

## Request for Redetermination of Medicare Prescription Drug Denial

Gold Coast Health Plan Total Care Advantage (HMO D-SNP) denied your request for coverage of (or payment for) a 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 file an appeal through our website at [www.goldcoasthealthplan.org](http://www.goldcoasthealthplan.org).
- Expedited appeal requests can be made by phone at 1-855-681-7966 (TTY: 711), 24 hours a day, 7 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. Call us at 1-855-681-7966 to learn how to name a representative.

### Plan enrollee information

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Enrollee name: \_\_\_\_\_  
Member ID Number: \_\_\_\_\_ Date of birth (MM/DD/YYYY): \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
City, State, ZIP code: \_\_\_\_\_  
Phone: \_\_\_\_\_

### Prescription & prescriber information

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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?

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☐ **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

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- Attach any additional information you think may help your case, like 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:

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### Representative information

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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 1-855-681-7966.

Representative name: \_\_\_\_\_

Relationship to enrollee: \_\_\_\_\_

Street address: \_\_\_\_\_

City, State, ZIP code: \_\_\_\_\_

Phone: \_\_\_\_\_

### Sign & submit this form

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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:**

Gold Coast Health Plan  
Total Care Advantage (HMO D-SNP)  
Attn: Medicare D Clinical Review  
2900 Ames Crossing Road Suite 200  
Eagan, MN 55121

**Fax Number:**

855-212-8110

# NONDISCRIMINATION NOTICE

Discrimination is against the law. Gold Coast Health Plan Total Care Advantage (HMO D-SNP) follows state and federal civil rights laws. Total Care Advantage does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

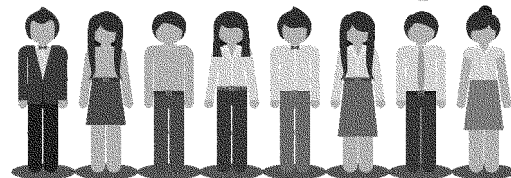
Total Care Advantage provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
  - ✓ Qualified sign language interpreters.
  - ✓ Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Free language services in a timely manner to people whose primary language is not English, such as:
  - ✓ Qualified interpreters.
  - ✓ Information written in other languages.

If you need these services, contact Total Care Advantage by calling **1-888-301-1228**. We are open 8 a.m. to 8 p.m. seven days a week from October 1 through March 31, and 8 a.m. to 8 p.m. Monday through Friday from April 1 through September 30. If you cannot hear or speak well, please call **711**. Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

Total Care Advantage  
711 E. Daily Drive, Suite 106  
Camarillo, CA 93010  
**1-888-301-1228**

If you use a TTY, call **711** (California Relay).



# NONDISCRIMINATION NOTICE

## HOW TO FILE A GRIEVANCE

If you believe that Gold Coast Health Plan Total Care Advantage (HMO D-SNP) has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation, you can file a grievance with Total Care Advantage's Grievance and Appeals Department. You can file a grievance by phone, in writing, in person, or electronically:

### By phone:

Contact Total Care Advantage at **1-888-301-1228**. Or, if you cannot hear or speak well, please call **711**. We are open 8 a.m. to 8 p.m. seven days a week from October 1 through March 31, and 8 a.m. to 8 p.m. Monday through Friday from April 1 through September 30.

### In writing:

Fill out a complaint form or write a letter and send it to:

Total Care Advantage  
Attn: Grievance and Appeals  
P.O. Box 9176  
Oxnard, CA 93031

### In person:

Visit your doctor's office or Total Care Advantage and say you want to file a grievance.

### Electronically:

Visit Total Care Advantage's website at [www.GoldCoastHealthPlan.org](http://www.GoldCoastHealthPlan.org).

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## OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

**By phone:** Call **1-916-440-7370**. If you cannot speak or hear well, please call **711 (Telecommunications Relay Service)**.

**In writing:** Fill out a complaint form or send a letter to:

**Deputy Director, Office of Civil Rights**  
**Department of Health Care Services Office of Civil Rights**  
**P.O. Box 997413, MS 0009**  
**Sacramento, CA 95899-7413**

Complaint forms are available at [http://www.dhcs.ca.gov/Pages/Language\\_Access.aspx](http://www.dhcs.ca.gov/Pages/Language_Access.aspx).

