



PART D QIC DRUG APPEAL CASE FILE TRANSMITTAL FORM

Appeal Information

(Check one for each line)

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|---|--------------------|----------------------|
| a. Priority: | Expedited | Standard |
| b. Appeal Type: | Prospective | Retrospective |
| c. Out of Compliance:
<i>(Auto-forward)</i> | Yes | No |

Requestor Name:

Enrollee Name:

Enrollee Health Insurance Card Number/ Medicare Claim Number:

Date of Birth:

Enrollee Address:

Enrollee Telephone Number:

Enrollee requires the Reconsideration Notice in a language other than English?

No **Yes**

Language needed:

Part D Plan Information

Plan Type:

PDP (S#)	MA-PD (H# or R#)	Cost	Employer Sponsored (E#)
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Plan Contract Number:

Enter 4 digit C.M.S. Plan Number:

Plan Identification Number:

Formulary Name/Formulary ID #

Plan Contact Name and Title:

Contact Phone Number:

Fax Number:

Email Address:

Plan Address:



Representative Appeals: (*****NOTE: Representative documents MUST be included in case file*****)

Name of Representative:

Address:

Phone Number:

Fax Number:

Email Address:

Plan Attestation for Representative Appeals

I attest on behalf of the Part D Plan sponsor that the above referenced representative appealed at the Plan level and is a valid representative of the enrollee under State law.

Signed:

Print Name:

Requested appeal at Coverage Determination

Requested appeal at Redetermination



**If multiple drugs in dispute, print and complete a separate version for each drug in dispute*

Plan Level 0: Coverage Determination:

Coverage Determination (CD):

Date Coverage Determination requested:

Did Appellant ask Plan to expedite?	Yes	No
Did Plan grant an expedited review?	Yes	No

For Determinations Involving an Exceptions Request:

Did the Plan extend the minimum timeframes to obtain a prescriber statement?

Yes	No
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Date prescriber statement requested:

Date prescriber statement received:

Decision Date:

Was CD untimely?	Yes	No
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Plan Level 1: Redetermination

Redetermination Decision (RD):

Date Redetermination requested:

Did Appellant ask plan to expedite?	Yes	No
Did Plan grant an expedited review?	Yes	No

Decision Date:

Was RD untimely?	Yes	No
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Drug Benefit in Dispute:

Name of Drug:

Strength/ Dosage/ Amount/ Refill Number (e.g. 20 mg BID for 3 mos. No. 180, 1 refill):

Is prescriber requesting:	Brand	Generic	Either Acceptable (check one)
Off formulary?	Yes	No	

Prospective Requests:

Has Enrollee purchased the drug pending appeal?	Yes	No
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If YES: Date Purchased

Purchased from network pharmacy?	Amount paid:	Yes	No
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Retrospective Requests:

Date(s) of Purchase:	Amount(s) Paid:	Drug Tier:
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Purchased from a Network Pharmacy?	Yes	No
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If NO, explain:

Drug Benefit Denial Rationale:

Utilization management rules not met
 Off-formulary exception rules not met
 Tiering exception rules not met
 Excluded drug/ use
 Not FDA approved

Out-of-Network rules not met
 Covered under A/ B
 Cost-sharing dispute
 Not a Medically Accepted Indication
 Other

Prescriber Information

Name of Physician/ Prescriber:

Office Address:

Phone Number:

Fax Number:



Exhibits: *Label applicable exhibits with letters provided below, and place them in order by letter*
Procedural Documents:

- A. Case Narrative cover page that presents an overview of the appeal: Describe the issue on appeal; Identify all relevant information; Identify the arguments presented in favor of coverage; and Explain the Plan rationale for denial.
- B. Request for Coverage Determination and Plan Coverage Determination Decision Notice
- C. Request for Redetermination and Plan Redetermination Decision Notice
- D. Prescriber Statement (for exceptions requests)
- E. Prior Authorization Form or Exception Request Form
- F. Representation Documents (AOR or other writing, DPOA/ POA, Healthcare Proxy, Surrogate for an incompetent enrollee under State Law, estate representative)
- G. Other (describe or list additional exhibits the Plan considers important)

Evidentiary Documents

- H. Part D Plan Formulary (relevant exceptions and/ or coverage criteria)
- I. Part D Plan Evidence of Coverage or other Subscriber Materials (relevant portions)
- J. Cost Sharing Information (copies of internal Plan documents/ screens showing TrOOP or other cost-sharing information as relevant to the dispute).
- K. Medical Records (separated by physician, labeled, and in chronological order with most recent on top).
- L. Medicare Rules (Medicare law and regulations, CMS manuals, and/ or CMS program guidance as relevant to the Part D Plan's determination).
- M. Redetermination Evidence (evidence submitted by appellant and/ or the prescriber, and internal Plan medical reviews conducted to evaluate medical necessity issues)
- N. Other (describe or list additional exhibits the Plan considers important).