



# Health Plans

## Instructions for Filing a Coverage Decision, Appeal, and Grievance Request

At Health First Health Plans, we want members to receive the right care, at the right time, in the right setting. If you have a concern about your coverage or care, we want to be your first stop to resolution.

As a Health First Health Plans member, you have the right to:

- Ask for coverage of a medical service or prescription drug. In some cases, we may allow exceptions for a service or drug that is normally not covered.
- File an appeal if your request is denied. An appeal is a formal way of asking us to review and change a coverage decision we made.
- File a grievance about the quality of care or other services you receive from us or from a Medicare provider. A grievance is a formal complaint and request for investigation.
- Make requests to be reimbursed for out-of-pocket expenses.

To obtain an aggregate number of grievances, appeals, and exceptions filed with Health First Health Plans or to inquire about the process and/or status of your requests, contact us at 800.716.7737 (TDD/TTY: 800.955.8771) Monday - Friday 8 a.m. - 8 p.m. and Saturday 8 a.m. – noon between April 1 and September 30. From October 1 to March 31, we're available seven days a week from 8 a.m. - 8 p.m.

### Coverage Decisions

Requests for medical coverage decisions (organization determinations) and drug coverage decisions (coverage determinations) can be made by phone or writing. Request forms may be found at [myHFHP.org](http://myHFHP.org).

Request Method	Medical Coverage Decisions	Drug Coverage Decisions & Appeals
Call	800.716.7737 (TDD/TTY: 800.955.8771)	
Mail	Health First Health Plans ATTN: Clinical Review Team	CVS Caremark P.O. Box 52000



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	P.O. Box 62108 Phoenix, Arizona 85082	MC 109 Phoenix, Arizona 85072
<b>Fax</b>	833.554.9046	855.633.7673

### Requests for Reimbursement

Requests to be reimbursed for out-of-pocket expenses can be made in writing using forms found at [myHFHP.org](http://myHFHP.org).

Request Method	Medical Expenses	Drug Expenses
<b>Mail</b>	Health First Health Plans P.O. Box 62045 Phoenix, Arizona 85082	CVS Caremark P.O. Box 52000 MC 109 Phoenix, Arizona 85072
<b>Fax</b>	866.806.4650	855.633.7673
<b>Timeframe</b>	60 calendar days	14 calendar days

### Appeals

Requests for appeals of medical coverage denials, drug coverage denials, or reimbursement requests can be made in writing. If your request is expedited, you may also file it via phone. You must file your request within 60 calendar days of the day we denied your coverage decision request. Request forms may be found at [myHFHP.org](http://myHFHP.org).

Request Method	Medical Coverage, Medical Reimbursement Appeals	Drug Coverage, Drug Reimbursement Appeals
<b>Call</b>	800.716.7737 (TDD/TTY: 800.955.8771)	
<b>Mail</b>	Health First Health Plans ATTN: Appeals Department P.O. Box 62378 Phoenix, Arizona 85082	CVS Caremark P.O. Box 52000 MC 109 Phoenix, Arizona 85072
<b>Fax</b>	833.554.9047	855.633.7673

### Notification



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We will make and notify you of decisions within the timeframes listed below. In certain situations, we may take an extension on some requests. For more information about these timeframes, please see your Evidence of Coverage.

Priority	Coverage Decisions		Appeals	
	Medical	Drug	Medical	Drug
<b>Standard</b>	<i>Part B drugs: 72 hours</i> <i>All other medical coverage requests: 14 calendar days</i>	72 hours	<i>Part B drugs: 7 calendar days</i>  <i>All other medical appeals: 30 calendar days</i>	7 calendar days
<b>Expedited*</b>	<i>Part B drugs: 24 hours</i> <i>All other medical coverage requests: 72 hours</i>	24 hours	72 hours	72 hours

\*Expedited requests can be made if your life, health, or ability to regain maximum function may be seriously jeopardized by waiting for a standard review.

## Grievances

Grievances (complaints) can be filed by phone or in writing within 60 days of the incident that caused the grievance.

Grievances	
<b>Call</b>	800.716.7737 (TDD/TTY: 800.955.8771)
<b>Write</b>	Health First Health Plans P.O. Box 62378 Phoenix, Arizona 85082
<b>Fax</b>	833.554.9047
<b>Notification</b>	Standard Grievances: 30 calendar days Expedited* Grievances: 24 hours

\*Expedited grievances may be filed when Health First Health Plans needs more time to make a coverage decision and/or when we decide not to grant a request to expedite a decision on a coverage decision. When this happens, you will receive a notice explaining your expedited grievance rights.