

## Request for Redetermination of Medicare Prescription Drug Denial

Because we Kaiser Foundation Health Plan 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:  
Kaiser Permanente  
Attn: Regional Appeals Office

Fax Number:  
1-808-432-5260

711 Kapiolani Blvd.  
Honolulu HI 96813

You may also ask us for an appeal through our website at [kp.org/seniorrx](http://kp.org/seniorrx). Expedited appeal requests can be made by phone at Standard: **1-800-805-2739**. Expedited: **1-866-233-2851** or **1-808-432-7503**.

**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 Member 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

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 and have your prescriber address the Plan's coverage criteria, if available, as stated in the Plan's denial letter or in other Plan documents. Input from your prescriber will be needed to explain why you cannot meet the Plan's coverage criteria and/or why the drugs required by the Plan are not medically appropriate for you.

---

---

---

**Signature of person requesting the appeal (the enrollee or the representative):**

\_\_\_\_\_ **Date:** \_\_\_\_\_

# Notice of Nondiscrimination

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

We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters.
  - Written information in other formats, such as large print, audio, and accessible electronic formats.
- Provide no cost language services to people whose primary language is not English, such as:
  - Qualified interpreters.
  - Information written in other languages.

If you need these services, call Member Services at **1-800-805-2739** (TTY **711**), 8 a.m. to 8 p.m., seven days a week.

If you believe that Kaiser Permanente 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 our Civil Rights Coordinator by writing to 711 Kapiolani Blvd, Honolulu, HI 96813 or calling Member Services at the number listed above. You can file a grievance by mail or phone. If you need help filing a grievance, our Civil Rights Coordinator 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, DC 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

**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 **1-800-805-2739** (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 **1-800-805-2739** (TTY 711). 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 **1-800-805-2739** (TTY 711)。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 **1-800-805-2739** (TTY 711)。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 **1-800-805-2739** (TTY 711). 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 **1-800-805-2739** (TTY 711). 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 **1-800-805-2739** (TTY 711), 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 **1-800-805-2739** (TTY 711). 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 **1-800-805-2739 (TTY 711)**. 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 **1-800-805-2739 (TTY 711)**. 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 **1-800-805-2739 (TTY 711)**. 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 **1-800-805-2739 (TTY 711)** 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 **1-800-805-2739 (TTY 711)**. Un nostro incaricato che parla Italiano 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 **1-800-805-2739 (TTY 711)**. 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 **1-800-805-2739 (TTY 711)**. 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 **1-800-805-2739 (TTY 711)**. 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、**1-800-805-2739 (TTY 711)**にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

**Tongan:** 'Oku 'i ai 'emau sēvesi fakatonu lea ta'etotongi ke ne ala tali ha'o ngaahi fehu'i fekau'aki mo 'emau palani mo'ui lelei pe faito'ó. Te ke ma'u ha tokotaha fakatonulea 'i ha'o fetu'utaki ki he **1-800-805-2739** (TTY **711**). 'E 'i ai ha tokotaha 'oku lea Faka-Pilitānia ke ne tokoni'i koe. Ko e sēvesi ta'etotongi eni.

**Ilocano:** Addaankami kadagiti libre a serbisio ti mangitarus tapno sungbatan ti aniaman a saludsod nga addaan ka maipapan ti plano iti salun-at wenno agasmi. Tapno mangala ti mangitarus, maidawat a tawagannakam iti **1-800-805-2739** (TTY **711**). Maysa a tao nga agsasao iti Ilocano ti makatulong kenka. Daytoy ket libre a serbisio.

**Pohnpeian:** Mie sahpis ni soh isepe oang kawehwe peidek kan me komwi sohte wehwehki oang palien roson mwahu de wasa me pwain kohdahn wini. Komwi en kak iang alehdi sawas wet, komw telepwohndo reht ni **1-800-805-2739** (TTY **711**). Mie me kak Lokaiahn Pohnpei me pahn seweseiuk. Sawas wet sohte isepe.

**Samoaan:** E iai a matou auaunaga faaliliuupu e tali i soo sau fesili e uiga i lou soifua maloloina poo fuafuaga o vailaau. A fia maua se faaliliuupu, na'ó lou valaau mai lava ia matou i le **1-800-805-2739** (TTY **711**). O le fesoasoani atu se tasi e tautala Gagana Samoa. E le totogia lea auaunaga.

