

Prescription Drug - Part D

Coverage Determinations

Giving you the best care possible is important to Mercy Care Advantage (MCA), so we have designed a process that provides you with the chance to challenge our decisions regarding your prescribed medications. If your pharmacist explains your prescription drug rejected, you will be given a written notice that explains how you can request a coverage determination from MCA or work with your doctor to submit a request.

Mercy Care Advantage (MCA) has a list of covered Part D prescription drugs called a “formulary”. Your network doctor will refer to the formulary and typically prescribe a prescription drug from the formulary that will meet your medical needs. Not all prescription drugs are listed on the MCA formulary and some formulary prescription drugs require a prior authorization.

There may be times that your doctor will want to prescribe a prescription drug that is not on the formulary. Your doctor can FAX a request by sending MCA a supporting statement and your medical records, showing your medical need for the prescription drug. You may also request a formulary exception; we will send a request to your doctor for the supporting statement and medical records.

A coverage determination is a decision (approval or denial) made by MCA regarding whether to provide or pay for a Medicare Part D prescription drug. An unfavorable decision could be because the drug is not on the formulary, determined not to be medically necessary, or you have not tried a similar drug listed on the formulary. It could also be based on whether or not you have satisfied the prior authorization requirement. In most situations, this process can not be applied to any medications excluded from Part D under federal law (e.g. over-the-counter medications).

When you or your doctor request MCA to authorize an exception to the formulary, your doctor’s supporting statement must be received before we can review the request. If you want to request a coverage determination, you may use the Request for Coverage Determination Form by clicking [HERE](#). If you receive notice of a denial for a prescription drug, you have the right to file an Appeal (called a “redetermination” request).

You have the right to a timely coverage determination (see table below). If MCA does not make a timely coverage determination, MCA is required to automatically forward your case file to the Independent Review Entity. You may file an expedited grievance if we do not notify you of our decision within this timeframe (see Grievances).

DESCRIPTION	STANDARD COVERAGE DETERMINATION	EXPEDITED COVERAGE DETERMINATION
Coverage determinations	MCA will notify you of a decision as fast as your health condition requires but not later than 72 hours from receipt of the request.	MCA will notify you of a decision as fast as your health condition requires but not later than 24 hours from the receipt of the request.
Formulary exceptions	Upon receipt of your doctor’s supporting statement for a formulary exception request, MCA will notify you of a decision as fast as your health condition requires but	Upon receipt of your doctor’s supporting statement for a formulary exception request, MCA will notify you as fast as your health condition requires but not

	not later than 72 hours from the receipt of the request.	later than 24 hours from the receipt of the request.
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Appointment of Representative

You may to appoint someone (your doctor, family member, friend, etc.) to act on your behalf during the Appeals process. Both you and the person you selected must fill out and sign an Appointment of Representation Form and mail it or FAX it to the Appeals Department with your appeal at the address or FAX number listed below. Click [HERE](#) for the form and instructions on how to fill out the form. The completed and signed form is valid for one (1) year.

If your representative holds durable power of attorney or guardianship papers, an Appointment of Representative form is not required.