Rec'd
6/20/23

Aetna Medicare Premier Plus 1 (PPO)
PO Box 52446
Phoenix, AZ 85072-2446

PHILIP RICE
11268 E LINVALE DR
AURORA, CO 80014

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Important: This notice explains your right to appeal our decision. Read this notice carefully. If you need help, you can call one of the numbers listed under the section titled "Get help & more information."

PO Box 52446
Phoenix, AZ 85072-2446
1-833-620-8808

NOTICE OF DENIAL OF MEDICARE PART D PRESCRIPTION DRUG COVERAGE

Date: 06/12/2023	
Enrollee's Name: PHILIP RICE	Member Number: 101573439300

Your request was denied
We have denied coverage or payment under your Medicare Part D benefit for the following prescription drug(s) that you or your prescriber requested: HEPLISAV-B INJ 20/0.5ML 20/0.5ML, HEPLISAV-B INJ 20/0.5ML 20/0.5ML

Why did we deny your request?
We denied this request under Medicare Part D because:

HEPLISAV-B INJ 20/0.5ML 20/0.5ML

- We were unable to approve your request for reimbursement because our records indicate that the prescription drug(s) submitted with the request were previously processed through your Plan benefit, and that appropriate copays and deductibles have been applied. Your claim paid appropriately at time of processing, therefore no additional reimbursement will be provided. If you have secondary insurance, please submit your reimbursement request to your secondary insurance provider. If you would like us to reconsider our decision, you may file an Appeal. More information about submitting an appeal may be found below. If you have questions or need assistance, please call the toll-free number on your Prescription Benefit ID card.

- We were unable to approve your request for reimbursement because, after speaking with your provider, no payment is required from you (to your provider) for the item(s) submitted for reimbursement. This could happen because the item(s) was/were paid for by another insurance provider, written off by your provider, discounted by your provider, or due to other reasons. If you feel this information is not accurate, please provide a receipt or other documentation showing that you have paid your provider for the item(s) submitted for reimbursement. You may submit this information with your request as an Appeal, asking us to reconsider our decision. More information about submitting an Appeal may be found below. If you have questions or need assistance, please call the toll-free number on your Prescription Benefit ID Card.

HEPLISAV-B INJ 20/0.5ML 20/0.5ML

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You should share a copy of this decision with your prescriber so you and your prescriber can discuss next steps. If your prescriber requested coverage on your behalf, we have shared this decision with your prescriber.

What If I Don't Agree With This Decision?
You have the right to appeal. If you want to appeal, you must request your appeal within 60 calendar days after the date of this notice. We can give you more time if you have a good reason for missing the deadline. You have the right to ask us for a **formulary exception** if you believe you need a drug that is not on our list of covered drugs (formulary). You have the right to ask us for a **coverage rule exception** if you believe a rule such as prior authorization or a quantity limit should not apply to you. You can either provide information that shows that you meet the coverage rule that applies to the drug you are requesting or you can ask for a coverage rule exception. You can ask for a **tiering exception** if you believe you should get a drug at a lower cost-sharing amount. Your prescriber must provide a statement to support your exception request.

Who May Request an Appeal?
You, your prescriber, or your representative may request an expedited (fast) or standard appeal. You can name a relative, friend, advocate, attorney, doctor, or someone else to be your representative. Others may already be authorized under State law to be your representative.

You can call us at: 1-833-620-8808 to learn how to appoint a representative. If you have a hearing or speech impairment, please call us at TTY: 711.

IMPORTANT INFORMATION ABOUT YOUR APPEAL RIGHTS

There Are Two Kinds of Appeals You Can Request

Expedited (72 hours): You, your prescriber, or your representative can request an expedited (fast) appeal if you or your prescriber believe that your health could be seriously harmed by waiting up to 7 days for a decision. You cannot request an expedited appeal if you are asking us to pay you back for a prescription

drug you already received. If your request to expedite is granted, we must give you a decision no later than 72 hours after we get your appeal.

- ☐ **If your prescriber** asks for an expedited appeal for you, or supports you in asking for one, and indicates that waiting for 7 days could seriously harm your health, **we will automatically expedite your appeal.**

- ☐ If you ask for an expedited appeal without support from your prescriber, we will decide if your health requires an expedited appeal. We will notify you if we do not give you an expedited appeal and we will decide your appeal within 7 days.

Standard (7 days): You, your prescriber, or your representative can request a standard appeal. We must give you a decision no later than 7 days after we get your appeal. If your appeal is for payment of a drug you've already received, we'll give you a written decision within 14 days.

What Do I Include with My Appeal Request?
You should include your name, address, Member number, the reasons for appealing, and any evidence you wish to attach. Remember, your doctor must provide us with a supporting statement if you're requesting an exception to a coverage rule. You should include information about why the coverage rule should not apply to you because of your specific medical condition. If your appeal relates to a decision by us to deny a drug that is not on our formulary, your prescriber must indicate that all the drugs on any tier of our formulary would not be as effective to treat your condition as the requested off-formulary drug or would harm your health.

