

Important Information about Your Appeal Rights

What if I need help understanding this denial? Contact us at 800-933-3734 if you need assistance understanding this notice or our decision to deny you a service or coverage.

What if I do not 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).

Informal Review — (Optional) Call Customer Service at 800-933-3734 to inquire about your claim denial. We may be able to explain the denial outside the formal process. If the Customer Service representative cannot answer or resolve the clarification, below is information on the appeal information.

Formal Appeal Process – Complete and mail or fax the **Prior Authorization Appeal Form** requesting for a formal appeal. The Prior Authorization Appeal Form may be obtained online at pharmavail.com. The form is located under the Member and Provider Links as Prior Authorization Appeal Form. If you are sending a letter you must give us all the facts that are asked for on the form. Your letter must also tell us why you do not agree with our finding. This form or your letter must be received by us within 180 days from receipt of the denial.

How do I file an appeal?

Submit this form to:

PharmAvail
7815 N Palm Ave., Suite 400
Fresno, CA 93711

ATTN: Prior Authorization Department

Or by Fax: 678-236-0415

Expedited 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. If your doctor feels that a delay will put your health, your life, or your recovery at serious risk or cause you severe pain, that is an urgent care claim. You or your doctor may ask for an expedited (faster) appeal. Call us at 800-933-3734 and ask to speak to a Prior Authorization Appeal Representative.

Who may file an appeal? You or someone you name to act for you (your authorized representative) may file an appeal. Be sure to include this person on the form section “**Appeal Authorization**”.

Can I provide additional information about my claim? Yes, you may supply additional information and we encourage you to include this information on the form provided. Tell us why you are appealing and why you do not agree with our decision. Please write clearly. Attach extra pages if needed. Each page must be signed, dated, and include the member’s name and member ID number.

Can I request copies of information relevant to my claim? Yes, you may request copies (free of charge). You can request copies of this information by contacting us at 800-933-3734.

What happens next? Once appeal has been received, we will review our decision and provide you with a written determination. 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 the appeal with an external review organization who will review the denial and issue a final decision.

State-Specific Contact Information

For questions about your rights, this notice, or for assistance, depending on your plan, you can contact either the Employee Benefits Security Administration at 1-866-444-EBSA (3272) or your State Department of Insurance. Additionally, your state's consumer assistance program can help you file an appeal.

<p>Arkansas Arkansas Insurance Department, Consumer Services Division 1200 West Third St. Little Rock, AR 72201 (800) 852-5494 http://insurance.arkansas.gov/csd.htm (website) Insurance.consumers@arkansas.gov (email)</p>	<p>Georgia Georgia Office of Insurance and Safety Fire Commissioner Consumer Services Division 2 Martin Luther King, Jr. Drive West Tower, Suite 716 Atlanta, Georgia 30334 (800) 656-2298 http://www.oci.ga.gov/ConsumerService/Home.aspx (website)</p>	<p>Maine Consumers for Affordable Health Care 12 Church Street, PO Box 2490 Augusta, ME 04338-2490 (800) 965-7476 http://www.maine cahc.org (website) consumerhealth@maine cahc.org (email)</p>
<p>California California Consumer Assistance Program Operated by the California Department of Managed Health Care and Department of Insurance 980 9th St, Suite #500 Sacramento, CA 95814 (888) 466-2219 http://www.HealthHelp.ca.gov (website)</p>	<p>Guam Guam Department of Revenue and Taxation 1240 Army Drive Barrigada, Guam 96921 (671) 635-1846</p>	<p>Maryland Maryland Office of the Attorney General Health Education and Advocacy Unit 200 St. Paul Place, 16th Floor Baltimore, MD 21202 (877) 261-8807 https://www.oag.state.md.us/Consumer/HEAU.htm (website) heau@oag.state.md.us (email)</p>
<p>Connecticut Connecticut Office of the Healthcare Advocate P.O. Box 1543 Hartford, CT 06144 (866) 466-4446 http://www.ct.gov/oha/site/default.asp (website) healthcare.advocate@ct.gov (email)</p>	<p>Illinois Illinois Department of Insurance 320 W. Washington St, 4th Floor Springfield, IL 62767 (866) 445-5364 http://www.insurance.illinois.gov (website) DOI.Director@illinois.gov (email)</p>	<p>Massachusetts Health Care For All One Federal Street Boston, MA 02110 (800) 272-4232 http://www.massconsumerassistance.org (email)</p>
<p>Delaware Delaware Department of Insurance 841 Silver Lake Blvd Dover, DE 19904 (800) 282-8611 http://www.delawareinsurance.gov (website) consumer@state.de.us (email)</p>	<p>Kansas Kansas Insurance Department Consumer Assistance Division 420 SW 9th Street Topeka, KS 66612-1678 (800) 432-2484 (in state) (785) 296-3071 (all others) http://www.ksinsurance.org (website) CAP@ksinsurance.org (email)</p>	<p>Michigan Michigan Health Insurance Consumer Assistance Program Michigan Department of Insurance and Financial Services (DIFS) PO Box 30220 Lansing, MI 48909-7720 (877) 999-6442 http://www.michigan.gov/difs (web) difs-HICAP@michigan.gov (email)</p>
<p>District of Columbia DC Office of the Health Care Ombudsman and Bill of Rights One Judiciary Square 441 4th Street, NW, 900 South Washington, DC 20001 (877) 685-6391 http://www.healthcareombudsman.dc.gov (website) healthcareombudsman@dc.gov (email)</p>	<p>Kentucky Kentucky Department of Insurance, Consumer Protection Division P.O. Box 517 Frankfort, KY 40602-0517 (800) 595-6053 http://insurance.ky.gov (website) consumerservices@ky.gov (email)</p>	<p>Mississippi Health Help Mississippi 800 North President St Jackson, MS 39202 (877) 314-3843 http://www.healthhelpms.org (website) healthhelpms@mhap.org (email)</p>
<p>Missouri Missouri Department of Insurance Truman State Office Building, Room 530 P.O. Box 690 Jefferson City, MO 65102 (800) 726-7390 http://insurance.mo.gov/consumers/ (website) consumeraffairs@insurance.mo.gov (email)</p>	<p>New Mexico New Mexico Public Regulation Commission Consumer Relations Division 1120 Paseo De Peralta Santa Fe, NM 87504 (855) 857-0972 or (888) 427-5772 (505) 476-0326 (fax) http://nmprc.state.nm.us/consumer-relations/index.html (website) mchb.grievance@state.nm.us (email)</p>	<p>Oregon Oregon Health Connect 1435 NE 81st Ave. Suite 500 Portland, OR 97213-6759 (866) 698-6155 http://211info.org/health/ (website) healthconnect@211info.org (email)</p>

