

Medicare Part C QIC Reconsiderations Key Plan Organization Contact Form

This contact form is for Medicare Advantage (MA) Organizations, Medicare Cost Plans, Health Care Prepayment Plans (HCPPs) and Program of All-Inclusive Care for the Elderly (PACE) Organizations providing Medicare Part C items, services or Medicare Part B drugs.

Each plan must complete the form below to designate one or two key organizational contact(s) for general appeal-related communications and escalated case-specific concerns. **Plans are strongly encouraged to complete this form directly online via the C2C Part C QIC Website:** <https://www.c2cinc.com/QIC-Part-C>.

Note: For routine case-specific activities, C2C Innovative Solutions, Inc. will communicate with the contact identified in the Part C Reconsideration Background Form for the respective appeal.

If not completed online, please email the completed form to:

PartC-Plan_Liaison@c2cinc.com

PLAN CONTACT INFORMATION	
Contract Number	
Contract Name	
Contract Type	
Mailing Address	
Mail Stop/Suite Number	
City	
State	
Zip Code	
Primary Contact Name	
Primary Contract Phone #, ext.	
Primary Contact Email	
Alternate Contact Name	
Alternate Contact Phone #, ext.	
Alternate Contact Email	
Effective Date of Change (if applicable)	

Submitted by: _____

Date: _____