

Model Notice of Right to an Expedited Grievance

[INSERT NAME OF MEDICARE PART D PLAN] Notice of Right to an Expedited Grievance

Date:

Enrollee Name:

Enrollee ID Number:

You're getting this notice because we're denying your request to expedite (fast track):

- ☐ Your initial request for a Part D drug
- ☐ Your appeal for a Part D drug

Your request will be processed in our regular time frame

We'll process initial requests within 72 hours. We'll process appeal requests no later than 7 calendar days from the day we got your request.

What to do next

You can resubmit your request

You can resubmit your request to expedite (fast track) your initial request or appeal. If your doctor or prescriber tells us that applying the standard time frame could put your life or health at risk, we'll automatically expedite your request.

You can file an expedited grievance

If you disagree with our decision not to give you a fast decision, you can file an **expedited grievance**. 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'll expedite it right away and let you know we made this decision.

Get help and more information

To file an expedited grievance or get more information about the expedited grievance process, call us at {insert phone number of health plan contact}. You can also call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.