

MeridianRx Consumer Disclosures

Consumer Rights

MeridianRx is committed to treating consumers in a manner that respects their rights.

- Consumers may inquire and request printed copies of MeridianRx services, formulary, clinical guidelines, pharmacy network, credentialing criteria, and its Consumers Rights and Responsibilities.
- Consumer inquiries about medication, prior authorization processes, and appeals will be acknowledged and respected by MeridianRx staff and contracted pharmacies.
- Consumers participate in the decision-making regarding their medication treatment and receive a clear explanation from their pharmacist about their medications.
- Consumer complaints regarding MeridianRx, its prior authorization services, or appeals processes regarding a denied prior authorization request are entitled to an investigation or second level of review.
- Consumers may make recommendations regarding the MeridianRx consumers' rights and responsibilities policies.
- Consumers are entitled to all covered benefits and prior authorization reviews within specified timeframes by qualified pharmacists or physicians who can communicate medication treatment plans.
- Consumers' records are kept confidential to the extent protected by federal and state laws, as well as HIPAA regulations. Consumers may sign a release of information. Consumers also may receive an explanation regarding exceptions to confidentiality.
- Consumers may request information about their plan's benefits and fee structure, including limitations and exclusions to their formulary.
- Consumers with language barriers may receive translation services from an appropriate, clinically trained translator when contacting MeridianRx.
- Consumers may express suggestions and provide comments regarding improvements that can be made to MeridianRx policies, procedures, and services.

Consumer Responsibilities

- Consumers have the responsibility to read their insurance information for their pharmacy benefits. If they do not understand the information, it is their responsibility to contact their insurance company or MeridianRx. It is the member or member's guardian's responsibility to fully understand covered benefits, limitations, and prior authorization procedures.
- Consumers have the responsibility to provide previous medical and pharmaceutical history to MeridianRx and its practitioners in order for them to receive appropriate care.
- Consumers must be compliant with medication plans and instructions for care that they have agreed upon with their practitioners.
- Consumers have the responsibility to present their member identification card when utilizing MeridianRx services and paying any applicable insurance copayments at the time of service.
- Consumers have the responsibility of knowing how to access services from a participating pharmacy.
- Consumers have the responsibility to demonstrate respect towards pharmacies and MeridianRx staff.

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Requesting an Exception

(Only applicable if delegated by your health plan)

When a prescriber chooses to prescribe a non-formulary drug, the prescriber must complete a *Request for Formulary Exception* form and submit it to MeridianRx. This form is located on your health plan administrator's website or can be obtained by contacting MeridianRx Member Services at 866-984-6462. The prescriber must submit supporting documentation.

Requesting an Appeal

(Only applicable if delegated by your health plan)

There are several processes available for requesting an appeal of a decision made by a MeridianRx clinical reviewer. Please call your health plan for specific details on whether this function has been delegated to MeridianRx. If delegated to MeridianRx, you may contact MeridianRx at 866-984-6462 to initiate an appeal.

- A MeridianRx Appeal form is provided to all consumers with each mailed notification of a denied medication. The consumer may fill out the form and mail it back or contact MeridianRx at 866-984-6462 to initiate an appeal over the phone.
- Depending on your benefit plan and the state you live in, MeridianRx may mail out additional forms to you.
 - For example, a *Request for Hearing Form* through the Michigan Administrative Hearing System (MAHS) and a *Health Care Request for External Review* by Department of Insurance and Financial Services (DIFS) are provided to all Michigan Medicaid consumers with each mailed notification of a denied medication.
- For any additional forms, you may fill out the form(s) on and mail back to the appropriate entity or contact the appropriate entity for further information. The consumer may also contact MeridianRx at 866-984-6462 for further clarification on the forms.