

## **Model Form Instructions**

### **Request for a Medicare Prescription Drug Redetermination**

#### **Purpose of Model Form**

Part D regulations at 42 CFR § 423.128(b)(7)(i) require plan sponsors to make available a uniform model form used to request a redetermination (appeal). This form is intended to provide basic information to enrollees and prescribers on how to ask for a redetermination from a Medicare drug plan.

Under the Medicare Part D prescription drug benefit program, a Part D plan enrollee can request a redetermination within 65 days of the date of a plan sponsors' adverse coverage determination. A request can also be made on behalf of the enrollee by the enrollee's appointed representative or the enrollee's prescriber. A request for a standard redetermination is generally made in writing, but a plan can choose to accept oral requests. A request for an expedited redetermination can be made orally or in writing. **An enrollee, the enrollee's representative, or the enrollee's prescriber may submit a written request for a redetermination in any format.**

#### **Use of Model Form**

**Plan sponsors must include a copy of this model form with the Notice of Denial of Medicare Prescription Drug Coverage and must populate all variable fields (e.g., plan address, phone and fax numbers) before posting or distributing this form.**

Use of this model form by an enrollee, representative or prescriber is **optional**. Plan sponsors must accept any written request for an appeal, including any request submitted on this model form. If this model form is used, the Medicare drug plan may require additional information or documentation to support the request. A plan sponsor may develop a notice based on this model Request for a Medicare Prescription Drug Redetermination consistent with the rules at 42 CFR § 423.2267(c).