

Attachment A: Part D Plan Sponsor Exceptions and Appeals Website Resources

Each plan sponsor must have an exception and appeals resource on their website that includes all instructions and forms that are needed to file and complete an exception or appeal. To satisfy this requirement, plans should have the following information on their website (check if satisfied):

- A summary of the plan's grievance, coverage determination (including exceptions), and appeals processes.
- Instructions for filing a grievance.
 - The telephone number designated for receiving grievances submitted orally.
 - The mailing address and fax number designated for receiving grievances submitted in writing.
- A link to the plan's (or CMS's) coverage determination request form. (CMS' model form & instructions are attached below)



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- Instructions for completing the form.
- Instructions for submitting the form.
 - For oral requests, the telephone number designated for receiving such requests.
 - For written requests, the mailing address and fax number designated for receiving such requests.
- A link to the plan's redetermination request form, if the plan has developed one.
- Instructions for completing the form.
- Instructions for submitting the form.
 - For oral requests, the telephone number designated for receiving such requests.
 - For written requests, the mailing address and fax number designated for receiving such requests.
- Any form developed by the plan to be used by a physician or enrollee to satisfy a prior authorization or other utilization management requirement.
- Instructions for completing the form.

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- Instructions for submitting the form.
 - For oral requests, the telephone number designated for receiving such requests.
 - For written requests, the mailing address and fax number designated for receiving such requests.
- Any form developed by the plan to be used by a physician when providing a supporting statement for an exceptions request.
- Instructions for completing the form.
- Instructions for submitting the form, including a description of the information that the plan is seeking from the prescribing physician based on the plan's exceptions criteria.
 - For oral supporting statements, the telephone number designated for receiving such requests.
 - For written supporting statements, the mailing address and fax number designated for receiving such requests.
- Contact number for enrollees and physicians who have questions about the grievance, coverage determination, or appeals processes.
- Contact number for enrollees and physicians to inquire about the status of a coverage determination or appeal request.
- Instructions about how to appoint a representative.
- A link to CMS's Appointment of Representation for (Form CMS-1696).
- A link to the plan's Evidence of Coverage (EOC) and a reference to the sections of EOC that discuss the grievance, coverage determination (including exceptions), and appeals processes.