



Request for Redetermination of Medicare Prescription Drug Denial

Wellcare Prime by Absolute Total Care (Medicare-Medicaid Plan) denied your request for coverage of (or payment for) name of prescription drug. 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 learn more about filing an appeal on our website at mmp.absolutetotalcare.com.
- Expedited appeal requests can be made by phone at 1-855-735-4398 (TTY: 711). Hours are from 8 a.m. to 8 p.m. ET, 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.

Your prescriber can ask 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 1-855-735-4398 (TTY: 711) to learn how to name a representative.

Plan member information

Member 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 member or the member's prescriber. You must attach documentation showing your authority to represent the member (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 1-855-735-4398 (TTY: 711).

Representative name: _____

Relationship to member: _____

Street address: _____

City, State, ZIP code: _____

Phone: _____

Sign & submit this form

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

Signature: _____ **Date:** _____

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

Address:

Wellcare Prime by Absolute
Total Care (Medicare-Medicaid Plan)
Attn: Medicare Pharmacy Appeals
P.O. Box 31383
Tampa, FL 33631-3383

Fax Number:

1-866-388-1766

Wellcare Prime by Absolute Total Care (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and South Carolina Healthy Connections Medicaid to provide benefits of both programs to members.

ATENCIÓN: Si habla español, contamos con servicios de asistencia lingüística que se encuentran disponibles para usted de manera gratuita. También contamos con servicios y asistencia auxiliares adecuados para proporcionar información en formatos accesibles de manera gratuita. Llame al 1-855-735-4398 (TTY: 711) o hable con su proveedor.

注意：如果您说中文（普通话），我们将为您提供免费的语言协助服务。我们还免费提供相应的辅助工具和服务，以无障碍方式提供信息。请致电 1-855-735-4398 (TTY: 711) 或咨询您的医疗服务提供者。

注意：如果您講廣東話，您可以免費使用語言協助服務。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。請致電 1-855-735-4398 (TTY: 711) 或洽詢您的服務提供者。

ATENSYON: Kung nagsasalita kayo ng Tagalog, may mga libreng serbisyo ng tulong sa wika na available para sa inyo. Available din nang libre ang mga naaangkop na karagdagang tulong at serbisyo para makapagbigay ng impormasyon sa mga accessible na format. Tumawag sa 1-855-735-4398 (TTY: 711) o makipag-usap sa inyong tagapagbigay ng serbisyo.

REMARQUE : si vous parlez français, un service d'assistance linguistique gratuit est à votre disposition. Des aides et des services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-855-735-4398 (TTY : 711) ou contactez votre fournisseur.

LƯU Ý: Nếu quý vị nói tiếng Việt, chúng tôi có dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. 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 1-855-735-4398 (TTY: 711) hoặc trao đổi với nhà cung cấp của quý vị.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachdienstleistungen zur Verfügung. Entsprechende weitere Unterstützung und Dienste zur Bereitstellung von Informationen in zugänglichen Formaten stehen Ihnen ebenfalls kostenlos zur Verfügung. Rufen Sie folgende Nummer an oder wenden Sie sich an Ihren Anbieter: 1-855-735-4398 (TTY: 711).

주의: 한국어를 구사할 경우, 언어 보조 서비스를 무료로 이용 가능합니다. 제공 정보의 적합한 보조 지원과 서비스 또한 접근 가능한 형식으로 무료로 제공됩니다. 1-855-735-4398(TTY: 711) 번으로 전화하거나 제공자에게 문의하십시오.

ВНИМАНИЕ: если вы говорите по-русски, вам доступны бесплатные услуги помощи на родном языке. Вам также бесплатно доступны соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах. Позвоните по номеру 1-855-735-4398 (TTY: 711) или обратитесь к своему поставщику услуг.

تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية المجانية متوفرة لك. تتوفر أيضًا أدوات المساعدة والخدمات الإضافية المناسبة لتقديم المعلومات بتنسيقات يسهل الوصول إليها مجانًا. اتصل بالرقم 1-855-735-4398 (TTY: 711) أو تحدث إلى مزود الخدمة الخاص بك.

