MCS Classicare (HMO)

Plan Name: **Contract ID**: H5577

Formulary ID: **Plan ID:**

Request for Reconsideration of Medicare Prescription Drug Denial

You have the right to ask for an independent review of your Medicare drug plan's decision to deny coverage or payment for a prescription drug you requested. Use this form to ask for an independent review of your drug plan's decision. **You can also file a request online at c2cinc.com//Appellant-Signup.**

- You may ask for an independent review within 65 days of the date of the plan's Redetermination Notice.
- Your prescriber can file a reconsideration request on your behalf without being an appointed representative. If you want another person to file for you (like a family member or friend), you must appoint that person as your representative.

Plan enrollee information

Enrollee name: _____

Medicare Number: _____ Date of birth (MM/DD/YYYY): _____

Mailing address: _____

City, State, ZIP code: _____

Phone: _____

Prescription & prescriber information

Prescription drug you asked your plan to cover: _____

_____

Prescriber name: _____

Office address: _____

City, State, ZIP code: _____

Office phone: _____ Office fax: _____

Office contact person: _____

Do you need an expedited (fast) decision?

☐ **Check this box if you believe you need a decision within 72 hours.** If you have a supporting statement from your prescriber, attach it to this request.

- If you or your prescriber believe that waiting for a standard decision (provided within 7 days) could seriously harm your life, health, or ability to regain maximum function, you can ask for an expedited (fast) decision.
- If your prescriber indicates that waiting 7 days could seriously harm your life or health or ability to regain maximum function, the independent review organization will automatically give you a decision within 72 hours. This timeframe may be extended for up to 14 calendar days if your case involves an exception request and we didn't get the supporting statement from your prescriber supporting the request, OR the person acting for you files an appeal request but doesn't submit the right documentation of representation.
- If you don't get your prescriber's support for an expedited appeal, the independent review organization will decide if your health condition requires a fast decision.

Explain why you think this drug should be covered

- Attach any information you have to support your review request, like a statement from your prescriber or any relevant medical records.
- **Include a copy of the plan Redetermination (Denial) Notice you got, if you have it.**
- Your prescriber will need to explain why you can't meet your plan's coverage rules and/or why the drugs required by the plan are not medically appropriate for you.
- Other information we should consider: _____

  _____

  _____

Representative information

Complete this section ONLY if the person making this request is not the enrollee or the enrollee's prescriber. You must attach documentation showing your authority to represent the enrollee (like a completed Form CMS-1696 or a written equivalent) if it wasn't submitted at the coverage determination or redetermination level.

Representative name: _____

Relationship to enrollee: _____

Mailing address: _____

City, State, ZIP code: _____

Phone: _____

Sign & submit this form

Signature of person asking for this review (the enrollee or the representative):

Signature: _____ **Date:** _____

Fax or mail your completed form and any supporting information to:

Toll-free fax:

Standard Appeals (833) 710-0580 **Expedited Appeals (833) 710-0579**

Standard mail:

C2C Innovative Solutions, Inc.
Part D Drug Reconsiderations
P.O. Box 44166
Jacksonville, FL 32231-4166

Courier or tracked mail (like FedEx or UPS):

C2C Innovative Solutions, Inc.
Part D Drug Reconsiderations
301 W. Bay St., Suite 1110
Jacksonville, FL 32202

Or, submit your request online at **https://www.c2cinc.com//Appellant-Signup**

MCS Classicare is an HMO plan offered by MCS Advantage, Inc.

Notice of availability of language assistance services and auxiliary aids and services

English: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-866-627-8183 (TTY 1-866-627-8182).

Español: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También se encuentran disponibles de forma gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-866-627-8183 (TTY 1-866-627-8182).

Chinese: 如果您會說中文，我們可以為您提供免費語言幫助服務。也免費提供適當的輔助工具和服務，以無障礙格式提供資訊。請撥打 1-866-627-8183 (TTY 1-866-627-8182) 。

Tagalog: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyo sa tulong sa wika. Ang naaangkop na mga pantulong na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format ay makukuha rin nang walang bayad. Tumawag sa 1-866-627-8183 (TTY 1-866-627-8182).

French: Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-866-627-8183 (TTY 1-866-627-8182).

Vietnamese: Nếu bạn nói tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Các hỗ trợ và dịch vụ phụ trợ phù hợp để cung cấp thông tin ở định dạng dễ tiếp cận cũng được cung cấp miễn phí. Gọi 1-866-627-8183 (TTY 1-866-627-8182).

German: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Auch entsprechende Hilfsmittel und Services zur Bereitstellung von Informationen in barrierefreien Formaten stehen kostenlos zur Verfügung. Rufen Sie 1-866-627-8183 (TTY 1-866-627-8182) an.

Korean: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 접근 가능한 형식으로 정보를 제공하는 적절한 보조 지원 및 서비스도 무료로 제공됩니다. 1-866-627-8183 (TTY 1-866-627-8182) 로 전화하세요.

Russian: Если вы говорите по-русски, вам доступны бесплатные услуги языковой помощи. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по номеру 1-866-627-8183 (TTY 1-866-627-8182).

Arabic: إذا كنت تتحدث العربية ، فإن خدمات المساعدة اللغوية المجانية متاحة لك. المساعدات والخدمات المساعدات تتوفر بالرقم اتصل .مجانًا إليها الوصول يمكن بتنسيقات المعلومات لتوفير المناسبة 1-866-627-8183 (TTY 1-866-627-8182).

Italian: Se parli italiano, sono a tua disposizione servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi adeguati per fornire informazioni in formati accessibili. Chiama il numero 1-866-627-8183 (TTY 1-866-627-8182).

Portuguese: Se você fala português, serviços gratuitos de assistência linguística estão disponíveis para você. Também estão disponíveis gratuitamente ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Ligue para 1-866-627-8183 (TTY 1-866-627-8182)**.**

French Creole: Si w pale kreyòl franse, sèvis asistans lang gratis disponib pou ou. Èd ak sèvis oksilyè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib tou gratis. Rele 1-866-627-8183 (TTY 1-866-627-8182).

Polish: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Odpowiednie pomoce pomocnicze i usługi umożliwiające dostarczanie informacji w przystępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-866-627-8183 (TTY 1-866-627-8182).

Hindi: यदि आप हिंदी बोलते हैं, तो मुफ्त भाषा सहायता सेवाएं आपके लिए उपलब्ध हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक एड्स और सेवाएं भी नि: शुल्क उपलब्ध हैं। कॉल 1-866-627-8183 (TTY 1-866-627-8182).

Japanese: 日本語を話せる場合は、無料の言語支援サービスをご利用いただけます。アクセシブルな形式で情報を提供するための適切な補助援助やサービスも無料で利用できます。 1-866-627-8183 (TTY 1-866-627-8182) に電話します。