Sentara® Health Plans

PO Box 66189
Virginia Beach, VA 23466

FILING AN APPEAL FOR COVERAGE OF MEDICAL SERVICES/ITEMS THAT HAVE BEEN DENIED BY SENTARA MEDICARE (HMO)

If your request for coverage or payment for a medical item or service has been denied, you can file an appeal with Sentara Medicare by following the steps below. More information about the Sentara Medicare medical appeal process is included below and also in your Sentara Medicare Evidence of Coverage.

For additional information, you can call the Sentara Medicare Appeals and Complaints Department at 1-855-813-0349 (TTY: 711), Monday through Friday, 8 a.m. to 5 p.m. You can also call Sentara Medicare Member Services toll-free at 1-800-927-6048. TTY users should call 711, October 1 through March 31, 7 days a week from, 8 a.m. to 8 p.m. and April 1 through September 30, Monday through Friday from 8 a.m. to 8 p.m.

To file an appeal, you must do so within **65 calendar days** of the date on the letter about our initial decision. If you're asking for an appeal and missed the deadline, you may ask for an extension and should include your reason for being late.

You can name a relative, friend, attorney, doctor, or someone else to act as your representative. A copy of this document must be sent to us if someone has legal authority, such as a Durable Power of Attorney, or is a court-appointed guardian, etc. To name a relative, family member, friend, attorney, or someone else as your representative, both you and the person you want to act for you must sign and date the Appointment of Representative Form confirming this is what you want. You'll need to mail or fax this statement to us. Keep a copy for your records. You can print this form from the Medicare website at https://www.cms.gov/medicare/cms-forms/cms-forms/downloads/cms1696.pdf

There are 2 kinds of appeals with Sentara Medicare

- A **standard appeal** will be reviewed and you will receive a written decision within **30 days** for medical care/items you have not received and within **7 days** for a Part B drug you have not yet received. Our decision might take longer if you ask for an extension, or if we need more information about your case. We'll tell you if we're taking extra time and will explain why more time is needed If your appeal is for payment of a medical service/item or Part B drug you've already received, we'll give you a written decision within **60 days**.
- A **fast appeal** will be reviewed with a decision given to you within 72 hours after we get your appeal. We'll automatically give you a fast appeal if a doctor asks for one for you or supports your request. For a fast appeal without support from a doctor, we'll decide whether your request requires a fast appeal. If we don't give you a fast appeal, we'll process a standard appeal. You cannot request an expedited appeal if you are asking us to pay you back for a medical service/item or Part B drug you've already received.

How to ask for an appeal with Sentara Medicare

Step 1: You, your representative, or your doctor must ask us for an appeal. Your request must include:

- Your name
- Address
- Member number
- Reasons for appealing
- Whether you want a Standard or Fast Appeal (for a Fast Appeal, explain why you need one).
- Any evidence you want us to review, such as medical records, doctors' letters (such as a doctor's supporting statement if you request a fast appeal), or other information that explains why you need the medical service/item or Part B drug. Contact your doctor if you need this information.

If you're asking for an appeal and missed the deadline, you may ask for an extension and should include your reason for being late. You can ask to see the medical records and other documents we used to make our decision before or during the appeal. You can also ask for a copy of the guidelines we used to make our decision at no cost to you.

Step 2: Submit your appeal by mail, phone, fax, or online.

For a Standard Appeal:

Mailing Address:	In-Person Delivery Address:
Sentara Medicare	Sentara Medicare
Appeals Department	Appeals Department
PO Box 62876	1300 Sentara Park
Virginia Beach, VA 23466.	Virginia Beach, VA 23464
[Phone:1-855-813-0349	TTY Users Call: 711
Monday through Friday	Monday through Friday
8am to 5pm	8am to 5pm

Fax: 1-800-289-4970
Online: sentaramedicare.com/members

If you ask for a standard appeal by phone, we will send you a letter confirming what you told us.

For a Fast Appeal: Phone: 1-855-813-0349 TTY Users Call: 711
Fax: 1-800-289-4970 Online:sentaramedicare.com/members

If you have difficulty in obtaining information from your provider, please contact the Appeals Department for assistance at one of the above phone numbers.

Get help & more information

- **Sentara Medicare** Toll Free: 1-800-927-6048 TTY users call: 711
  We are open October 1 to March 31, 7 days per week, 8 a.m. to 8 p.m. and from April 1 to September 30, Monday through Friday, 8 a.m. to 8 p.m. After business hours and on weekends and holidays, our automated phone system will answer your call or sentaramedicare.com/members
- **Medicare:** 1-800-MEDICARE (1-800-633-4227). TTY users call: 1-877-486-2048
- **Medicare Rights Center:** 1-888-HMO-9050
- **Elder Care Locator:** 1-800-677-1116 or Eldercare.acl.gov/Public/Index.aspx to find help in your community.
- **State Health Insurance Program**: call your State Health Insurance Assistance Program for free, personalized health insurance counseling. Visit SHIPhelp.org or call 1-877-839-2675 to get the number for your local SHIP.

If you wish to obtain information on the number of appeals and grievances Sentara Medicare has received, please contact the Appeals and Complaints Department at 1-855-813-0349 (TTY: 711), Monday through Friday, 8 a.m. to 5 p.m.

Get information in another format

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit Medicare.gov/about-us/accessibility-nondiscrimination-notice, or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0829. This information collection is for the notice Medicare health plans must provide when a request for either a medical service or payment is denied, in whole or in part. The time required to complete this information collection is estimated to average less than 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection is mandatory under Section 1852(g)(1)(B) of the Act and the regulatory authority set forth in Subpart M of Part 422 at 42 CFR 422.568, 422.572, 417.600(b), and 417.840. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.