Sentara Health Plans
PO Box 66189
Virginia Beach, VA 23466

Medicare and Medicaid Working Together

FILING AN APPEAL FOR COVERAGE OF MEDICAL SERVICES/ITEMS THAT HAVE BEEN DENIED BY SENTARA COMMUNITY COMPLETE (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 Community Complete by following the steps below. More information about the Sentara Community Complete medical appeal process is included below and also in your Sentara Community Complete Evidence of Coverage.

For additional information, you can call the Sentara Community Complete 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 Community Complete Member Services at 1-866-650-1274. 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 Community Complete

- A **standard appeal** will be reviewed and you will receive a written decision within **30 calendar days** for medical care/items you have not received and within **7 calendar 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**.

- If you ask for a fast appeal, our plan will give you a decision within **72 hours** after we get your appeal. You can ask for a fast appeal if you or your doctor believe your health could be seriously harmed by waiting for a decision under the standard appeal timeframes, 7 calendar days for a Part B drug or 30 calendar days for medical care/items. Our plan will automatically give you a fast appeal if your doctor asks for one for you or if your doctor supports your request. If you ask for a fast appeal without support from a doctor, our plan will decide if you can get a fast appeal. If our plan doesn't approve a fast appeal, we'll give you a standard appeal.

How to ask for an appeal with Sentara Community Complete

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. Call 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. We recommend keeping a copy of everything you send us for your records. You can ask to see the medical records and other documents we used to make our decision before or during the appeal. At no cost to you, you can also ask for a copy of the guidelines we used to make our decision.

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

For a Standard Appeal:

Mailing Address:
Sentara Medicare
Appeals Department
PO Box 62876
Virginia Beach, VA 23466
Phone:1-855-813-0349
Monday through Friday
8am to 5pm

In-Person Delivery Address:
Sentara Medicare
Appeals Department
1300 Sentara Park
Virginia Beach, VA 23464
TTY Users Call: 711
Monday through Friday
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 Community Complete** Toll Free: 1-866-650-1274 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 www.eldercare.acl.gov 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 Community Complete 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.