BlueMedicare Rx (PDP) and BlueMedicare Group Rx (Employer PDP) Grievances, Coverage Decision and Appeals Process Overview

Grievances (Complaints)

Your right to make complaints

As a member of our plan, you have the right to make a complaint (also called "filing a grievance") for certain types of problems **not related to benefits, coverage or payment**. Here are some examples of problems that are handled through the grievance process:

- You are unhappy with the cleanliness of one of our network pharmacies,
- you experience excessive waiting times (for example, you have to wait too long to get a prescription or speak to a Member Services representative),
- you feel that someone did not respect your privacy rights, or
- you are dissatisfied with our timeliness in responding to coverage decisions and appeals you have asked for.

Filing a grievance with our Plan

If you have a grievance related to our prescription drug plan, we encourage you or your representative to call our Member Services Department first at 1-800-926-6565. You will be able to speak to someone from 8:00 a.m. – 8:00 p.m. ET, seven days a week from October 1 through February 14, except for Thanksgiving Day and Christmas Day. However, from February 15 to September 30, you will have to leave a message on federal holidays, Saturdays and Sundays. We will return your call within one business day. TTY users should call 1-800-955-8770. Calls to these numbers are free. We will try to resolve your complaint over the phone.

If we cannot resolve your grievance over the phone or you do not want to call our plan, we have a formal procedure to review grievances. These grievances must be submitted in writing to the following address or fax number:

Address: Prime Therapeutics LLC
Attention: BlueMedicare/Florida Blue Grievance Dept.
10826 Farnam Drive
Omaha, NE 61854

Fax Number: 1-888-285-2242

You are not required to use a Florida Blue Grievance form, but we strongly urge you to do so. Call Member Services to obtain the Grievance form.

All grievances, whether filed by phone or in writing, must be submitted within **60 days** after the event or incident. We will answer your grievance no later than **30 days** after we receive it (sooner if your health requires it). If we need more information and a delay is in your interest or you request a delay, we can take 14 more days (44 days total) to answer your grievance.

Fast Grievances

If our plan denies your request for a "fast" coverage decision or a "fast" first-level appeal and you believe a longer waiting time could endanger your health, you may ask for a "fast" grievance (by phone or in writing). We will answer a "fast" complaint within **24 hours**.

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Filing a grievance with your state's Quality Improvement Organization (QIO)
If you have a complaint about the quality of care you receive, you may file a grievance with your state's QIO. In Florida the QIO is called KEPRO. You may contact KEPRO at the following address and phone number:

5201 W. Kennedy Boulevard, Suite 900
Tampa, FL 33609
Phone Number: 1-844-455-8708

Coverage Decisions (Determinations)

Coverage decisions (also called "coverage determinations") are decisions we make concerning your prescription benefits and coverage or the amount we will pay for your covered Medicare Part D drugs. Coverage determinations are the first step in addressing problems you may have regarding benefits, coverage or payment amounts.

Who may ask for a coverage determination?
You, your prescribing physician or someone you name may ask us for a coverage determination. The person you name is your "appointed representative." Other persons may be authorized under state law to act on your behalf.

Asking for a "standard" or "fast" coverage determination
To ask for a "standard" or "fast" decision for a Part D drug, you, your doctor or your representative should call, fax or write to us. Here is our contact information:

Address: Prime Therapeutics LLC
Attention: Clinical Review Department
1305 Corporate Center Drive, Building N10
Eagan, MN 55121
Phone Number: 1-800-926-6565. Calls to this number are free. You will be able to speak to someone from 8:00 a.m. – 8:00 p.m. ET, seven days a week from October 1 through February 14, except for Thanksgiving Day and Christmas Day. However, from February 15 to September 30, you will have to leave a message on federal holidays, Saturdays and Sundays. We will return your call within one business day. TTY users should call 1-800-955-8770.
Fax Number: 1-800-693-6703
Website: www.MyPrime.com

Most standard coverage determination requests are requests for exceptions to our rules or restrictions that apply to a certain drug. These requests require that your doctor or other prescriber submit a written statement giving the medical reasons for requesting an exception to our rules or restrictions. In these cases, we must give you our decision no later than **72 hours** after we receive your doctor's or prescriber's statement supporting your request. For a standard coverage determination about a request for payment for a Part D drug you have already purchased, we must give you our decision no later than 14 days after we receive your request. If our decision is favorable, we must also make payment to you within 14 days after we receive your request.

