10181 Scripps Gateway Court San Diego, CA 92131
(888) 807-6806 (TTY: 711) www.mp.medimpact.com

Request for Redetermination of Medicare Prescription Drug Denial

Because we, <VillageCareMAX Medicare Health Advantage *or* VillageCareMAX Medicare Total Advantage> (HMO D-SNP), 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: MedImpact Healthcare Systems, Inc.
Attn: Appeals/Grievance Department
10181 Scripps Gateway Ct
San Diego, CA 92131

Fax: 1-858-790-6060

You may also ask us for an appeal through our website at www.mp.medimpact.com. Expedited appeal requests can be made by phone at 1-888-807-6806 (TTY: 711).

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 _____

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

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 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:** _____

VillageCareMAX is an HMO plan with Medicare and New York State Medicaid contracts. Enrollment in VillageCareMAX depends on contract renewal.

[Insert if Plan is VillageCareMAX Medicare Total Advantage Plan]
The State of New York has created an Ombudsman Program called the Independent Consumer Advocacy Network (ICAN) to provide members free, confidential assistance on any services offered by VillageCareMAX Medicare Total Advantage. You can also get information on member rights, grievances (complaints) and appeals. ICAN may be reached toll-free at 1-844-614-8800 or online at www.icannys.org (TTY users call 711, then follow the prompts to dial 844-614-8800.)

NOTICE OF NON-DISCRIMINATION

VillageCareMAX complies with Federal civil rights laws. **VillageCareMAX** does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

VillageCareMAX provides the following:

- 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)
- Free language services to people whose first language is not English, such as:
    - Qualified interpreters
    - Information written in other languages

If you need these services, contact **VillageCareMAX** Member Services Department at 1-800- 469-6292. For TTY/TDD services, call 711.

If you believe that **VillageCareMAX** has not given these services or treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with **VillageCareMAX** by:

Mail:	112 Charles Street, New York, NY 10014
Phone:	1-800-469-6292, TTY 711
Fax:	347-226-5181
In person:	112 Charles Street, New York, NY 10014
Email:	complaints@villagecare.org

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 by:

Web:	Office of Civil Rights Complaint Portal at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
Mail:	U.S. Department of Health and Human Services 200 Independence Avenue, SW, Room 509F, HHH Building Washington, D.C. 20201 Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.
Phone:	1-800-368-1019, 800-537-7697 (TDD)

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-800-469-6292; TTY/TDD: 711.	English
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-469-6292; TTY/TDD 711.	Spanish
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 1-800-469-6292; TTY/TDD 711.	Chinese
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-469-6292 رقم هاتف الصم والبكم 711	Arabic
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 번으로 전화해 주십시오 1-800-469-6292; TTY/TDD 711.	Korean
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните1-800-469-6292 (телетайп: TTY/TDD 711).	Russian
ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-469-6292;TTY/TDD 711.	Italian
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-469-6292; TTY/TDD 711.	French
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-469-6292; TTY/TDD 711.	French Creole
אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אײַך שפראך הילף סערוויסעס פרײַ פון 1-800-469-6292 ; TTY/TDD 711 אפצאל. רופט.	Yiddish
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-469-6292; TTY/TDD 711.	Polish
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-469-6292 /TTY/TDD 711.	Tagalog
লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১1-800-469-6292 TTY/TDD 711.	Bengali
KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-469-6292 TTY/TDD 711.	Albanian
ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-469-6292 TTY/TDD 711.	Greek
خبردار: اگر آپ اردو بولتے ہیں تو آپکو زبان کی مدد کی خدمات مفت میں دستیاب ہیں کال کریں 1-800-469-6292; TTY/TDD 711.	Urdu