

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

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

You can make a complaint about us or one of our network providers, including a complaint about the quality of your care. This type of complaint does not involve coverage or payment disputes. An appeal is a formal way of asking us to review and change a coverage decision we have made.

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)*).

Complaints or Appeals for 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
MEDICARE WEBSITE	You can submit a complaint (what about appeals) about CareSource Advantage directly to Medicare. To submit an online complaint to Medicare, go to: www.medicare.gov/MedicareComplaintForm/home.aspx .

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

A coverage decision is a decision we make about your benefits and coverage or about the amount we will pay for your prescription drugs. 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)*).

Coverage Decisions for Part D Prescription Drugs	
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	1-866-950-9375
WRITE	CVS Caremark MC 109 P.O. Box 52000 Phoenix, AZ 85072-2000
Website	www.caresource.com

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

An appeal is a formal way of asking us to review and change a coverage decision we have made. For more information on making 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)*).

Appeals for Part D Prescriptions	
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	1-866-884-9475
WRITE	CVS Caremark MC 109 P.O. Box 52000 Phoenix, AZ 85072-2000
Website	www.caresource.com

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

You can make a complaint about us or one of our network pharmacies, including a complaint about the quality of your care. This type of complaint does not involve coverage or payment disputes. (If your problem is about the plan's coverage or payment, you should look at the section above about making an appeal.) For more information on making a complaint about your Part D prescription drugs, see Chapter 9 (*What to do if you have a problem or complaint (coverage decisions, appeals, complaints)*).

Complaints about Part D Prescription Drugs	
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	1-866-217-3353
WRITE	CVS Caremark Grievance Department MC 121 P.O. Box 53991 Phoenix, AZ 85072-3991

**MEDICARE
WEBSITE**

You can submit a complaint about CareSource Advantage directly to Medicare. To submit an online complaint to Medicare, go to www.medicare.gov/MedicareComplaintForm/home.aspx.

Where to send a request asking 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 us to pay our share of a bill you have received for covered 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

WRITE

For Part D Prescription Drugs Bills:

CVS Caremark
Attn: Med D Claims
P.O. Box 52066
Phoenix, AZ 85072-2066

For Medical Bills:

CareSource Advantage
P.O. Box 1947
Dayton, OH 45401-1947

Website

www.caresource.com

SECTION 2 Medicare (How to get help and information directly from the Federal Medicare Program)

Medicare is the federal health insurance program for people 65 years of age or older, some people under age 65 with disabilities and people with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).

The federal agency in charge of Medicare is the Centers for Medicare & Medicaid Services (sometimes called “CMS”). This agency contracts with Medicare Advantage organizations including us.

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



Have you read Section 5 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.

Section 7.1	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 prescription drugs. Please refer to our plan’s *List of Covered Drugs (Formulary)*. To be covered, the drug must be used for a medically accepted indication. (A “medically accepted indication” is a use of the drug that is either approved by the Food and Drug Administration or supported by certain reference books. See Chapter 5, Section 4 for more information about a medically accepted indication.)

- **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 (Formulary)*, 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 5 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.

Legal Terms	An initial coverage decision about your Part D drugs 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 (Formulary)*
 - 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 meet the requirements for coverage. (For example, when your drug is on the plan's *List of Covered Drugs (Formulary)* but we require you to get approval from us before we will cover it for you.)
 - *Please note:* If your pharmacy tells you that your prescription cannot be filled as written, you will get a written notice explaining how to contact us to ask for a coverage decision.
- 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 the chart below to help you determine which part has information for your situation:

Which of these situations are you in?

<p>Do you need a drug that isn't on our Drug List or need us to waive a rule or restriction on a drug we cover?</p> <p>You can ask us to make an exception. (This is a type of coverage decision.)</p> <p>Start with Section 7.2 of this chapter.</p>	<p>Do you want us to cover a drug on our Drug List and you believe you meet any plan rules or restrictions (such as getting approval in advance) for the drug you need?</p> <p>You can ask us for a coverage decision.</p> <p>Skip ahead to Section 7.4 of this chapter.</p>	<p>Do you want to ask us to pay you back for a drug you have already received and paid for?</p> <p>You can ask us to pay you back. (This is a type of coverage decision.)</p> <p>Skip ahead to Section 7.4 of this chapter.</p>	<p>Have we already told you that we will not cover or pay for a drug in the way that you want it to be covered or paid for?</p> <p>You can make an appeal. (This means you are asking us to reconsider.)</p> <p>Skip ahead to Section 7.5 of this chapter.</p>
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Section 7.2 What is an exception?

If a drug is not covered in the way you would like it to be covered, you can ask us to make an “exception.” An exception is a type of coverage decision. Similar to other types of coverage decisions, if we turn down your request for an exception, you can appeal our decision.

When you ask for an exception, your doctor or other prescriber will need to explain the medical reasons why you need the exception approved. We will then consider your request. Here are three examples of exceptions that you or your doctor or other prescriber can ask us to make:

1. Covering a Part D drug for you that is not on our *List of Covered Drugs (Formulary)*. (We call it the “Drug List” for short.)

Legal Terms	Asking for coverage of a drug that is not on the Drug List is sometimes called asking for a “ formulary exception .”
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