



The document describes your Medicare Part D prescription drug plan rights including coverage decisions, exceptions, grievances and appeal processes.

Requesting a coverage decision

A coverage decision is a request for a Part D prescription drug benefit. If your physician or pharmacist tells you that a prescription drug will not be covered in the amount or form prescribed, or you are asked to pay a different cost-sharing amount than you think you are required to pay for a prescription medication, you or your physician should contact us and ask for a Part D coverage determination. You, your physician, or your designated representative can request either a standard or an expedited coverage determination.

To ask for a standard or expedited coverage decision or to ask about the process or status of a request, you, your physician, or your designated representative should contact us at the phone number below or submit your written request by facsimile or US Mail:

Telephone	TTY:	Facsimile	US Mail
1-888-807-5745	711	1-888-807-6643	MedImpact Healthcare Systems, Inc. Attn: Prior Authorization Department 10181 Scripps Gateway Court San Diego, CA 92131

When you contact us, please have the following information available:

- The name of the prescription(s) that you believe you need, including the quantity and dose
- The name of the pharmacy or physician who told you that the prescription drug(s) is/are not covered
- The date you were told that the prescription drug(s) is/are not covered

You or your provider may also download the Request for Medicare Prescription Drug Determination Request Form available on our website, www.harvardpilgrim.org/medicare. Alternatively, you or your provider may request a coverage decision online by visiting www.harvardpilgrim.org/medicare and clicking on the "Pharmacy Program" page and then "Submit a drug determination request online."

We will process your request through the standard coverage decision process. If your health requires it, you can ask us for an expedited (fast) coverage decision:

Standard coverage decision	Expedited (fast) coverage decision
We will notify you of our decision no later than 72 hours after receiving your request.	We will notify you of our decision within 24 hours of receipt.

Requesting an exception

You may ask us to cover a prescription not listed on our Medicare Advantage formulary by requesting a formulary exception to waive coverage restrictions or limits on your medication. For example, you may request an exception when:

- A prescription medication is not listed on our Medicare drug formulary
- You or your physician want us to waive coverage restrictions or limits on your prescription medication
- You or your physician want us to provide a prescription medication at a lower cost-sharing amount (a tiering exception)

To ask for an exception or for any process or status questions, you, your physician, or your designated representative should contact us at the phone number below or submit your written request by facsimile or US Mail:

Telephone	TTY:	Facsimile	US Mail
1-888-807-5745	711	1-888-807-6643	MedImpact Healthcare Systems, Inc. Attn: Prior Authorization Department 10181 Scripps Gateway Court San Diego, CA 92131

Generally, we will only approve your request for an exception if the alternative drug included on the plan's formulary or the lower-tiered drug would not be as effective in treating your condition and/or would cause you to have adverse medical effects. Your doctor or other prescriber must give us a statement that explains the medical reasons for requesting an exception. For a faster decision, you should include this medical information from your doctor or other prescriber when you ask for the exception.

If we approve your request for an exception, our approval is usually valid until the end of the plan year, as long as your doctor continues to prescribe the drug for you and that drug continues to be safe and effective for treating your condition.

If we deny your request for an exception, you can ask for a review of our decision by making an appeal.

Filing a grievance

A grievance is any complaint or dispute other than a coverage decision, expressing dissatisfaction with the manner in which Harvard Pilgrim provides health care services. For example, you would file a grievance if you have a problem with things such as the quality of your care, waiting times for appointments or in the waiting room, the way your doctors or others behave, being able to reach someone by phone or get the information you need, or the cleanliness or condition of the doctor's office. You need to file your grievance within 60 calendar days after the event. We can extend this deadline if you have a good reason for missing the deadline.

If you have a grievance, we encourage you to first call Harvard Pilgrim's Member Service department at the number listed below. We will try to resolve any complaint that you might have over the phone. If you request a written response to your phone complaint, we will respond in writing to you. If we cannot resolve your complaint over the phone, we will investigate the issue and call you back with a resolution. There is no form required for filing a grievance. You may also submit your complaint over the phone, in writing or via facsimile to Harvard Pilgrim at the address and/or fax number listed below.

