

Medicare Coverage Requests, Appeals, and Grievances

Your Rights

Peak Advantage beneficiaries have the right to make Coverage Requests, Appeals, and Grievances. Coverage Requests, Appeals, and Grievances are utilized in different ways, and each have different processes.

What is a Coverage Request?

Asking Peak Advantage to cover a health care service or medication that is not already covered by your plan. We will review your request and give you our coverage determination. If you disagree with our determination, you can file an appeal.

What is an Appeal?

If Peak Advantage makes a coverage determination and you are not satisfied with this determination, you can appeal the decision. An appeal is a formal way of asking Peak Advantage to review and change a coverage determination we have made. There are different deadlines depending on what you're appealing. See your Evidence of Coverage (EOC) for details.

What is a Grievance?

A grievance, or complaint, is a formal way of making Peak Advantage aware that you're not satisfied with something involving your health care coverage or experience with Peak Advantage. A grievance should be filed with 90 days of an occurrence. If you have questions or need assistance with filing a grievance, please call Peak Health Member Service.

Contact us if you'd like to file an appeal or grievance about your care or services provided through your Peak Advantage coverage:

Peak Health

Attn: Appeals and Grievances Department
1085 Van Voorhis Road, Suite 300
Morgantown, WV 26505
1.855.962.7325
Fax: (304) 974-3191

Peak Health Member Service is ready to help.

Contact Us: at 1-855-962-7325 (TTY: 711).

- Hours from October 1 to March 31: 8 a.m. to 8 p.m., 7 days a week.
- Hours from April 1 to September 30: 8 a.m. to 8 p.m., Monday through Friday.
- Messages received on holidays and outside of our business hours will be returned within one business day.