

If we answer **No** to your appeal and the service or item is usually covered by Michigan Medicaid, you can ask for a Fair Hearing from the Michigan Office of Administrative Hearings and Rules (MOAHR) or an External Review from the Michigan Department of Insurance and Financial Services (see Section 5.4 on page 169).

Section 6: Part D drugs

• Section 6.1: What to do if you have problems getting a Part D drug or you want us to pay you back for a Part D drug

Your benefits as a member of our plan include coverage for many prescription drugs. Most of these drugs are “Part D drugs.” There are a few drugs that Medicare Part D does not cover but that Michigan Medicaid may cover. **This section only applies to Part D drug appeals.**

The Drug List includes some drugs with an “ADD.” These drugs are **not** Part D drugs. Appeals or coverage decisions about drugs with an “ADD” symbol follow the process in Section 5 on page 160.

Can I ask for a coverage decision or make an appeal about Part D prescription drugs?

Yes. Here are examples of coverage decisions you can ask us to make about your Part D drugs:

- You ask us to make an exception such as:
 - Asking us to cover a Part D drug that is not on the plan’s Drug List
 - Asking us to waive a restriction on the plan’s coverage for a drug (such as limits on the amount of the drug you can get)
- You ask us if a drug is covered for you (for example, when your drug is on the plan’s Drug List, but we require you to get approval from us before we will cover it for you).

NOTE: If your pharmacy tells you that your prescription cannot be filled, you will get a notice explaining how to contact us to ask for a coverage decision.

- You ask us to pay for a prescription drug you already bought. This is asking for a coverage decision about payment.

The legal term for a coverage decision about your Part D drugs is “**coverage determination.**”

If you have questions, please call HAP Empowered MI Health Link at (888) 654-0706, seven days a week, 8 a.m. to 8 p.m. TTY/TDD users dial 711. The call is free. **For more information**, visit <https://www.hap.org/emp/hap-empowered/mi-health-link>.



If you disagree with a coverage decision we have made, you can appeal our decision. This section tells you how to ask for coverage decisions **and** how to request an appeal.

Use the chart below to help you decide which section has information for your situation:

Which of these situations are you in?			
<p>Do you need a drug that isn't on our Drug List or need us to waive a rule or restriction on a drug we cover?</p> <p>You can ask us to make an exception. (This is a type of coverage decision.)</p> <p>Start with Section 6.2 on page 179. Also see Sections 6.3 and 6.4 on pages 180 and 181.</p>	<p>Do you want us to cover a drug on our Drug List and you believe you meet any plan rules or restrictions (such as getting approval in advance) for the drug you need?</p> <p>You can ask us for a coverage decision.</p> <p>Skip ahead to Section 6.4 on page 181.</p>	<p>Do you want to ask us to pay you back for a drug you already got and paid for?</p> <p>You can ask us to pay you back. (This is a type of coverage decision.)</p> <p>Skip ahead to Section 6.4 on page 181.</p>	<p>Have we already told you that we will not cover or pay for a drug in the way that you want it to be covered or paid for?</p> <p>You can make an appeal. (This means you are asking us to reconsider.)</p> <p>Skip ahead to Section 6.5 on page 184.</p>

If you have questions, please call HAP Empowered MI Health Link at (888) 654-0706, seven days a week, 8 a.m. to 8 p.m. TTY/TDD users dial 711. The call is free. **For more information**, visit <https://www.hap.org/emp/hap-empowered/mi-health-link>.



• Section 6.2: What is an exception?

An exception is permission to get coverage for a drug that is not normally on our Drug List or to use the drug without certain rules and limitations. If a drug is not on our Drug List or is not covered in the way you would like, you can ask us to make an “exception.”

When you ask for an exception, your doctor or other prescriber will need to explain the medical reasons why you need the exception.

