Request for Redetermination of Medicare Prescription Drug Denial

Commonwealth Care Alliance® Senior Care Options (HMO D-SNP) denied your request for coverage of (or payment for) <drug name>. You have the right to ask us for a redetermination
(appeal) of our decision. **Use this form to appeal this decision.**

- You may ask for an appeal within 65 days of the date of our Notice of Denial of Medicare Prescription Drug Coverage.
- You can also file an appeal through our website at CommonwealthCareAlliance.org/MA.
- Expedited appeal requests can be made by phone at 1-833-251-9739, TTY: 711, 24 hours a day, seven days a week.

Your prescriber can ask us for an appeal on your behalf. If you want another person (like a family member or friend) to file an appeal for you, that person must be your representative. Call us at 1-833-251-9739 to learn how to name a representative.

Plan enrollee information

Enrollee name:_____

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

Mailing address: _____

City, State, Zip code: _____

Phone: _____

Prescription & prescriber information

Name of drug you asked for: _____

Strength/quantity/dose: _____

Prescriber name: _____

Office address: _____

City, State, ZIP code: _____

Office phone: _____Office fax: _____

Office contact person: _____

Did you already purchase this drug? ☐ Yes ☐ No

If YES:

Date purchased: _____ Amount paid: _____ (attach copy of receipt)

Pharmacy name: _____

Pharmacy phone number: _____

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 7 days for a standard decision 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 health, we'll automatically give you a decision within 72 hours. You can't ask for an expedited appeal if you're asking us to pay you back for a drug you already got.
- If you don't get your prescriber's support for an expedited appeal, we'll decide if your case requires a fast decision.

Explain why you think this drug should be covered

- Attach any additional information you think may help your case, like a statement from your prescriber or medical records.
- Include a copy of the Notice of Denial of Medicare Prescription Drug Coverage
- Your prescriber will need to explain why you can't meet our plan's coverage rules and/or why the drugs required by the plan aren't 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 level. For more information on appointing a representative, call us at 1-833-251-9739.

Representative name: _____

Relationship to enrollee: _____

Street address: _____

City, State, ZIP code: _____

Phone: _____

Sign & submit this form

Signature of person requesting the appeal (the enrollee, prescriber or the representative):

Signature: _____ **Date**: _____

Submitter Name: _____ **Submitter Title:** _____

Fax or mail your completed form and any supporting information to:	
Address:	**Fax Number:**
CVS Caremark Part D Appeals and Exceptions P.O. Box 52000, MC109 Phoenix, AZ 85072-2000	1-855-633-7673

CCA Senior Care Options (HMO D-SNP) is a Dual Special Needs Plan (D-SNP) with a Medicare contract and a contract with the Commonwealth of Massachusetts MassHealth (Medicaid) program. Enrollment in the plan depends on the plan's contract renewal with Medicare.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 833-251-9739 (TTY 711).

You can get this document for free in other formats, such as large print, braille, or audio. Call 1-833-251-9739 (TTY: 711), 24 hours a day, seven days a week. The call is free.

Notice of Availability
Interpreter Services

English: If you speak English, free language assistance services are available. Auxiliary aids and services to provide information in accessible formats are also available free of charge.
Call 1-866-610-2273 (TTY: 711).

Spanish: Si habla español, tiene a su disposición servicios de asistencia lingüística gratuitos. También están disponibles sin costo recursos auxiliares y servicios para proporcionar información en formatos accesibles. Llame al 1-866-610-2273 (TTY: 711).

Chinese Mandarin: 如果您讲普通话，我们可以提供免费的语言协助服务。此外，还免费提供以无障碍格式提供信息的辅助工具和服务。请致电 1-866-610-2273 (TTY: 711)。

Chinese Cantonese: 如果您講粵語，我們可以提供免費的語言協助服務。此外，還免費提供以無障礙格式提供資訊的輔助工具和服務。請致電 1-866-610-2273 (TTY: 711)。

Tagalog: Kung nagsasalita ka ng Tagalog, magagamit ang mga libreng serbisyo sa tulong sa wika. Ang mga pantulong na tulong at serbisyo para magbigay ng impormasyon sa mga naa-access na format ay makukuha rin nang walang bayad. Tumawag sa 1-866-610-2273 (TTY: 711).

French: Si vous parlez français, des services d'assistance linguistique gratuits sont disponibles. Des aides et services auxiliaires permettant de fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-866-610-2273 (TTY : 711).

Vietnamese: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí. Các dịch vụ và phương tiện phụ trợ cung cấp thông tin ở định dạng dễ tiếp cận cũng được miễn phí. Gọi 1-866-610-2273 (TTY: 711).

