



TIPS TO HELP YOU APPEAL A PRESCRIPTION MEDICATION DENIAL WITH YOUR MANAGED CARE HEALTH INSURANCE PLAN

KEY TERMS YOU SHOULD KNOW

Managed Care Health Insurance Plan (MCHIP) – a health carrier, such as a Health Maintenance Organization (HMO) or a Preferred Provider Organization (PPO), that designs arrangements to provide covered services and medications in an efficient and cost-effective manner, to help control the cost of your coverage.

Adverse decision – The initial or subsequent denial of services or medications by your MCHIP.

Appeal – You and/or your physician may appeal an adverse decision made by your MCHIP. For a medication denial, it is usually best if the prescribing physician makes the first appeal by telephone to the MCHIP's Medical Director. If this appeal is denied, you will normally have at least one additional level of appeal to your MCHIP.

INFORMATION NEEDED BY YOUR MCHIP

- ✓ Pertinent clinical information regarding your health history and medication history;
- ✓ History of any adverse reactions or side effects you have had to similar medications (over-the-counter or prescribed), or generic equivalents that were not effective;
- ✓ If the MCHIP requires the prescribing physician to complete a drug authorization form, you should make sure this has been done; and
- ✓ If you received a letter of denial for the medication, ensure that the information provided to the MCHIP directly addresses the reasons for denial specified in the letter.

Clinical information – Your medical records documenting past drug trials and health history. Your prescribing physician should have these records.

Formulary – A list of medications that have been approved in advance by the MCHIP. Sometimes the MCHIP requires that certain criteria or drug therapies be met before medications in the formulary are approved for a specific patient.

Peer-to-peer – Your prescribing physician is entitled to request a peer-to-peer telephone conference. This means your physician can talk directly with your MCHIP's Medical Director or their physician designee to discuss matters under appeal. MCHIP participating providers should have this telephone number, or it may be in the denial letter you receive.

STEPS IN THE APPEAL PROCESS WITH YOUR MCHIP

Step 1: Contact your prescribing physician and ask him or her to contact the MCHIP's medical management area or its Medical Director directly and request a peer-to-peer review to discuss the specific reasons why this type of medication is needed for you.

Step 2: If your physician has already had the peer-to-peer review with the medical management area, and the request for medication continues to be denied, you have the right to appeal this decision in writing to the appropriate department of your MCHIP. You can find the address to submit appeals in the denial letter, your coverage documents, or by contacting your MCHIP using the member services telephone number on your ID card. You should include the bulleted information in your appeal as noted on the previous page. Follow up with your MCHIP after submitting your request to make sure they have received it.



Step 3: If after you follow **Step 2** your MCHIP continues to uphold the medication denial, you should contact the Office of the Managed Care Ombudsman for assistance. The contact information for our Office is outlined in the box to the right.

TO CONTACT THE OFFICE OF THE MANAGED CARE OMBUDSMAN

ADDRESS:

*Office of the Managed
Care Ombudsman
State Corporation
Commission
Bureau of Insurance
P.O. Box 1157
Richmond, VA 23218*

TELEPHONE:

TOLL-FREE:
(877) 310-6560

*Richmond
Metropolitan Area:
(804) 371-9032*

E-MAIL:

ombudsman@scc.virginia.gov

INTERNET:

*Information regarding the
Ombudsman may be found by
accessing the State
Corporation Commission's
web page at:
<http://www.scc.virginia.gov>*