Here are examples of exceptions that you or your doctor or another prescriber can ask us to make:

1. Covering a Part D drug that is not on our Drug List.
 - If we agree to make an exception and cover a drug that is not on the Drug List, you will not be charged.
2. Removing a restriction on our coverage. There are extra rules or restrictions that apply to certain drugs on our Drug List (for more information, go to Chapter 5).
 - The extra rules and restrictions on coverage for certain drugs include:
 - Being required to use the generic version of a drug instead of the brand name drug.
 - Getting plan approval before we will agree to cover the drug for you. (This is sometimes called “prior authorization.”)
 - Being required to try a different drug first before we will agree to cover the drug you are asking for. (This is sometimes called “step therapy.”)
 - Quantity limits. For some drugs, we limit the amount of the drug you can have.

The legal term for asking for removal of a restriction on coverage for a drug is sometimes called asking for a **“formulary exception.”**

If you have questions, please call HAP Empowered MI Health Link at (888) 654-0706, seven days a week, 8 a.m. to 8 p.m. TTY/TDD users dial 711. The call is free. **For more information**, visit <https://www.hap.org/emp/hap-empowered/mi-health-link>.



• Section 6.3: Important things to know about asking for exceptions

Your doctor or other prescriber must tell us the medical reasons

Your doctor or other prescriber must give us a statement explaining the medical reasons for requesting an exception. Our decision about the exception will be faster if you include this information from your doctor or other prescriber when you ask for the exception.

Typically, our Drug List includes more than one drug for treating a particular condition. These are called “alternative” drugs. If an alternative drug would be just as effective as the drug you are asking for and would not cause more side effects or other health problems, we will generally not approve your request for an exception.

We will say Yes or No to your request for an exception

- If we say **Yes** to your request for an exception, the exception usually lasts until the end of the calendar year. This is true as long as your doctor continues to prescribe the drug for you and that drug continues to be safe and effective for treating your condition.
- If we say **No** to your request for an exception, you can ask for a review of our decision by making an appeal. Section 6.5 on page 184 tells how to make an appeal if we say **No**.

The next section tells you how to ask for a coverage decision, including an exception.

If you have questions, please call HAP Empowered MI Health Link at (888) 654-0706, seven days a week, 8 a.m. to 8 p.m. TTY/TDD users dial 711. The call is free. **For more information**, visit <https://www.hap.org/emp/hap-empowered/mi-health-link>.



• Section 6.4: How to ask for a coverage decision about a Part D drug or reimbursement for a Part D drug, including an exception

What to do

- Ask for the type of coverage decision you want. Call, write, or fax us to make your request. You, your representative, or your doctor (or other prescriber) can do this. You can call us at (888) 654-0706 or fax us at (313) 664-8045.
- You or your doctor (or other prescriber) or someone else who is acting on your behalf can ask for a coverage decision. You can also have a lawyer act on your behalf.
- Read Section 4 on page 158 to find out how to give permission to someone else to act as your representative.

You do not need to give your doctor or other prescriber written permission to ask us for a coverage decision on your behalf.

- If you want to ask us to pay you back for a drug, read Chapter 7 of this handbook. Chapter 7 describes times when you may need to ask for reimbursement. It also tells how to send us the paperwork that asks us to pay you back for our share of the cost of a drug you have paid for.
- If you are asking for an exception, provide the “supporting statement.” Your doctor or other prescriber must give us the medical reasons for the drug exception. We call this the “supporting statement.”
- Your doctor or other prescriber can fax or mail the statement to us. Or your doctor or other prescriber can tell us on the phone, and then fax or mail a statement.

If your health requires it, ask us to give you a “fast coverage decision”

At a glance: How to ask for a coverage decision about a drug or payment

Call, write, or fax us to ask, or ask your representative or doctor or other prescriber to ask. We will give you an answer on a standard coverage decision within 72 hours. We will give you an answer on reimbursing you for a Part D drug you already paid for within 14 calendar days.

- If you are asking for an exception, include the supporting statement from your doctor or other prescriber.
- You or your doctor or other prescriber may ask for a fast decision. (Fast decisions usually come within 24 hours.)
- Read this section to make sure you qualify for a fast decision! Read it also to find information about decision deadlines.

