

## JOINT COMMUNICATION

### **Multi-Employer/UNA Collective Agreement Appeal Process for Drug Claim Denials April, 2006**

This communication is to assist employees, union representatives and employers in utilizing the jointly agreed upon process for appealing denied claims for prescribed medications. Attachments include:

- Medication Claim Denial Appeal Process Flow Chart;
- Medication Claim Denial Appeal Form; and
- Listing of Employer Designates.

#### **The Appeal Process**

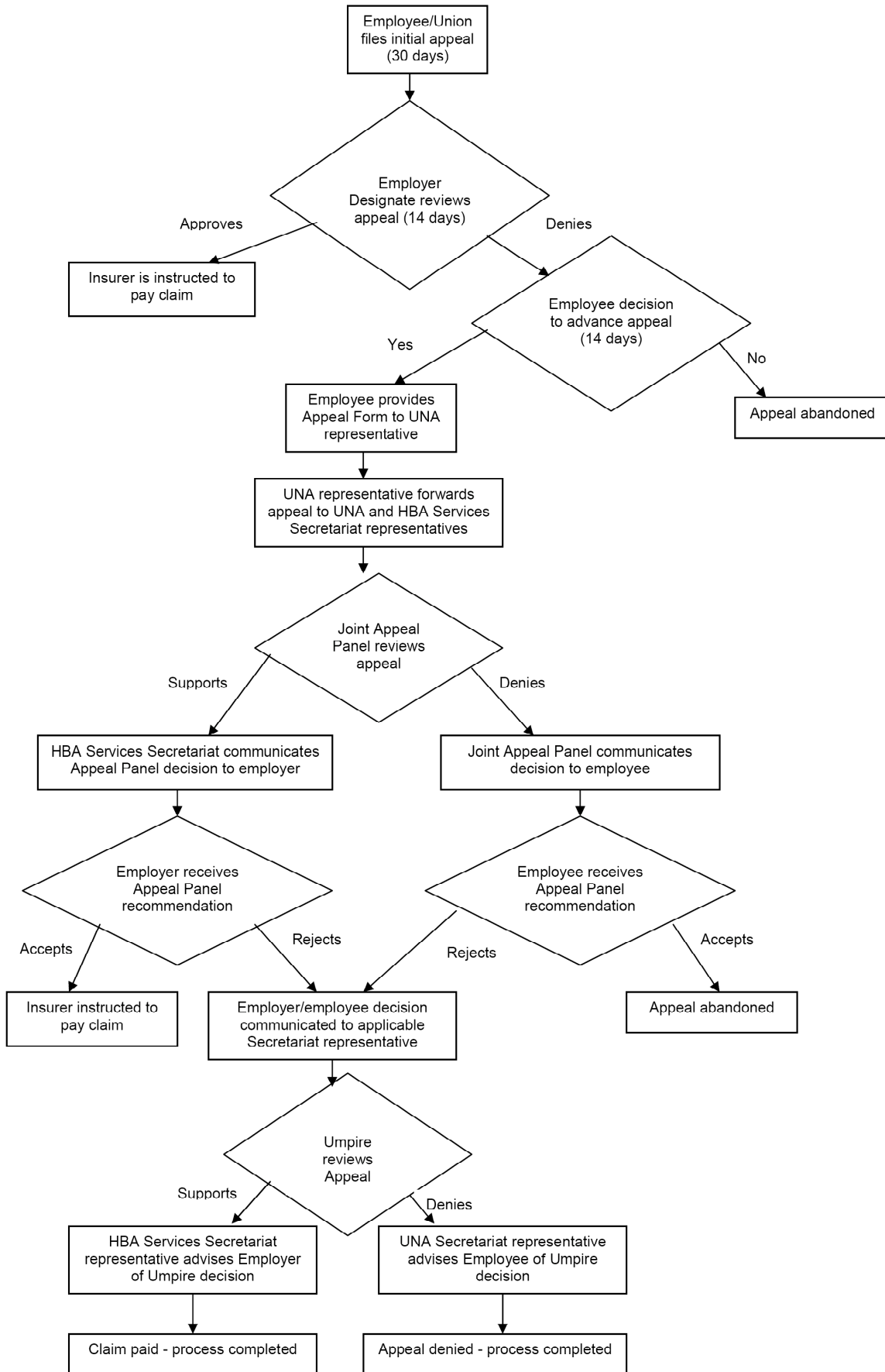
- 1 ***Initial Appeal Decision*** - If the employee decides to appeal a claim for a prescribed medication denied by the insurance company, then the employee needs to complete the Medication Claim Denial Appeal Form (copy attached). These forms are available from the Employer Designates, and/or UNA representatives (Note: The Appeal Form should be submitted to the Employer Designate within 30 days from the date that the medication claim was originally denied by the insurance company. If this is not possible, the employee or the employee's union representative should advise the Employer Designate that they will be filing an appeal and are in the process of gathering the necessary supporting information).
- 2 ***Submission to Employer Designate for Review*** - Once completed, the Appeal Form is submitted to the appropriate Employer Designate (listing of Employer Designates attached). The employee can either submit the Appeal Form directly to the Employer's Designate, or they can request that their UNA representative submit the Appeal Form to the Employer Designate for them.

