

Capital Health Plan

Important Information about Your Prescription Drug Appeal Rights

What if I need help understanding this denial? Contact us at 850-383-3311 or 1-877-247-6512 (TTY 850-383-3534 or 1-877-870-8943) if you need assistance understanding this notice or our decision to deny you a service or coverage.

What if I don't agree with this decision? You have a right to appeal any decision not to provide or pay for an item or service (in whole or in part). You may appeal this decision up to 180 days after the date on your notification, which applies to standard and urgent requests.

How do I file an appeal? Submit your appeal in writing, explaining the subject of the appeal and the reason you believe your request should be approved. Send the written appeal to: CHP/Prime Therapeutics, LLC, Clinical Review, 2900 Ames Crossing Road, Suite 200 Eagan, MN 55121. You may securely fax the information to 1-855-212-8110. See also the "Other resources to help you" section of this form for assistance filing a request for an appeal.

What if my situation is urgent? If your situation meets the definition of urgent under the law, your review will generally be conducted within 72 hours. Generally, an urgent situation is one in which your health may be in serious jeopardy or, in the opinion of your physician; you may experience pain that cannot be adequately controlled while you wait for a decision on your appeal. If you believe your situation is urgent, you may request an expedited appeal by following the instructions above for filing an internal appeal and you may also submit a simultaneous request for External Review. Written requests for external review should be mailed to CHP/Prime Therapeutics, LLC, Clinical Review, 2900 Ames Crossing Road, Suite 200 Eagan, MN 55121 or by secure fax at 1-855-212-8110.

Who may file an appeal? You, an attorney, your treating provider or someone you name to act for you (your authorized representative) may file an appeal. If someone other than you or your treating provider files an appeal on your behalf, a signed Appointment of Representative (AOR) form must be included with the appeal. A copy of the form may be obtained by calling Member Services at 850-383-3311 or 1-877-247-6512 (TTY 850-383-3534 or 1-877-870-8943) or visiting our website at www.capitalhealth.com.

Can I provide additional information about my claim? Yes, you may supply additional information by mail to CHP/Prime Therapeutics, LLC, Clinical Review, 2900 Ames Crossing Road, Suite 200 Eagan, MN 55121 or by secure fax at 1-855-212-8110.

Can I request copies of information relevant to my claim? Yes, you may request copies (free of charge). If you think a coding error may have caused this claim to be denied, you have the right to have billing and diagnosis codes sent to you, as well. In addition, if we rely on a rule or guideline (such as a provision excluding certain benefits within your policy booklet) in making an adverse determination, we will provide that rule or guideline to you free of charge upon request. You can request copies of this information by contacting us at 850-383-3311 or 1-877-247-6512.

What happens next? If you appeal, we will review our decision and provide you with a written determination. For pre-service requests, we will make our decision within 30 days. For post-service requests, we will make our decision within 60 days. If we continue to deny the payment, coverage, or service requested or you do not receive a timely decision, you may be able to request an external review of your claim by an independent third party, who will review the denial and issue a final decision.

Other resources to help you: If you are covered through a group (employer-based) health plan, for questions about your rights, this notice, or for assistance, you can contact: the Employee Benefits Security Administration at 1-866-444-EBSA (3272) and/or the Florida Department of Financial Services, Division of Consumer Services at 1-877-693-5236. If you are covered through an individual plan, you may contact the Florida Department of Financial Services, Division of Consumer Services at 1-877-693-5236.