

COVID-19 Emergency Declaration Fact Sheet for Medicare Appeals

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SITUATION

On Friday, March 13, 2020, President Trump declared a national emergency effective March 1, 2020, resulting from the spread of the 2019 Novel Coronavirus Disease throughout the United States. That day, CMS also published guidance in its memo titled "COVID-19 Emergency Declaration Health Care Providers Fact Sheet" ("the CMS memo"). The CMS memo outlines waivers that are available to providers and plan sponsors. One available waiver pertaining to Medicare Part D is described in the section of the CMS memo titled "Medicare appeals in Fee for Service, MA and Part D" processing.

BACKGROUND

An enrollee of a Medicare Advantage (MA) or Part D plan has the right to file an appeal for an adverse initial decision the plan made for a service, item or benefit the enrollee feels they are entitled to receive. The following is a limited list of requirements for requesting and processing appeal requests:

- Appeals must be filed within 60 calendar days from the date of the notice of the adverse initial determination.
- An enrollee or their representative, identified through a valid Appointment of Representative (AOR) form or similar document, may request an appeal. The plan is not required to review an appeal requested by a person claiming to be the enrollee's representative until a valid representative document is provided.
- Part C appeal timeframes are 30 calendar days for standard requests and 72 hours for expedited requests. Part C appeals can be extended 14 calendar days by the MA plan if the enrollee requests it or it is in the enrollee's best interest.
- Part D appeal timeframes are 7 calendar days for standard requests and 72 hours for expedited requests. The adjudication timeframes cannot be extended for Part D appeals.

Reference:

Parts C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance
Section 10.6 – Outreach for Additional Information to Support Coverage Decisions
Section 20.1 – Representatives Filing on Behalf of Enrollees
Section 20.2.1 – Missing or Defective Representative Form
Section 50.2.1 - Guidelines for Accepting Level 1 Appeal Requests
Section 50.3 – Good Cause Exception for Late Filing
Section 50.5.1 – Opportunity to Submit Evidence
Section 50.7.1 – Processing Timeframes

ASSESSMENT

EnvisionRx is focused on ensuring that members receive the medication they need without unnecessary delays, and to maintaining compliance with CMS requirements. In addition to the above Part D guidelines for appeals processing, EnvisionRx will exercise the following flexibilities outlined in the CMS memo, where applicable, for processing appeals:

- Extension to file an appeal
- Waive timeliness for requests for additional information to adjudicate the appeal;
- Processing the appeal even with incomplete Appointment of Representation forms but communicating only to the beneficiary;
- Process requests for appeal that don't meet the required elements using information that is available.
- Utilizing all flexibilities available in the appeal process as if good cause requirements are satisfied.

RECOMMENDATIONS

EnvisionRx will be flexible, when possible, with appeal regulations when processing delegated Part D appeals.

- EnvisionRx will extend the timeframe to request an appeal beyond 60 calendar days from the date of the adverse initial determination notice for adverse decisions dated March 1, 2020 or later.
- Appeals requested by a person claiming to be the enrollee's representative will be processed following the Part D appeal timeframes as if the request was received by the enrollee instead of delaying the review until the appropriate representative documentation is received. Notification of the decision will be provided to the enrollee.
- Part D appeal requirements do not permit time extensions. Outreach to obtain additional information to make a determination will continue to be made during the appropriate timeframe. Since there is no flexibility with this requirement for Part D, the appeal processing timeframes will remain unchanged.

These actions will be in effect for the duration of the public health emergency that the Secretary of Health and Human Services declared on January 31, 2020 in response to the COVID-19 outbreak.

Please contact your EnvisionRx Account Manager with any questions regarding this communication or processing of coverage determinations or appeals as a result of COVID-19.