DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

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MEMORANDUM

TO: All Part D Plan Sponsors

FROM: Gary Bailey, Deputy Director for Plan Policy and Operations

RE: REVISED Exceptions and Appeals Website Requirements

DATE: March 31, 2006

The purpose of this notice is to further clarify the exceptions and appeals website requirements sent to plans on March 16, 2006.

In the March 16, 2006 memo titled "Access to Exceptions and Appeals Information on Plan Website", CMS outlined the goal of identifying ways to streamline the exception and appeals process by creating an exceptions and appeals website and getting the user to that website with the fewest number of clicks as possible.

The basic requirements in the March 16, 2006 memo were to:

- Create an exceptions and appeals website, if one is not already in place
- Place this website no more than one mouse click away from the formulary page; if this is not feasible, it should be as close to the formulary page a possible
- Place all prior authorization, exceptions, appeals, and step therapy forms and instructions for completing the forms on the website
- Implement these requirements by March 27, 2006

Since the deadline, CMS has reviewed many plan websites and determined that many of these sites do not meet our expectations with respect to exceptions and appeals information. For example, instructions on the website were either confusing or incomplete. Plans must implement the basic requirements outlined in the March 16, 2006 memo immediately. The "best practices" (shown below) provide more detail on our expectations. These "best practices" for exceptions and appeals website content must be incorporated into plan websites by April 6, 2006.

The "best practices" identified by CMS, representatives of plans and physicians suggest to us that a successfully operational plan website should contain the following information:

- A summary of the plan's grievance, coverage determination (including exceptions), and appeals processes.
- Instructions for filing a grievance, including:

    - The telephone number designated for receiving oral grievances.
    - The mailing address and fax number designated for receiving written grievances.
- A link to the plan's (or CMS's) coverage determination request form.
- A link to the plan's redetermination request form, if the plan has developed one.
- Any form developed by the plan to be used by a physician or enrollee to satisfy a prior authorization or other utilization management requirement.
- Any form developed to be used by physicians when providing a supporting statement for an exceptions request.
- Contact numbers that enrollees and physicians can use for process or status questions.
- Instructions about how to appoint a representative and a link to CMS's Appointment of Representation form (Form CMS-1696).
- A link to the plan's Evidence of Coverage (EOC) and a reference to the sections to EOC that discuss the grievance, coverage determination (including exceptions), and appeals processes.

Again, the website should include instructions for completing and submitting forms including:

- The telephone number designated for receiving oral requests; and
- The mailing address and fax number designated for receiving written requests.

Finally, CMS would like to stress our expectation that plans will follow up with physicians who contact these exceptions and appeals lines, even when the caller does not provide complete information.

For your convenience, we have included as Attachment A, the checklist of "best practices" that CMS will use to monitor for plan compliance with the exceptions and appeals website requirements. CMS has begun to monitor for compliance of the initial requirements outlined in the March 16, 2006 memo. We expect plans to meet our expectations in a timely manner.

We appreciate your continuing help with the implementation of Part D. If you have any questions about these requirements, please contact your account manager.