If you have questions, please call HAP Empowered MI Health Link at (888) 654-0706, seven days a week, 8 a.m. to 8 p.m. TTY/TDD users dial 711. The call is free. **For more information**, visit <https://www.hap.org/emp/hap-empowered/mi-health-link>.



We will use the “standard deadlines” unless we have agreed to use the “fast deadlines.”

- A **standard coverage decision** means we will give you an answer within 72 hours after we get your doctor’s statement.
- A **fast coverage decision** means we will give you an answer within 24 hours after we get your doctor’s statement.

The legal term for “fast coverage decision” is “**expedited coverage determination.**”

You can get a fast coverage decision only if you are asking for a drug you have not yet received. (You cannot get a fast coverage decision if you are asking us to pay you back for a drug you already bought.)

You can get a fast coverage decision **only if using the standard deadlines could cause serious harm to your health or hurt your ability to function.**

If your doctor or other prescriber tells us that your health requires a “fast coverage decision,” we will automatically agree to give you a fast coverage decision, and the letter will tell you that.

- If you ask for a fast coverage decision on your own (without your doctor’s or other prescriber’s support), we will decide whether you get a fast coverage decision.
- If we decide that your medical condition does not meet the requirements for a fast coverage decision, we will use the standard deadlines instead.
 - We will send you a letter telling you that. The letter will tell you how to make a complaint about our decision to give you a standard decision.
 - You can file a “fast complaint” and get a response to your complaint within 24 hours. For more information about the process for making complaints, including fast complaints, see Section 10 on page 205.

Deadlines for a “fast coverage decision”

- If we are using the fast deadlines, we must give you our answer within 24 hours. This means within 24 hours after we get your request. Or, if you are asking for an exception, 24 hours after we get your doctor’s or prescriber’s statement supporting your request. We will give you our answer sooner if your health requires it.

If you have questions, please call HAP Empowered MI Health Link at (888) 654-0706, seven days a week, 8 a.m. to 8 p.m. TTY/TDD users dial 711. The call is free. **For more information**, visit <https://www.hap.org/emp/hap-empowered/mi-health-link>.



- If we do not meet this deadline, we will send your request to Level 2 of the appeals process. At Level 2, an Independent Review Entity will review your request.
- **If our answer is Yes** to part or all of what you asked for, we must give you the coverage within 24 hours after we get your request or your doctor's or prescriber's statement supporting your request.
- **If our answer is No** to part or all of what you asked for, we will send you a letter that explains why we said **No**. The letter will also explain how you can appeal our decision.

Deadlines for a “standard coverage decision” about a drug you have not yet received

- If we are using the standard deadlines, we must give you our answer within 72 hours after we get your request. Or, if you are asking for an exception, after we get your doctor's or prescriber's supporting statement. We will give you our answer sooner if your health requires it.
- If we do not meet this deadline, we will send your request on to Level 2 of the appeals process. At Level 2, an Independent Review Entity will review your request.
- **If our answer is Yes** to part or all of what you asked for, we must approve or give the coverage within 72 hours after we get your request or, if you are asking for an exception, your doctor's or prescriber's supporting statement.
- **If our answer is No** to part or all of what you asked for, we will send you a letter that explains why we said **No**. The letter will also explain how you can appeal our decision.

Deadlines for a “standard coverage decision” about payment for a drug you already bought

- We must give you our answer within 14 calendar days after we get your request.
- If we do not meet this deadline, we will send your request to Level 2 of the appeals process. At Level 2, an Independent Review Entity will review your request.
- **If our answer is Yes** to part or all of what you asked for, we will make payment to you within 14 calendar days.
- **If our answer is No** to part or all of what you asked for, we will send you a letter that explains why we said **No**. The letter will also explain how you can appeal our decision.

If you have questions, please call HAP Empowered MI Health Link at (888) 654-0706, seven days a week, 8 a.m. to 8 p.m. TTY/TDD users dial 711. The call is free. **For more information**, visit <https://www.hap.org/emp/hap-empowered/mi-health-link>.

