

Appeals and Grievances

UPMC Medicare Special Needs Plans

To ask for a coverage determination, redetermination, or appeal about a Part D drug, a signed, written request should be faxed to UPMC Health Plan or sent to the address listed below. Please click on the Prescription Drug Coverage Determination Form/Exception Request and the Prescription Drug Coverage Redetermination Forms above.

FAX: 412-454-7920

WRITE: UPMC Health Plan
Attn: Appeals and Grievances
P.O. Box 2939
Pittsburgh, PA 15230-2939

You may also ask for a coverage determination, redetermination, or appeal by calling our Member Services Department at 1-800-606-8648 from 8 a.m. to 8 p.m., seven days a week.* TTY/TDD users should call 1-866-407-8762.