FAIROS Rx
CLARITY. REDEFINED.

Pharmacy Benefit Appeals

If you disagree with an initial coverage decision related to your pharmacy benefit, you have a right to appeal. An appeal is a request to reconsider and change a decision or determination made about the plan services or benefits or the amount the plan will pay for a service or benefit.

How do I file an appeal?

FairosRx will coordinate the appeal process with the applicable party according to your plan's requirements.

- Appeals must be in writing (unless urgent) and signed by you or your authorized representative.
- The appeal must specifically state why you disagree with the decision.
- You may include additional supporting documentation that may be helpful with your appeal request.
- Include a copy of the adverse determination letter with the appeal request.
- If you elect to have an authorized representative file an appeal on your behalf, you must include documentation showing their authority to represent you. (See section titled "Who may file an appeal?" below.
- Submit your appeal information by mail or FAX to:

By Mail: FairosRx, LLC
Clinical Department
1800 South Washington, Suite 100
Amarillo, TX 79102

By Fax: 866-816-2136

By Phone (for Urgent Requests): 833-464-9600

How long do I have to file an appeal?

You must ask for your appeal within 180 calendar days following receipt of the initial denial notice.

What if my situation is urgent?

If your situation meets the definition of urgent under the law, your review will be conducted as soon as possible, but not longer than 72 hours. Generally, an urgent situation is one in which your health may be in serious jeopardy or, in the opinion of your physician, you may experience pain that cannot be adequately controlled while you wait for a decision on your appeal. If you believe your situation is urgent, you may request an expedited appeal by following the instructions above for filing an internal appeal and marking it urgent. You can also make a request for simultaneous external review (review of your claim by an independent third party, who will review the denial and issue a final decision).

Who may file an appeal?

You or someone you name to act for you (your authorized representative) may file an appeal. You will need to provide documentation showing their authority to represent you (a completed Appointment of Representative Form CMS - 1696 or written equivalent). To access the Appointment of Representative Form CMS - 1696, visit: https://www.cms.gov/cmsforms/downloads/cms1696.pdf.

Can I request copies of information relevant to my claim?

Yes, you may request copies (free of charge). If you think a coding error may have caused this claim to be denied, you have the right to have billing and diagnosis codes sent to you, as well. You can request copies of this information by contacting us at 833-464-9600.

What happens next?

If you file a standard appeal, the request will be reconsidered, and you will be provided with a written determination. A decision will be made within 15 days of receiving your appeal for pre-service claims or 30 days of receiving your post-service claim. If you file an urgent appeal, your review will be conducted as soon as possible, but not longer than 72 hours. If the denial is upheld or you do not receive a timely decision, you may be able to request an external review of your claim by an independent third party, who will review the denial and issue a final decision.

Questions

For questions about appeals or for assistance, you can contact FairosRx at 833-464-9600.