



PO Box 66189
Virginia Beach, VA 23466

**FILING AN APPEAL FOR COVERAGE OF MEDICAL CARE THAT HAS BEEN DENIED BY
SENTARA COMMUNITY COMPLETE (HMO D-SNP) OR
SENTARA COMMUNITY COMPLETE SELECT(HMO D-SNP)**

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 completing and returning the Sentara Community Complete (HMO D-SNP) and Sentara Community Complete Select (HMO D-SNP) Medical Care Appeal Request Form below. More information about the Sentara Medicare medical appeal process is included below and also in your Sentara Community Complete (HMO D-SNP) and Sentara Community Complete Select (HMO D-SNP) Evidence of Coverage.

For additional information, you can call the Sentara Medicare Appeals and Grievances Department at 1-855-813-0349, Monday through Friday from 8 a.m. to 5 p.m. You can also call Member Services toll-free at 1-800-927-6048. TTY users should call the Virginia Relay Service at 1-800-828-1140 or 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 60 days of the date on the letter about our initial decision. We may give you more time if you have a good reason for missing this deadline.

If you need someone to act on your behalf to file an appeal, that person must either have legal authority or be appointed as a designated representative. If someone has legal authority, such as a Durable Power of Attorney or is a court appointed guardian, etc., a copy of this legal document must be sent to us. To have a relative, friend, attorney, doctor, or someone else be appointed as your designated representative, both you and this person must complete, sign, and return the Appointment of Representative Form. You can print this form from the Medicare website at cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms1696.pdf.

A **standard appeal** will be reviewed and a decision made within 30 calendar days of the date your appeal is received for medical care you have not received and within 60 days for care you have already received.

Please mail or fax the completed Sentara Community Complete (HMO D-SNP) and Sentara Community Complete Select (HMO D-SNP) Medical Care Appeal Request Form (or a letter explaining why you think the Plan's decision was incorrect), legal representation documentation or Appointment of Representative Form (if either is needed), and any additional information about your appeal to:

SENTARA MEDICARE
APPEALS AND GRIEVANCES DEPARTMENT
PO Box 62876
Virginia Beach, VA 23466
OR
Fax: 1-800-289-4970

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Sentara Community Complete (HMO D-SNP) Appeals

Sentara Community Complete Select (HMO D-SNP) Appeals

There is other important information about filing an appeal in the Notice of Denial of Medical Coverage or Notice of Denial of Payment about the service or payment that was denied by Sentara Medicare. Please be sure to read this information carefully. In some situations, you may have additional appeals rights.

You, your doctor or your representative can decide if you need to file a **fast appeal** for care you have not received yet. **Call us** at the phone numbers above to file a fast appeal. If your doctor calls us or provides a written statement to us to explain that you need a fast appeal due to your health, we will automatically give you a fast decision within 72 hours. If you file a fast appeal without support from a doctor, we will decide if your health requires a fast decision.

With your appeal request, you or your doctor should also send us any information we did not have when we made our initial decision on your request for coverage for a medical item or service such as:

- Office notes from physicians that you have seen regarding the services or procedures in question;
- Medical records from hospitals and other health care providers;
- Physician correspondence;
- Physical, occupational, or rehabilitative therapy notes;
- Copies of bills you have received;
- Any additional information you would like the Plan to consider in reviewing your appeal.

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

For more information and help in handling an appeal, you can contact Medicare.

- You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
- You can visit the Medicare website (medicare.gov).

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.



SENTARA MEDICARE
APPEALS DEPARTMENT
PO Box 62876
Virginia Beach, Virginia
23466

**SENTARA COMMUNITY COMPLETE (HMO D-SNP) and
SENTARA COMMUNITY COMPLETE SELECT (HMO D-SNP),
MEDICAL CARE APPEAL REQUEST FORM**

Today's Date: _____

Member ID # _____ Group Number: _____ Name of Plan: _____

Member's Name: _____

Address: _____

Home#: _____ Work #: _____

Date(s) of Service: _____ Provider/Facility: _____

Please clearly describe the circumstances regarding your request for an appeal of coverage or payment for a medical item or service that we denied. Use additional paper, if needed.

SIGNATURE

DATE



Multi-Language Insert Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-927-6048 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-927-6048. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-927-6048。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-927-6048。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-927-6048. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-927-6048. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-927-6048 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-927-6048. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-927-6048 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-927-6048. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-927-6048. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-927-6048 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-927-6048. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-927-6048. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-927-6048. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-927-6048. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-927-6048 にお電話ください。日本語を話す人が支援いたします。これは無料のサービスです。



Notice Informing Individuals About Nondiscrimination and Accessibility Requirements

Discrimination is Against the Law

Sentara Medicare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Sentara Medicare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Sentara Medicare:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages
- If you need these services, contact:
 - Sentara Medicare Member Services
 - PO Box 66189, Virginia Beach, VA 23466
 - 757-552-7401 or toll free 1-877-552-7401
 - TTY Relay 1-800-828-1140 or 711

If you believe that Sentara Medicare has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, or sex, you can file a grievance with:

Sentara Medicare
1557 Coordinator/Compliance
PO Box 66189
Virginia Beach, VA 23466
757-552-7485

You can file a grievance in person or by mail. If you need help filing a grievance, please contact the 1557 Coordinator at the information listed above.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at hhs.gov/ocr/office/file/index.html.

If you are visually impaired and need large print or other assistance to view this document, please contact us at 1-855-687-6260.