

## Transcript for QIC Part D Plan Appeal Submission Instructions Video

[MUSIC PLAYING] C2C Innovative Solutions Inc, or C2C, is the Part D qualified independent contractor, also known as the independent review entity, or IRE. This video provides instructions on how plans should submit appeals and case files to the QIC. This is the C2C Part D appeals website, which is located at [partdappeals.c2cinc.com](http://partdappeals.c2cinc.com).

Let me draw your attention to the tabs at the top of the page, which also are the same as the buttons in the center of the page. You can see Part D Enrollees and Representatives, Prescribers, and Part D Plans. Each one of these will take you to resources and more information to the applicable tab or button.

There are three ways the initial case file can be sent to C2C. It can be sent via mail, fax, or the C2C portal. For expedited drug reconsideration requests, the plan must submit the requested case file to C2C within 24 hours of receipt of the request. For standard drug reconsideration request, prospective and retrospective, the plan must submit the requested case file to C2C within 48 hours of the receipt of the request. For LEP reconsideration requests, the plan must submit the requested case file to C2C within 14 calendar days of receipt of the request.

If no case file is available, the plan must submit a brief letter to C2C acknowledging that the requested information is unavailable and explain the reason. The Part D plans 24 hour, 48 hour, or 14 calendar day time frame begins when the request for a case file is successfully transmitted by fax at its office, or a telephone call, or email. The Part D QIC receives the case file when it is successfully transmitted by fax, or via the portal, or delivered by mail or courier.

The Part D plan may send the case file to the Part D QIC by fax, overnight mail, the C2C appeals portal, or any other means that will ensure timely delivery to the Part D QIC. For more information regarding methods of case file submission, see section 5 the Part D QIC Reconsideration Procedures Manual.

When submitting the case file to C2C in response to a case file request, the plan must return the case file in the following order. The case file request form must be on top. The quick appeal number must be on this form. It permits C2C to process the plan submission efficiently and accurately. The quick appeal number may also be referred to as the mass number, which stands for Medicare appeal system. MAS is CMS's system of records for appeals. The case file transmittal form must be the second document followed by the case file narrative form.

Any additional case file documents specific to the appeal should follow and should be submitted in the order described in the C2C Part D QIC Reconsideration Procedures Manual section 5. For auto forwarded cases, there will not be a case file request from the Part D QIC. For these cases, the case file transmittal form must be on top of the planned submission.

Following this organizational format ensures when you return these forms, that the enrollee and drug in dispute correlate to the correct appeal documents.

These are the case file request forms you will receive from the Part D QIC when we request a case file for a drug benefit appeal or a late enrollment penalty appeal filed with C2C. The drug benefit case file request form is on the left and the LEP Case File a Request Form is on the right. The top part of both forms is completed by the Part D QIC. With regard to the drug form, the appeal type will either indicate expedited or standard. An expedited coverage request includes situations where applying the standard time frames may seriously jeopardize the enrollee's life, health, or ability to regain maximum function.

When you receive a case request from us for drug benefit appeals, you will see under the completed by the QIC section, there is an appeal type. This is where we indicate whether the appeal is expedited or standard. If expedited, we will state expedited so you know you have 24 hours to provide the case file. If the appeal type reads standard, then you will have 48 hours to return the case file. Again, if we do not state expedited, then the case file request is not expedited.

For more information on expedited and standard request time frames, see the Reconsideration Procedures Manual section 5.2. The bottom part of either the drug form or the LEP form is to be completed by the plan as applicable. For example, for drug benefit appeals, if the plan has not issued a coverage determination and or redetermination, then this is where the plan would transmit that information to the Part D QIC. For LEP appeals, if the plan has rescinded or not imposed an LEP, then this is where the plan would transmit that information to the Part D QIC.

This is the Part D QIC case file transmittal form for drug appeals. It is located on our website under the Forms tab. This form is required for both autoforwarded case files and case files submitted in response to a case file request. Here you can see pages one and two of the prescription drug case file transmittal form. These pages must be completed in full by the Part D plan. The information on this form is required for proper processing of the case and for reports that we distribute for the Centers for Medicare and Medicaid Services.

The information you provide is data entered into the Medicare appeals system. This is page three of the prescription drug case file transmittal form. It shows the required procedural and evidentiary documents we need for your file. Under Evidentiary Documents, see exhibit H, the Part D plan formulary and exhibit I, the evidence of coverage. These documents are required for a complete administrative record of the appeal. They are needed for reconsideration adjudication and at the administrative law judge level of appeal for review of appeal decisions not favorably decided for the enrollee.

These crucial documents must be submitted within the required time frames for delivering the case file to the Part D QIC. The Part D QIC has the capacity to accept these evidentiary documents electronically, by fax, or portal.

