

Model Form Instructions Request for a Medicare Prescription Drug Redetermination

Purpose of Model Form

This model form was developed as part of the implementation of the Affordable Care Act, which requires the use of a uniform exceptions and appeals process in Part D. Related CMS regulations finalized in 2011 require Part D plan sponsors to make available a uniform model form used to request a redetermination (appeal) to the extent such form has been approved for use by CMS. This form is intended to provide basic information to enrollees and prescribers on how to ask for a redetermination from a Medicare drug plan.

Under the Medicare Part D prescription drug benefit program, a Part D plan enrollee can request a redetermination within 60 days of a plan sponsors' adverse coverage determination. A request can also be made on behalf of the enrollee by the enrollee's appointed representative or the enrollee's prescribing physician. A request for a standard redetermination is generally made in writing, but a plan can choose to accept oral requests. A request for an expedited redetermination can be made orally or in writing. **An enrollee, the enrollee's representative, or the enrollee's prescribing physician may submit a written request for a redetermination in any format.**

Use of Model Form

Plan sponsors must include a copy of this model form with all Notices of Denial of Medicare Prescription Drug Coverage.

Use of this model form by an enrollee, representative or prescriber is **optional**. Plan sponsors must accept any written request for an appeal, including any request submitted on this model form. **If this model form is used, the Medicare drug plan may require additional information or documentation to support the request.**

Plan sponsors must populate all variable fields before posting or distributing this form. Plan sponsors choosing to modify this form in any way other than populating variable fields must submit the modified form for the appropriate marketing review process (for additional information, please refer to the Medicare Prescription Drug Benefit Manual, Chapter 3, section 90.7.3).

Use of this model form is optional and its content may be changed.