Request for Redetermination of Medicare Prescription Drug Denial

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. **Use this form to appeal this decision.**

- You may ask for an appeal within 65 days of the date of our Notice of Denial of Medicare Prescription Drug Coverage.
- You can also file an appeal through our website at **kp.org/seniorrx**.
- Expedited appeal requests can be made by phone at **1-888-775-7003**.

Your prescriber can ask us for an appeal on your behalf. If you want another person (like a family member or friend) to file an appeal for you, that person must be your representative. Call us at **1-888-775-7003** to learn how to name a representative.

Plan enrollee information

Enrollee name: _____

Member ID Number:_____ Date of birth (MM/DD/YYYY): _____

Mailing address: _____

City, State, ZIP code: _____

Phone: _____

Prescription & prescriber information

Name of drug you asked for: _____

Strength/quantity/dose:_____

Prescriber name: _____

Office address: _____

City, State, ZIP code: _____

Office phone:_____ Office fax:_____

Office contact person:_____

Did you already purchase this drug? ☐ Yes ☐ No

If YES:

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

Pharmacy name: _____

Pharmacy phone number:_____

Do you need an expedited (fast) decision?

☐ **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.

- 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'll automatically give you a decision within 72 hours. You can't ask for an expedited appeal if you're asking us to pay you back for a drug you already got.
- If you don't get your prescriber's support for an expedited appeal, we'll decide if your case requires a fast decision.

Explain why you think this drug should be covered

- Attach any additional information you think may help your case, like statement from your prescriber or medical records.
- Include a copy of the Notice of Denial of Medicare Prescription Drug Coverage
- Your prescriber will need to explain why you can't meet our plan's coverage rules and/or why the drugs required by the plan aren't medically appropriate for you.
- Other information we should consider: _____

  _____

Representative information

Complete this section ONLY if the person making this request is not the enrollee or the enrollee's prescriber. You must attach documentation showing your authority to represent the enrollee (like a completed Form CMS-1696 or a written equivalent) if it wasn't submitted at the coverage determination level. For more information on appointing a representative, Call us at **1-888-775-7003**.

Representative name: _____

Relationship to enrollee: _____

Street address: _____

City, State, ZIP code: _____

Phone: _____

Sign & submit this form

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

Signature: _____ Date: _____

Fax or mail your completed form and any supporting information to:

Address:
Kaiser Permanente
10315 Professional Circle
Reno NV 89521-4802

Fax Number:
1-866-635-9961

Nondiscrimination Notice

In this document, “we”, “us”, or “our” means Kaiser Permanente (Kaiser Foundation Health Plan of Nevada, Kaiser Insurance Company of Nevada, and Kaiser Permanente Medical Group of Nevada). This notice is available on our website at **kp.org**.

We do not discriminate, exclude people, or treat them differently because of age, race, color, national origin, ancestry, religion, sex, gender, gender identity, gender expression, sexual orientation, marital status, physical or mental disability, or medical condition.

Kaiser Permanente provides the following services in a timely manner:

- No-cost aids and services to people with disabilities to help them communicate better with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (braille, large print, audio, accessible electronic formats, and other formats)
- 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 our Member Services department at the numbers below. The call is free. Member services is closed on major holidays.

- Medicare, including D-SNP: **1-888-775-7003 or 775-982-3112** (TTY **711**), Monday through Friday, 7:00 a.m. to 8:00 p.m.
- All others: **1-855-937-5768** (TTY **711**), Monday through Friday, 7:00 a.m. to 8:00 p.m.

Upon request, this document can be made available to you in braille, large print, audio, or electronic formats. To obtain a copy in one of these alternative formats, or another format, call our Member Services department and ask for the format you need.