**Electronically:** Send an email to [CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov).

## OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

**By phone:** Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**.

**In writing:** Fill out a complaint form or send a letter to:

**U.S. Department of Health and Human Services**  
**200 Independence Avenue, SW**  
**Room 509F, HHH Building**  
**Washington, D.C. 20201**

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**Electronically:** Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.



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

### English

ATTENTION: If you need help in your language call **1-888-301-1228 (TTY: 711)**. Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1-888-301-1228 (TTY: 711)**. These services are free of charge.

### العربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ **1-888-301-1228 (TTY: 711)**. تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريل والخط الكبير. اتصل بـ **1-888-301-1228 (TTY: 711)**. هذه الخدمات مجانية.

### Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, գանգահարեք **1-888-301-1228 (TTY: 711)**: Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Չանգահարեք **1-888-301-1228 (TTY: 711)**: Այդ ծառայություններն անվճար են:

### ខ្មែរ (Cambodian)

ចំណាំ: បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ **1-888-301-1228 (TTY: 711)** ។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរផុស សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ **1-888-301-1228 (TTY: 711)** ។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

### 繁體中文 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 **1-888-301-1228 (TTY: 711)**。我们另外还提供针对残疾人士的帮助和服务，例如盲文和大字体阅读，提供您方便取用。请致电 **1-888-301-1228 (TTY: 711)**。这些服务都是免费的。

### فارسی (Farsi)

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با **1-888-301-1228 (TTY: 711)** تماس بگیرید. ما خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با **1-888-301-1228 (TTY: 711)** تماس بگیرید این خدمات رایگان ارائه می‌شوند.

### हिंदी (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो **1-888-301-1228 (TTY: 711)** पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। **1-888-301-1228 (TTY: 711)** पर कॉल करें। ये सेवाएं निः शुल्क हैं।

### **Hmoob (Hmong)**

CEEb TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau **1-888-301-1228** (TTY: 711). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau **1-888-301-1228** (TTY: 711). Cov kev pab cuam no yog pab dawb xwb.

### **日本語 (Japanese)**

注意日本語での対応が必要な場合は **1-888-301-1228** (TTY: 711) へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。 **1-888-301-1228** (TTY: 711) へお電話ください。これらのサービスは無料で提供しています。

### **한국어 (Korean)**

유의사항: 귀하의 언어로 도움을 받고 싶으시면 **1-888-301-1228** (TTY: 711) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. **1-888-301-1228** (TTY: 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

### **ພາສາລາວ (Laotian)**

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໃບໂທຫາບ **1-888-301-1228** (TTY: 711). ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທົບທວນສອນມາດຕະຖານໂຕເລກໃຫຍ່ ໃຫ້ໃບໂທຫາບ **1-888-301-1228** (TTY: 711). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

### **Mien**

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux **1-888-301-1228** (TTY: 711). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluc mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx **1-888-301-1228** (TTY: 711). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

### **ਪੰਜਾਬੀ (Punjabi)**

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ **1-888-301-1228** (TTY: 711). ਅਪਾਰਜੇਂ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ **1-888-301-1228** (TTY: 711). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

### **Русский (Russian)**

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру **1-888-301-1228** (линия TTY: 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру **1-888-301-1228** (линия TTY: 711). Такие услуги предоставляются бесплатно.

### **Español (Spanish)**

ATENCIÓN: Si necesita ayuda en su idioma, llame al **1-888-301-1228** (TTY: 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **1-888-301-1228** (TTY: 711). Estos servicios son gratuitos.

### **Tagalog (Filipino)**

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1-888-301-1228** (TTY: **711**). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa **1-888-301-1228** (TTY: **711**). Libre ang mga serbisyong ito.

### **ภาษาไทย (Thai)**

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข **1-888-301-1228** (TTY: **711**) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข **1-888-301-1228** (TTY: **711**) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

### **Українська (Ukrainian)**

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер **1-888-301-1228** (TTY: **711**). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер **1-888-301-1228** (TTY: **711**). Ці послуги безкоштовні.

### **Tiếng Việt (Vietnamese)**

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **1-888-301-1228** (TTY: **711**). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số **1-888-301-1228** (TTY: **711**). Các dịch vụ này đều miễn phí.