



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

<c/o Member Services>

<P.O. Box 4555>

<Scranton, PA 18505>

## Notice of Medicare Non-Coverage

**Member name:** <Member Name>

**Member number:** <Member ID number>

The Effective Date Coverage of Your Current <home health/skilled nursing /comprehensive outpatient rehabilitation/other> Services Will End: <insert effective date>

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- Your Medicare provider and/or health plan have determined that Medicare probably will not pay for your current <home health/skilled nursing/comprehensive outpatient rehabilitation/other> services after the effective date indicated above.
  - You may have to pay for any services you receive after the above date.
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### Your Right to Appeal This Decision

- You have the right to an immediate, independent medical review (appeal) of the decision to end Medicare coverage of these services. Your services will continue during the appeal.
  - If you choose to appeal, the independent reviewer will ask for your opinion. The reviewer also will look at your medical records and/or other relevant information. You do not have to prepare anything in writing, but you have the right to do so if you wish.
  - If you choose to appeal, you and the independent reviewer will each receive a copy of the detailed explanation about why your coverage for services should not continue. You will receive this detailed notice only after you request an appeal.
  - If you choose to appeal, and the independent reviewer agrees services should no longer be covered after the effective date indicated above;
    - Neither Medicare nor your plan will pay for these services after that date.
  - If you stop services no later than the effective date indicated above, you will avoid financial liability.
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### How to Ask For an Immediate Appeal

- You must make your request to your Quality Improvement Organization (also known as a QIO). A QIO is the independent reviewer authorized by Medicare to review the decision to end these services.
- Your request for an immediate appeal should be made as soon as possible, but no later than noon of the day before the effective date indicated above.
- The QIO will notify you of its decision as soon as possible, generally no later than two days after the effective date of this notice if you are in Original Medicare. If you are in a Medicare health plan, the QIO generally will notify you of its decision by the effective date of this notice.

**See page 2 of this notice for more information.**

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- Call your QIO at: <For Montana, insert: Kepro: 1-888-317-0891; TTY 1-855-843-4776, for New Mexico, Oklahoma, and Texas, insert: Kepro: 1-888-315-0636; TTY 1-855-843-4776; <For Illinois, insert: Livanta BFCC-QIO: 1-888-524-9900; TTY 1-888-985-8775> to appeal, or if you have questions.

## If You Miss The Deadline to Request An Immediate Appeal, You May Have Other Appeal Rights:

- If you have Original Medicare: Call the QIO listed on page 1.
- If you belong to a Medicare health plan: Call your plan at the number given below.

Plan contact information: <1-877-774-8592 (individual) /1-877-299-1008 (employer group) /1-877-688-1813 (DSNP NM)/1-877-895-6437 (DSNP TX)>. 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>.

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## Additional Information (Optional):

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Please sign below to indicate you received and understood this notice.

I have been notified that coverage of my services will end on the effective date indicated on this notice and that I may appeal this decision by contacting my QIO.

\_\_\_\_\_  
Signature of Patient or Representative

\_\_\_\_\_  
Date

cc: <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 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.>