German: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachunterstützungsdienste zur Verfügung. Hilfsmittel und Dienstleistungen zur Bereitstellung von Informationen in barrierefreien Formaten sind ebenfalls kostenlos verfügbar. Rufen Sie die Nummer +1-866-610-2273 (TTY: 711) an.

Korean: 한국어를 구사하는 경우, 무료 언어 지원 서비스를 이용할 수 있습니다. 접근 가능한 형식으로 정보를 제공하는 보조 도구와 서비스도 무료로 제공됩니다. 1-866-610-2273 (TTY: 711)으로 전화하세요.

Russian: Если вы говорите на русском языке, вам могут предоставить бесплатные услуги переводчика. Также бесплатно предоставляются вспомогательные средства и услуги, позволяющие получать информацию в доступных форматах. Звоните по номеру 1-866-610-2273 (TTY: 711).

Arabic: إذ ك'& ! حدث لغة عربية، ! وفر خدمات ساد لغو ة جانية أ ً ا مساد ت خدمات إضافية وفير علومات. ! وفر ب 'سي?ات سه: وحو= إ يها مجانًا. !ص: لى رق7 1-866-610-2273)TTY: 711(.

Hindi: य आप ह ी बोलते ह, तो नः शु भाषा सहायता सेवाएँ उपल ह। सुलभ !ा"प म$ सूचना उपल कराने के लए सहायक साधन और सेवाएं भी नः शु उपल ह। 1-866-610-2273 (TTY: 711) पर कॉल कर$

Italian: Se parla italiano, può usufruire di servizi di assistenza linguistica gratuiti. Sono disponibili gratuitamente anche dei servizi e supporti ausiliari che forniscono informazioni in formati accessibili. Chiami il numero 1-866-610-2273 (TTY: 711).

Portuguese: se você fala português, serviços de assistência linguística gratuitos estão disponíveis. Recursos e serviços auxiliares para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-866-610-2273 (TTY: 711).

Cape Verdean Creole: Si bu ta papia Kriolu di Kabu Verdi, sirvisus di apoiu lingustikui ta sta dispunível. També ta sta dispunível apoiu y sirvisus ausiliaris pa da informason na formatus asesível. Txoma pa 1-866-610-2273 (TTY: 711).

Haitian Creole: Si ou pale kreyòl Ayisyen, gen sèvis asistans lang gratis ki disponib. Gen èd ak sèvis oksilyè pou bay enfòmasyon nan fòma aksesib ki disponib gratis tou. Rele 1-866-610-2273 (TTY: 711).

Polish: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnych usług pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-866-610-2273 (TTY: 711).

Japanese: 日本語を話せる方は、無料の言語支援サービスをご利用いただけます。受け入れ可能な方法で情報を入手するための補助手段やサービスも無料でご利用いただけます。1-866-610-2273 (TTY: 711) にお電話ください。

Gujarati: જો તમે ગુજરાતી બોલનાર છો, તો મફત ભાષા સહાય સેવા ઉપલ ધ છે. મા હતીને ુલભ ફોમ ટમાં "દાન કરવા મ2% સહાયક સહાય અને સેવા પણ મફતમાં ઉપલ ધ છે. 1-866-610-2273 (TTY: 711) પર કોલ કરો.

Lao/Laotian: ຖ້າທ່ານເວົ້າພາສາລາວ, ມີບໍລິການຊ່ວຍເຫ ືອດ້ານພາສາຟຣີ. ການຊ່ວຍເຫ ືອ ແລະ ການບໍລິການເພື ອສະໜອງຂໍ້ມູນໃນຮູບແບບທີ ສາມາດເຂົ້າເຖິງໄດ້ແມ່ນຍັງ ສາມາດໃຊ້ໄດ້ໂດຍບໍ ເສຍ ຄ່າ. ໂທ 1-866-610-2273 (TTY: 711).

Greek: Εα' ν μιλα' τε ελληνικα' , διατι'θενται δωρεα' ν υπηρεσι'ες γλωσσικη' ς βοη' θειας. Διατι'θενται επι'σης δωρεα' ν βοηθητικα' με'σα και υπηρεσι'ες για την παροχη' πληροφοριω' ν σε προσβα' σιμη μορφη' . Καλε'στε στο 1-866-610-2273 (TTY: 711).

Khmer: សិន អកនិ ប ើ រ ើនឹង ន រផល់ជូន ស!ជំនួយ ផក $យតតគិត()*។ ជំនួយ និង ស!ក,ុង រផ.ល់ព័ត៌ ន2ទ 4ង់ 5ល6ចចូល 8នក៏នឹង នផល់ជូន $យតតគិត()*ជង 5រ។ ទូរសព: ; 1-866-610-2273 (TTY: 711)។