Appeals

You have the right to request an appeal if we deny your request for a coverage decision or payment. An "appeal" is a formal way of asking us to review and change a coverage decision we have made.

Appeals must be submitted in writing by fax, mail, email or in person:

FAX: 330-996-8545
Address: ATTN: Appeals and Grievances, SummaCare, PO Box 1107, OH 44309-1107
Email: appeals@summacare.com

Response time to your appeal depends on what is being appealed. Response/determination time differs between medical and pharmacy appeals or if the service has already been received.

For Post Service (Care already received):

- Appeals involving payment of medical benefits we have up to 60 days to respond
- Appeals involving prescription drug benefits we have up to 7 calendar days

For Pre-service (Care not already received):

- Expedited Appeals – this appeal is for urgent situations where a delay could seriously harm your health or your ability to function – can be requested orally or in writing
  - Expedited Appeals, medical care we have up to 72 hours
  - Expedited Appeals, prescription drug benefits we have up to 72 hours

- Standard Appeals – must be requested in writing
  - Standard Appeals, medical care we have up to 30 calendar days
  - Standard Appeals, prescription drug benefits we have up to 7 calendar days

For complete information, please refer to your plan's Evidence of Coverage document.

If you have any questions, please contact our SummaCare Medicare Member Services Department at 330-996-8885 or toll free at 800-996-6250. From April 1 through September 30, a representative will be available to speak with you from 8 a.m. to 8 p.m., Monday through Friday. Beginning October 1 through March 31, a representative will be available to speak with you from 8 a.m. to 8 p.m., seven days a week. Outside these hours, you may leave us a message and a representative will return your call the next business day. Persons with hearing impairments should call 800-750-0750.