**Laotian:**

ພວກເຮົາມີບໍລິການລ່າມແປພາສາພຣີເພື່ອຕອບຄໍາຖາມຕ່າງໆທີ່ທ່ານອາດຈະມີກ່ຽວກັບແຜນສຸຂະພາບ ຫຼື ແຜນຢາຂອງພວກເຮົາ. ເພື່ອຂໍລ່າມແປພາສາ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ເບີ **1-800-805-2739** (TTY **711**). ຄົນທີ່ເວົ້າພາສາລາວສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ເປັນບໍລິການພຣີ.

**Bisayan:** Duna mi'y libreng serbisyo sa tig-interpret aron motubag sa bisan unsa nimong mga pangutana mahitungod sa imong panglawas o plan sa tambal. Aron mokuha og tig-interpret, tawagi lang mi sa **1-800-805-2739** (TTY **711**). Ang usa ka tawo nga nagsulti og Pinulongan makatabang kanimo. Kini usa ka libreng serbisyo.

**Marshallese:** Ewor ad jermal in ukok ko ñan uak jabdewōt kajitok emaroñ in wōt am ikijen bŭlāān in ājmour ako uno ko rekajur. Ñan bukot juon riukok, kurtok kij ilo **1-1-800-805-2739** (TTY **711**). Juon armij ej kajiton Kajin eo ñan jibañ eok. Ejelok onean jermal in.

**Hawaiian:** Inā kekahi mau nīnau nāu e pili ana i kā mākou papahana 'inikua mālama olakino a i 'ole ka 'inikua lā'au kuhikuhi, loa'a ia pū ke kōkua unuhi manuahi i ka 'ōlelo Hawai'i. Inā makemake 'oe i kēia kōkua, e 'olu'olu ke kelepona mai iā mākou i ka helu **1-800-805-2739** (TTY **711**). no ka wala'au 'ana e pili ana i kēia mau papahana i ka 'ōlelo Hawai'i. Eia la ke kōkua manuahi.

**Chuukese:** Mi kawor aninisin chiaku ika awewen kapas ika epwe wor omw kapas eis fan iten ach kei okot ren pekin manaw me sefei. Ika ke mochen nōunōu emon chon chiaku, kopwe kori kich ren en namba **1-800-805-2739** (TTY **711**). Emon aramas mi sine Chuuk mi tongeni anisuk. Ei aninis ese kamo.

## NONDISCRIMINATION NOTICE

Kaiser Permanente complies with applicable Federal civil rights laws and does not discriminate, exclude people, or treat people differently because of:

- Race
- National Origin
- Disability
- Color
- Age
- Sex

Kaiser Permanente 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)

Kaiser Permanente 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 **808-432-5330**, toll-free **1-800-651-2237** or by TTY **711**

If you believe that Kaiser Permanente has failed to provide these services or discriminated in another way, you can file a grievance with: Kaiser Civil Rights Coordinator, 711 Kapiolani Blvd., Honolulu, HI 96813. Phone: **808-432-5330** or toll-free **1-800-651-2237**; TTY: **711**; Fax: **808-432-5300** ; Email: [civil-rights-coordinator@kp.org](mailto:civil-rights-coordinator@kp.org).

You can file a grievance in person or by mail or fax. If you need help filing a grievance, the Kaiser Civil Rights Coordinator is available to help you.

You can also file a grievance 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**, **1-800-537-7697** (TDD)  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## HELP IN YOUR LANGUAGE