If these standard deadlines could cause serious harm to your health, you can ask for a "fast" or "expedited" coverage determination. If your doctor or other prescriber tells us you need a fast coverage determination, we will automatically agree to give you one. For a fast coverage determination about a Part D drug, we will give you our decision within 24 hours. This usually means 24 hours after we receive a written statement from your doctor or other prescriber supporting your request.

Appeals

Appeals to our Plan (Appeal Level 1)

You may ask us to review our coverage determination, even if only part of our decision is not what you requested. An appeal to our plan about a Part D drug is also called a plan "redetermination." When we receive your request to review a coverage determination, we give the request to people at our organization who were not involved in making the coverage determination.

Who may file your appeal of the coverage determination?

When you appeal a coverage determination about a Part D drug, you, your representative or your doctor may file a standard appeal request or a fast appeal request.

How soon must you file your appeal?

You must file the appeal request within 60 days from the date included on the notice of our coverage determination. We may give you more time if you have a good reason for missing the deadline.

How to file your appeal

Asking for a standard appeal

To ask for a "standard" or "fast" appeal, you, your doctor or your representative may send a signed, written appeal request or contact us by phone. Here is the contact information you need:

Address:	Prime Therapeutics LLC Attention: Clinical Review Department 1305 Corporate Center Drive, Building N10 Eagan, MN 55121
Phone Number:	1-800-926-6565. Calls to this number are free. You will be able to speak to someone from 8:00 a.m. – 8:00 p.m. ET, seven days a week from October 1 through February 14, except for Thanksgiving Day and Christmas Day. However, from February 15 to September 30, you will have to leave a message on federal holidays, Saturdays and Sundays. We will return your call within one business day. TTY users should call 1-800-955-8770.
Fax Number:	1-800-693-6703
Website:	www.MyPrime.com

For standard appeals, we must inform you of our decision within 7 days after receiving your appeal (sooner if your health condition requires a quicker answer). If we fail to do so, we are required to send your appeal to the next level (Level 2) in the appeals process.

Asking for a fast appeal

If you are appealing a decision we made about giving you a Part D drug you have not received yet, you and/or your doctor will need to decide if you need a fast (or "expedited") appeal. For fast appeals we must give you an answer within 72 hours after receiving your appeal (sooner if your health status requires a faster decision). If we fail to give you an answer within 72 hours, we are required to send your appeal to the next appeal level.

The requirements for receiving a fast appeal are the same as those for receiving a fast coverage determination. If your doctor provides a written or oral supporting statement explaining that you need a fast appeal, we will automatically give you one.

The contact information for fast appeals is the same as for standard appeals (see above). To request a fast appeal outside of regular weekday business hours, please fax your request to the fax number shown in the "Asking for a standard appeal" section above. Be sure to ask for a fast or "expedited" review.

Additional appeal levels

If we deny your Level 1 appeal to our plan, you may choose to accept the denial or you may make another appeal. This appeal would be a Level 2 appeal. At this level an outside Independent Review Organization reviews our decision and decides whether to uphold it or change it. Provided you meet certain rules, you may be able to continue up to 5 levels of appeal. Please see our plan's Evidence of Coverage for more information about these additional appeal levels.

A Medicare approved Part D sponsor.

This information is available for free in other languages. Please contact our Member Services number at 1-800-926-6565 for additional information. You will be able to speak to someone from 8:00 a.m. – 8:00 p.m. ET, seven days a week from October 1 through February 14, except for Thanksgiving Day and Christmas Day. However, from February 15 to September 30, you will have to leave a message on federal holidays, Saturdays and Sundays. We will return your call within one business day. (TTY users should call 1-800-955-8770). Hours are 8:00 a.m. – 8:00 p.m. ET, seven days a week. Member Services also has free language interpreter services available for non-English speakers.

Esta información está disponible en otros idiomas, de forma gratuita. Comuníquese con Atención a los Asegurados al 1-800-926-6565 para obtener información adicional. Podrá hablar con un representante de 8:00 a.m. a 8:00 p.m. Hora del Este, los siete días de la semana desde el 1ro de octubre hasta el 14 de febrero, excepto el día de Acción de Gracias (Thanksgiving) y el día de Navidad. Sin embargo, desde el 15 de febrero hasta el 30 de septiembre, podrá dejar un mensaje los sábados, domingos y los días feriados. Le devolveremos la llamada en el transcurso de un día laboral. (Los usuarios de equipo teleescritor [TTY] deben llamar al 1-800-955-8770). El horario es de 8:00 a.m. a 8:00 p.m. Hora del Este, los siete días de la semana. El departamento de Atención al Cliente también ofrece servicios gratuitos de interpretación, que están disponibles para las personas que no hablan inglés.