Telephone	TTY/TDD	Facsimile	US Mail
1-888-609-0692	711	1-617-509-4232	Harvard Pilgrim Health Care Medicare Advantage Appeals & Grievances P.O. Box 690345 Quincy MA 02269

We must notify you of our decision about your grievance as quickly as your case requires based on your health status, but no later than 30 calendar days after receiving your complaint. We may extend the timeframe by up to 14 calendar days if you request ~~the~~ extension, or if we justify a need for additional information and the delay is in your best interest.

There are certain situations where we must respond to your grievance within 24 hours (expedited or fast) including if:

- we deny your request for an expedited review of a request for medical care
- we deny your request for an expedited review of an appeal for denied services
- we decide an extension is needed to review your request for medical care
- we decide an extension is needed to review your appeal of denied medical care

You may also submit your expedited grievance request verbally, in writing or via facsimile to Harvard Pilgrim at the address and/or fax number listed above. We will quickly review your request and notify you of our decision as expeditiously as your health condition might require, but no later than 24 hours of receiving your complaint.

If your complaint is about quality of care, you can make your complaint to the Quality Improvement Organization (QIO), a group of practicing physicians and other health care experts paid by the federal government to validate and improve the care given to Medicare patients.

To find the QIO for your state please refer to your Evidence of Coverage (Chapter 2, Section 4) located on our website, www.harvardpilgrim.org/medicare. If you make a complaint to this organization, we will work with them to resolve your complaint. If you wish, you can make your complaint about quality of care to both the QIO and Harvard Pilgrim at the same time.

Filing an appeal

An "appeal" is the type of complaint you make when you want us to re-evaluate and change a coverage decision Harvard Pilgrim has made. If we make a coverage determination and you are not satisfied with this decision, you can appeal the decision. An appeal is a way of asking us to review and change a coverage determination. Here are two examples of when you may want to file an appeal:

- We do not cover or pay for prescription medications you think we should cover
- We reduce or cut back on prescription medications you have been receiving

You need to file your appeal within 60 calendar days from the date on the coverage determination (denial letter) that you get from us. Harvard Pilgrim may accept an appeal or redetermination beyond 60 days if you show good cause for an extension.

To start an appeal, you (or your representative or your doctor or other prescriber) must contact us.

Telephone	TTY/TDD	Facsimile	US Mail
1-888-609-0692	711	1-617-509-4232	Harvard Pilgrim Health Care Medicare Advantage Appeals & Grievances P.O. Box 690345 Quincy MA 02269

Once we receive your request for appeal it will be processed in a standard or expedited (fast) time frame:

Standard appeal	Expedited (fast) appeal
We must make a decision regarding your standard appeal within seven (7) calendar days. If we do not give you our decision within seven (7) calendar days, your request will automatically go to an independent review organization where a reconsideration or review will be made. If we have agreed completely in your favor for a Part D drug you have not received, we will provide authorization for the drug within seven (7) calendar days after we received your appeal or sooner if your health requires it.	After we receive an expedited appeal, we have up to 72 hours to give you a decision. If we do not give you our decision within 72 hours, your request will automatically go to an independent reviewer where a reconsideration or review will be made.

We may accept or decline your request for an expedited appeal as follows:

- If we decline your request for an expedited appeal, we will process your request through the standard appeal process. If you disagree with our decision not to expedite your request, you may file an expedited grievance (see Filing a Grievance above).
- If we accept your request for an expedited appeal with supporting documentation from your physician, a decision will be made within 72 hours.

- If we deny any part of your appeal, you or your designated representative have the right to ask an independent organization to review your case. This independent review organization contracts with the federal government and is not part of the health plan. Please refer to your Evidence of Coverage for your complete appeal rights and information.

If you have any questions about the processes outlined above or for more detailed information, please call our Member Services department the numbers listed above, or refer to Chapter 9 of your Evidence of Coverage available at www.harvardpilgrim.org/medicare.

You can also get help and information from Medicare

For more information and help in handling a problem, you can also contact Medicare. Here are two ways to get information directly from Medicare:

- You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
- You can visit the Medicare Web site (<http://www.medicare.gov>).

Harvard Pilgrim is an HMO plan with a Medicare contract. Enrollment in StrideSM (HMO) depends on contract renewal.