

Request for Redetermination of Medicare Prescription Drug Denial

MeridianComplete (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.mimeridian.com.
- Expedited appeal requests can be made by phone at 1-855-323-4578 (TTY: 711). If you have questions, please call your Care Coordinator at 1-855-323-4578 (TTY: 711). Hours are 8 a.m. to 5 p.m., Monday through Friday. After hours, on weekends, and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. Or you can call Member Services at 1-855-323-4578 (TTY: 711). Hours are from 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal 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 1-855-323-4578 (TTY: 711) 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 1-855-323-4578 (TTY: 711).

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 representative):

Signature: _____ **Date:** _____

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

Address:

MeridianComplete (Medicare-Medicaid Plan)

Attn: Medicare Pharmacy Appeals

P.O. Box 31383

Tampa, FL 33631-3383

Fax Number:

1-866-388-1766

MeridianComplete (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.

You can get this document for free in other formats, such as large print, braille, or audio. Call 1-855-323-4578 (TTY: 711), 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.

Multi-Language Insert
Multi-Language Interpreter Services

English: We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter, just call us at 1-855-323-4578 (TTY: 711). Hours are from 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. Someone who speaks English/Language can help you. This is a free service.

Spanish: Contamos con los servicios gratuitos de un intérprete para responder las preguntas que tenga sobre nuestro plan de salud o de medicamentos. Para solicitar un intérprete, simplemente llámenos al 1-855-323-4578 (TTY: 711). El horario de atención es de 8 a.m. a 8 p.m, los siete días de la semana. Los fines de semana y los días festivos estatales o federales, es posible que se le pida que deje un mensaje. Se le devolverá la llamada al siguiente día hábil. Alguien que hable español puede ayudarlo. Este es un servicio gratuito.

Chinese (Cantonese): 我們提供免費的口譯服務，可解答您對我們的健康或藥物計劃可能有的任何疑問。如需口譯員服務，您僅需於每週七天上午 8 點至晚上 8 點致電 1-855-323-4578 (TTY : 711) 與我們聯絡。週末及州或聯邦假日，可能會要求您留言。我們將在下一個工作日內回電給您。會說中文的人員可以幫助您。此為免費服務。

Chinese (Mandarin): 我们提供免费口译服务，可解答您对我们的健康或药物计划的有关疑问。要获得口译服务，请于周一至周日上午 8 点至晚上 8 点致电 1-855-323-4578 (TTY : 711)。在周末及州或联邦假日，您可能需要留言。您的来电将在下一个工作日内得到回复。您将获得中文普通话口译员的帮助，而且这是一项免费服务。

Tagalog: May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posible ninyong tanong tungkol sa aming planong pangkalusugan o plano sa gamot. Upang makakuha ng interpreter, tumawag lang sa amin sa 1-855-323-4578 (TTY: 711) mula 8 a.m. hanggang 8 p.m., Lunes hanggang Biyernes. Para sa mga oras pagkatapos ng trabaho, Sabado at Linggo, at pista opisyal, maaaring magpaiwan sa inyo ng mensahe. May tatawag sa inyo sa susunod na araw na may pasok. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

French: Nous proposons des services d'interprètes gratuits pour répondre à toutes vos questions sur notre régime de santé ou de médicaments. Pour obtenir les services d'un interprète, appelez-nous au 1-855-323-4578 (TTY : 711) tous les jours, de 8 h à 20 h. Si vous appelez pendant les week-ends et jours fériés, vous devrez peut-être laisser un message. Nous prendrons alors votre appel en compte le jour ouvrable suivant. Quelqu'un parlant français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi nào về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để nhận thông dịch viên, chỉ cần gọi cho chúng tôi theo số 1-855-323-4578 (TTY: 711), từ 8 a.m. đến 8 p.m., bảy ngày một tuần. Vào các ngày cuối tuần và ngày lễ của tiểu bang hoặc liên bang, quý vị có thể được yêu cầu để lại tin nhắn. Sẽ có người phản hồi cuộc gọi của quý vị vào ngày làm việc tiếp theo. Một nhân viên nói tiếng Việt có thể giúp quý vị. Dịch vụ này miễn phí.

German: Wir bieten Ihnen einen kostenlosen Dolmetschservice, wenn Sie Fragen zu unseren Gesundheits- oder Medikamentenplänen haben. Um einen Dolmetscher in Anspruch zu nehmen, rufen Sie uns von Montag bis Freitag zwischen 8 und 20 Uhr unter folgender Telefonnummer an: 1-855-323-4578 (TTY: 711). Außerhalb der Geschäftszeiten, an Wochenenden und an Feiertagen werden Sie möglicherweise aufgefordert, eine Nachricht zu hinterlassen. Wir rufen Sie am nächsten Werktag zurück. Ein deutschsprachiger Mitarbeiter wird Ihnen behilflich sein. Dieser Service ist kostenlos.

