



Request for Redetermination of Medicare Prescription Drug Denial

Because we, Virginia Premier, 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. You have 60 days from the date of our Notice of Denial of Medicare Prescription Drug Coverage to ask us for a redetermination. This form may be sent to us by mail or fax:

Address:

Virginia Premier Health Plan, Inc.
Grievances & Appeals
PO Box 5244
Richmond, VA 23220

Fax Number:

800-289-4970

You may also ask us for an appeal through our website at www.vapremier.com/. Expedited appeal requests can be made by phone at 1-877-739-1370 TTY: 711 Monday – Friday 8:00 a.m. – 8:00 p.m.

Who May Make a Request: Your prescriber may ask us for an appeal on your behalf. If you want another individual (such as a family member or friend) to request an appeal for you, that individual must be your representative. Contact us to learn how to name a representative.

Enrollee’s Information

Enrollee’s Name _____ Date of Birth _____
Enrollee’s Address _____
City _____ State _____ Zip Code _____
Phone _____
Enrollee’s Plan ID Number _____

Complete the following section ONLY if the person making this request is not the enrollee:

Requestor’s Name _____
Requestor’s Relationship to Enrollee _____
Address _____
City _____ State _____ Zip Code _____
Phone _____

Representation documentation for appeal requests made by someone other than enrollee or the enrollee’s prescriber:

Attach documentation showing the authority to represent the enrollee (a completed Authorization of Representation Form CMS-1696 or a written equivalent) if it was not submitted at the coverage determination level. For more information on appointing a representative, contact your plan or 1-800-Medicare.

Prescription drug you are requesting:

Name of drug: _____ Strength/quantity/dose: _____

Have you purchased the drug pending appeal? Yes No

Are you requesting reimbursement of the drug pending appeal? Yes No

If "Yes":

Date purchased: _____ Amount paid: \$ _____ (attach copy of receipt)

Name and telephone number of pharmacy: _____

Prescriber's Information

Name _____

Address _____

City _____ State _____ Zip Code _____

Office Phone _____ Fax _____

Office Contact Person _____

Important Note: Expedited Decisions

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 you or your prescriber indicates that waiting 7 days could seriously harm your health, we will automatically give you a decision within 72 hours. If you do not obtain your prescriber's support for an expedited appeal, we will decide if your case requires a fast decision. You cannot request an expedited appeal if you are asking us to pay you back for a drug you already received.

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).

Please explain your reasons for appealing. Attach additional pages, if necessary. Attach any additional information you believe may help your case, such as a statement from your prescriber and relevant medical records. You may want to refer to the explanation we provided in the Notice of Denial of Medicare Prescription Drug Coverage.



Signature of person requesting the appeal (the enrollee, or the enrollee’s prescriber or representative):

_____ **Date:** _____

Virginia Premier is an HMO and HMO SNP organization with a Medicare contract. Enrollment in any Virginia Premier plan depends on contract renewal.

From October 1 to February 14, we are open daily from 8:00 am to 8:00 pm, 7 days a week, excluding certain holidays. On weekends and certain holidays from February 15 to September 30, your call will be handled by our automated phone system.

Virginia Premier Health Plan, Inc. is a fully-owned subsidiary of VCU Health.



Notice of Non-Discrimination

Virginia Premier Health Plan, Inc. (Virginia Premier) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Virginia Premier does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Virginia Premier:

- 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 Natasha Byrd, Grievances & Appeals Manager.

If you believe that Virginia Premier has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Natasha Byrd, Grievances & Appeals Manager

P.O. Box 5244

Richmond, VA 23220

1-877-739-1370, TTY: 711

Fax: 1-877-739-1370

grievancesandappeals@vapremier.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Natasha Byrd, Grievances & Appeals Manager is available to help you.

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

<https://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, 800-537-7697 (TDD)

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

Multi-Language Insert
Multi-Language Interpreter Services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-739-1370 (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-739-1370 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
1-877-739-1370 (TTY: 711) 번으로 전화해주시요.

CHÚ Ý: Nếu bạn nói Tiếng Việt, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Xin gọi số 1-877-739-1370 (TTY: 711).

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-877-739-1370 (TTY: 711)。

ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-739-1370 (الهاتف النصي) :71ZZ.

PAUNAWA: Kung nagsasalita ka ng Tagalog, may mga magagamit kang libreng serbisyo ng tulong sa wika. Tumawag sa 1-877-739-1370 (TTY: 711).

توجه: اگر به زبان فارسی صحبت می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با شماره 1-877-739-1370 (TTY: 711) تماس بگیرید.

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-877-739-1370 (መስማት ለተሳናቸው: 711)።

توجه دیں: اگر آپ اردو بولتے ہیں تو، زبان سے متعلق اعانت کی خدمات، آپ کے لیے مفت دستیاب ہے۔
1-877-739-1370 (TTY: 711) پر کال کریں۔

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-739-1370 (ATS: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-739-1370 (линия ТТТ: 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।
1-877-739-1370 (TTY: 711) पर कॉल करें।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-739-1370 (TTY: 711).

মনোযোগ দিন: আপনি যদি বাংলাতে কথা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে।



VirginiaPremier™

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ফোন করুন 1-877-739-1370 (TTY: 711)।

YI LE: I balè u pot tila hop won ngim bod i kobol mahop i la hola wè ni hop won, u saa béé to yom. Sébél 1-877-739-1370 (TTY: 711).

GENU NTI: Ọ buru na ina asu asusu Igbo, enyemaka na-ahazi asusu, bu n'efu, diri gi mgbe niile. Kpoo nomba ndi a 1-877-739-1370 (TTY: 711).

AKIYESI: Bi o ba nsọ èdè Yorùbá, ọfé ni iranlọwọ lori èdè wa fun yin. Ẹ pe ẹrọ-ibanisọrọ yi 1-877-739-1370 (TTY: 711).