



# Prior Authorization Appeal Process

## Standard Re-determination (Appeal) Process

The appeal process deals with an adverse determination regarding Retiree RxCare issuing a denial for a requested drug, service, or claim payment. When submitting your appeal you may include information, which you believe, may help us with the processing of your appeal or help us rule in your favor. Upon completion of our review, a letter will be sent to you advising you of our decision.

An appeal must be filed within 65 days from the date that the determination was rendered. Upon receipt, we will review your appeal and respond within 7 days with our decision.

## What to include in the Appeal Request

You should include your name, address, Member ID number, the reasons for appealing, and any evidence you wish to attach. If your appeal relates to a decision by us to deny a drug that is not on our formulary, your prescribing physician must indicate that all the drugs on any tier of our formulary would not be as effective to treat your condition as the requested off-formulary drug or would harm your health.

## Expedited Re-determination

An expedited appeal can be requested orally or in writing by the member or by a physician acting on behalf of the member. If a physician supports the request for an expedited appeal, Retiree RxCare will honor this request. If a member submits an appeal without physician support, Retiree RxCare will review the request to determine if it meets Medicare's criteria for expedited processing.

If the plan determines that the request meets the expedited criteria, the plan will render a decision as expeditiously as the member's health requires, but not exceeding 72 hours. If the request does not meet the expedited criteria, then we will render a coverage decision with the standard predetermination time frame, 7 days.

## Where to Send an Appeal

**Retiree RxCare**  
**10181 Scripps Gateway Ct.**  
**San Diego, CA 92131**  
**Attn: Clinical Services**

## What Happens Next

If you appeal, we will review your case and give you a decision. If any of the prescription drugs you requested are still denied, you can request an independent review of your case by a reviewer outside of your Medicare Drug Plan. If you disagree with that decision, you will have the right to further appeal. You will be notified of your appeal rights if this happens.

## Contact Information

If you need information or help, call us at:

**Toll Free: 1-855-693-3921**

**TTY: 711**

## Other Resources To Help You

**Medicare Rights Center**

**Toll Free: 1-888-HMO-9050**

**Elder Care Locator**

**Toll Free: 1-800-677-1116**