No. UM-015	Medicare Member Appointment of Representative (AOR)	
Effective Date: 01/01/2020	POLICY AND PROCEDURE	
Committee Approval: 1/18/22 Previous Versions: N/A		
CMS: Medicare Managed Care Manual, Chapter 13, Section 10.1-10.3 eff 4/20/12		

Enrollee Inability to Receive, Sign and/or Act upon Notice of Organization Determination

Canopy Health supports a Medicare Advantage enrollee's ability to appoint a representative within the CMS and state-specific requirements for identification of and correspondence with that representative.

An enrollee may appoint any individual (such as a relative, friend, advocate, an attorney, or any physician) to act as the representative. Alternatively, a representative (surrogate) may be authorized by the court or act in accordance with State law to act on behalf or an enrollee. A surrogate could include, but is not limited to, a court appointed guardian, an individual who has Durable Power of Attorney, or a health care proxy, or a person designated under a health care consent statue. Unless revoked, an appointment is considered valid for one year from the date the representative form is signed by both the Member and representative. Also, the representation is valid for the duration of the appeal or grievance. A photocopy of the signed representative form must be submitted with future requests for organization determinations submitted on behalf of the member. It is acceptable to store a valid AOR form or its equivalent in an EMR. Documentation of the valid AOR should be stored with each request.

Either the signed OMB-approved Form CMS-1696 sections I, II, and III, Appointment of Representative https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-List.html , for a representative appointed by an enrollee, or other appropriate

legal papers supporting an authorized representative's status, must be included with each request for a grievance, an organization determination, or an appeal.

If the CMS form is not filled out, the required information of an "equivalent written notice" must include:

- Name, address, and telephone number of enrollee
- Enrollee's HICN [Medicare Identifier Number];
- Name, address, and telephone number of individual appointed as the representative;
- A statement that the enrollee is authorizing the representative to act on behalf of the enrollee for the claim(s) at issue, and a statement authorizing disclosure of individually identifying information to the representative;
- Signed and dated by the enrollee making the appointment;
- Signed and dated by the individual being appointed as representative, accompanied by a statement that the individual accepts the appointment.

For grievances, requests for organization determinations, or appeals submitted either without a representative form or with a defective representative form, it is Canopy Health or UHC's obligation to inform the enrollee and purported representative, in writing, that the grievance, organization determination, or reconsideration request will not be considered until the appropriate documentation is provided. A valid AOR form specifically limiting the appointment to Part D prescription drug benefits is not valid for requests that involve Medicare Advantage (Part C) benefits.

When a request for a grievance, organization determination, or reconsideration is filed by a person claiming to be a representative, but the representative does not provide appropriate documentation, Canopy Health will make, and document, its reasonable efforts to secure the necessary documentation. Canopy Health will not undertake a review until, or unless, such documentation is obtained. The time frame for acting on a grievance, organization determination or reconsideration request commences when the documentation is received. Canopy Health procedures for managing expedited requests ensure that requests not inappropriately delayed.

Revision History:

Version Date	Edited By	Reason for Change
01/01/2020	R. Scott	Initial policy.