How to file a grievance with Kaiser Permanente

You can file a discrimination grievance with us if you believe we have failed to provide these services or discriminated against you in another way. You can file a grievance by phone, by mail, or online. You can call Member Services for more information on the options that apply to you, or for help filing a grievance. You may file a discrimination grievance in the following ways:

- **By phone:** Call our Member Services department. Phone numbers are listed above.
- **Online:** Use the online form on our website at **kp.org**

You may also contact the Kaiser Permanente Civil Rights Coordinator directly at the addresses below:

Attn: Kaiser Permanente Civil Rights Coordinator
Member Relations Grievance Operations
10315 Professional Circle
Reno, Nevada 89521

How to file a grievance with the U.S. Department of Health and Human Services Office of Civil Rights

You can file a discrimination complaint with the U.S. Department of Health and Human Services Office for Civil Rights. You can file your complaint in writing, by phone, or online:

- **By phone:** Call **1-800-368-1019** (TTY **711** or **1-800-537-7697**)
- **By mail:** Fill out a complaint form or send a letter to:

  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:
  https://www.hhs.gov/ocr/office/file/index.html

- **Online:** Visit the Office of Civil Rights Complaint Portal at:
  https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf

Notice of Language Assistance

English: ATTENTION. Timely language assistance is available at no cost to you. You can ask for interpreters, including sign language, or translated materials. You can also ask for materials in alternative formats, such as braille, audio, or large print. You can request auxiliary aids and devices at our facilities. Call our Member Services department for help. Member Services is closed on major holidays.

- Medicare, including D-SNP: **1-888-775-7003 or 775-982-3112** (TTY **711**), Monday through Friday, 7:00 a.m. to 8:00 p.m.
- All others: **1-855-937-5768** (TTY **711**), Monday through Friday, 7:00 a.m. to 8:00 p.m.

Arabic: تنبيه. المساعدة اللغوية متوفرة من دون أن تتحمل أي تكلفة. يمكنك طلب توفير مترجمين شفهيين، بما يشمل لغة الإشارة أو الحصول على وثائق مترجمة. يمكنك أيضًا طلب وثائق بصيغ بديلة، مثل طريقة برايل للمكفوفين أو ملف صوتي أو الطباعة بأحرف كبيرة. يمكنك طلب وسائل مساعدة وأجهزة مساعدة في منشآتنا. اتصل بقسم خدمات الأعضاء لدينا للحصول على المساعدة. يغلق قسم خدمات الأعضاء (Member Services) أبوابه في أيام العطلات الرئيسية.

- يمكن الاتصال ببرنامج Medicare، ويشمل ذلك D-SNP: **1-888-775-7003** أو **775-982-3112** (خدمة الهاتف النصي (TTY **711**))، من الاثنين إلى الجمعة، من 7:00 صباحًا إلى 8:00 مساء
- جميع البرامج الأخرى: **1-855-937-5768** (TTY **711**)، من الاثنين إلى الجمعة، من 7:00 صباحًا إلى 8:00 مساء

Armenian: ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Ժամանակին տրամադրվող լեզվական աջակցությունը հասանելի է ձեզ անվճար: Դուք կարող եք խնդրել բանավոր թարգմանության ծառայություններ, այդ թվում՝ ժեստերի լեզվի թարգմանիչներ կամ թարգմանված նյութեր: Դուք կարող եք նաև խնդրել նյութեր այլընտրանքային ձևաչափեր, ինչպիսիք են՝ բրայլը, ձայնագրությունը կամ խոշոր տառատեսակը: Դուք կարող եք դիմել օժանդակ աջակցության և սարքերի համար մեր հաստատություններում: Օգնության համար զանգահարեք մեր Անդամների սպասարկման բաժին: Անդամների սպասարկման բաժինը (Member Services) փակ է հիմնական տոն օրերին:

- Medicare, ներառյալ D-SNP՝ **1-888-775-7003 կամ 775-982-3112** (TTY **711**), երկուշաբթիից ուրբաթ, 7 a.m.-ից 8 p.m.-ը
- Մյուս բոլորը՝ **1-855-937-5768** (TTY **711**), երկուշաբթիից ուրբաթ, 7 a.m.-ից 8 p.m.-ը