<p><b>(English)</b> Do you need help in another language? We will get you a free interpreter. Call <b>1-800-651-2237</b> to tell us which language you speak. (TTY: <b>711</b>).</p>
<p><b>(Cantonese)</b> 您需要其它語言嗎? 如有需要, 請致電 <b>1-800-651-2237</b>, 我們會提供免費翻譯服務 (TTY: <b>711</b>).</p>
<p><b>(Chuukese)</b> En mi niit alilis lon pwal eu kapas? Sipwe angei emon chon chiaku ngonuk ese kamo. Kokori <b>1-800-651-2237</b> omw kopwe ureni kich meni kapas ka ani. (TTY: <b>711</b>).</p>
<p><b>(French)</b> Avez-vous besoin d'aide dans une autre langue? Nous pouvons vous fournir gratuitement des services d'un interprète. Appelez le <b>1-800-651-2237</b> pour nous indiquer quelle langue vous parlez. (TTY: <b>711</b>).</p>
<p><b>(German)</b> Brauchen Sie Hilfe in einer anderen Sprache? Wir koennen Ihnen gern einen kostenlosen Dolmetscher besorgen. Bitte rufen Sie uns an unter <b>1-800-651-2237</b> und sagen Sie uns Bescheid, welche Sprache Sie sprechen. (TTY: <b>711</b>).</p>
<p><b>(Hawaiian)</b> Makemake `oe i kokua i pili kekahi `olelo o na `aina `e? Makemake la maua i ki`i `oe mea unuhi manuahi. E kelepona <b>1-800-651-2237</b> `oe ia la kua a e ha`ina `oe ia la maua mea `olelo o na `aina `e. (TTY: <b>711</b>).</p>
<p><b>(Ilocano)</b> Masapulyo kadi ti tulong iti sabali a pagsasao? Ikkandakayo iti libre nga paraipatarus. Awaganyo ti <b>1-800-651-2237</b> tapno ibagayo kadakami no ania ti pagsasao nga ar-aramatenyo. (TTY: <b>711</b>).</p>
<p><b>(Japanese)</b> 貴方は、他の言語に、助けを必要としていますか? 私たちは、貴方のために、無料で通訳を用意できます。電話番号の、<b>1-800-651-2237</b> に、電話して、私たちに貴方の話されている言語を申し出てください。 (TTY: <b>711</b>).</p>
<p><b>(Korean)</b> 다른언어로 도움이 필요하십니까? 저희가 무료로 통역을 제공합니다. <b>1-800-651-2237</b> 로 전화해서 사용하는 언어를 알려주십시오 (TTY: <b>711</b>).</p>
<p><b>(Mandarin)</b> 您需要其它语言吗? 如有需要,请致电 <b>1-800-651-2237</b>, 我们会提供免费翻译服务 (TTY: <b>711</b>).</p>
<p><b>(Marshallese)</b> Kwoj aikuij ke jiban kin juon bar kajin? Kim naj lewaj juon am dri ukok eo ejjelok wonen. Kirtok <b>1-800-651-2237</b> im kwalok non kim kajin ta eo kwo melele im kenono kake. (TTY: <b>711</b>).</p>
<p><b>(Samoan)</b> E te mana'omia se fesoasoani i se isi gagana? Matou te fesoasoani e ave atu fua se faaliliu upu mo oe. Vili mai i le numera lea <b>1-800-651-2237</b> pea e mana'omia se fesoasoani mo se faaliliu upu. (TTY: <b>711</b>).</p>
<p><b>(Spanish)</b> ¿Necesita ayuda en otro idioma? Nosotros le ayudaremos a conseguir un intérprete gratuito. Llame al <b>1-800-651-2237</b> y díganos que idioma habla. (TTY: <b>711</b>).</p>
<p><b>(Tagalog)</b> Kailangan ba ninyo ng tulong sa ibang lengguwahe? Ikukuha namin kayo ng libreng tagasalin. Tumawag sa <b>1-800-651-2237</b> para sabihin kung anong lengguwahe ang nais ninyong gamitin. (TTY: <b>711</b>).</p>
<p><b>(Tongan)</b> 'Oku ke fiema'u tokoni 'iha lea makehe? Te mau malava 'o 'oatu ha fakatonulea ta'etotongi. Telefoni ki he <b>1-800-651-2237</b> 'o fakaha mai pe koe ha 'ae lea fakafonua 'oku ke ngaue'aki. (TTY: <b>711</b>).</p>
<p><b>(Vietnamese)</b> Bạn có cần giúp đỡ bằng ngôn ngữ khác không? Chúng tôi sẽ yêu cầu một người thông dịch viên miễn phí cho bạn. Gọi <b>1-800-651-2237</b> nói cho chúng tôi biết bạn dùng ngôn ngữ nào. (TTY: <b>711</b>).</p>
<p><b>(Visayan)</b> Gakinahanglan ka ba ug tabang sa imong pinulongan? Amo kang mahatagan ug libre nga maghuhubad. Tawag sa <b>1-800-651-2237</b> aron magpahibalo kung unsa ang imong sinulti-han. (TTY: <b>711</b>).</p>