



## ProAct Appeals

In the event of a denied prescription drug claim you have the right to an internal appeal. Any appeals submitted to ProAct must be in writing from your physician and can either be mailed or faxed to the below address:

**ProAct Inc.  
c/o Clinical Appeals Department  
1230 US Highway 11  
Gouverneur NY, 13642**

Appeals can be submitted via fax at **315-287-7864**.

Our decision does not reflect any view about the medical appropriateness of your coverage. Only you and your doctor can make decisions about your care.

If you are unsatisfied by a decision of an internal appeal through ProAct, you or your authorized representative may request an external review, which will be performed by an external review group not associated with ProAct, or ProAct's internal review board. If this group decides to overturn our denial decision, we will provide coverage for your medication. Your request for an external review must be submitted in writing within four (4) months after receiving the initial appeal denial notice.

An urgent external review may be available if your health is considered to be in serious jeopardy or if your doctor thinks you may experience pain that cannot be effectively controlled while you wait for a decision on your appeal. If you believe your situation is urgent, you may request an urgent external review.

Your request for an external review will not affect other benefits available under your plan benefits. If you want an external review, please send a written request to:

**ProAct Inc.  
c/o External Appeal Review  
1230 US Highway 11  
Gouverneur, NY 13642**

Your request should include:

- A specific request for an external review
- Your name, address, and insurance ID number
- Your authorized representative's name and address, if you have one
- The name of the medication that was not covered
- Any new or related information that was not provided during the internal appeal

You may submit additional information in writing to the external reviewer at the mailing address above. Any additional information submitted to the external reviewer will be shared with ProAct for reconsideration. If we decide to reverse our original denial based on new information provided, the external review request will be terminated. We will notify you and the external reviewer of our reversal of the decision.

You will receive more information about the external review process when your request is received.

The external review group is required under Federal Law to complete your review no later than 45 calendar days following your request being received. An urgent external review is required under Federal Law to be completed within 72 hours.

Your satisfaction is important to us. As part of our ongoing efforts to increase member satisfaction, it is our goal to carefully review appeals and provide you with a quick and complete response. Please call us directly if you have any questions or concerns. We can be reached at 1-877-776-2285, and ask to speak with a clinical pharmacist regarding your medication appeal.