

# Support Path Sample Forms Packet—Appeals Checklist

Help patients start HARVONI® (ledipasvir 90 mg/sofosbuvir 400 mg) tablets or SOVALDI® (sofosbuvir)



*Here is a checklist of the forms and documents you may need for an appeals package if an insurer denies treatment to your patient.*

**Note:** Each insurer and each patient might need different information. Please review each denial and the insurer's guidelines, as well as this website, to determine what to include in your patient's appeals package.

- Statement of Medical Necessity**
- Patient Authorization and Notice of Release of Information**
- Copy of the patient's health plan or prescription card (front and back)**
- Appeal letter**
- Denial information including the patient's denial letter or Explanation of Benefits letter**

## **Supporting documentation:**

- Patient history and physical findings**
- Healthcare provider's chart notes**
- List of current medications, with dose and frequency**
- List of treatments tried without success**
- Test and lab results**
- Hospital admission/emergency department notes**
- Other supporting documents, including journal articles, abstracts, textbook excerpts, practice guidelines**
- Guidelines and/or compendia recommendations**



# Support Path Sample Forms Packet—Appeals Tips

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## *Below are some helpful tips for handling common issues in denials*

### ► Denial Reason

Find out in writing why the authorization request has been denied. The reason should be on the letter of denial sent from the patient's health plan or on the Explanation of Benefits (EOB) letter. If you did not receive one, it can be obtained from the insurer.



### ► Appeal Guidelines

Contact the insurer to find out its appeal deadline, the number of appeals allowed and the mailing address or fax number for the appeal. Submit your patient's appeals package before the deadline. Some insurers have short appeal periods. An immediate response could be crucial. Some plans allow only one appeal. Also, ask if the patient or the healthcare provider submits the appeal.



### ► Phone Contact

Many denial letters include a telephone number for the review department for physicians to call. If the reviewer sees the merits of your argument and then approves treatment for the patient during the call, the appeals process is completed.

### ► Written Appeal

Most insurers require a written appeal from either the member or the healthcare provider. The insurer should tell you what it needs. A written appeals package has an appeal letter and supporting documents.



### ► Other Supporting Documentation

Your patient's appeals package should include any medical documentation supporting your case for coverage. This can include your healthcare provider notes and appropriate test results to support this choice of treatment.

### ► Complete Records

Keep a copy of everything you send with the patient's appeal. Keep a log of every phone call you make to the patient's insurer. Write down the date and the name of the person with whom you spoke.

### ► Follow-up

Support Path can monitor and follow up with the payer to determine if the appeal has been reviewed with a final determination.



### ► State Independent Review Board

If your patient has been denied coverage or payment by their health insurance carrier, there may be an opportunity to appeal the decision to an independent review organization or board sponsored by the state insurance regulatory agency. Please contact the organization for additional information.

In addition to your appeal, your patient can file a complaint with the state insurance board.