Chinese：请注意。我们可及时提供免费语言协助。您可以要求使用口译员（包括手语翻译）或翻译资料。您还可以要求获取其他格式的资料，如盲文、音频或大字版。您可以要求使用我们设施中的语言辅助工具和设备。请联系会员服务部 (Member Services) 以获取帮助。重要节假日期间会员服务不开放。

- 联邦医疗保险计划 (Medicare)，包括 D-SNP：**1-888-775-7003或 775-982-3112** (TTY **711**)，周一至周五，上午7点至晚上8点
- 所有其他保险计划：**1-855-937-5768** (TTY **711**)，周一至周五，上午7点至晚上8点

Farsi: توجه. امکان بهره‌مندی از مساعدت زبانی بموقع به طور رایگان برای شما وجود دارد. می‌توانید خدمات ترجمه شفاهی را درخواست کنید، از جمله مترجمان زبان اشاره، یا مطالب ترجمه شده. همچنین می‌توانید مطالب را در قالب‌های جایگزین درخواست کنید، از جمله خط بریل، فایل صوتی، یا چاپ با حروف درشت. می‌توانید امکانات و دستگاه‌های کمکی را از مراکز ما درخواست کنید. برای دریافت کمک، با خدمات اعضای (Member Services) ما تماس بگیرید. خدمات اعضاء، در تعطیلات رسمی بسته است.

- Medicare، شامل D-SNP: با شماره **1-888-775-7003 یا شماره 775-982-3112** (TTY **711**)، روزهای دوشنبه تا جمعه از 7:00 صبح تا 8:00 عصر، تماس بگیرید
- همه موارد دیگر: با شماره **1-855-937-5768** (TTY **711**)، روزهای دوشنبه تا جمعه از 7:00 صبح تا 8:00 عصر، تماس بگیرید

French: ATTENTION. Une assistance linguistique est disponible pour vous gratuitement. Vous pouvez demander un interprète, notamment spécialiste du langage des signes, ou des documents traduits. Vous pouvez également demander des documents dans d'autres formats, par exemple en braille, en version audio ou en gros caractères. Vous pouvez demander des appareils et des aides auxiliaires dans nos établissements. Pour toute aide, appelez notre Direction des services aux adhérents (Member Services). Les services aux adhérents sont fermés pendant les jours fériés.

- Medicare, y compris D-SNP : **1-888-775-7003 ou 775-982-3112** (TTY **711**), du lundi au vendredi, de 7 h à 20 h.
- Tous les autres services : **1-855-937-5768** (TTY **711**), du lundi au vendredi, de 7 h à 20 h.

German: HINWEIS! Wir stellen Ihnen kostenlos eine schnelle Sprachunterstützung zur Verfügung. Sie können um einen Dolmetscher bitten, darunter auch in Gebärdensprache, oder um übersetzte Dokumente. Sie können darum bitten, dass Ihnen das Material in alternativen Formaten zur Verfügung gestellt wird, darunter Brailleschrift, Audioformate oder Großdruck. In unseren Einrichtungen können Sie auch um Hilfsmittel und unterstützende Geräte bitten. Wenn Sie Hilfe benötigen, wenden Sie sich an unsere Abteilung für Mitgliederdienste (Member Services). Die Abteilung für Mitgliederdienste ist an Hauptfeiertagen geschlossen.

- Medicare, einschließlich D-SNP: **1-888-775-7003 oder 775-982-3112** (TTY **711**), Montag bis Freitag, 7:00 bis 20:00 Uhr
- Alle anderen: **1-855-937-5768** (TTY **711**), Montag bis Freitag 7:00 bis 20:00 Uhr

Italian: ATTENZIONE. Sono disponibili servizi di assistenza linguistica, forniti gratuitamente e in modo tempestivo. Può richiedere servizi di interpretariato, compreso interpretariato nella lingua dei segni, oppure materiale tradotto. Inoltre, può richiedere

materiali in altri formati, come braille, audio o stampa a caratteri ingranditi. Presso le nostre strutture è possibile richiedere ausili e strumenti di supporto alla comunicazione. Per richiedere assistenza, contatti il nostro ufficio Servizi Assistiti (Member Services). L'ufficio Servizi Assistiti è chiuso nei principali giorni festivi.

