



Member Appeal Form

Complete and mail or fax to:

Absolute Total Care (Medicare-Medicaid Plan)
Attention: Appeals and Grievances – Medicare Operations
7700 Forsyth Blvd | St. Louis, MO | 63105
Fax: 1-844-273-2641

As a member of Absolute Total Care (Medicare-Medicaid Plan), you have the right to file an appeal for any denials related to medical services (Part C) or prescription drug (Part B) coverage. You may file appeal requests in writing or by calling Member Services at 1-855-735-4398 (TTY: 711). Hours are from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. Absolute Total Care will give you a decision within the following time frames from receiving your request:

- Standard Medical Pre-Service Appeals: **15 calendar days**
- Standard Prescription Drug Related Appeals: **7 calendar days**
(Including Part B Prescription Drugs)
- Expedited* Medical Pre-Service Appeals: **72 hours**
- Expedited* Prescription Drug Related Appeals: **72 hours**
(Including Part B Prescription Drugs)

Appeals related to payment issues For Part C and Part B drugs will be given a standard appeal decision within 60 calendar days of request receipt. For payment issues related to Part D drugs, appeal decisions will be within 14 calendar days and payment within 30 calendar days. If we need more information and the delay is in your best interest, or if you ask for more time, we have up to 14 more calendar days for Part C Pre-Service appeals. We will tell you or your representative in writing if we decide to take extra days to make the decision.

* **Expedited appeals** mean you feel that using the standard deadlines could cause serious harm to your life or health or jeopardize your ability to regain maximum function. You must also be asking for coverage for medical care or a drug you have not yet received.

Member Name: Last _____ First _____

Member ID Number: _____ Member Date of Birth: _____

Relationship to Member** (please choose one): Self Parent Legal Guardian Spouse
 Other: _____

**If other than "Self" is selected, proof of guardianship, power of attorney or an Appointment of Representative (AOR) Form will be required. The AOR Form can be found on our website at mmp.absolutetotalcare.com.

Name of Person Submitting the Appeal: _____

Phone Number(s): Home: _____ Cell: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Physician: _____

Appeal Type (please choose one):

- Standard Pre-Service (Medical) Appeal – 15 calendar days review
- Expedited Pre-Service (Medical) Appeal – 72 hours review
- Standard Part B (Prescription Drug) Appeal – 7 calendar days review
- Expedited Part B (Prescription Drug) Appeal – 72 hours review
- Standard Payment Issues Appeal (Part C and Part B drugs) – 60 calendar days review

What was denied? (Please include a copy of the denial letter.)

Why do you think you should have <this/these> medical service(s)/prescription or payment?

What is the best way to reach you regarding this appeal? (please choose one): Phone Email
 Other: _____

Signature of Person Appealing: _____ Date: _____

If you have any questions please call Member Services at 1-855-735-4398 (TTY: 711). Hours are from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day.

Absolute Total Care (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and South Carolina Medicaid to provide benefits of both programs to enrollees.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-735 4398 (TTY: 711) de 8 a.m. a 8 p.m., de lunes a viernes. Luego del horario de atención, los fines de semana y los días feriados federales, es posible que se le pida que deje un mensaje. Le devolveremos la llamada el próximo día hábil. La llamada es gratuita.

For Administrative Use Only

Appeal Number: _____ *Date Received:* _____

Notice of Non-Discrimination. Absolute Total Care (Medicare-Medicaid Plan) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Absolute Total Care does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Absolute Total Care: → Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats).
→ Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Absolute Total Care's Member Services at 1-855-735-4398 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.

If you believe that Absolute Total Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; Absolute Total Care's Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, (TDD: 1-800-537-7697).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Services

ATTENTION: If you do not speak English, language assistance services are available to you, free of charge. Call 1-855-735-4398 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-735-4398 (TTY: 711).

ملحوظة: إذا كنت لا تجيد التحدث باللغة الإنجليزية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-735-4398 (رقم هاتف الصم والبكم: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-735-4398 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-735-4398 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-735-4398 (TTY: 711).

ATENÇÃO: Se você fala português do Brasil, os serviços de assistência em sua língua estão disponíveis para você de forma gratuita. Chame 1-855-735-4398 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請電 1-855-735-4398 (TTY : 711)。

RUAHSAKNAK: Mirang ttong hmang nan um silen, Mirang ttong thawn pehpar aw in a lak in bawm nak a um. Himi ah in contact thei asi: 1-855-735-4398 (TTY: 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-735-4398 (TTY: 711) पर कॉल करें।

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-735-4398 (TTY: 711) 번으로 전화해 주십시오.

THEIHTERNAK: Mirang holh a thiammi na si ahcun, holh lei kongkau bawmchanh khawhnak a lak in nangmah caah a um. Hika hin au hna 1-855-735-4398 (TTY-711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-735-4398 (ATS : 711).

ဟ်သုာ်ဟ်သးဘဉ်တက့ာ်-ဖဲန့မ့ာ်တကတိအဲးကလံးအကျိာ်ဘဉ်န့ာ်,ကျိာ်အတိာ်ဆီာ်ထွဲမၤစၢၤအတိာ်ဖဲးတိာ်မၤတဖဉ်အိာ်ဝဲဒဉ်လၢန့ာ်လၢတလိာ်ဟ့ာ်အပူၤဘဉ်န့ာ်လိာ်.ကိးဘဉ် 1-855-735-4398 (TTY: 711) တက့ာ်.

ማሳሰቢያ:- አማርኛ የሚናገሩ ከሆነ የቋንቋ አገዛ አገልግሎቶች ያለ ምንም ክፍያ ለእርስዎ ሊሰጡ ይችላሉ። ወደ 1-855-735-4398 (TTY: 711) ይደውሉ።

သတိပြုရန်။ သင် မြန်မာစကားပြောပါက အခမဲ့ ဘာသာပြန် ဝန်ဆောင်မှုကို ရရှိနိုင်သည်။ 1-855-735-4398 (TTY: 711) ကိုခေါ်ပါ။