State-Specific Contact Information

For questions about your rights, this notice, or for assistance, depending on your plan, you can contact either the Employee Benefits Security Administration at 1-866-444-EBSA (3272) or your State Department of Insurance. Additionally, your state's consumer assistance program can help you file an appeal.

<p>Montana Office of the Montana State Auditor Commissioner of Securities and Insurance 840 Helena Ave Helena, MT 59601 (800) 332-6148 (in-state only) http://www.montanahealthanswers.com (website)</p>	<p>New York Community Service Society of New York Community Health Advocates 633 Third Avenue, 10th floor New York, NY 10017 (888) 614-5400 http://www.communityhealthadvocate.org/ (website) cha@cssny.org (email)</p>	<p>Pennsylvania Pennsylvania Insurance Department 1326 Strawberry Square Harrisburg, PA 17120 (877) 881-6388 http://www.insurance.pa.gov (website)</p>
<p>Nevada Office of Consumer Health Assistance Governor's Consumer Health Advocate 555 East Washington Ave #4800 Las Vegas, NV 89101 (702) 486-3587 (888) 333-1597 http://www.dhhs.nv.gov (website) cha@govcha.nv.gov (email)</p>	<p>North Carolina North Carolina Department of Insurance Health Insurance Smart NC 430 N. Salisbury Street Suite 1018 Raleigh, NC 27603 (855) 885-408-1212 http://www.ncdoi.com/Smart/ (website)</p>	<p>Puerto Rico Puerto Rico Oficina de la Procuradora del Paciente Calle Recinto Sur #303 San Juan, PR 00910 (787) 979-0909 http://www.pr.gov/ (website) querellas@opp.gobierno.pr (email)</p>
<p>New Hampshire New Hampshire Department of Insurance 21 South Fruit Street, Suite 14 Concord, NH 03301 (800) 852-3416 http://www.nh.gov/insurance (website) consumerservices@ins.nh.gov (email)</p>	<p>Eastern Regional Office: North Carolina Department of Insurance Health Insurance Smart NC 1316 Unit A Commerce Drive New Bern, NC 28562 Western Regional Office: North Carolina Department of Insurance Health Insurance Smart NC 537 College Street Asheville, NC 28801</p>	<p>Rhode Island Rhode Island Consumer Assistance Program Rhode Island Parent Information Network, Inc. 1210 Pontiac Avenue Cranston, RI 02920 (855) 747-3224 http://www.rireach.org/ (website) rreach@ripin.org (email)</p>
<p>New Jersey New Jersey Department of Banking and Insurance 20 West State Street PO Box 325 Trenton, NJ 08625 (800) 446-7467 (609) 292-7272 http://www.state.nj.us/dobi/consumer.htm (website) ombudsman@dobi.state.nj.us (email)</p>	<p>Oklahoma Oklahoma Insurance Department Five Corporate Plaza 3625 Northwest 56th Street, Suite 100 Oklahoma City, OK 73112-4511 (800) 522-0071 (in-state only) (405) 521-2828 https://www.ok.gov/oid/Consumers/Consumer_Assistance/ (website)</p>	<p>South Carolina South Carolina Department of Insurance Consumer and Individual Licensing Services P.O. Box 100105 Columbia, SC 29202 (803) 737-6180 http://www.doi.sc.gov/638/Health-Insurance (website) consumers@doi.sc.gov (email)</p>
<p>Tennessee Tennessee Department of Commerce & Insurance 500 James Robertson Parkway Davy Crockett Tower, 4th floor Nashville, TN 37243-0565 (615) 741-2241 http://www.tn.gov/commerce/section/consumer-services (website)</p>	<p>Virginia Virginia State Corporation Commission Life & Health Division, Bureau of Insurance P.O. Box 1157 Richmond, VA 23218 (804) 371-9691 http://www.scc.virginia.gov/boi/cons/index.aspx (website) bureauofinsurance@scc.virginia.gov (email)</p>	<p>Washington Washington Consumer Assistance Program 5000 Capitol Blvd Tumwater, WA 98501 (800) 562-6900 https://www.insurance.wa.gov/ (website) cap@oic.wa.gov (email)</p>
<p>Texas Texas Consumer Health Assistance Program Texas Department of Insurance Mail Code 111-1A 333 Guadalupe P.O. Box 149091 Austin, TX 78714-9091 (800) 252-3439 http://www.texashealthoptions.com (website) ConsumerProtection@tdi.texas.gov (email)</p>	<p>Virgin Islands U.S. Virgin Islands Division of Banking and Insurance 1131 King Street Suite 101 Christiansted St. Croix, VI 00820 (340) 773-6459 http://ltg.gov.vi (website)</p>	<p>West Virginia West Virginia Offices of the Insurance Commissioner Consumer Service Division P.O. Box 50540 Charleston, WV 25305-0540 (888) 879-9842 http://www.wvinsurance.gov/ConsumerServices/ConsumerServices.aspx (website)</p>
<p>Vermont Vermont Legal Aid 264 North Winooski Ave. Burlington, VT 05402 (800) 889-2047 http://www.vtlegalaid.org (website)</p>		