- Medicare, compresi i piani D-SNP: **1-888-775-7003 oppure 775-982-3112** (TTY **711**), dal lunedì al venerdì, dalle ore 7:00 alle ore 20:00.
- Per tutti gli altri piani: **1-855-937-5768** (TTY **711**), dal lunedì al venerdì, dalle ore 7:00 alle ore 20:00.

Japanese: ご注意。タイムリーな言語サポートは無料でご利用いただけます。手話を含む通訳者や翻訳された資料をご依頼いただけます。点字、大型活字、または録音音声など、別のフォーマットの資料も求めることができます。当社の施設では、補助器具や機器をご依頼いただけます。支援が必要な方は、メンバーサービス部門 (Member Services) にお電話ください。メンバーサービス部門は主要な祝日には休業となります。

- D-SNP を含む Medicare：**1-888-775-7003、または 775-982-3112** (TTY **711**)、月曜日から金曜日まで、午前7時から午後8時までです。
- その他：**1-855-937-5768** (TTY **711**)、月曜日から金曜日まで、午前7時から午後8時までです。

Korean: 참조. 시기적절한 언어 지원이 무료로 제공됩니다. 수화를 포함한 통역사, 또는 번역 자료를 요청하실 수 있습니다. 또한, 한국어로 점자, 오디오 또는 큰 글씨와 같은 대체 형식의 자료를 요청할 수 있습니다. 저희 시설에서 보조 기구와 장치를 요청할 수 있습니다. 가입자 서비스 (Member Services) 부서에 도움을 요청하시기 바랍니다. 가입자 서비스부는 주요 공휴일에는 운영하지 않습니다.

- Medicare (D-SNP 포함): **1-888-775-7003 또는 775-982-3112** (TTY **711**), 월요일~금요일, 오전 7시 ~ 오후 8시.
- 기타 모두: **1-855-937-5768** (TTY **711**), 월요일~금요일, 오전 7시~오후 8시.

Portuguese: ATENÇÃO. Assistência linguística gratuita disponível para você sempre que precisar. Você pode solicitar intérpretes, incluindo de linguagem de sinais, ou materiais traduzidos. Você também pode solicitar materiais em formatos alternativos, como braille, áudio ou impressão ampliada. Você pode solicitar dispositivos e assistências alternativas em nossas instalações. Ligue para o nosso departamento de Atendimento ao Cliente (Member Services) para obter ajuda. O Atendimento ao Cliente estará fechado nos principais feriados.

- Medicare, incluindo D-SNP: **1-888-775-7003 ou 775-982-3112** (TTY **711**), de segunda a sexta-feira, das 7h às 20h.
- Todos os outros: **1-855-937-5768** (TTY **711**), de segunda a sexta-feira, das 7h às 20h.

Russian: Внимание! Вы можете своевременно получить бесплатные услуги

перевода. Вы можете попросить предоставить Вам услуги переводчика, в том числе сурдопереводчика, или переведенные материалы. Вы также можете запросить материалы в альтернативных форматах, например шрифтом Брайля, крупным шрифтом или в аудиоформате. Вы также можете запросить дополнительные приспособления и вспомогательные устройства в наших учреждениях. Если Вам нужна помощь, позвоните в отдел обслуживания участников (Member Services). Отдел обслуживания участников закрыт в дни государственных праздников.

- Программа Medicare, включая D-SNP: **1-888-775-7003 или 775-982-3112** (TTY **711**), с понедельника по пятницу, с 7:00 до 20:00.
- Для всех остальных: **1-855-937-5768** (TTY **711**), с понедельника по пятницу, с 7:00 до 20:00.

