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, enrollee’s Medicaid number, service subject to notice, date of service)]

Your request was denied
We’ve {Insert appropriate term: denied, stopped, reduced, suspended} the {payment of} medical services/items listed below requested by you or your doctor [provider]:

Why did we deny your request?
We {Insert appropriate term: denied, stopped, reduced, suspended} the {payment of} medical services/items listed above because {Provide specific rationale for decision and include State or Federal law and/or Evidence of Coverage provisions to support decision}:

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.

You have the right to appeal our decision
You have the right to ask <Blue Cross Medicare Advantage (PPO)SM/ Blue Cross Medicare Advantage (HMO)SM/ Blue Cross Medicare Advantage (HMO-POS)SM > to review our decision by asking us for an appeal.
Plan Appeal: Ask <Blue Cross Medicare Advantage> 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” 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: <1-877-774-8592 (Individual plans), 1-877-299-1008 (Employer Plans)> 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

Standard Appeal – We’ll give you a written decision on a standard appeal within 30 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 service you’ve already received, we’ll give you a written decision within 60 days.

{May be deleted if the notice is for a denial of payment: 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.

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}

Step 1: You, your representative, or your doctor [provider] must ask us for an appeal. Your {written} request must include:

- Your name
- Address
- Member number
- Reasons for appealing
- {May be deleted if the notice is for a denial of payment: 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 item or service. Call your doctor if you need this information.

We recommend keeping a copy of everything you send us for your records. [Insert, if applicable: 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 {or call us}.

For a Standard Appeal: Mailing Address: <Blue Cross Medicare Advantage Appeals & Grievances P.O. Box 4288 Scranton, PA 18505>
Phone: <1-877-774-8592 (Individual plans); 1-877-299-1008 (Employer plans)>
TTY Users Call: <711>
Fax: <1-855-674-9185>

{Insert, if applicable: If you ask for a standard appeal by phone, we will send you a letter confirming what you told us.}

{May be deleted if the notice is for a denial of payment:}

For a Fast Appeal: Phone: <1-877-774-8592 (Individual plans); 1-877-299-1008 (Employer plans)>
TTY Users Call: <711> Fax: <1-855-674-9185>

What happens next?
If you ask for an appeal and we continue to deny your request for {payment of} a service, we’ll send you a written decision and 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> Toll Free: <1-877-774-8592 (Individual plans); 1-877-299-1008 (Employer plans)>
  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 February 15 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.gov to find help in your community.

This information is not a complete description of benefits. Contact the plan for more information.<Limitations, copayments, and restrictions may apply.> <Benefits, premiums and/or co-payments/co-insurance may change on January 1 of each year.> <The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.>

<This information is available for free in other languages. Please call our Customer Service number at <1-877-774-8592/1-877-299-1008/1-866-796-5709> (TTY/TDD users should call 711). We are open between 8:00 a.m. and 8:00 p.m., local time, 7 days a week. If you are calling from February 15 through September 30, alternate technologies (for example, voicemail) will be used on the weekends and holidays.>

<Esta información está disponible en otros idiomas de forma gratuita. Comuníquese a nuestro número de Servicio al cliente al <1-877-774-8592/1-877-299-1008/1-866-796-5709> (los usuarios de TTY/TDD deben llamar al 711). Nuestro horario es de 8:00 a.m. a 8:00 p.m., hora local, los 7 días de la semana. Si usted llama del 15 de febrero al 30 de septiembre, durante los fines de semana y feriados, se usarán tecnologías alternas (por ejemplo, correo de voz).>
HMO, HMO-POS and PPO plans are provided by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. HCSC is a Medicare Advantage organization with a Medicare contract. Enrollment in HCSC’s plans depends on contract renewal.

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