

Model Notice of Right to an Expedited Grievance

[INSERT NAME OF MEDICARE PART D PLAN]

Date:

Enrollee Name:

Enrollee ID Number:

Notice of Right to an Expedited Grievance

_____ You are receiving this notice because we are denying your request to expedite (fast track) your initial request for a Part D drug.

_____ You are receiving this notice because we are denying your request to expedite (fast track) your appeal for a Part D drug.

Your request has been transferred to our regular processing time frame.

Initial requests will be processed no later than 72 hours and appeal requests will be processed no later than 7 calendar days from the day we received your request.

You may resubmit your request.

You may **resubmit your request** to expedite (fast track) your initial request or appeal. If your prescribing physician or other prescriber tells us that applying the standard time frame could put your life or health at risk, we will automatically expedite your request.

You may file an expedited grievance.

If you disagree with our decision not to give you a fast decision, you may file an **expedited grievance** with us. We must decide within **24 hours** if our decision to deny making a fast decision puts your life or health at risk.

If we determine that we should have expedited your request, we will do so immediately and notify you of our decision.

Please call us at {insert phone number of health plan contact} if you want to file an expedited grievance, or want more information.

You can also call 1-800-MEDICARE for more information about the expedited grievance process.