



Follow the instructions below.

## Register Account

Enter your email address and a password to register and begin sending and receiving secure messages.

Email Address:

Step 1 - Enter your email address

Password:

Step 2 - Enter a password

Re-enter Password:

Step 3 - Re-enter your password

Step 4 - Click the register button

Cancel

Register

### Password Rules

Passwords must be at least 8 characters in length, and meet 2 of the following conditions:

- Contain both alphabetic and numeric characters
- Contain both uppercase and lowercase characters
- Contain at least one special character, such as: ~!@#\$\$%^&

For Customer Support, send an email message to [support@gatewayhealthplan.com](mailto:support@gatewayhealthplan.com).



**Check your email for the confirmation email from  
[notification@securemail.gatewayhealthplan.com](mailto:notification@securemail.gatewayhealthplan.com)**

## **Account Change Confirmation**

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A confirmation email has been sent to your email address for this Gateway Health Plan mailbox. After you receive the confirmation email, please follow the instructions to activate the changes.

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Secured by zixcorp

From: notification@securemail.gatewayhealthplan.com

Sent: Thu 1/19/2012 10:34 AM

To: [REDACTED]


**check your email for a confirmation email from:  
notification@securemail.gatewayhealthplan.com**

Cc:

Subject: Gateway Health Plan Notification

Your Gateway Health Plan password is pending.

**Click the link to activate your account**



To ACTIVATE your new password, click the link below:

[https://securemail.gatewayhealthplan.com/s/a?cmd=\[REDACTED\]](https://securemail.gatewayhealthplan.com/s/a?cmd=[REDACTED])

This is the last step in this one-time process.

To DECLINE your new password, click the link below:

[https://securemail.gatewayhealthplan.com/s/d?cmd=\[REDACTED\]](https://securemail.gatewayhealthplan.com/s/d?cmd=[REDACTED])

If the link above is disabled, copy and paste it into your Internet browser address bar.



## Activation Successful

You have successfully activated your new password. Click Continue to return to the Sign In page.

Continue

Note: Your password is important. Please store it in a safe place.



## Welcome to the Gateway Health Plan<sup>®</sup> Message Center

Email Address:

Enter your email address

Password:

Enter your password

Remember Me

Click Sign In

Forgot your password?

New to secure email?

Need more assistance?

For Customer Support, send an email message to [support@gatewayhealthplan.com](mailto:support@gatewayhealthplan.com).

▲ ← Click and select Compose

Delete

Refresh

Inbox

You have no new messages.

Compose

No messages

Sent Mail

Drafts

Help

Sign Out

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**Step 1 - Make a selection**

Select "Appeals" to request a pharmacy appeal (Part D Redetermination)  
Select "Coverage Determinations" to request an exception to the plan formulary.

Attach File Save Draft Send

To: Select from the following list  
Subject: Select from the following list  
Appeals  
Coverage Determinations  
Attachments: -- None --



B I U [List Icons] Font Size [Color Icon] [Image Icon]

**Step 3 - Click Send**

Step 2 - Please submit the following information to ensure that your request is processed appropriately:

- Member Name
- Member ID Number
- Member DOB
- Prescriber Name
- Prescriber Phone Number
- Prescriber Fax Number
- Drug Name
- Drug Dose
- Drug Frequency

If available, please provide:  
Formulary alternatives tried  
Diagnosis  
\*\*Please indicate whether or not the member's health could be seriously harmed by waiting three days for a decision on this request.  
\*\*For members of Medicare Assured®, the prescribing physician or other prescriber must submit a statement to support the request for coverage determination.