Submit this form to:
 PharmAvail
 7815 N Palm Ave
 Suite 400
 Fresno, CA 93711
 ATTN: Prior Authorization
 Department

Or by Fax: 678-236-0415

Prior Authorization Appeal Form

Use this form to appeal pharmacy claim decisions.

Type of Request (if known). Please select the one that most applies.

- Level I Appeal
- Level II Appeal
- Level III Appeal*

*Level III Appeal may be sent to an external reviewer. For questions about the external reviewer please contact the Prior Authorization Department at 800-933-3734.

Member Information

First Name:	Last Name:	DOB: <small>(MM/DD/YY)</small>	Phone:
ID Number:	Group Policy #:		
Address:	City:	State:	Zip:

Appeal Authorization: Who can appeal on your behalf?

This section must be completed by the member.

First Name:	Last Name:	Phone:
Relationship to Member:	Fax:	
Address:	City:	State: Zip:

Provider Information

Provider of Care: (e.g.: Doctor's name, hospital, laboratory)			
Address:	City:	State:	Zip:
NPI:	DEA:		
Provider Contact Name:	Phone:	Fax:	

Claim Information

Date of Service <small>(MM/DD/YY)</small> :	Prescription Number:
Utilization Management Reference # (listed on denial letter):	
Medication:	

****For questions about this form or to inquire about a request under review, please call:
 PharmAvail at 800-933-3734**

Why are you appealing?

What would you like us to review again?

Write in the space below (attach supporting documents if you have them)

What action do you want us to take?

Write in the space below (if you need more space, you may attach a written statement)

Member ID: _____

Member/Requester Signature: _____ **Date:** _____

Printed Name: _____

RELEASE OF HEALTHCARE INFORMATION AND RECORDS

By signing this form, I understand and agree to the following: PharmAvail, or any of its affiliates may disclose my health records with the Authorized Representative listed above.

I understand that the healthcare information may include my benefit, claim, diagnosis and treatment records including information about the following sensitive healthcare diagnosis and treatment unless I cross one or more from the list:

- Alcohol and/or Chemical dependency
- Sexually Transmitted Diseases (HIV/AIDS)
- Genetic information
- Reproductive health (including abortion)
- Psychiatric disorders/Mental Illness

You can change your mind and withdraw this release at any time by informing PharmAvail in writing at the address listed at the bottom of this form. PharmAvail will make sure the change goes into effect within five business days after receiving your withdraw request and will not be liable for any information released before your change goes into effect. This release is voluntary. We will not condition your enrollment in a health plan, eligibility for benefits or payment of claims on giving this release. The release will last twenty-four months from the signature date below, or until the appeal process is complete, whichever is earlier.

Member/Requester Signature: _____ Date: _____

APPEAL FORM SUBMISSION

Fax this completed form to our secure fax machine at: 678-236-0415

Or mail to: PharmAvail

7815 N Palm Ave

Suite 400

Fresno, CA 93711

ATTN: Prior Authorization Department