How Do I Request an Appeal?

For an Expedited (Fast) Appeal: You, your prescriber, or your representative can file an appeal by telephone, by fax, through the plan's website, or by mail. **A verbal request by telephone is the fastest way to file an expedited (fast) request.**

Phone: 1-833-620-8808

TTY: 711

For a Standard Appeal: You, your prescriber, or your representative can file an appeal by telephone, by fax, through the plan's website, or by sending a letter to the mailing address listed below.

Phone: 1-833-620-8808

TTY: 711

Fax: 1-480-314-6844

Plan Website: www.aetnamedicare.com

Address: Aetna Medicare Part D Appeals

PO Box 52446
Phoenix, AZ, 85072-2446

What Happens Next?
If you appeal, we will review your case and give you a decision. If any of the prescription drugs you requested are still denied, you can request an independent review of your case by a reviewer outside of your Medicare Drug Plan. If you disagree with that decision, you will have the right to further appeal. You will be notified of your appeal rights if this happens.

Get help & more information

- Aetna Medicare Premier Plus 1 (PPO) Toll Free: 1-833-620-8808
  TTY users call: 711
  24 hours a day, 7 days a week
  www.aetnamedicare.com
- 1-800-MEDICARE (1-800-633-4227), 24 hours, 7 days a week.
  TTY users call: 1-877-486-2048
- Medicare Rights Center: 1-888-HMO-9050 (1-888-466-9050)
- Elder Care Locator: 1-800-677-1116
- State Health Insurance Program National Technical Assistance Center: 877-839-2675

PRA Disclosure Statement According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 0938-0976. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, and gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

CMS does not discriminate in its programs and activities: To request this form in an accessible format (e.g., Braille, Large Print, Audio CD) contact your Medicare Drug Plan. If you need assistance contacting your plan, call: 1-800-MEDICARE.

PO Box 52446
Phoenix, AZ 85072-2446
1-833-620-8808

Request for Redetermination of Medicare Prescription Drug Denial

Because we, Aetna Medicare Premier Plus 1 (PPO), denied your request for coverage of (or payment for) a prescription drug, you have the right to ask us for a redetermination (appeal) of our decision. You have 60 days from the date of our Notice of Denial of Medicare Prescription Drug Coverage to ask us for a redetermination. This form may be sent to us by mail or fax:

Address:
Aetna Medicare Part D Appeals
PO Box 52446
Phoenix, AZ 85072-2446

Fax Number:
1-480-314-6844

You may also ask us for an appeal through our website at www.aetnamedicare.com. Expedited appeal requests can be made by phone at 1-833-620-8808, TTY: 711, 24 hours a day, 7 days a week.

Who May Make a Request: Your prescriber may ask us for an appeal on your behalf. If you want another individual (such as a family member or friend) to request an appeal for you, that individual must be your representative. Contact us to learn how to name a representative.

Enrollee's Information

Enrollee's Name _____ Date of Birth _____

Enrollee's Address _____

City _____ State _____ Zip Code _____

Phone _____

Enrollee's Member ID Number _____

Complete the following section ONLY if the person making this request is not the enrollee:

Requestor's Name _____

Requestor's Relationship to Enrollee _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Representation documentation for appeal requests made by someone other than enrollee or the enrollee's prescriber:

Attach documentation showing the authority to represent the enrollee (a completed Authorization of Representation Form CMS-1696 or a written equivalent) if it was not submitted at the coverage determination level. For more information on appointing a representative, contact your plan or 1-800-Medicare, 24 hours a day, 7 days a week. TTY users call: 1-877-486-2048

Prescription drug you are requesting:

Name of Drug: _____ Strength/quantity/dose: _____

Have you purchased the drug pending appeal? ☐ Yes ☐ No

If "Yes": Date purchased: _____ Amount paid: $_____ (attach copy of receipt)

Name and telephone number of pharmacy: _____

Prescriber's Information

Name _____

Address _____

City _____ State _____ Zip Code _____

Office Phone _____ Fax _____

Office Contact Person _____

Important Note: Expedited Decisions
If you or your prescriber believe that waiting 7 days for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can ask for an expedited (fast) decision. If your prescriber indicates that waiting 7 days could seriously harm your health, we will automatically give you a decision within 72 hours. If you do not obtain your prescriber's support for an expedited appeal, we will decide if your case requires a fast decision. You cannot request an expedited appeal if you are asking us to pay you back for a drug you already received.

