

## **Coverage Determinations**

Abrazo Advantage Health Plan (AAHP) uses the word “provide” in a general way to include such things as authorizing prescription drugs, paying for prescription drugs, or continuing to provide a Part D prescription drug that you have been getting.

The following are examples of when you may want to ask AAHP for a coverage determination:

- If your doctor or pharmacist tells you that AAHP will not cover a prescription drug, you may contact us and ask for a coverage determination.
- If you are not getting a prescription drug that you believe may be covered by AAHP.
- If you have received a Part D prescription drug you believe may be covered by AAHP while you were a member, but the pharmacist says that AAHP has refused to pay for the drug.
- If AAHP does not provide or pay for a Part D prescription drug that your doctor has prescribed for you because it is not on our list of covered drugs (called a “formulary”). You can request an exception to the AAHP formulary. ([\*Click here Pharmacy Exception Requests\*](#))
- If you disagree with the amount that we require you to pay for a Part D prescription drug that your doctor has prescribed for you. You can request an exception to the co-payment we require you to pay for a drug. ([\*Click here Pharmacy Exception Requests\*](#))
- If you are being told that coverage for a Part D prescription drug that you have been getting will be reduced or stopped.
- If there is a limit on the quantity (or dose) of the drug and you disagree with the requirement or dosage limitation. ([\*Click here Pharmacy Exception Requests\*](#))
- If there is a requirement that you try another drug before AAHP will pay for the drug you are requesting. ([\*Click here Pharmacy Exception Requests\*](#))
- You bought a drug at a pharmacy that is not in our network and you want to request reimbursement for the expense.

The coverage determination made by AAHP is the starting point for dealing with requests you may have about covering or paying for a Part D prescription drug. As stated above, if your doctor or pharmacist tells you that a certain prescription drug is not covered you may contact AAHP to ask for a coverage determination. In response to your request,

AAHP explains whether it will provide the prescription drug you are requesting or pay for a prescription drug you have already received.

If AAHP denies your request (this is sometimes called an “adverse coverage determination”), you may “appeal” the decision by asking for an *Appeal*. If we fail to make a timely coverage determination on your request, it will be automatically forwarded to the independent review entity for review. (*Click here Appeal*)

### ***Who may ask for a coverage determination?***

You or someone on your behalf may ask for a coverage determination. You can name a relative, friend, advocate, doctor, or someone else to act for you. Some other persons may already be authorized under state law to act for you. If you want to name someone to act for you, then you and the person you want to act for you must sign and date the “Appointment of Representative” form (*Click Here for this form*). When completed, this form gives this person legal permission to act as your authorized representative. A valid representative has all the grievance and appeal rights and responsibilities of an AAHP member.

Please send (or deliver in person) this completed form to:

Abrazo Advantage Health Plan  
Attention: Pharmacy Department  
7878 North 16th Street, Suite 105  
Phoenix, AZ, 85020

You may fax this completed form to (602) 674-6655 or (866) 832-5469 if outside of Maricopa County.

Please call us at (602) 924-3900 or (888) 864-1114 (for TTY: [602] 824-3909 or [800] 489-1472) to learn how to name your authorized representative. We are open 8:00 a.m. to 8:00 p.m. seven days a week.

### ***How to request a Coverage Determination***

A decision about whether to cover a Part D prescription drug may be a “standard” coverage determination, which AAHP is required to make within the standard timeframe (typically within 72 hours; see below), or it can be a “fast” coverage determination, which AAHP is required to make a determination more quickly (typically within 24 hours; see below). A fast decision is sometimes called an “expedited coverage determination.”

You can ask for a fast decision **only** if you or your doctor believe that waiting for a standard decision could seriously harm your health or your ability to function. (Fast decisions apply only to requests for Part D drugs that you have not received yet. You

cannot get a fast decision if you are requesting payment for a Part D drug that you already received.)

***Asking for a standard coverage decision***

To make an oral request for a standard decision, you, your doctor, or your appointed representative may call us at 602-824-3900 or 888-864-1114 (for TTY: [602] 824-3909 or [800] 489-1472). We are open 8:00 a.m. to 8:00 p.m. seven days a week.

For a written request, please complete the Medicare Part D Coverage Determination Request Form ([Click here for Part D Coverage Determination Request Form](#)) and send (or deliver it in person) to:

Abrazo Advantage Health Plan  
Attention: Pharmacy Department  
7878 North 16<sup>th</sup> Street, Suite 105  
Phoenix, AZ, 85020

You, your doctor, or your appointed representative may also fax the request to (602) 674-6655 or (866) 832-5469 if outside of Maricopa County.

If you need to deliver a request to AAHP outside regular weekday business hours or on holidays, please call one of the numbers listed above. Press option 2 and tell the nurse line you would like to request a standard coverage decision. In response to your request, an AAHP nurse will contact you.

***Asking for a fast coverage decision***

You, your doctor, or your appointed representative may ask us to give a fast coverage decision (rather than a standard decision) by calling us at (602) 824-3900 or (888) 864-1114 (for TTY: [602] 824-3909 or [800] 489-1472). We are open 8:00 a.m. to 8:00 p.m. seven days a week.

For a written request, please complete the Medicare Part D Coverage Determination Request Form ([Click here for Part D Coverage Determination Request Form](#)) and send (or deliver it in person) to:

Abrazo Advantage Health Plan  
Attention: Pharmacy Department  
7878 North 16<sup>th</sup> Street, Suite 105  
Phoenix, AZ, 85020

You, your doctor, or your appointed representative may also fax the request to (602) 674-6655 or (866) 832-5469 if outside of Maricopa County.

If you need to deliver a request to AAHP outside regular weekday business hours and holidays, call one of the numbers listed above. Press option 2 and tell the nurse line you would like to request a “fast” or “72-hour” decision. Be sure to ask for a “fast,” “expedited,” or “24-hour” coverage decision. In response to your request, an AAHP nurse will contact you.

***Responding to “Fast Coverage and/or Payment Requests”***

- If your doctor asks for a fast decision for you, or supports you in asking for one, and the doctor indicates that waiting for a standard decision could seriously harm your health or your ability to function, AAHP will automatically give you a fast decision.
- If you ask for a fast coverage determination without support from a doctor, AAHP will decide if your health requires a fast decision. If AAHP decides that your medical condition does not meet the requirements for a fast coverage determination, we will send you a letter informing you that if you get a doctor’s support for a fast review, we will automatically give you a fast decision. The letter will also tell you how to file a “grievance” if you disagree with our decision to deny your request for a fast review. If AAHP denies your request for a fast coverage determination, we will give you our decision within the 72 hour standard timeframe.

For more information, please refer to your Evidence of Coverage, Chapter 12.

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