

# Quality

## EXCEPTIONS, APPEALS & COMPLAINTS

At Valley Advantage, we understand that navigating through complicated rules can be frustrating. So any time you have a question, we want you to **give us a call**. Our Customer Service Representatives are trained to help you with all your Medicare needs.

If you have a complaint of any kind, we want to know about it so we can help to **resolve the problem**. In the Medicare Advantage program, there are different kinds of complaints:

**Coverage Determinations** – If you or your physician requests any type of service, item or a drug from Valley Advantage; the request is reviewed for determination of payment or denial. If you are unhappy with an unfavorable coverage determination, you may request an appeal. If your appeal relates to a decision by us to deny a drug that has restrictions or coverage limits, your physician must submit a supporting statement for the medical necessity of the drug.

**For more information and the Part D Coverage Determination form:**

[www.cms.hhs.gov/MLNProducts/Downloads/Form\\_Exceptions\\_final.pdf](http://www.cms.hhs.gov/MLNProducts/Downloads/Form_Exceptions_final.pdf)

**Appeals** – if we deny coverage or payment for an item, medical service or a prescription that you think we should cover or pay for, you may request an appeal. You can ask us to “expedite” or give you a quick decision if we have denied coverage (but not if your appeal is related to payment for services you already received).

**Exceptions** – if we deny coverage for a drug that you think should be covered, or if you think it should be covered on a different tier, you may request an exception.

**Inpatient Discharge** – if you think you are being discharged from the hospital too soon, you may ask for a “Notice of Discharge and Appeals Rights”.

**Fast Track** – If you are receiving approved services from a Home Health, Skilled Nursing Facility or Comprehensive Outpatient Rehabilitation Facility, and you think that your covered services are ending too soon, you may ask for a “Fast Track” appeal.

**Grievances** – If you have a complaint related to the quality of the care you receive, the timeliness of services, or any other concern except for those listed above, you may file a grievance.

***NOTE: A complete description of the Complaints process is available in your Evidence of Coverage.***

Remember, you can give us a call whenever you have a question or need assistance.  
**We're here to help!**

- Additional information related to Appeals and Grievances can also be found at <http://www.cms.hhs.gov/MMCAG>
- From this website you may also review the Chapters in the Medicare Manual about Appeals and Grievances (Medicare Managed Care Manual, Chapter 13 Medicare Managed Care Beneficiary Grievances, Organization Determinations, and Appeals)

### **APPOINTMENT OF REPRESENTATIVE:**

- If you desire someone to be your representative for an Appeal or Grievance, you can appoint that person to represent you on your behalf.

For more information: <http://new.cms.hhs.gov/cmsforms/downloads/cms1696.pdf>

### **How to file a complaint:**

**Appeals:** To file an appeal, simply fill out the attached form or write us a letter. Don't forget to tell us if you need us to expedite (**meaning to speed up the process of your request for an appeal**) your appeal.

**Grievances:** You can call us to file an informal (**verbal**) grievance. To file a formal (**written**) grievance write us a letter or call Customer Service and they will mail you a form. Either way, we'll get to work to solve your problem right away.

**Fast Track or Inpatient Discharges:** Your provider will give you a notice (**Notice of Medicare Non-Coverage**) that explains these rights and how to file an appeal. If you don't get the notice, or need help in understanding how to file, give us a call and we'll get you on the right track.

For a standard appeal, you should mail your written appeal request to the address below:

***Valley Advantage***  
***Attn: Complaints & Appeals***  
**1901 West Loop 289, Suite 9**  
**Lubbock, TX 79407**

You can request an expedited (fast) appeal if you or your doctor believes that waiting for a decision under the standard time frame could place your life, health, or ability to regain maximum function in serious jeopardy. For an expedited appeal, you should contact us by telephone or fax at the numbers below:

**(866) 229-4969 (Toll Free)**  
**TTY Users call: (800) 562-5259**  
**Fax: (806) 784-4190**  
**Toll Free Fax: (877) 878-8422**  
**Hours are 8AM – 8PM**  
**Monday - Friday**

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