

Reimbursement Process

American Health Medicare - Pharmacy Department (Part D) established this procedure to ensure Paper Claim adjudication (payment or reimbursement) in a timely manner.

1. If AHM - Customer Service, Claims, Pharmacy Department or Delegated Entities, receive a request for Part D drug payment, those departments or PBP will orient the enrollee or the appointed representative of how to request a reimbursement.
2. Once a Claims Department received a Part D-Paper claim, review if request include the necessary information with original receipt. Members could use the Rx Paper Claim form to request the reimbursement. They can find the form in our website. Otherwise, they should contact Customer Services Department to request the reimbursement and additional information.
3. Claims Department evaluates the type of the request and review criteria. If criteria to request reimbursement are met the claim staff will approve the payment and will send a letter to enrollee or appointed representative to notify the status of drug payment request.
4. If necessary information is incomplete, or received only a receipt, claims may send a letter to the enrollee or the appointed representative to notify that we can't process the reimbursement request until necessary information is receive and complete.
5. In addition to the letter send to the enrollee or representative, the claim staff will make three attempts contacting member or the pharmacy to request the necessary information.
6. Claims staff creates a list with the reimbursement approved and refer to Delegated Entity for payment adjudication.
7. Delegated Entity received cases and makes the payment to the enrollee or the appointed representative within 30 calendar days.