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FAX

05/31/2021

1059

**United Health Group - West, Central and Cirrus RMO**

Operated by Firstsource Solutions

1355 South 4700 West  
Salt Lake City, UT 84104



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# FAX

**To: E & I CA160B0D0182394**  
**Company:**  
**Fax: 8019382100**  
**Phone:**

**From:**  
**Fax:**  
**Phone:**

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## NOTES:

Correspondence for an E & I member received by Part D A & G dept. in error. Please review attached correspondence.  
Member: CAMPBELL, BRECK  
ID: 956267183-1

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Unauthorized interception of this facsimile could be a violation of federal and state law. We are required to safeguard privileged, confidential and/or protected health information by applicable law. The information in this document is for the sole use of the person(s) or company named above. If you have received this fax in error, please contact us by phone immediately to arrange for return of the documents.

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**Date and time of transmission:** Monday, May 31, 2021 11:23:32 AM  
**Number of pages including this cover sheet:** 10

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FSP67948 Kacey Arnold

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**FAX COVER SHEET**

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<b>To:</b>	<b>From:</b> Kacey Arnold
<b>Company:</b>	<b>Date:</b> 05/28/21 12:08:13 PM
<b>Fax Number:</b> 8663086294	<b>Pages (including cover):</b> 9
<b>Re:</b>	

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**Notes:**

Any updates on this appeal?

Thank you!

**Kacey Arnold, CPhT**  
**Patient Medication Liaison**  
**Digestive health/Endocrinology**  
**101 S. Fairview Road**  
**Columbia, MO 65203**  
**Phone: (573) 882-3441**  
**Fax: (573) 884-5721**  
**Email: klfr34@health.missouri.edu**



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12. PA: 882-9916

### Request for Redetermination of Medicare Prescription Drug Denial

Because we, UnitedHealthcare, 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:

UnitedHealthcare  
Part D Appeal and Grievance Department  
PO Box 6106  
Cypress, CA 90630-9948  
MS: CA124-0197  
Fax: (866) 308-6294

You may also ask us for an appeal through our website at: [www.UHCMedicareSolutions.com](http://www.UHCMedicareSolutions.com)  
Expedited appeal requests can be made by phone at: (800) 595-9532

**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 Breck Campbell Date of Birth 12/02/1993

Enrollee's Address P.O. Box 312

City Boonville State MO Zip Code 65233

Phone 660-537-3859

Enrollee's Plan ID Number 956267183

**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.

Y0066\_130703\_152431 CMS Accepted 07152013

AG247 Request for Redetermination Form\_v07152013MedSol

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Name of drug: Genotropin Miniquick Strength/quantity/dose: 1mg

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 John Chen Liu

Address 3315 Berrywood Dr.

City Columbia State MO Zip Code 65201

Office Phone 573-882-3441 Fax 573-884-5721

Office Contact Person Kacey Arnold

**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.

Block is a 27-year-old with Spina-Clas Cerebral, which has left her without vision since birth, who lives independently. She is unable to drive up medication into packages as required with other persons in her

Genotropin Miniquick. As such Genotropin Miniquick, she can expect without having to measure the medication that is being needed as it is a pre-filled syringe. Unfortunately for Block, she has not yet been able to get the syringe and she does not have enough money to pay for the syringe. She is unable to drive up medication into packages as required with other persons in her

Please approve the Genotropin for its delivery device which can help with her functions and still allow her to live independently

*\*See attached for larger print-k*

Signature of person requesting the appeal (the enrollee, or the enrollee's prescriber or representative): Kacey Arnold, PML

Date 05/24/2021

Plan is insured or covered by UnitedHealthcare Insurance Company or one of its affiliates, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor.

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