

## **Part D - Case File Transmittal Form**

Temporary Appeal Number : **Q19-00000953**

Submission Received: **Thu Aug 08, 2019 at time 3:08 PM ET**

### **Appeal Information:**

Appeal Priority: **Expedited**

Appeal Type: **Prospective**

Is this case an Auto-Forward?: **Yes**

QIC Appeal Number: **N/A**

Applicable Coverage Year(s): **2000**

Does this case involve a cost sharing issue?: **Yes**

### **Auto-Forward :**

Please select the level at which the processing time was missed: **Coverage Determination**

### **Health Plan Info :**

Contract Number: **12333**

Plan Name: **ABC Entity**

Plan Type: **Other**

Other: **WnctbbzDvdrI**

Plan Id: **1United Health Care08082019 1207**

Formulary Name/ID: **1Formulary Id08082019 1207**

### **The Health Plan Contact Information :**

First Name: **Addison**

Last Name: **Sutter**

Address Line 1: **N/A**

Address Line 2 (Optional): **N/A**

City: **N/A**

State: **N/A**

Zip Code: **N/A**

Email Address: **addison@sutter.com**

Phone:

Decision Letter Fax: **916-503-5014**

Request for Information Fax: **916-503-5014**

### **Requestor Information**

Select Requestor: **Enrollee's Prescribing Physician**

Is estate documentation in the file?: **N/A**

Is an AOR or Power of Attorney in the File?: **N/A**

### **Representative Information**

First Name: **N/A**

Last Name: **N/A**

Address Line 1: **N/A**

Address Line 2 (Not Required): **N/A**

City: N/A  
State: N/A  
Zip Code: N/A  
Email Address: N/A  
Phone: N/A  
Fax Number: N/A

### Plan Attestation for Representative

"I attest on behalf of the Part D Plan sponsor that the above referenced representative appealed at the Plan level and is a valid representative of the enrollee under State law."

Portal User: N/A

### Enrollee Information

First Name: **1Enrollee First Name08082019 1207**  
Last Name: **1Enrollee Last Name08082019 1207**  
Address Line 1: **1Enrollee Address108082019 1207**  
Address Line 2 (optional):  
City: **1Los Angeles08082019 1207**  
State: **MT**  
Zip Code: **35381-7515**  
Phone: **314-301-5608**  
Medicare Number (MBI) : **MBI1ErNtiCj**  
Health Insurance Claim #: N/A

### Language preference

Does the Enrollee require the Reconsideration Notice to be in a language other than English?**No**

Please select a language:**N/A**

Other Language:**N/A**

### Communication Preference

Does the Enrollee require communication be made in any alternate format?**No**

Required Format: **N/A**

Font Size:**N/A**

Other:**N/A**

### Plan level

#### Plan Level 0 Coverage Determination

Date Coverage Determination was requested: **Mon May 20, 2019**

Decision Date: **N/A**

Was Coverage Determination untimely? :**Yes**

Was a decision made at this level? :**No**

Did appellant ask the Plan to expedite?: **Yes**

Did the Plan grant an expedited review?: **No**

#### Exceptions

Does the determination involve an Exceptions Request?: **N/A**  
Did the Plan extend the maximum time frames to obtain a prescriber statement?: **N/A**  
Date prescriber statement was requested: **N/A**  
Was it received?: **N/A**  
Date prescriber statement was received: **N/A**  
**Plan Level 1 Redetermination**  
Date Redetermination was requested: **N/A**  
Decision Date: **N/A**  
Was Coverage Determination untimely? :**N/A**  
Was a decision made at this level?: **N/A**  
Did appellant ask the Plan to expedite?: **N/A**  
Did the Plan grant an expedited review?: **N/A**

### **Prescriber Information**

First Name: **1Prescriber First Name08082019 1207**  
Last Name: **1Prescriber Last Name08082019 1207**  
Suffix:  
Address Line 1: **1Prescriber Address08082019 1207**  
Address Line 2 (Not Required):  
City: **1Prescriber City08082019 1207**  
State: **MA**  
Zip Code: **35381-7515**  
Office Phone Number: **750-302-5240**  
Office Fax Number: **184-973-9472**

### **Drug Details (Drug Benefits in Dispute)**

Number: **1**  
National Drug Code (NDC): **3698559012**  
Drug Name: **1Drug Name08082019 1207**  
Strength/ Dosage/ Amount: **120mg08082019 1207/ 15ml08082019 1207/**  
Type: **brand**  
Off-Formulary: **No**  
Denial Rationale: **Tiering exception rules not met**  
Explanation of Rationale: **N/A**  
What type of coverage is requested for this drug?: **Retrospective**  
Has the Enrollee purchased the Drug pending appeal?: **N/A**  
Was the Drug(s) purchased from a network pharmacy?: **Yes**  
Explanation: **N/A**

Number	Date(s) of Purchase	\$ Amount Paid	Drug Tier
1	Mon May 20, 2019	1000.00	two

Has this drug been approved as requested?: **No**

## Exhibit Instructions

### Procedural Documentations

- ☐ A. Case Narrative cover page the presents an overview of the appeal; Describe the issue on the appeal; Identify all relevant information; Identify arguments presented in favor of coverage; and explain the Plain rationale for denial
- ☒ B. Request for Coverage Determination and Plan Coverage Decision Notice
- ☐ C. Request for Redetermination and Plan Redetermination Decision Notice
- ☐ D. Prescriber statement (for exception requests)
- ☐ E. Prior Authorization Form or Exception Request Form
- ☐ F. Representation Documents (AOR or other writing, DPOA/POA, Healthcare Proxy, Surrogate for an incompetent enrollee under State Law, estate representative)
- ☒ G. Other (additional documents the Plan considers important)

### Evidentiary Documentation

- ☒ H. Part D Plan Comprehensive Formulary for Plan year(s) at issue
- ☐ I. Part D Plan Evidence of Coverage or other subscriber materials for Plan year(s) at issue
- ☐ J. Cost Sharing Information (copies of internal Plan documents/ screens showing TrOOp or other relevant cost-sharing information)
- ☐ K. Medical Records
- ☐ L. Medicare Rules (Medicare law and regulations, CMS manuals, and/or CMS program guidance as relevant to the Part D Plan's Determination)
- ☐ M. Redetermination Evidence (evidence submitted by appellant and /or prescriber, and internal Plan medical reviews conducted to evaluate medical issues)
- ☐ N. Universal Claim form for a compound drug
- ☒ O. Other (additional documents the Plan considers important)

Overview of Issues:

**1Overview08082019 1207**

Timeline of Facts:

**1TimelineFacts08082019 1207**