



U S Steel Tower Floor 41 • 600 Grant Street • Pittsburgh, PA 15219-2704 • 412-255-4640

**Instructions to Submit a Request for a Part D Redetermination (Pharmacy Appeal)**

If Gateway Health Plan *Medicare Assured*<sup>®</sup> *HMO SNP* (Gateway) has denied, in full or in part, any request for coverage of a Part D Drug, you, your physician or other prescribers may submit a **Request for Part D Redetermination**, also called an Appeal.

If you need help filing an Appeal, you can call Gateway for assistance. Please call Member Services at 1-800-685-5209 (TTY users call 711), 8 a.m. – 8 p.m., 7 days a week.

Please include the following information in the email request:

- Your (Member) Name
- Your (Member) Gateway Health Plan *Medicare Assured*<sup>®</sup> ID Number
- Your (Member) Address
- Your (Member) Phone Number
- Your (Member) E-mail Address
- Name of Drug that has been denied
- Reason for Appeal

[Click here to submit via secure email.](#)

If you have any questions or would like to file your request for Redetermination by phone, you may call Member Services at 1-800-685-5209, 8:00 a.m. to 8:00 p.m. seven (7) days a week. TTY users should call 711.