

## ***Part D Coverage Determinations (this includes Exceptions) and Appeals***

A Coverage Determination is our decision to pay or cover your Part D drug, this includes a formulary or utilization restriction exception. Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement.

You can request an expedited (fast) determination if you or your prescriber believe that your health could be seriously harmed by waiting for a standard decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescriber's or prescribing physician's supporting statement.

An appeal is the action you can take if you disagree with a coverage or payment decision we made. You must make the appeal request within 60 calendar days from the date of the coverage decision letter we sent you.

When you are requesting a coverage determination, an exception or an appeal you should submit a statement from your physician or prescriber supporting your request. You, your authorized representative or provider can:

- call us at <1-866-557-7300> (TTY 711)
- use the forms available on our website and fax or mail them to us,

### Links

Part D Coverage Determination form

Part D Reconsideration form

fax number: <1-212-510-5320>

Address: GuildNet Gold Pharmacy Services,  
55 Water Street  
New York, NY 10041

- email us at the addresses below.
  - **Part D Exception requests to:**  
To: **PartDCoverageDeterminations@emblemhealth.com**  
Cc: GuildNetMedicareServices@LighthouseGuild.org
  - **Part D Standard Appeal requests to:**  
To: **PartDStandardAppeals@emblemhealth.com**  
Cc: GuildNetMedicareServices@LighthouseGuild.org
  - **Part D Expedited Appeal requests to:**  
**PartDEXpeditedMedicareAppeals@emblemhealth.com**  
Cc: GuildNetMedicareServices@LighthouseGuild.org