Request for Redetermination of Medicare Prescription Drug Denial

Quartz Medicare Advantage (HMO) denied your request for coverage of (or payment for) a prescription. 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.
- For additional information about filing an appeal, go to **QuartzBenefits.com/MAAppeals**.
- Expedited appeal requests can be made by phone at (608) 881-8284, 24 hours a day, seven days a week.

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. To learn how to name a representative, call a Quartz Champion at (800) 394-5566 (TTY: 711), Mon. - Fri., 8 a.m. – 8 p.m. Oct. 1 – March 31, seven days a week, 8 a.m. – 8 p.m.

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 a Quartz Champion at (800) 394-5566 (TTY: 711)

Representative name: _____

Relationship to enrollee: _____

Street address: _____

City, State, ZIP code: _____

Phone: _____

Sign & submit this form

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

Signature: _____ **Date:** _____

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

Address:	**Fax Number:**
Quartz Medicare Advantage (HMO) Part D Appeal & Grievance Dept. 2650 Novation Parkway Fitchburg, WI 53713	(608) 644-3500

Notice of nondiscrimination

Discrimination is against the law.

Quartz Medicare Advantage (HMO) and Quartz Med Advantage Dual Eligible w/Rx are the marketing names operating under the entities of Quartz Health Plan Corporation and Quartz Health Plan MN Corporation. These companies are separate legal entities. In this notice, "we" refers to these companies. We comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex (includes sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity; and sex stereotypes). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

- We provide people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- We provide free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact **Customer Success** at **(800) 362-3310.**

If you believe that we have 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 with:

Chief Compliance Officer; 2650 Novation Parkway, Fitchburg, WI 53713
Phone: (800) 362-3310 (TTY: 711); Fax: (608) 644-3500
Email: AppealsSpecialists@QuartzBenefits.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Chief Compliance Officer 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 **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, D.C. 20201
(800) 368-1019; (800) 537-7697 (TDD)

Complaint forms are available at **hhs.gov/ocr/office/file/index.html.**

Quartz

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call (800) 394-5566 (TTY: 711) or speak to your provider.

Español / Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al (800) 394-5566 (TTY: 711) o hable con su proveedor.

Lus Hmoob / Hmong

LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau (800) 394-5566 (TTY: 711) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.

Soomaali / Somali

FIIRO GAAR AH: Haddaad ku hadasho Soomaali, adeegyo kaalmada luuqadda ah oo bilaash ah ayaad heli kartaa. Qalab caawinaad iyo adeegyo oo habboon si loogu bixiyo macluumaadka qaabab la adeegsan karo ayaa sidoo kale bilaa lacag heli karaa. Wac (800) 394-5566 (TTY: 711) ama la hadal bixiyahaaga.

Việt / Vietnamese

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số (800) 394-5566 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

中文 / Chinese

注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 (800) 394-5566（文本电话：711）或咨询您的服务提供商。

РУССКИЙ / Russian

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону (800) 394-5566 (TTY: 711) или обратитесь к своему поставщику услуг.

Deutsch / German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie (800) 394-5566 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

Quartz

ລາວ / Laotian

ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ (800) 394-5566 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

አማርኛ / Amharic

ማሳሰቢያ፡- አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ ድጋፍ አገልግሎት በነፃ ይቀርብልዎታል። መረጃን በተደራሽ ቅርጸት ለማቅረብ ተገቢ የሆኑ ተጨማሪ እገዛዎች እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ። በስልክ ቁጥር (800) 394-5566 (TTY: 711) ይደውሉ ወይም አገልግሎት አቅራቢዎን ያናግሩ።

ထၢနုၣ်လီၤဖဲအံၤ / Karen

ဆူ- နမ့ၣ်ကတိၤ ထၢနုၣ်လီၤဖဲအံၤ အယိ, တၣ်အိၣ်ဒီး ကျိၣ်တၣ်ဆီၣ်ထွဲမၤစၢၤ လၢတလၣ် ဘူၣ်လၣ်စ့ၤလၢနဂီၣ်လီၤ. တၣ်အိၣ်ဒီး တၣ်မၤစၢၤတၣ်နၣ်ဟူပီးလီဒီး တၣ်မၤစၢၤတၣ်မၤ လၢအ ကြားအဘၣ် လၢကဟ့ၣ်တၣ်ဂ့ၣ်တၣ်ကျိၤ လၢတၣ်မၤနၣ့ၣ်အီၤသ့တဖၣ် လၢတလၣ်ဘူၣ်လၣ်စ့ၤ လၢနဂီၣ်လီၤ. ကိး (800) 394-5566 (TTY: 711) မ့တမ့ၣ် ကတိၤတၣ်ဒီး နပှၤလၢဟ့ၣ် နၤတၣ်ကွၣ်ထွဲမၤစၢၤတက့ၣ်.

Српски / Serbian

ПАЖЊА: Ако говорите Српски, обезбеђена вам је преводилачка услуга. Додатна одговарајућа помоћ и услуге за пружање информација у доступним форматима такође су доступни без надокнаде. Назовите (800) 394-5566 (TTY: 711) или разговарајте са вашим пружаоцем услуга.

ភាសាខ្មែរ / Khmer

សូ មយកចិត្តទុកដាក់ៈ ប្រសិនបរើអ្នកនិយាយ ភាសាខ្មែរ បសវាកមែជំនួយភាសា ឥត្តិត្ថៃគឺមានសជ្មារ់អ្នក។ ជំនួយ និងបសវាកមែខុែលជាការជួយើ៍សមរមយ កន ុងការផ្តល់ព័ត៌មានតាមទប្មង់ ខុែលអាចចូលបប្រើប្ាស់ាន ក៏អាចរកាន បដាយឥត្តិត្ថៃផ្ជខុែរ។ ជៅទូរសពទជៅ (800) 394-5566 (TTY: 711) ឬនិយាយជៅកាន់អ្នកផ្តល់បសវាររស់អ្នក។

Français / French

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le (800) 394-5566 (TTY : 711) ou parlez à votre fournisseur.

한국어 / Korean

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. (800) 394-5566 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Tagalog / Tagalog

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa (800) 394-5566 (TTY: 711) o makipag-usap sa iyong provider.