This is the prescription drug case narrative form. This is the Part D plan's opportunity to explain the pertinent facts and findings for the plan's decision, and why the plan denied the drug benefit. The Part D QIC carefully reviewed this information when reviewing the case file. When on the website, the forms can be located by selecting the Plans tab and then selecting Forms on the left side of the page.

Once here, you will see the prescription drug case file transmittal form, the prescription drug case narrative form, the Part D QIC case file follow up additional documentation form, as well as the various LEP forms, including the LEP case file transmittal form, the LEP case narrative form, and the Part D QIC case file follow up additional documentation form. You will also see the Part D plan contact form.

When mailing in case files to C2C for drug benefit appeals, please send to Part D Prescription Drug Benefit Appeals, C2C Innovative Solutions Inc, Part D Drug Reconsiderations, PO box 44166, Jacksonville, Florida, 32231-4166. For FedEx and UPS, please use C2C Innovative Solutions Inc, Part D QIC 301 West Bay Street, Suite 600 Jacksonville, Florida 32202.

This information can be found in the reconsideration manual under 5.3.1. For LEP appeals, please send to Part D LEP Appeals, C2C Innovative Solutions Incorporated Part D LEP Reconsiderations, PO box 44165 Jacksonville, Florida 32231-4165. For FedEx and UPS, please use C2C Innovative Solutions Incorporated, Part D QIC 301 West Bay Street Suite 600, Jacksonville, Florida 32202. This information can be found in the reconsideration manual under 7.1.2.

Plans must use the correct fax line when submitting case files to C2C, since these lines are designed for segregating the workflow for efficient processing. C2C has four dedicated plan fax lines for drug benefit appeals and one fax line for LEP appeals. The standard plan fax line is for the submission of standard case files in response to a QIC case file request. The expedited plan fax line is for the submission of expedited case files in response to a QIC case file request.

The auto-forward plan fax line is for the submission of auto-forwarded case files both expedited and standard. The effectuation plan fax line is for submission of effectuation documentation for favorable, or partially favorable, reconsideration decisions issued by the QIC. The LEP plan fax line is for submitting LEP case files in response to a QIC request. Our fax lines have the capacity to accept large case files which includes planned formularies and evidences of coverage.

Plans should report specific facts issues to the plan liaison. And these will be investigated and addressed. If your fax submission does not go through to the designated fax line that is specific to your appeal, do not submit the appeal to another fax line. Please contact the plan liaison at 904-394-4700.

Expedited case file requests will be labeled expedited and should only be faxed to the expedited case line. Please keep in mind prospective appeals may be expedited. And if so, C2C will label accordingly. Therefore, if the word expedited is not on the appeals type line, then the

appeal is not expedited. Please do not fax standard appeals documentation to the expedited appeals fax line, as the fax numbers are distinguished for accuracy and efficacy purposes.

Please ensure the 11 digit appeal number, enrollee name, and MBI or HIC number are entered in text, not handwritten, on all initial and subsequent follow up documents. If you correspond via secure email, please include the appeal number in the email subject line. This is the link to the C2C portal. You can get here by selecting Part D Plans, then on the left side of the page selecting QIC Appeals Portal.

If you are assisting an enrollee, please refer them to the Part D Enrollees tab on the Part D Appeals web page. When you click on QIC Appeals Portal, this is the screen it will bring you to. This is the first step to uploading to the C2C portal. You will put in an email address and click Submit. If this is your first time using the portal, you will be instructed to create a password and enter a contact number as well as a business name. Also on the Part D enrollees and representatives tab, the prescribers tab, and the Part D Plans tab, you can find the link to the portal listed on the left hand side of the page.

This is also where you will find appeal instructions, the appeal status look up, information about appeals filed by a representative, you can request a copy of your case file, and you can search the quick decision database. All of these forms and frequently asked questions can be found here.

Once you have entered your email address in the portal, it will bring you to this screen to proceed with selecting the correct information that is applicable to your appeal. First, please select Part D under the appeal jurisdiction. All auto-forwards should be submitted by selecting Health Plan Auto-Forward. All prescription drug case files should be submitted by selecting Health Plan Prescription Drug Case Files. All LEP case files should be submitted by selecting Healthplan LEP Case Files.

All effectuated and compliance notices should be submitted by selecting Healthplan Effectuation Compliance Notice. Any subsequent documentation should be submitted by selecting Healthplan Subsequent Documentation.

The portal gives you the option to nickname your appeal case file. We recommend you use the specific QIC appeal number as your file nickname, using the last six digits of the appeal number. For portal submissions only, this will be the six digit file nickname that will appear in your confirmation email. When submitting an auto-forward, you will not have a case number. Therefore, we recommend creating a unique six character file nickname.

Aside from completing the information in the case file transmittal form, the key to auto-forwards is for plans to not submit the case file more than once. Submitting the case file numerous times creates operational challenges and results in duplicate appeals. Whenever you register an email address and then upload a file to the C2C portal, you will receive a confirmation email that includes the nicknamed file that you have uploaded.

