

Pharmacy Plan Appeal

Guide for Members of the AlaskaCare Retiree Health Plan



Introduction

The AlaskaCare Retiree Pharmacy Plan provides members with the right to appeal the pharmacy claims and precertifications that have been denied by the pharmacy claims administrator, OptumRx.

If a claim or precertification is denied, in whole or in part, your letter from OptumRx will explain the reason for the denial. Please refer to your Retiree Insurance Information Booklet located at AlaskaCare.gov for coverage information and if necessary, call OptumRx toll-free at (855) 409-6999 for further clarification. If you still feel the claim or precertification should be covered under the terms of the Plan, you may take the following steps to file an appeal.

Level I – Claims Administrator Appeals

Please submit your request in writing, explaining the nature of your appeal, including copies of the OptumRx Member Complaint and Appeal Form (optional), all correspondence, and all pertinent pharmacy records. Your appeal must be received by OptumRx within 180 calendar days of the date the claim or precertification denial letter was issued. Submit your request to the following address:

OptumRx
Attention: Appeals Coordinator
P.O. Box 25184
Santa Ana, CA 92799

For precertification denials, OptumRx will issue a written decision within 30 calendar days after their receipt of your appeal. For claim denials, OptumRx will issue a written decision within 60 calendar days after their receipt of your appeal. If you are not satisfied with the Level I decision, you may submit a Level II appeal to OptumRx. See instructions for Level II Appeal.

Level II – Independent Review Organization (Clinical in Nature)

If your denied claim or precertification relates to pharmacy benefits that involve medical judgment (e.g., medical necessity), you may file a request for external review no later than four months following receipt of your Level I denial. Submit your request for a Level II IRO review to the same address as the Level I appeal, but with the indication that it is a Level II IRO appeal. The Independent Review Organization will provide written notice of its decision within 45 calendar days. If the external review organization decides the medical issues in your favor, the plan will pay immediately. If the IRO upholds the Level I denial, the Pharmacy Claims Administrator will send you a separate appeal response letter, in addition to the IRO's letter, explaining your Level III appeal rights and directions.

If you are not satisfied with the final Level II administrative or IRO decision, you may appeal that decision to the Division of Retirement and Benefits.

Level II – Claims Administrator Appeals (Administrative)

You may request a Level II administrative appeal if your claim or precertification is not eligible for external review by an independent review organization. OptumRx must receive your written request for a Level II administrative appeal within 180 calendar days of the date the Level I decision letter was issued. Submit your request for a Level II administrative appeal to the same address as the Level I appeal, but with the indication that it is a Level II administrative appeal. Your appeal will be reviewed by individuals who did not participate in the Level I review. OptumRx will issue a written Level II administrative appeal decision within 15 calendar days for precertification appeals or within 30 calendar days for post service appeals.

URGENT APPEALS: If your doctor or provider advises OptumRx that a delay in your appeal process could harm your health, OptumRx will reach a decision regarding your appeal within 72 hours after receipt of your Level I or Level II appeal.

Level III – Division of Retirement and Benefits Appeal

You may request a Level III appeal in writing, explaining the nature of your appeal and submitting any additional documentation from your provider not previously submitted. Your appeal must be received by the Division within 60 calendar days of the date of the Level II or IRO decision. The Division will issue a written response within 60 calendar days after receipt of all relevant material. If you are not satisfied with the Division decision, you may appeal this decision to the State of Alaska's Office of Administrative Hearings. See instructions for Level IV Office of Administrative Hearings Appeal.

Level IV – Office of Administrative Hearings Appeal

Please submit your request and the following forms to the Division of Retirement and Benefits within 30 calendar days of the date of the final Level III decision:

- AlaskaCare Retiree Pharmacy Plan Notice of Appeal
- AlaskaCare Authorization for the Use and Disclosure of Protected Health Information (PHI)

Please send this material to:

State of Alaska
Division of Retirement and Benefits
Attention: Pharmacy Appeals
P.O. Box 110203
Juneau, AK 99811-0203

Your appeal file and any additional documentation submitted in support of your appeal will be forwarded to the Office of Administrative Hearings (OAH) within 15 calendar days after receiving your request. (AS 39.35.006)

NOTE: Details regarding OAH appeals can be found in the brochure titled Office of Administrative Hearings available upon request from the Division of Retirement and Benefits.

If you are not satisfied with the final OAH decision, you may appeal to the Superior Court.



Alaska Division of Retirement and Benefits

6th Floor, State Office Building | 333 Willoughby Ave. | P.O. Box 110203 | Juneau, AK 99811-0203

Member Services Contact Center

Hours: Monday-Thursday 8:30 a.m. - 4 p.m. | Friday 8:30 a.m. - 3 p.m.

Toll-Free: (800) 821-2251 | In Juneau: (907) 465-4460 | Fax: (907) 465-3086 | TDD: (907) 465-2805
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