



Blue Cross Medicare AdvantageSM Plan

<c/o Member Services>

<P.O. Box 4555>

<Scranton, PA 18505>

Date: <insert date>

Member Name: <Member Name>

Member ID Number: <Member ID number>

You Have the Right to an Expedited (Fast) Grievance

You have the right to file an expedited (fast) grievance if: [Health Plan must check the appropriate item below]

_____ You asked for a fast decision on a service, and we decided to process it under our regular (non-expedited) time frame. We will give you a fast decision if you resubmit it with a supporting statement from your doctor.

_____ You asked for a fast appeal for a service, and we decided to process it under our regular (non-expedited) time frame. We will give you a fast decision on your appeal if you resubmit it with a supporting statement from your doctor.

_____ We need up to 14 more days to decide on your request for a service. **[Health Plan must insert reason for taking an extension; e.g., extra days needed to review additional information, etc.]**

_____ We need up to 14 more days to consider your appeal for a service. **[Health Plan must insert reason for taking an extension; e.g., extra days needed to review additional information, etc.]**

NOTE: When you request a fast grievance, we will make a quick decision on your request and notify you within 24 hours.

How to File an Expedited (Fast) Grievance

Call us at <1-877-774-8592 (individual) /1-877-299-1008 (employer group) /1-877-688-1813 (NM DSNP)/1-877-895-6437 (TX DSNP)> to file an expedited grievance or get more information.

TTY users should call <711>. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on the weekends and holidays>.

You can also call <1-800-MEDICARE (1-800-633-4227)> 24 hours a day, 7 days a week, for more information about the expedited grievance process. TTY users should call <1-877-486-2048>.

Thank you.

<Blue Cross Medicare Advantage Plan>

Y0096_MAPDDSNPExpGR2024_C

cc: <Attending Physician/Provider of service>
<Attending Address>
<Attending City, Provider State Provider Zip Code>

<Facility Name>
<Facility Address>
<Facility City, Facility State Facility Zip Code>

<Primary Care Physician Full Name>
<Primary Care Physician Address>
<Primary Care Physician City, Primary Care Physician State Primary Care Physician Zip Code>

<HMO plan in New Mexico, HMO and HMO-POS plans in Illinois, and PPO plans in Illinois, Montana, and New Mexico are provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). HMO plan in Illinois provided by Illinois Blue Cross Blue Shield Insurance Company (ILBCBSIC). HMO Special Needs Plan and PPO Special Needs Plan in New Mexico provided by HCSC. HMO, PPO, and Dual Care HMO Special Needs plans in Texas provided by HCSC Insurance Services Company (HISC). PPO plan in New Mexico provided by HISC. HMO and PPO plans in Texas provided by GHS Insurance Company (GHSIC). All HMO and PPO employer/union group plans provided by HCSC. HMO plan in Oklahoma provided by GHS Health Maintenance Organization, Inc. d/b/a BlueLincs HMO (BlueLincs). HMO Special Needs Plan and PPO plans in Oklahoma provided by GHS Insurance Company (GHSIC). HCSC, ILBCBSIC, HISC, GHSIC, and BlueLincs are Independent Licensees of the Blue Cross and Blue Shield Association. ILBCBSIC, GHSIC and BlueLincs are Medicare Advantage organizations with a Medicare contract. HCSC is a Medicare Advantage organization with a Medicare contract and a contract with the New Mexico Medicaid program. GHSIC is a Medicare Advantage organization with a Medicare contract and a contract with the Oklahoma Medicaid program. HISC is a Medicare Advantage organization with a Medicare contract and a contract with the Texas Medicaid program. Enrollment in these plans depends on contract renewal.>