

Reference Guide for Filing an Appeal

As a SecureRx[®] PDP member you have the right to file an appeal following a denial on a decision made by us not to cover or pay for all or part of a drug you believe you are entitled to receive, including any delay in providing or approving the drug coverage (when a delay would adversely affect your health), or regarding any of the amounts you must pay for the drug coverage. This is called an “appeal” or “request for redetermination.” The purpose of this resource document is to give you more information about how to request an appeal.

Who may file your appeal?

You may file an appeal yourself or your prescribing physician or someone you name may do it for you. The person you name would be your *appointed representative*. You can name a relative, friend, advocate, doctor, or anyone else to act for you. Some other person may already be authorized under state law to act for you. If you want someone to act for you, then you and that person must sign and date a statement that gives the person legal permission to act as your appointed representative. We can provide you with a form that you both can sign (Appointment of Representative Form CMS-1696) or you can obtain the document from the Centers for Medicare and Medicaid Services (CMS) website at <http://www.cms.gov/Medicare/Appeals-and-Grievances/MedPrescriptDrugApplGriev/Forms.html>

You also have the right to have an attorney ask for an appeal on your behalf. You can contact your own lawyer, or get the name of a lawyer from your local bar association or other referral service. There are groups that will give you free legal services if you qualify.

How soon must you file your appeal?

You need to file your appeal within 60 calendar days from the date included on the notice of our coverage determination. We can give you more time if you have a good reason for missing the deadline.

If you need help filing a **standard appeal**, you can call us at SecureRx PDP Customer Service, Monday through Friday, 8 a.m. to 8 p.m., at **1.877.234.3853** with extended hours October 1 through February 14. On weekends and holidays, your call may be forwarded to our secure voice messaging system (for TTY, call 1.800.779.6961). You may also send the appeal to us in writing at:

SecureRx PDP Customer Service
PO Box 779518
Harrisburg, PA 17177-9518

To file a **fast appeal**, you, your doctor, or your appointed representative can ask us to give a fast appeal (rather than a standard appeal) by calling us at the number mentioned above. You can ask for a fast decision only if you or your doctor believe that waiting for a standard decision could seriously harm your health or ability to function. A fast decision applies only to requests for Part D drugs that you have not received yet. Or, you can deliver a written request to 2500 Elmerston

Avenue, Harrisburg, PA 17177, or fax it to 1.717.541.6915. Be sure to ask for a “fast,” “expedited,” or “72-hour” review. (Remember that if your prescribing physician provides a written or oral supporting statement explaining that you need the fast appeal, we will automatically treat the request as eligible for a fast appeal.)

How soon must we decide on your appeal?

For a **standard appeal** we have up to seven calendar days to give you a decision, but will make it sooner if your health condition requires us to. If we do not give you a decision within seven calendar days, your request will automatically go to the second level of appeal, where an independent organization will review your case.

For a **fast decision** about a Part D drug you have not received, we have up to 72 hours to give you a decision, but will make it sooner if your health requires us to. If we do not give you a decision within 72 hours, your request will automatically go to the second level of appeal, where an independent organization will review your case.

Please remember, at anytime during the request for an appeal process, you may contact SecureRx PDP Customer Service, Monday through Friday, 8 a.m. to 8 p.m. at 1.877.234.3853 with extended hours October 1 through February 14. On weekends and holidays, your call may be forwarded to our secure voice messaging system (for TTY, call 1.800.779.6961).

You can find additional information about the appeals process in your Evidence of Coverage.

SecureRx PDP is offered by Avalon Insurance Company, a Federally-Qualified Medicare Contracting Prescription Drug Plan. Enrollment in SecureRx PDP depends on contract renewal.