UnitedHealthCare Community Plan
Pharmacy Appeals Process

If you are not happy with a decision UnitedHealthcare made, you can appeal. To make an appeal, you can call or write to us saying what it is that you did not agree with. You have to start your appeal within 45 calendar days of the decision we made, or when you found out about the decision, whichever comes first. Within 30 calendar days of receiving the appeal, we will send you and your doctor a letter stating our decision about your appeal.

If you do not agree with our decision, you can write to us within 15 days of receiving our first-level appeal decision. Explain why you do not agree and that you would like to begin the second-level appeal decision. If you don’t send the second-level appeal request within 15 days, we will still consider your appeal, but do not have to decide within the 90-day review period.

If there is a medical reason that you and your child cannot wait for the standard appeal review process, you can request that we complete an expedited appeal review. A request for an expedited review can be made by you, your child’s doctor or someone representing your child. You can make this request verbally by calling Member Services at 1-800-808-8499. Instead of taking 90 days, UnitedHealthcare will decide an expedited appeal review within 72 hours of receiving a request for an expedited review.

To proceed with an appeal please include a copy of this letter, a copy of medical records, and any additional information/documentation, which supports the need for this service, and forward to:

UnitedHealthcare Community Plan
Central Escalation Unit
P.O. Box 5032
Kingston, NY 12402-5032

You can file a grievance if you are not happy with UnitedHealthcare benefits, services, policies or how quickly we process claims. You, your child’s doctor or someone representing your child can start the grievance process either verbally or in writing. We will investigate and respond in writing within 30 calendar days of receiving your grievance.