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?
As defined at 42 CFR §422.561 and §423.560, the procedures that deal with the review of adverse initial determinations made by the plan on health care services or benefits under Part C or D the enrollee believes he or she is entitled to receive, including a delay in providing, arranging for or approving the health care services or drug coverage (when a delay would adversely affect the health of the enrollee) or on any amounts the enrollee must pay for a service or drug as defined in 42 CFR §422.566(b) and §423.566(b). These appeal procedures include a plan reconsideration or redetermination (also referred to as a level 1 appeal), a reconsideration by an independent review entity (IRE), adjudication by an Administrative Law Judge (ALJ) or attorney adjudicator, review by the Medicare Appeals Council (Council), and judicial review. There are different deadlines depending on what you're appealing. See your Evidence of Coverage (EOC) for details.

What is a Grievance?
An expression of dissatisfaction with any aspect of the operations, activities or behavior of a plan or its delegated entity in the provision of health care items, services, or prescription drugs, regardless of whether remedial action is requested or can be taken. A grievance does not include, and is distinct from, a dispute of the appeal of an organization determination or coverage determination or an LEP determination. A grievance must be filed with 60 days of an occurrence. If you have questions or need assistance with filing a grievance, please call Peak Health Member Service.

What is a Quality-of-Care Grievance?
A grievance related to whether the quality of covered services provided by a plan or provider meets professionally recognized standards of health care, including whether appropriate health care services have been provided or have been provided in appropriate settings.

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

Phone: 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.