Korean: 당사의 건강 또는 의약품 플랜과 관련해서 물어볼 수 있는 모든 질문에 답변하기 위한 무료 통역 서비스가 있습니다. 통역사가 필요한 경우 주 7일, 오전 8시부터 오후 8시까지 1-855-323-4578(TTY: 711)번으로 당사에 연락해 주십시오. 주말 및 공휴일에는 메시지를 남겨 주시면 됩니다. 그러면 다음 영업일에 전화드리겠습니다. 한국어를 구사하는 통역사가 도움을 드릴 수 있습니다. 통역 서비스는 무료로 제공됩니다.

Russian: Если у вас возникли какие-либо вопросы о нашем плане медицинского страхования или плане с покрытием лекарственных препаратов, вам доступны бесплатные услуги переводчика. Если вам нужен переводчик, просто позвоните нам по номеру 1-855-323-4578 (TTY: 711). Часы работы: с 8 a.m. до 8 p.m. без выходных. В выходные и праздничные дни федерального уровня или на уровне штата вас могут попросить оставить сообщение. Вам перезвонят на следующий рабочий день. Вам окажет помощь сотрудник, говорящий на русском языке. Данная услуга бесплатна.

Arabic: وفّر خدمات ترجمة فورية مجانية للإجابة على أي أسئلة قد تكون لديك حول خطة الصحة أو الدواء الخاصة بنا. للحصول على مترجم فوري، يرجى الاتصال بنا على الرقم 1-855-323-4578 (TTY: 711) طوال أيام الأسبوع من الساعة 8 صباحًا لغاية الساعة 8 مساءً. قد يُطلب منك ترك رسالة في عطلات نهاية الأسبوع وخلال الإجازات الوطنية والفيدرالية وسنعاود الاتصال بك خلال يوم العمل التالي. يمكن أن يساعدك شخص يتحدث العربية. وتتوفر هذه الخدمة بشكل مجاني.

Italian: Sono disponibili servizi di interpretariato gratuiti per rispondere a qualsiasi domanda possa avere in merito al nostro piano farmacologico o sanitario. Per usufruire di un interprete, è sufficiente contattare il numero 1-855-323-4578 (TTY: 711) dalle 8:00 alle 20:00, sette giorni a settimana. Nei fine settimana e nei giorni festivi potrebbe essere necessario lasciare un messaggio. La ricontatteremo entro il giorno lavorativo successivo. Qualcuno la assisterà in lingua italiana. È un servizio gratuito.

Portuguese: Temos serviços de intérprete gratuitos para responder a quaisquer dúvidas que possa ter sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte-nos através do número 1-855-323-4578 (TTY: 711). O serviço está disponível sete dias por semana, das 8:00 às 20:00. Se ligar ao fim de semana ou num feriado estadual ou federal, poderá ter de deixar mensagem. A sua chamada será devolvida no próximo dia útil. Um falante de português poderá ajudá-lo. Este serviço é gratuito.

French Creole: Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, senpleman rele nou nan 1-855-323-4578 (TTY: 711). Lè biwo yo se soti 8è a.m. rive 8è p.m., sèt jou pa semèn. Nan wikenn ak pandan jou ferye eta oswa federal yo, yo gendwa mande w pou ou kite yon mesaj. Y ap rele w pwochen jou biwo yo louvri a. Yon moun ki pale Kreyòl Ayisyen kapab ede w. Se yon sèvis gratis.

Polish: Oferujemy bezpłatną usługę tłumaczenia ustnego, która pomoże Państwu uzyskać odpowiedzi na ewentualne pytania dotyczące naszego planu leczenia lub planu refundacji leków. Aby skorzystać z usługi tłumaczenia ustnego, wystarczy zadzwonić pod numer 1-855-323-4578 (TTY: 711) w godzinach od 8:00 do 20:00, siedem dni w tygodniu. Po godzinach pracy, w weekendy i święta konieczne może być pozostawienie wiadomości. Oddzwonimy w następnym dniu roboczym. Zapewni to Państwu pomoc osoby mówiącej po polsku. Usługa ta jest bezpłatna.

Serbo-Croatian: Nudimo besplatne usluge tumača koji će odgovoriti na sva pitanja koja potencijalno imate o svom zdravlju i planu lekova. Da biste dobili tumača treba samo da nas pozovete na broj 1-855-323-4578 (TTY: 711). Radno vreme je od 08:00 do 20:00, sedam dana u nedelji. Tokom vikenda, državnih i nacionalnih praznika možemo tražiti od vas da ostavite poruku. Poziv ćete primiti u toku narednog radnog dana. Neko ko govori srpskohrvatski jezik će vam pomoći. Usluga je besplatna.