ATTENZIONE: se parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili, a titolo gratuito, adeguati servizi e supporti ausiliari per fornire le informazioni in formati accessibili. Contatti il numero 1-855-735-4398 (TTY: 711) oppure si rivolga al Suo fornitore.

ATENÇÃO: se falar português, estão disponíveis serviços de assistência gratuitos no seu idioma. Também estão disponíveis de forma gratuita materiais e serviços de apoio adequados para fornecer informações em formatos acessíveis. Ligue para 1-855-735-4398 (TTY: 711) ou fale com o seu prestador de cuidados.

ATANSYON: Si ou pale Kreyòl Ayisyen, gen sèvis asistans gratis ki disponib. Epitou w ap jwenn aparèy ki bay sipò ak sèvis ki bay enfòmasyon nan fòm ki aksesib gratis. Rele nan 1-855-735-4398 (TTY: 711) oswa pale ak founisè w lan.

UWAGA: jeśli mówisz w języku polskim, możesz skorzystać z bezpłatnych usług językowych. Dostępne są również bezpłatne dodatkowe materiały pomocnicze i usługi mające na celu dostarczenie informacji w dogodnym formacie. Zadzwoń pod numer 1-855-735-4398 (TTY: 711) lub porozmawiaj ze swoim dostawcą usług.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। सुलभ प्रारूप में जानकारी प्रदान करने के लिए उपयुक्त सहायक उपकरण और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-855-735-4398 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

УВАГА! Якщо ви володієте українською мовою, вам доступні безкоштовні послуги мовної підтримки. Відповідні допоміжні засоби та послуги для надання інформації в доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-855-735-4398 (TTY: 711) або зверніться до свого постачальника.

پاملرنه: که تاسو په پښتو خبرې کوئ، تاسو لپاره د وړیا ژبې مرستې خدمتونه موجود دي. د لاسرسي وړ فورمو کې د معلوماتو چمتو کولو لپاره مناسب مرستندویه مرستې او خدمات هم وړیا شتون لري. 1-855-735-4398 (TTY: 711) ته زنگ ووهئ یا خپل چمتو کونکي سره خبرې وکړئ.

লক্ষ্য করুন: আপনি বাংলাতে কথা বললে আপনার জন্য বিনামূল্যে ভাষা সহায়তার পরিষেবা উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফর্ম্যাটে তথ্য সরবরাহ করতে যথাযথ অতিরিক্ত সহায়ক ও পরিষেবাগুলিও বিনামূল্যে পাওয়া যায়। 1-855-735-4398 (TTY: 711) নম্বরে কল করুন বা আপনার প্রভাইডারের সাথে কথা বলুন।

توجه: اگر فارسی صحبت می‌کنید، خدمات کمک‌زبانی رایگان به شما ارائه می‌دهیم. کمک‌ها و خدمات تکمیلی مناسب برای ارائه اطلاعات در قالب‌های دسترس‌پذیر نیز به طور رایگان در اختیارتان قرار می‌گیرد. با شماره 1-855-735-4398 (TTY: 711) تماس بگیرید یا با ارائه‌دهنده‌تان صحبت کنید.

VËMENDJE: Nëse flisni shqip, janë të disponueshme shërbime ndihmëse gjuhësore pa pagesë. Ofrohen gjithashtu pajisje dhe shërbime ndihmëse të përshtatshme për të dhënë informacion në formate të aksesueshme pa pagesë. Telefononi në numrin 1-855-735-4398 (TTY: 711) ose flisni me ofruesin tuaj.

توجه: اگر شما به زبان دری صحبت می‌کنید، خدمات کمک زبان رایگان برای شما موجود است. کمک‌ها و خدمات کمکی مناسب برای ارائه معلومات در فارمت های قابل دسترس نیز به صورت رایگان در دسترس هستند. با شماره 1-855-735-4398 (TTY: 711) تماس بگیرید یا با ارائه دهنده خود صحبت کنید.

注意：日本語を話される方は、無料で言語支援サービスを利用できます。アクセス可能なフォーマットで適切なサポートや補助サービスを無料で受けることもできます。1-855-735-4398 (TTY: 711) までお電話いただくか、プロバイダーにご相談ください。