3. ***Employer Designate Review*** - The Employer Designate will review the employee's Medication Claim Appeal within 14 days of receiving the Appeal Form.
  - (a) If the Employer Designate determines that the claimed medication meets the agreed upon criteria, the employer will make arrangements for the insurer to pay the claim to the employee. The Appeal Form will be signed by the Employer Designate as "Approved" and returned to the employee with a description of any conditions being placed upon the approval of the claim.
  - (b) If the Employer Designate does not believe that the claim meets the agreed upon criteria, they will advise the employee that the appeal is being denied by indicating "Denied" on the Appeal Form, signing the form and returning it to the employee.
4. ***Submission to Joint Appeal Panel for Review*** - Within 14 days of the Employer Designate advising the employee that the appeal is being denied, the employee should decide if they will appeal this decision further. If the employee decides to pursue further appeal, the employee should contact their UNA representative and give them a copy of the Appeal Form. The UNA representative will forward the form to the UNA and HBA Services Secretariat representatives (David Harrigan, Director of Labour Relations for UNA and Cory Galway, Senior Negotiator, for HBA Services, respectively). The Secretariat representatives will summarize the information from the Appeal Form to ensure that the employee's identity remains confidential, and will forward the information to the Joint Appeal Panel for review.
5. ***Joint Appeal Panel Decision*** - Beginning in June, 2006, the Joint Appeal Panel will meet monthly or as required and will review received Appeals at the first Joint Appeal Panel meeting following receipt of the Appeal by the Secretariat representatives.
  - (a) If the Joint Appeal Panel determines that the claimed medication meets the agreed upon criteria, the Joint Appeal Panel instruct the employers' Secretariat representative to recommend that the employer make arrangements for the insurer to pay the claim.
  - (b) If the Joint Appeal Panel does not believe that the claim meets the agreed upon criteria, they will instruct the UNA Secretariat representative to advise the employee that the appeal is being denied.

6. ***Joint Appeal Panel Approval*** - If the Joint Appeal Panel has recommended that the employer make arrangements for the insurer to pay the claim, and the employer chooses not to implement the recommendation, the UNA and HBA Services Secretariat representatives will make arrangements for the Appeal to be reviewed by the Umpire for a final decision.
  
7. ***Joint Appeal Panel Denial*** - If the Joint Appeal Panel denies the claim, the UNA Secretariat representative contact the employee to determine if the claim should be appealed to the Umpire. If the decision is made to appeal to the Umpire, the UNA and HBA Services Secretariat representatives will make arrangements for the Appeal to be reviewed by the Umpire for a final decision.
  
8. ***Final Decision of Umpire*** - The Umpire, Mr. Jay Spark of Spark Consulting Services, will review the Appeal and make a final decision regarding payment or denial of the claim. The UNA and HBA Services Secretariat representatives will advise the employee and employer of the Umpire's decision.

A flow chart summarizing the steps and decisions of the Medication Claim Denial Appeal process is attached for your reference

# Medication Claim Denial Appeal Process Flow Chart



# C O N F I D E N T I A L

## Medication Claim Denial Appeal Form

Employees covered by the Provincial Collective Agreement who have had claims denied may submit them for review and possible reimbursement.

Please fill out this form, attach necessary documents, and provide the complete form and supporting documentation to the individual designated by the employer to handle medication claim appeals or to your UNA representative within 30 days of the denial of your medication claim.\*

\* If all supporting documentation is not available within 30 days of the claim denial, please advise your designated employer representative or your union representative that you are filing an appeal and are in the process of gathering necessary supporting information.

### PART A: To be completed by the employee:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Worksite: \_\_\_\_\_ Local #: \_\_\_\_\_

### Please supply all the following information:

Date the claim was denied: \_\_\_\_\_

- Copy of claim denial attached
- Claim receipts attached, including pharmacy prescription #

**Note:** Copies of the receipt and/or the claim denial must be attached.

### Does the claim meet the following conditions for coverage?

1. Was this medication prescribed by a physician or a dentist?  Yes  No
2. Was this medication dispensed by a pharmacist?  Yes  No