Spanish: ATENCIÓN. Se ofrece ayuda oportuna en otros idiomas sin ningún costo para usted. Puede solicitar intérpretes, incluyendo intérpretes de lengua de señas, o materiales traducidos. También puede solicitar materiales en formatos alternativos, como braille, audio o letra grande. Puede solicitar ayuda adicional y dispositivos auxiliares en nuestros centros de atención. Llame al Departamento de Servicio a los Miembros (Member Services) para pedir ayuda. Servicio a los Miembros está cerrado los días festivos principales.

- Medicare, incluyendo D-SNP: **1-888-775-7003 o 775-982-3112** (TTY **711**), de lunes a viernes, de 7:00 a. m. a 8:00 p. m.
- Todos los otros: **1-855-937-5768** (TTY **711**), de lunes a viernes, de 7:00 a. m. a 8:00 p. m.

Tagalog: PAUNAWA May magagamit na napapanahong tulong sa wika na wala kang babayaran. Maaari kang humingi ng mga tagapagsalin, kasama ang sign language, o isinaling mga babasahin. Maaari ka ring humingi ng mga babasahin sa mga alternatibong format, na tulad ng braille, audio, o malalaking titik. Maaari kang humiling ng mga karagdagang tulong at kagamitan sa aming mga pasilidad. Tawagan ang aming departamento ng Mga Serbisyo sa Miyembro (Member Services) para sa tulong. Sarado ang Mga Serbisyo sa Miyembro sa mga pangunahing holiday.

- Medicare, kasama ang D-SNP: **1-888-775-7003 o 775-982-3112** (TTY **711**), Lunes hanggang Biyernes, 7:00 a.m. hanggang 8:00 p.m.
- Lahat ng iba: **1-855-937-5768** (TTY **711**), Lunes hanggang Biyernes, 7:00 a.m. hanggang 8:00 p.m.

Ukrainian: УВАГА! Своєчасні послуги перекладача надаються безкоштовно. Ви можете зробити запит на послуги усного перекладу, зокрема мовою жестів, або перекладені матеріали. Ви можете зробити запит на отримання матеріалів в альтернативних форматах, як-от надрукованим шрифтом Брайля чи великим шрифтом, а також у звуковому форматі. Ви можете зробити запит на отримання

допоміжних засобів і пристроїв у закладах нашої мережі компаній. Якщо вам потрібна допомога, зателефонуйте у відділ обслуговування клієнтів (Member Services). Відділ обслуговування клієнтів зачинений у державні свята.

- Medicare, зокрема D-SNP: **1-888-775-7003 або 775-982-3112** (TTY **711**), з понеділка по п'ятницю, з 07:00 до 20:00.
- Усі інші надавачі послуг: **1-855-937-5768** (TTY **711**), з понеділка по п'ятницю, з 07:00 до 20:00.

Vietnamese: CHÚ Ý. Dịch vụ hỗ trợ ngôn ngữ được cung cấp miễn phí, kịp thời cho quý vị Quý vị có thể yêu cầu thông dịch viên, bao gồm cả thông dịch viên ngôn ngữ ký hiệu, hoặc các tài liệu đã được dịch. Quý vị cũng có thể yêu cầu các tài liệu theo định dạng thay thế, chẳng hạn như chữ nổi Braille, băng đĩa thu âm hoặc bản in khổ chữ lớn. Quý vị có thể yêu cầu các phương tiện và công cụ hỗ trợ tại các cơ sở của chúng tôi. Gọi cho ban Dịch Vụ Hội Viên (Member Services)của chúng tôi để được trợ giúp. Ban Dịch Vụ Hội Viên không làm việc vào những ngày lễ lớn.

- Medicare, bao gồm cả D-SNP: **1-888-775-7003 hoặc 775-982-3112** (TTY **711**), Thứ Hai đến Thứ Sáu, 7 giờ sáng đến 8 giờ tối.
- Tất cả các chương trình khác: **1-855-937-5768** (TTY **711**), Thứ Hai đến Thứ Sáu, 7 giờ sáng đến 8 giờ tối.