



# Blue Cross Medicare Advantage<sup>SM</sup> Plan

<c/o Member Services>

<P.O. Box 4555>

<Scranton, PA 18505>

**Important:** This notice explains your right to appeal our decision. Read this notice carefully. If you need help, you can call one of the numbers listed on the last page under “Get help & more information.”

## Notice of Denial of Medical Coverage

{Replace *Denial of Medical Coverage* with *Denial of Payment*, if applicable}

**Date:**

**Member number:**

**Name:**

[Insert other identifying information, as necessary (e.g., provider name, member’s Medicaid number, service subject to notice, date of service)]

Your request was **{Insert appropriate term: *partially approved, denied, stopped, reduced, suspended*}**

We’ve {Insert appropriate term: *denied, partially approved, stopped, reduced, suspended*} the {*payment of*} {*medical services/items or Part B drug or Medicaid drug*} listed below requested by you or your doctor [provider]:

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### Why did we deny your request?

We {Insert appropriate term: *denied, partially approved, stopped, reduced, suspended*} the {*payment of*} {*medical services/items or Part B drug or Medicaid drug*} listed above because {Provide specific rationale for decision and include State or Federal law and/or Evidence of Coverage provisions to support decision}:

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You should share a copy of this decision with your doctor, so you and your doctor can discuss next steps. If your doctor requested coverage on your behalf, we have sent a copy of this decision to your doctor.

Y0096\_MAPDDSNPIDN2024\_C

## **You have the right to appeal our decision**

You have the right to ask Blue Cross Medicare Advantage Plan to review our decision by asking us for an appeal.

**Plan Appeal:** Ask Blue Cross Medicare Advantage Plan for an appeal within **60 days** of the date of this notice. We can give you more time if you have a good reason for missing the deadline. See section titled “How to ask for an appeal with Blue Cross Medicare Advantage Plan” for information on how to ask for a plan level appeal.

## **If you want someone else to act for you**

You can name a relative, friend, attorney, doctor, or someone else to act as your representative. If you want someone else to act for you, call us at: <If MAPD 1-877-774-8592 (Individual plans); 1-877-299-1008 (Employer plans)> <If DSNP 877-688-1813 (NM DSNP); 877-895-6437 (TX DSNP)> to learn how to name your representative. TTY users call <711>. Both you and the person you want to act for you must sign and date a statement confirming this is what you want. You’ll need to mail or fax this statement to us. Keep a copy for your records.

## **Important Information About Your Appeal Rights**

### *There are 2 kinds of appeals with Blue Cross Medicare Advantage Plan*

**Standard Appeal** – We’ll give you a written decision on a standard appeal within {insert appropriate timeframe for medical service/item or Part B drug: **30 days, 7 days**} after we get your appeal. Our decision might take longer if you ask for an extension, or if we need more information about your case. We’ll tell you if we’re taking extra time and will explain why more time is needed. If your appeal is for payment of a {medical service/item or Part B drug} you’ve already received, we’ll give you a written decision within **60 days**.

**Fast Appeal** – We’ll give you a decision on a fast appeal within **72 hours** after we get your appeal. You can ask for a fast appeal if you or your doctor believe your health could be seriously harmed by waiting up to 30 days for a decision. You cannot request an expedited appeal if you are asking us to pay you back for a {medical service/item or Part B drug} you’ve already received.

**We’ll automatically give you a fast appeal if a doctor asks for one for you or if your doctor supports your request.** If you ask for a fast appeal without support from a doctor, we’ll decide if your request requires a fast appeal. If we don’t give you a fast appeal, we’ll give you a decision within 30 days.

## **How to ask for an appeal with Blue Cross Medicare Advantage Plan**

**Step 1:** You, your representative, or your doctor must ask us for an appeal. Your written request must include:

- Your name
- Address
- Member number
- Reasons for appealing
- Whether you want a Standard or Fast Appeal (for a Fast Appeal, explain why you need one).
- Any evidence you want us to review, such as medical records, doctors’ letters (such as a doctor’s supporting statement if you request a fast appeal), or other information that explains why you need the {medical service/item or Part B drug or Medicaid drug}. Call your doctor if you need this information.

If you're asking for an appeal and missed the deadline, you may ask for an extension and should include your reason for being late.

We recommend keeping a copy of everything you send us for your records. You can ask to see the medical records and other documents we used to make our decision before or during the appeal. At no cost to you, you can also ask for a copy of the guidelines we used to make our decision.

**Step 2:** Mail, fax, or deliver your appeal.

**For a Standard Appeal:** Mailing Address: Blue Cross Medicare Advantage Plan  
<Appeals Department>  
<P.O. Box 663099>  
<Dallas, TX 75266>

Phone: <1-877-774-8592 (Individual plans); 1-877-299-1008 (Employer plans)>  
TTY Users Call:<711>  
Fax: <1-800-419-2009>

**For a Fast Appeal:** Phone: <1-877-774-8592 (Individual plans); 1-877-299-1008 (Employer plans) >  
TTY Users Call:<711>  
Fax: <1-800-338-2227>

## What happens next?

If you ask for an appeal and we continue to deny your request for {*payment of*} a {*medical service/item or Part B drug or Medicaid drug*}, we'll automatically send your case to an independent reviewer. **If the independent reviewer denies your request, the written decision will explain if you have additional appeal rights.**

## Get help & more information

- Blue Cross Medicare Advantage Plan Toll Free: <If MAPD 1-877-774-8592 (Individual plans); 1-877-299-1008 (Employer plans)> <If DSNP 877-688-1813 (NM DSNP); 877-895-6437 (TX DSNP)> TTY users call: <711>  
We are open <8:00 a.m. – 8:00 p.m., local time, 7 days a week. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on weekend and holidays>.
- 1-800-MEDICARE (1-800-633-4227), 24 hours, 7 days a week. TTY users call: 1-877-486-2048
- Medicare Rights Center: 1-888-HMO-9050
- Elder Care Locator: 1-800-677-1116 or [www.eldercare.acl.gov](http://www.eldercare.acl.gov) to find help in your community.

<Provider Full Name>  
<Provider Address>  
<Provider 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, Primary Care Physician State Primary Care 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.>

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