

Drug Management Program Appeal Decision

Date:

Enrollee name: *<Insert Name>*
<Street Address>
<City, State ZIP Code>

Enrollee ID Number: *<Insert Number>*

Plan Name: *<Insert Plan Name>*

Contract ID: *<Insert Contract ID>*

Formulary ID: *<Insert Formulary ID>*

Plan ID: *<Insert Plan ID>*

This letter is about your appeal of our decision to limit your access to prescription [insert as applicable: {*opioids*} or {*benzodiazepines*} or {*opioids and benzodiazepines*}]. **We reviewed your appeal and our decision didn't change.** [If applicable, insert description of partial denial].

We denied your request to change our decision because: *<Insert the specific reason for denial and a description of any applicable Medicare coverage rule or any other applicable plan policy upon which the denial was based.>*

You have the right to an independent review

We're required by law to forward your case for an independent review. **We forwarded your case to the independent reviewer on *<insert date>*. You don't need to take any action.**

To get a copy of the case file we sent to the independent reviewer, contact Customer Services at *<toll-free number> <days and hours of operation>*. TTY users can call *<toll-free TTY number>*. [Plan sponsor to indicate if there is a charge for the copy].

You also have the right to submit additional evidence about your case. Submit your additional evidence, by mail, fax or electronically to the **independent reviewer** as soon as possible:

Standard mail:

C2C Innovative Solutions, Inc.
P.O. Box 44166
Jacksonville, FL 32231-4166

FedEx, UPS, or other courier:

C2C Innovative Solutions, Inc.
301 W. Bay St., Suite 1110
Jacksonville, FL 32202
Phone: (833) 919-0198

Fax:

For Standard Appeals: (833) 710-0580
For Expedited Appeals: (833) 710-0579

Part D QIC Portal: www.c2cinc.com//Appellant-Signup

What happens next

The independent reviewer will review your case and give you a decision no later than 7 days after they get your appeal. If we processed your appeal as an expedited (fast) appeal, the independent reviewer will generally process it as a fast appeal, too.

If we processed your appeal as a standard appeal and you or your doctor believes that your health could be seriously harmed by waiting up to 7 days for a decision, you can ask the independent reviewer to give you a fast appeal. If your doctor tells the independent reviewer that waiting for 7 days could seriously harm your health, the independent reviewer will give you a decision no later than 72 hours after they get your appeal. If you ask for a fast appeal without support from your doctor, the independent reviewer will decide if your health requires a fast appeal.

If the independent reviewer doesn't change our decision, you can appeal to an administrative law judge (ALJ) if the value of your appeal is at least *<insert AIC amount>*. If you disagree with the ALJ decision, you'll have the right to further appeal. You'll be notified of your appeal rights if this happens.

Get help and more information

Toll Free:

TTY:

Medicare Rights Center

Toll Free: 1-888-HMO-9050 (1-888-466-9050)

TTY:

Elder Care Locator

Toll Free: 1-800-677-1116

Medicare

1-800-MEDICARE (1-800-633-4227)

TTY users can call 1-877-486-2048

State Health Insurance Program

Toll Free: 1-877-839-2675 to get the number for your local SHIP.