



Important information about your NaviCare[®] HMO SNP appeals, grievances and exceptions for drugs covered by Medicare Part D

Appeals

An **appeal** is the type of complaint you make when you want NaviCare to reconsider and change a decision we have made:

- To deny, stop, suspend, or reduce any services
- About what services are covered for you
- About what we will pay for a service

Below is the process for filing an appeal for drugs that are covered under Medicare Part D. There are two kinds of appeals you can request:

Expedited (72 hours)—You can request an expedited (fast) appeal if you or your doctor or other prescriber believes that your health could be seriously harmed by waiting up to seven days for a decision. If your request to expedite is granted, we must give you a decision no later than 72 hours after receiving your appeal.

- If the doctor or other prescriber who prescribed the drug(s) asks for an expedited appeal for you, or supports you in asking for one, and they indicate that waiting for seven days could seriously harm your health, we will automatically expedite the appeal.
- If you ask for an expedited appeal without support from a doctor or other prescriber, we will decide if your health requires an expedited appeal. If we do not give you an expedited appeal, we will decide your appeal within seven days.
- Your appeal will not be expedited if you've already received the drug you are appealing.

Standard (seven days)—You can request a standard appeal. We must give you a decision no later than seven days after we get your appeal.

What do I include with my appeal?

You should include your name, address, member ID number, reasons for appealing and any evidence you wish to attach. If your appeal relates to a decision by us to deny a drug that is not on our list of covered drugs (our formulary), your doctor or other prescriber must indicate that all the drugs on any tier of our formulary would not be as effective to treat your condition as the requested off-formulary drug or would harm your health.

How do I request an appeal?

You need to file your appeal in writing, by faxing or contacting an Enrollee Services Representative by telephone within 60 calendar days from receiving the denial notice. NaviCare can give you more time if you have a good reason for missing the deadline. If the appeal is made by someone other than yourself, your doctor or other prescriber, you must submit a document appointing him or her to act on your behalf.

For a standard appeal

You, the person you choose to represent you, or your physician or other prescriber should mail, fax or deliver your written appeal request to:

NaviCare Enrollee Services
Fallon Community Health Plan
10 Chestnut St.
Worcester, MA 01608
Fax: 1-508-755-7393

For an expedited appeal

You, the person you choose to represent you, or your physician or other prescriber should contact us in writing or by telephone or fax at:

NaviCare Enrollee Services
Fallon Community Health Plan
10 Chestnut St.
Worcester, MA 01608
Toll-free: 1-877-700-6996 (TDD/TTY: 1-877-795-6526)
Monday through Friday, from 8 a.m. to 6 p.m.
(Expedited appeals can be made and are processed 24 hours a day, seven days a week by leaving a voice message.)
Fax: 1-508-755-7393

What happens next?

If you appeal, we will review our decision. If any of the prescription drugs you requested are approved, you will receive a letter letting you know of the approval, and for expedited appeals, you will also receive a phone call. If any of the prescription drugs you requested are still denied, you can request an independent review of your case by a reviewer outside of Fallon Community Health Plan. If you disagree with that decision, you will have the right to further appeal. You will be notified of your appeal rights if this happens.

Contact information

If you need information or help, call to speak to a NaviCare Enrollee Service Representative at 1-877-700-6996 (TDD/TTY: 1-877-795-6526), Monday through Friday, 8 a.m. to 8 p.m. (From October 15 – February 14, we're available seven days a week.)

Other resources to help you

Medicare Rights Center: 1-888-HMO-9050

Elder Care Locator: 1-800-677-1116

Medicare: 1-800-MEDICARE (1-800-633-4227), TTY: 1-877-486-2048

Grievances

A **grievance** is the type of complaint you make if you have any other type of problem with Fallon Community Health Plan, NaviCare or one of our plan providers. If the grievance is made by someone other than yourself, you must submit a document appointing him or her to act on your behalf. You, or the person you choose to represent 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
- Getting the information you need
- The cleanliness or condition of a network pharmacy
- Whenever we do not provide a fast decision about your initial request for a service or your request to appeal our denial of a service.

There are two kinds of grievances you can file:

Expedited (72 hours)—You can file an expedited grievance whenever we do not provide a fast decision about your initial request for a service or your request to appeal our denial of a service.

Standard (30 days)—You can file a standard grievance. We will contact you within 30 calendar days of receiving your grievance to discuss a possible resolution to your concern.

How do I file a grievance?

For an expedited grievance

Call the NaviCare Enrollee Services Department at:

1-877-700-6996 (TDD/TTY: 1-877-795-6526)

Monday through Friday, from 8 a.m. to 6 p.m.

(Expedited grievances can be made and are processed 24 hours a day, seven days a week by leaving a voice message.)

Fax: 1-508-755-7393

For a standard grievance

Call the NaviCare Enrollee Services Department at the number below or, send a letter including all details of your grievance to:

NaviCare Enrollee Services
Fallon Community Health Plan
10 Chestnut St.
Worcester, MA 01608

1-877-700-6996 (TDD/TTY: 1-877-795-6526)
Monday through Friday, from 8 a.m. to 6 p.m.
Fax: 1-508-755-7393

A NaviCare Enrollee Services Representative will let you know that we received your letter within 24 to 48 hours of receipt. Every reasonable attempt will be made to resolve your complaint within 30 days. All grievances submitted in writing will be responded to in writing. Grievances made orally will be responded to orally and in writing. All quality of care grievances will be responded to in writing and will include information of your rights to file a written complaint to the Quality Improvement Organization.

Exceptions to the formulary (list of covered medications)

You can ask NaviCare to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to remove coverage restrictions or limits on your drug. For example, for certain drugs, NaviCare may limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to remove the limit and cover more.

Generally, NaviCare will only approve your request for an exception if the alternative drugs included on the plan's formulary or additional restrictions on use would not be as effective in treating your condition and/or would cause you to have adverse medical effects. Please note that because we do not cover drugs to treat erectile dysfunction (ED), you will not be able to request a formulary exception for ED drugs when used to treat ED.

You should contact us to ask us for a preliminary coverage decision for a coverage exception. When you are requesting a coverage exception, or utilization restriction exception, we encourage you to submit a statement from your doctor or other prescriber supporting your request. Generally, we must make our decision within 72 hours of getting your doctor's or other prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor or other prescriber believes that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must decide no later than 24 hours after we get your doctor's or other prescriber's supporting statement.

For more information about your appeals, grievances, and exceptions, see your *Evidence of Coverage* or call a NaviCare Enrollee Service Representative at 1-877-700-6996 (TDD/TTY: 1-877-795-6526), Monday through Friday, 8 a.m. to 8 p.m. (From October 15 – February 14, we're available seven days a week.)

A Coordinated Care plan with a Medicare Advantage contract and a contract with the Massachusetts Medicaid program. NaviCare HMO SNP is available to individuals age 65 and older who have Medicare Parts A and B and MassHealth Standard and live in the service area. NaviCare SCO is available to individuals age 65 and older who have MassHealth Standard and live in the service area. (Individuals with MassHealth Standard do not have to be covered by Medicare Parts A and B to enroll in NaviCare SCO). Eligible beneficiaries may enroll in NaviCare HMO SNP or NaviCare SCO at any time. Except in emergent and urgent care situations, you must use network pharmacies to access the prescription drug benefit. Quantity limits and restrictions may apply.

You must use plan providers except in emergency or urgent care situations or for out-of-area renal dialysis. If you obtain routine care from out-of-network providers, neither Medicare nor NaviCare will be responsible for the costs. This information is available for free in other languages. Please contact our enrollee services at 1-877-700-6996 for additional information.