

For more information on asking for coverage decisions about your medical care, see Chapter 9 (*What to do if you have a problem or complaint (coverage decisions, appeals, complaints)*).

How to contact us when you are making a complaint or an appeal about your medical care

| Complaints or Appeals about Medical Care | |
|---|--|
| CALL | 1-800-708-8729. Calls to this number are free. Our Member Services Department is open Monday – Friday, 8 a.m. – 8 p.m. |
| TTY | 1-800-750-0750 or 711. This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free. Our Member Services Department is open Monday – Friday, 8 a.m. – 8 p.m. |
| FAX | 1-877-459-0010 |
| WRITE | P.O. Box 1947, Dayton, OH 45401-1947 |

For more information on making a complaint or an appeal about your medical care, see Chapter 9 (*What to do if you have a problem or complaint (coverage decisions, appeals, complaints)*).

How to contact us when you are asking for a coverage decision about your Part D prescription drugs

| Coverage Decisions for Part D Prescription Drugs | |
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| CALL | 1-888-527-0014. Calls to this number are free. |
| TTY | 1-866-547-0773. This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free. |
| FAX | 1-866-950-9375 |
| WRITE | CVS Caremark Attn: Coverage Decisions P.O. Box 22690 Salt Lake City, UT 84122-0690 |

For more information on asking for coverage decisions about your Part D prescription drugs, see Chapter 9 (*What to do if you have a problem or complaint (coverage decisions, appeals, complaints)*).

How to contact us when you are making a complaint or an appeal about your Part D prescription drugs

| Complaints or Appeals about Part D Prescription Drugs | |
|---|--|
| CALL | 1-888-527-0014. Calls to this number are free. |
| TTY | 1-866-547-0773. This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free. |
| FAX | 1-877-667-1895 |
| WRITE | CVS Caremark Attn: Medicare Casework Department P.O. Box 22524 Salt Lake City, UT 84122-0690 |

For more information on making a complaint or an appeal about your Part D prescription drugs, see Chapter 9 (*What to do if you have a problem or complaint (coverage decisions, appeals, complaints)*).

Where to send a request that asks us to pay for our share of the cost for medical care or a drug you have received

For more information on situations in which you may need to ask us for reimbursement or to pay a bill you have received from a provider, see Chapter 7 (*Asking the plan to pay its share of a bill you have received for medical services or drugs*).

Please note: If you send us a payment request and we deny any part of your request, you can appeal our decision. See Chapter 9 (*What to do if you have a problem or complaint (coverage decisions, appeals, complaints)*) for more information.

| Payment Requests | |
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| CALL | 1-888-527-0014. Calls to this number are free. |
| TTY | 1-866-547-0773. This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free. |
| WRITE | CVS Caremark Attn: Med D claims P.O. Box 53993 Phoenix, AZ 85072-3993 |

- If the Independent Review Organization reverses our decision to deny payment, we must send the payment you have requested to you or to the provider within 30 calendar days. If the answer to your appeal is yes at any stage of the appeals process after Level 2, we must send the payment you requested to you or to the provider within 60 calendar days.

SECTION 6 Your Part D prescription drugs: How to ask for a coverage decision or make an appeal



Have you read Section 4 of this chapter (*A guide to “the basics” of coverage decisions and appeals*)? If not, you may want to read it before you start this section.

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| Section 6.1 | This section tells you what to do if you have problems getting a Part D drug or you want us to pay you back for a Part D drug |
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Your benefits as a member of our plan include coverage for many outpatient prescription drugs. Medicare calls these outpatient prescription drugs “Part D drugs.” You can get these drugs as long as they are included in our plan’s *List of Covered Drugs (Formulary)* and they are medically necessary for you, as determined by your primary care doctor or other provider.

- **This section is about your Part D drugs only.** To keep things simple, we generally say “drug” in the rest of this section, instead of repeating “covered outpatient prescription drug” or “Part D drug” every time.
- For details about what we mean by Part D drugs, the *List of Covered Drugs*, rules and restrictions on coverage, and cost information, see Chapter 5 (*Using our plan’s coverage for your Part D prescription drugs*) and Chapter 6 (*What you pay for your Part D prescription drugs*).

Part D coverage decisions and appeals

As discussed in Section 4 of this chapter, a coverage decision is a decision we make about your benefits and coverage or about the amount we will pay for your drugs.

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| Legal Terms | A coverage decision is often called an “ initial determination ” or “initial decision.” When the coverage decision is about your Part D drugs, the initial determination is called a “ coverage determination. ” |
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Here are examples of coverage decisions you ask us to make about your Part D drugs:

- You ask us to make an exception, including:

- Asking us to cover a Part D drug that is not on the plan's *List of Covered Drugs*
- Asking us to waive a restriction on the plan's coverage for a drug (such as limits on the amount of the drug you can get)
- Asking to pay a lower cost-sharing amount for a covered non-preferred drug
- You ask us whether a drug is covered for you and whether you satisfy any applicable coverage rules. (For example, when your drug is on the plan's *List of Covered Drugs* but we require you to get approval from us before we will cover it for you.)
- You ask us to pay for a prescription drug you already bought. This is a request for a coverage decision about payment.

If you disagree with a coverage decision we have made, you can appeal our decision.

This section tells you both how to ask for coverage decisions and how to request an appeal. Use this guide to help you determine which part has information for your situation:

