



FROM



### Member Appeal Form

Complete and mail or fax to:

Allwell/Attention: Appeals & Grievances/Medicare Operations

7700 Forsyth Blvd, St. Louis, MO 63105

Fax: 1-844-273-2671

As a member of Allwell you have the right to file an appeal for any denials related to medical services (Part C) or prescription drug (Part B) coverage. All **standard** appeal requests must be filed in writing. You may file **expedited\*** appeal requests in writing or by calling Member Services at 1-833-543-0246 for HMO and at 1-844-810-7965 for HMO SNP. TTY: 711. From October 1 through March 31, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. From April 1 through September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. A messaging system is used after hours, weekends, and on Federal holidays. Allwell will give you a decision within the following timeframes from receiving your request:

Standard Medical Pre-Service Appeals: **30 calendar days**

Standard Part B Prescription Drug Related Appeals: **7 calendar days**

Expedited Medical Pre-Service Appeals: **72 hours**

Expedited Part B Prescription Drug Related Appeals: **72 hours**

Appeals related to payment issues For Part C and Part B drugs will be given a standard appeal decision within 60 calendar days of request receipt. If we need more information and the delay is in your best interest or if you ask for more time, we have up to 14 more calendar days for Part C Pre Service. We will tell you or your representative in writing if we decide to take extra days to make the decision.

*\* **Expedited appeals** mean you feel that using the standard deadlines could cause serious harm to your life or health or jeopardize your ability to regain maximum function. You must also be asking for coverage for medical care or a drug you have not yet received.*

Member's Name: Last \_\_\_\_\_ First \_\_\_\_\_

Medicare ID Number: \_\_\_\_\_

Member Date of Birth: \_\_\_\_\_

Relationship to Member\* (please choose one):  Self  Parent  Legal Guardian  Spouse

Other: \_\_\_\_\_

*\*If other than "Self" is selected, proof of guardianship, power of attorney or an Appointment of Representative (AOR) form will be required. The AOR form can be found on our website.*

Name of Person Submitting the Appeal: \_\_\_\_\_

Phone Number(s): Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Physician: \_\_\_\_\_

Appeal Type (please choose one):

- Standard Pre-Service (Medical) Appeal – (30 calendar days review)
- Expedited Pre-Service (Medical Appeal – (72 hours review)
- Standard Part B (Prescription Drug) Appeal – (7 calendar days review)
- Expedited Part B (Prescription Drug) Appeal – (72 hours review)
- Standard Payment Issues Appeal (Part C and Part B drugs) – (60 calendar days review)

What was denied? (Please include a copy of the denial letter.)

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Why do you think you should have this/these medical service(s)/prescription or payment?

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What is the best way to reach you regarding this appeal? (please choose one):  Phone  Email  
 Other: \_\_\_\_\_

Signature of Person Appealing: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions please call our Member Services number at 1-833-543-0246 for HMO and at 1-844-810-7965 for HMO SNP. TTY: 711. From October 1 through March 31, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. From April 1 through September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. A messaging system is used after hours, weekends, and on Federal holidays.

Allwell is contracted with Medicare for HMO, HMO SNP, and PPO plans and with some state Medicaid programs. Enrollment in Allwell depends on contract renewal.

Such services are funded in part with the state of New Mexico.

***For Administrative Use Only***

Appeal Number: \_\_\_\_\_ Date Received: \_\_\_\_\_

Section 1557 Non-Discrimination Language  
Notice of Non-Discrimination

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Allwell complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Allwell:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and 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 and information written in other languages.

If you need these services, contact Allwell's Member Services at: 1-833-543-0246 (HMO); 1-844-810-7965 (HMO SNP), (TTY: 711). From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays.

If you believe that Allwell 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 by calling the number above and telling them you need help filing a grievance; Allwell's Member Services 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 (TDD: 1-800-537-7697).

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

**New Mexico** | For Medicare: 1-833-543-0246 (HMO); 1-844-810-7965 (HMO SNP) (TTY: 711)

**English:** Language assistance services, auxiliary aids and services, larger font, oral translation, and other alternative formats are available to you free of charge. To obtain this, please call the number above

**Español (Spanish):** Servicios de asistencia de idiomas, ayudas y servicios auxiliares, traducción oral y escrita en letra más grande y otros formatos alternativos están disponibles para usted sin ningún costo. Para obtener esto, llame al número de arriba.

**Diné Bizaad (Navajo):** Diné k'ehjí saad bee shiká a'doowoł nínizingo bee ná haz'á, t'áá haada yit' éego kodóo naaltsoos da nich'í ál'íígo nitsaago ak'e'eshchíígo da dóo há ata' hane'go da éí doodago t'áá ha'át'ihída Diné k'ehjí bee shiká a'doowoł nínizingo bee ná ahóót'í. Ákót' éego shiká a'doowoł nínizingo hódahgo béesh bee hane'í biká'íjí' hodíílnih.

**Tiếng Việt (Vietnamese):** Các dịch vụ trợ giúp về ngôn ngữ, các trợ cụ và dịch vụ phụ thuộc, phông chữ khổ lớn, thông dịch bằng lời nói, và các dạng thức thay thế khác hiện có cho quý vị miễn phí. Để có được những dịch vụ này, hãy gọi số điện thoại nêu trên.

**Deutsch (German):** Sprachunterstützung, Hilfen und Dienste für Hörbehinderte und Gehörlose, eine größere Schriftart, eine mündliche Übersetzung sowie weitere alternative Formate werden Ihnen kostenlos zur Verfügung gestellt. Um eines dieser Serviceangebote zu nutzen, wählen Sie die o. a. Rufnummer.

**中文 (Chinese):** 可以免费为您提供语言协助服务、辅助用具和服务、较大的字体、口译以及其他格式。如有需要请拨打上述电话号码。

**العربية (Arabic):**

تتوفر لك خدمات المساعدة اللغوية والاعانات والمساعدات الإضافية بأحرف كبيرة وشفهي وغيرها من الأشكال البديلة مجاناً للحصول على هذه الخدمات، اتصل بالرقم أعلاه.

**한국어 (Korean):** 언어 지원 서비스, 보조 지원 및 서비스, 대형 활자본, 통역, 기타 대체 형식을 무료로 이용하실 수 있습니다. 이를 위해 위의 전화번호로 연락해 주십시오.

**Tagalog (Tagalog):** Mayroon kang libreng makukuhang tulong sa wika, auxiliary aids at mga serbisyo, mas malaking font, oral translation, at iba pang mga alternatibong format. Upang makuha ito, tawagan ang numerong nakasulat sa itaas.

**日本語 (Japanese):** 言語援助サービス、補助手段およびサービス、大きなフォントサイズ、通訳、その他のオルタナティブフォーマットが、無料でご利用いただけます。ご利用をお考えの方は、上記の番号にお電話ください。

**Français (French) :** Des services gratuits d'assistance linguistique, ainsi que des services d'assistance complémentaires, des polices de caractères plus grosses, de la traduction orale et d'autres formats sont à votre disposition. Pour y accéder, appelez le numéro ci-dessus.

**Italiano (Italian):** Sono disponibili servizi di assistenza linguistica, ausili e servizi accessori, testo in caratteri grandi, traduzione orale e altri formati alternativi. Per ottenerli, chiamare il numero di telefono riportato sopra.

**Русский язык (Russian):** Вам могут быть бесплатно предоставлены услуги по переводу, вспомогательные средства и услуги, материалы, напечатанные более крупным шрифтом, услуги устного перевода, а также материалы в других, альтернативных, форматах. Чтобы получить их, позвоните по указанному выше номеру телефона.

**हिंदी (Hindi):** भाषा सहायता सेवाएं, सहायक उपकरण और सेवाएं, बड़ी फॉ स, मौखिक अनुवाद और अन्य वैकल्पिक फॉ प आपके लिए निःशुल्क उपलब्ध हैं। इन्हें प्राप्त करने के लिए, कृपया उपरोक्त नंबर पर कॉल करें।

**فارسی (Persian):** خدمات ترجمه، حمایت های و خدمات کمکی؛ خط درشت تر و ترجمی شفاهی و سایر انواع دیگر خدمات به صورت رایگان در اختیار شما قرار می گیرند. برای دست یابی به این خدمات، لطفاً با شماره تلفن بالا تماس بگیرید.

**ไทย (Thai):** บริการความช่วยเหลือด้านภาษา อุปกรณ์และบริการเสริม แบบอักษรขนาดใหญ่ขึ้น

การแปลด้วยปากเปล่า รวมทั้งรูปแบบทางเลือกอื่น ๆ มีให้ใช้ได้โดยไม่เสียค่าใช้จ่าย หากต้องการใช้บริการ กรุณาโทรศัพท์ ติดต่อ อีที่หมายเลขข้างต้น

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