

AvMed Medicare Appeals and Grievances Data Report

January 1, 2019 to December 31, 2019

<p>What kind of information is this?</p>	<p>Medicare Advantage plan members have the right to file an appeal or grievance with their plan. Individuals eligible to enroll in a Medicare Advantage plan have the right to request information about the number of appeals and grievances a plan receives. The next few pages contain information about the appeals and grievances that AvMed received in 2019.</p>
<p>How many members does AvMed have?</p>	<p>AvMed Medicare has about 25,733 members.</p>
<p>What is a level 1 appeal?</p>	<p>A level 1 appeal is a formal request for AvMed to review AvMed’s decision not to pay for, not to provide, or to stop an item or service that a member believes they need.</p> <p>If a member cannot get an item or service that the member feels they need, or if the plan has denied payment of a claim for a service the member has already received, the member can appeal to the plan. For example, a member might appeal our decision to stop physical therapy, to deny a visit to a specialist, or to deny payment of a claim.</p> <p>The number of level 1 appeals AvMed had in 2019 can be found on line 1 of the attached report. The number of level 1 appeals received per 1,000 members can be found on line 2.</p>
<p>What can happen with level 1 appeals?</p>	<p>Plans may decide to pay for or to provide all services that the member asked for. These are called favorable decisions.</p> <p>Sometimes, plans decide not to pay for or to provide the services that the member asked for. These are called unfavorable decisions.</p> <p>Sometimes a member may decide to withdraw their appeal. Because the plan doesn’t do anything with a withdrawn appeal, they are not included in this report.</p> <p>The number of favorable level 1 appeal decisions AvMed made can be found on line 3 of the attached report. Unfavorable decisions can be found on line 4.</p>

<p>What is a grievance?</p>	<p>A grievance is a complaint that a member makes about AvMed. For example, a member can file a grievance when they are unhappy because they believe their plan gives them too much or too little information, there are long wait times when calling the plan, a doctor’s office waiting room is too cold, or they have to travel long distances to get to their doctor.</p> <p>The number of grievances AvMed had in 2019 can be found on line 5 of the attached report. The number of grievances received per 1,000 members can be found on line 6.</p>
<p>Where can I get more information about appeals and grievances?</p>	<p>If you are a member of AvMed, you have the right to file an appeal or grievance.</p> <p>You can contact AvMed at 1-800-782-8633 to resolve a concern you may have or to get more information on how to file an appeal or grievance. TTY users can call 1-877-442-8633. You may also refer to your Evidence of Coverage for a complete explanation of your rights.</p> <p>You also can contact the Beneficiary and Family Centered Care-Quality Improvement Organization (QIO) at 1-800-844-0795 for more information about quality of care grievances or to file a quality of care grievance.</p>

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Average Number of Members in 2019: 25,733

Level 1 Appeals

	Description	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year Total
1	Level 1 appeals received	34	64	54	50	202
2	Level 1 appeals per 1,000 members	1.32	2.48	2.09	1.94	7.85
3	Favorable level 1 appeal decisions	28	47	46	36	157
4	Unfavorable level 1 appeal decisions	6	17	8	14	45

Grievances

	Description	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year Total
5	Grievances received	265	250	257	259	1,031
6	Grievances per 1,000 members	10.29	9.71	9.98	10.06	40.06

Quarter 1: January 1 – March 31

Quarter 2: April 1 – June 30

Quarter 3: July 1 – September 30

Quarter 4: October 1 – December 31

Year Total: January 1 - December 31
