OPTUMRx®

Medicare Coverage Re-determination and Appeals Process

An **Appeal** is something you do if you disagree with a decision to deny a request for health care services or prescription drugs or payment for services or drugs you already received. An appeal is a formal way of asking us to review and change a coverage decision we have made. When you make an appeal we review the coverage decision we have made to check to see if we were being fair and following all of the rules properly. Once we have received your request, we will complete a review and contact you with our findings.

If we say no to all or part of your Level 1 Appeal (re-determination), you may then send your request as a Level 2 Appeal to C2C Innovative Solutions, Inc. The Level 2 Appeal is conducted by an independent organization that is not connected to our plan.

Who may file an appeal (or re-determination) of the coverage determination?
For a standard request, you or your Appointed Representative may file the request. A fast appeal may be filed by you, your Appointed Representative, doctor, or other prescriber.

You can request your re-determination in writing by mail, fax, or over the phone to the below:

By telephone:
Refer to the Member Service phone number located on the back of your prescription ID card, 24 hours a day, 7 days a week. For TTY, call 711. You also have the right to ask us for a copy of information regarding your appeal.

By fax:
1-877-239-4565

In writing:
OptumRx
c/o Appeals Coordinator
CA 106-0286
3515 Harbor Blvd.
Costa Mesa, CA 92626

What kinds of decisions can be appealed?
You can generally appeal our decision not to cover a drug, vaccine, or other Part D benefit. You may also appeal our decision not to reimburse you for a Part D drug, if you think your reimbursement should have been larger, or if you are asked to pay a different cost-sharing amount than you think is required.

Getting information to support your appeal:
We will need to gather the information we need to make a decision about your appeal, and we may contact you or your doctor for additional information. You also have the right to include additional information. For example, you may already have documents related to your request, or you may want to get your doctor's records or opinion to help support your request. You may need to give the doctor a written request to get information.

No matter which way you submit your request, you may ask us to reconsider even if only part of our decision is not what you requested. Your request for re-determination is decided by someone who was not involved in the original coverage determination. This helps ensure that we will give your request a fresh look. Please follow the process to request an appeal specific to obtaining authorization for a Part D drug you have not yet received or requesting reimbursement for a Part D drug you have already received and paid for. Requests for payment are not eligible for a fast decision.

How soon will my appeal be decided?

For a standard decision about a Part D drug, we have up to 7 days after receiving your appeal to give you a decision. We will make it sooner if your health condition requires us to. If we do not give you our decision within 7 calendar days, your request will automatically go to the second level of appeal, where an independent organization will review your case.

For a fast or expedited decision about a Part D drug that you have not received, we have up to 72 hours after we receive your appeal to give you a decision. We will make it sooner if your health requires us to. If a decision has not been provided within 72 hours after receiving your request, your request will automatically forwarded to C2C (address below), an Independent Review Entity, to review your case.

What happens if my Appeal is denied?

If after receiving the outcome of our re-determination review you are still dissatisfied with your reimbursement, you have the right to appeal our decision to an independent reviewer, C2C, within 60 calendar days of the date of your denial notice. You should include the following information:

- Your name
- Address
- Medicare number
- Date of birth
- Phone number
- The reason(s) for appealing
- Any evidence you wish to attach such as your coverage determination and Level 1 Appeal documents

You must mail or fax your written request to the independent reviewer at:

C2C Innovative Solutions, Inc
P.O. Box 44166
Jacksonville, FL 32231-4166
Fax Numbers:
Standard Appeal: (833) 710-0580
Expedited Appeal: (833) 710-0579
Phone Number: (833) 919-0198

C2C will review your request, and may contact us if they need additional information to review your case. They will also let us know if they have approved your request, so that we may update our system to allow your drug to pay.

Please visit **optumrx.com/CalPERS** for additional EOC questions.

optumrx.com

OptumRx specializes in the delivery, clinical management and affordability of prescription medications and consumer health products. We are an Optum® company — a leading provider of integrated health services. Learn more at optum.com.

All Optum trademarks and logos are owned by Optum, Inc. All other trademarks are the property of their respective owners.

© 2017 Optum, Inc. All rights reserved. ORX340575_170317