UnitedHealthcare®

Medicare Plan (MA, MAPD and Part D) Appeals & Grievances Form

You can use this form to file an appeal or grievance. Definitions and helpful information are at the end of this form. Please type or print in dark ink.

What is your issue or concern about? ☐ Prescription drug ☐ Medical care

Did you already receive the prescription drugs or medical care? ☐ Yes ☐ No

Please tell us what you want to do:

☐ **File a standard appeal:** ask us to reconsider how we cover or pay for your care or prescription drugs. Be sure to file no later than 60 calendar days from the date we denied the service.

☐ **File an expedited (fast) appeal:** an appeal you make when your doctor believes your health depends on a faster answer. You'll need to make this appeal before you get the service. We'll give you an answer no later than 72 hours. Be sure to file no later than 60 calendar days from the date we denied the service.

☐ **File a grievance:** a complaint about quality of care you received, waiting times, customer service or something similar. Be sure to file no later than 60 calendar days from the date the event happened.

☐ **File an expedited (fast) grievance:** This is a complaint you can file **only** after we've determined your appeal doesn't qualify as an expedited appeal. Or, when we've told you we will take an extra 14 days, and you disagree with this action. Be sure to file no later than 60 calendar days from the date we tell you how much time we'll take.

What you can do if your 60-calendar-day deadline has passed.
You may need to show you have a good reason for missing it. (Examples: you were too sick, or we gave you the wrong deadline.) More about deadlines and filing is at the end of this form. Please give your reason below:

Information about you

First name	Last name	
Address		
City	State	ZIP code
Home phone number ☐☐☐ - ☐☐☐ - ☐☐☐☐	Cell phone number ☐☐☐ - ☐☐☐ - ☐☐☐☐	
Email address		

Are you completing this form for the member? If yes, give your name, address and phone number:

First name	Last Name	Phone number
		– –

Address

City	State	ZIP code

What is your relationship to the member?

☐ Spouse or partner ☐ Relative ☐ Attorney ☐ Estate representative ☐ Other _____

Please include a copy of the paperwork showing you have the legal right to act for the member. Examples: Power of Attorney and Appointment of Representative (AOR) form. You can find the AOR form here: http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-Items/CMS012207.html

Information about your plan

Plan name

Member ID number	Group number

Information about your issue

Date of service	Claim number

Provider	Location

Prescription drug name

Please tell us what happened. (Examples: you asked the plan to pay for medical care or a prescription drug and we denied it.) You may attach extra pages if you need more space. Be sure to include them when you send this form.

What results do you want? (Example: have the plan pay for medical care or a drug.) Please tell us below.

Sign here **Date**

When I sign above, I am stating the information on this form is correct, to the best of my knowledge. I understand if I put information on this form I know isn't true, I could face fines and prison under federal law. If I sign as an authorized representative, it means I have the legal right under state law to sign. I can show written proof of this right if Medicare asks for it.

Checklist

Please make sure you:

- ☐ Sign above.
- ☐ Keep copies of everything you send us.
- ☐ If you are completing this for a member, please include a copy of the paperwork showing you have the legal right to do so. Examples: Power of Attorney and Appointment of Representative (AOR) form. You can find the AOR form here: http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-Items/CMS012207.html

Where to send this form

Medical Services Appeals and Grievances:

Mail: UnitedHealthcare
Appeals and Grievances Department
P.O. Box 6106, MS CA124-0157
Cypress, CA 90630

Fax: 1-888-517-7113

Prescription Drug Appeals and Grievances:

Mail: UnitedHealthcare
Appeals and Grievances Department
P.O. Box 6106, MS CA124-0197
Cypress, CA 90630

Fax: 1-866-308-6294

Definitions and helpful information

Appeal

An action you can take if you disagree with a coverage or payment decision the plan made. For example, you can appeal if Medicare or your plan denies your request for:

- A health care service, supply, item, or prescription drug you think you should be able to get.
- Payment of a health care service, supply, item, or prescription drug you've already received.
- A change to the amount you must pay for a health care service, supply, item, or prescription drug.

Our deadline for a prescription drug appeal

The standard timeframe is 7 calendar days.

Our deadlines for a medical-related appeal
The standard timeframes are:

- For a health care service, supply or item you think you should be able to get: 30 calendar days.
- For a health care service, supply or item you've already received: 60 calendar days.
- To change the amount you must pay for a health care service, supply or item: 30 calendar days.

Expedited appeal
An action you can take if you and/or your doctor believe that waiting for a decision under the standard time frame will place your life, health, or ability to regain function in serious jeopardy.

Our deadline for an expedited appeal
For prescription drug and medical issues: 72 hours. Your appeal won't be expedited if you've already received the drug or service you are appealing.

Expedited grievance
This is a complaint you can file **only** after we've determined your appeal doesn't qualify as an expedited appeal. Or, when we've told you we will take an extra 14 days, and you disagree with this action. Be sure to file no later than 60 calendar days from the date we tell you how much time we'll take.

Our deadline for an expedited grievance
The standard timeframe is 24 hours.

Grievance
A complaint when you are dissatisfied with the quality of service or care that the plan or a provider gave you. (Examples: rude customer service; a problem with a network facility or provider; confusing member materials.) If you have a question but not a complaint, please call the Customer Service number on the back of your member ID card.

Our deadline for a grievance
The standard timeframe is 30 calendar days.

What if it has been more than 60 calendar days since the date of service or incident?
You may need to show you have a good reason for missing it. Examples include: you were in the hospital during that time; you got the denial notice too late; an accident caused the records to be destroyed; there was a death or serious illness in your immediate family. Please give your reason on the first page, under "What you can do if your 60-calendar-day deadline has passed."

What to include under "Information about your issue"
Please tell us about the issue. Include dates, locations and claim numbers, if you know them.

- What have you already tried to resolve the issue? Include dates if you know them. This will help us research your issue.
- Tell us what resolution you would like to see. (Examples: get a refund of my out-of-pocket medical expense; have management to be aware of my complaint; cover my prescription drug.)
- If your date of service or date of incident was more than 60 calendar days ago, please tell us why you didn't file within 60 calendar days. You'll need to have a good cause. (For examples, see "What if it has been more than 60 calendar days since the date of service or incident?")

Please include any other information with this form that you would like to provide to help us research your appeal or grievance. If you use extra pages, be sure to mail or fax them to us with this form.

Questions?

Call the toll-free Customer Service number on the back of your member ID card.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare approved Part D sponsor. Enrollment in these plans depends on the plan's contract renewal with Medicare.