



Long-Term Care Appeal Form for Untimely Filing

As set forth in 42 C.F.R §423.505(b) (20), long-term care (LTC) pharmacy claims must be submitted for eligible persons no later than 90 days from the date of service (DOS). Humana recognizes the need for exceptions when claims cannot be submitted in this time frame. In these cases, the LTC pharmacy requesting such an exception must complete, sign and date this form. Submission of this form is the pharmacy’s attestation that the events that caused the claim to be submitted past the 90-day window meet one of the permitted exceptions described below. **Only claims that were originally submitted electronically and rejected with the message “Claim Too Old” (NCPDP Reject 81) will be eligible for this appeal process.**

Permitted exceptions:

- A. Change in retroactive eligibility information or discovery of new eligibility information not available to the pharmacy within 90 days of the DOS; such information must show the member was enrolled in a Medicare Part D plan on the DOS.
- B. Change in retroactive eligibility information or discovery of invalid eligibility information not available to the pharmacy within 90 days of the DOS; such information must show the member was not enrolled in the plan on the DOS and the claim needs to be reversed beyond the 90 days allowed and resubmitted to the proper third-party payer.
- C. Discovery by the pharmacy of an error in the original claim submission more than 90 days from the DOS. The pharmacy must request a reversal and resubmit the claim with the updated and corrected information that was not available to the pharmacy within 90 days of the DOS.

Prescription number	Date of service	Applicable exceptions (A, B or C from above)	Patient name	Patient date of birth	Member ID

Please note: The LTC pharmacy must maintain related documentation that supports the pharmacy’s requested exception. This documentation must be retrievable and available for audit purposes, whether such audit is conducted by Humana or other parties authorized to review Medicare Part D claims for compliance or detection of fraud, waste and abuse. Claims that are insufficiently documented or not documented may be subject to audit and recovery. By signing and returning this form, the LTC pharmacy acknowledges its responsibility to maintain proper documentation that supports a permitted exception and its responsibility for any claims that are insufficiently documented or that do not meet the permitted exception requirements set forth above. Humana reserves the right to reverse any previously adjudicated claims that are found to be deficient. Please include a maximum of five claims per form. Attachments are not accepted.

Pharmacy name: _____ Pharmacy NPI: _____

Address: _____ Phone number: _____

City, state, ZIP: _____ Fax number: _____

Signature*: _____ Title: _____

Printed name: _____ Date: _____

Sign, date and return the form to Humana via fax to 877-825-5090 or via secure email.

(To access our secure email portal, please type the following address into your browser:

<https://apps.humana.com/axwayvisitorregistration/axwayvisitorentrypage.aspx>, then email us at this address: **HCPR_LTC@humana.com**. Standard email is not secure and may expose information to unauthorized parties.)

*A duly authorized officer on behalf of any participating LTC pharmacy