☐ **CHECK THIS BOX IF YOU BELIEVE YOU NEED A DECISION WITHIN 72 HOURS. (if you have a supporting statement from your prescriber, attach it to this request).**

Please explain your reasons for appealing. Attach additional pages, if necessary. Attach any additional information you believe may help your case, such as a statement from your prescriber and relevant medical records. You may want to refer to the explanation we provided in the Notice of Denial of Medicare Prescription Drug Coverage and have your prescriber address the Plan's coverage criteria, if available, as stated in the Plan's denial letter or in other Plan documents. Input from your prescriber will be needed to explain why you cannot meet the Plan's coverage criteria and/or why the drugs required by the Plan are not medically appropriate for you.

_____

_____

_____

_____

Signature of person requesting the appeal (the enrollee, or the representative):

_____ **Date:** _____

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

05/31/23

CVS Caremark
1 CVS Dr
Woonsocket, RI 02895
Attn: Karen Lynch, President & CEO

re: Hepatitus B Vaccine

For your convenience, this letter (including all of the exhibits) is published on the Internet at: mkgappraisal.com/letter2023_01.htm

I received an email dated April 18th, 2023, from Medicare.gov. The email says:

[quote]
Thanks to the prescription drug law that went into effect this year, even more vaccines are free for people with Medicare Part D. Examples of vaccines now covered under Medicare Part D include:

Shingles
Tetanus/diphtheria (Td)
Tetanus/diphtheria, and pertussis (whooping cough) (Tdap)
Hepatitus A
Hepatitus B

Sincerely,
The Medicare Team
[end quote]

I received the Hep B vaccine in the form of two injections at my local King Soopers pharmacy. The first shot on March 12, 2023, and the 2nd shot a month later on April 13th. In order for me to receive the shots, it was necessary for me to first sign my name to a Vaccine Consent Form , which contained (in small print) the statement:

[quote]
I authorize Kroger to submit a claim for reimbursement on my behalf to Medicare. If the claim is denied, I understand that I will be responsible for payment.
[end quote]

Aetna refused to pay.

After receiving your Aetna Formulary Letter dated 3/14/23, I read the instructions. I then called (800) 414-2386 and spoke with your people. I tried this six different times.

Aetna is not acting in good faith.

The Joe Biden Executive Order dated 10/14/22, the Inflation Reduction Act (IRA), and the Medicare.gov email dated 4/18/23, all make a compelling argument that Aetna is required by law to pay my Hep B vaccine fees. Because of Aetna's stubborn refusal to obey the law, it has been necessary for me to carry a $330 liability on my personal balance sheet.

Karen Lynch, quit stalling. Pay up, and then send me proof that you did.

If you are unable, or unwilling to send me copies of cancelled checks, or some other proof of payment, then issue a check in the amount of $330 payable to me. Stop wasting my time.

Philip G Rice
11268 E Linvale Dr
Aurora, CO 80014
dob 04/25/1953

exhibits:
Shot 1, 3/12/23, Vaccine Consent Form
Shot 1, Cash Receipt $165
Shot 1, Prescription
Aetna Formulary Letter dated 3/14/23
My letter to Pharmacy Mgr Gary Pierce dated 3/26/23
Shot 2, 4/13/23, Vaccine Consent Form
Shot 2, Cash Receipt $165
Shot 2, Prescription
Medicare.gov email dated 4/18/23

Vaccine Distribution
cc:
Joe Biden
Xavier Becerra
Lee Grace
ACIP Secretariat
Aetna Medicare Coverage Determinations
Aetna Medicare Part D Appeals
David Novack, President and COO
Adan Gonzalez
Gary Pierce
RikiLynn Oedekoven
Juliann Rau
Jordan Romero
W Rodney McMullen
Marc Robert Watkins, MD
Governor Jared Polis
Dmitry Kunin
Michael Conway
Shawn Marie Swagerty

Subject: Good news: More vaccines covered at no cost to you!
From: "Medicare" <medicare@subscriptions.medicare.gov>
Date: 4/18/2023, 10:56 AM
To: phil.rice@mkgappraisal.com

Medicare.gov

More recommended vaccines *covered.*

$0

out-of-pocket

Medicare .gov

Philip,

We've got good news to share! Thanks to the **prescription drug law** that went into effect this year, even more **vaccines are free for people with Medicare Part D** — an average savings of up to $70 in out-of-pocket costs each year.

This means more people with Medicare being protected against disease and severe illness.

Examples of vaccines now covered under Medicare Part D include:

- Shingles
- Tetanus/diphtheria (Td)
- Tetanus, diphtheria, and pertussis (whooping cough) (Tdap)
- Hepatitis A

Good news: More vaccines covered at no cost to you!

- Hepatitis B

Flu shots, COVID-19 vaccines, and pneumococcal shots are still covered by Medicare.

More Info

Serious diseases can impact our health and quality of life. That's why it's so important to stay up-to-date with vaccines. Talk with your doctor about which vaccines are right for you!

Sincerely,

The Medicare Team