This is an example of the confirmation email you will receive. You can see here where the file nickname is included. The appeal status look-up is what should be used to check the status of your appeal. This is a screenshot of the appeal status look up. When you select appeal status look up on the left hand side of the page, this is what will appear on the screen for you to look up the status of your appeal. This information is updated daily.

When you are submitting case file documents through the portal, a single PDF document must be submitted for each appeal. As mentioned previously, the case file request form must be on top for submissions in response to a case file request. For drug benefit appeals where case files are requested, the order is the case file request form, the case file transmittal form, followed by the case file narrative form. Any additional case file documents specific to the appeal should follow and should be submitted in the order described in the C2C Part D QIC Reconsideration Procedures Manual section 5.

For LEP appeals where case files are requested, the order is the LEP case file request form, the LEP case file transmittal form, followed by the LEP case file narrative form. Any additional case file documents specific to the appeal should follow. In the event a Part D plan has no information to forward, the Part D plan shall deliver by mail, fax, or web portal a brief letter acknowledging that the requested information is unavailable. And explain the reason to the Part D QIC within 14 calendar days after receiving the request for information.

For additional information, please refer to section 2.30 and 2.31 in the QIC Reconsideration Procedures Manual. For drug benefit auto-forward cases, the drug case file transmittal form is the form that is to be placed on top followed by the drug case narrative form in any additional case file documents specific to the appeal. Plans have reported successful submission of large case files within this single PDF through the Part D C2C portal. If needed, you may also include an Excel file with this single PDF to the Part D portal.

If you choose to submit a compact disk or CD containing the plan formulary and or evidence of coverage, the CD must be received within the appropriate time frame for submission according to the appeal type. This is a screenshot of where on the portal you will be able to upload those files, and where you will create that six character nickname. The last option on the portal is very important and pertains to submitting subsequent documentation for a case.

This directly relates to the follow up documentation cover sheet and is very important. Any follow up or subsequent documentation, whether medical records, or a response to a request for information should have the Part D QIC case file follow up cover sheet page as the cover sheet placed on top of the submission, or an equivalent form that contains the same data elements or identifiers.

This form in the documentation attached can be returned either by mail, fax, or portal. The QIC appeal number must be identified to ensure the documentation will be properly processed. Following these directions are imperative for ensuring the subsequent submission is properly

linked to the initial submission. If this is not done, there is no guarantee the submission will be considered with the case file.

Any subsequent document or documents that are submitted after the initial case file submission must have a cover sheet identifying that it is follow up documentation for a specified appeal number. Additional documents cannot be submitted without a cover sheet containing the 11 digit appeal number. It is very important that this C2C cover sheet be completed in its entirety.

Here, you can see pages one and two of the late enrollment penalty case transmittal form that is located on our website under the Forms tab. For LEP appeals, the Part D plan shall deliver by mail, fax, or web portal, a copy of the requested case file within 14 calendar days of receipt of request. In the event a Part D plan has no information to forward, the Part D plan shall deliver by mail, fax, or web portal a brief letter to the Part D QIC within 14 calendar days after receiving the request for information.

The letter should acknowledge that the requested information is unavailable and explain the reason. For additional information, please refer to section 2.30 and 2.31 in the QIC Reconsideration Procedures Manual. This is page three of the late enrollment case transmittal form that is located on our website under the Forms tab. Please make sure it is completed in its entirety to ensure proper processing.

This is the late enrollment penalty case narrative form that is located on our website under the Forms tab. This is the Part D plan's opportunity to explain the pertinent facts and findings for the plan's decision and why an LEP was imposed. The Part D QIC carefully reviews this information when reviewing the case file. This is the Part D plan contact form. For plan information, changes, or updates that need to be made, please use this fillable PDF form to provide contact information for your organization.

If your plan has different points of contacts for drug appeals, LEP appeals, and or reports, please complete separate forms as applicable. If you use a third party vendor for submission of your drug or LEP appeals, please make sure you indicate this on the contact information form. This is imperative to ensure your case is processed correctly. When entering this information, entry should be typed in the provided fields. Please do not use free hand.

Please email. Do not fax the completed forms to C2C at the email address at the bottom of the form. [medicarepartdappeals@c2cinc.com](mailto:medicarepartdappeals@c2cinc.com) with the subject line reading, Update Plan contact info form for drug, LEP, or drug and LEP, plan name, and plan contract number. For instructions on how to submit an appeal, these can be found on the Part D Plans tab and then selecting Appeal Instructions on the left side of the page. There is also a link to the QIC appeals portal [here](#).

For more information regarding the Part D QIC, please see the Reconsideration Procedures Manual. This Reconsideration Procedure Manual can be found on the C2C website by clicking

on the Plans tab and then selecting Reconsideration Procedures Manual on the left hand side. You then can click on the PDF to view the Reconsideration Procedures Manual.

[MUSIC PLAYING]