

Appeals Checklist

If a prior authorization (PA) is denied, submit a concise, organized appeal with supporting clinical documentation.

Insurers have different appeal processes. Most require a written appeal signed by the physician, patient, or the patient's representative. In addition, most insurers provide an appeal form, an appeal submission timeline, and instructions.

Determine the type of appeal you will be submitting. Different information will be needed for the various types of appeals.

CHECKLIST

1 Clearly identify the insurer's reason for the denial

Call the insurer if the denial reason is unclear.

2 Review the insurer's appeals process, forms, and instructions

Document the number of appeals allowed by the insurer. **Identify if the appeal must be submitted by the prescriber or the patient.** Call the insurer if you have questions.

3 Document the insurer's appeal timeline (usually stated in the Explanation of Benefits)

If the timeline is not clear, call the insurer for clarification. Submit the appeal according to the insurer's instructions. **Submit all appeal documentation before the insurer's deadline.** Follow-up if the insurer has not responded within their stated timeline.

4 Depending on the type of appeal, the insurer may require the following information:

- Copy of the insurer's claim decision and reference number
- Copy of the patient's health insurance card, front and back
- Relevant clinical documentation to support medication use (common items of clinical documentation requested on a FILSPARI® (sparsentan) appeal include: record of kidney biopsy, current proteinuria & eGFR levels, documented use of RAASi, REMS enrollment confirmation, etc.) In many cases, providing missing clinical data may be sufficient to overturn a denial
- Medication strength, frequency, quantity, and estimated length of therapy
- Letter of Medical Necessity
- Appeal Letter, signed by the prescriber or patient, indicating the reason for the appeal
- FDA product approval information
- Compendia indications
- Clinical trial results

5 Keep a copy of all forms and documentation sent to the insurer

Consider sending the appeal by certified mail.

6 Document all contact with the insurer

Note who you spoke with, the date and time of the conversation, and their contact information.

For any additional questions, please reach out to Traverse TotalCare® who can assist you with an appeal.

Traverse TotalCare® 1-833-345-7727 Monday — Friday • 8 AM — 8 PM ET