hours

What can you do if your can't afford your prescriptions?

IF THEN
You or your doctor needs to request a FORMULARY EXCEPTION – This request may include a statement from your doctor to your plan stating why you need this drug – specifically that no other drug on the plan's formulary for your condition would be as effective and/or that all other drugs on your plan's formulary for your condition would give you adverse effects.

IF THEN
Your doctor prescribed a "unique" or very expensive drug that you can't afford.

IF THEN
Your can't afford the cost-sharing amounts your plan changes for the drug your doctor prescribed.

IF THEN
Your plan changed the cost of your medication mid-year and you can't afford the cost-sharing amount.

See the Part D Appeals Flowchart to find out how the Appeals process works.

IF Your plan denies your request for a Formulary Exception

You can file an appeal **