

<Insert delegate name and/or logo>

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 Name:

Member ID:

Plan Name: <Blue Shield TotalDual Plan (HMO D-SNP) H5928-055 OR Blue Shield Inspire (HMO D-SNP) H5928-054>

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

Your request was **{partially approved, denied}**

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

Why did we deny your request?

We {Insert appropriate term: *denied, partially approved, stopped, reduced, suspended*} the {*medical services/items or Part B drug*} 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 Shield TotalDual Plan (HMO D-SNP) H5928-055 OR Blue Shield Inspire (HMO D-SNP) H5928-054> to review our decision by asking us for an appeal.

Plan Appeal: <Blue Shield TotalDual Plan (HMO D-SNP) H5928-055 OR Blue Shield Inspire (HMO D-SNP) H5928-054> 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 Shield TotalDual Plan (HMO D-SNP) H5928-055 OR Blue Shield Inspire (HMO D-SNP) H5928-054>" 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 (800) 452-4413 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 Shield TotalDual Plan (HMO D-SNP) H5928-055 OR Blue Shield Inspire (HMO D-SNP) H5928-054>

Standard Appeal – We'll give you a written decision on a standard appeal within {**30 days** for medical service/item or **7 days** for Part B drug} 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 {insert appropriate timeframe for medical service/item or Part B drug: **30 days, 7 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 or 7 days for Part B drug}.

How to ask for an appeal with <Blue Shield TotalDual Plan (HMO D-SNP) H5928-055 OR Blue Shield Inspire (HMO D-SNP) H5928-054>

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
- 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*}. 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 Shield of California
Medicare Appeals and Grievances Department
P.O. Box 927
Woodland Hills, CA 91365-9856

In Person Delivery Address:

Blue Shield of California

Medicare Appeals and Grievances Department
6300 Canoga Avenue
Woodland Hills, CA 91367

Fax: 916-350-6510

If you ask for a standard appeal by phone, we will send you a letter confirming what you told us.

For a Fast Appeal:

Phone: 800-452-4413

TTY Users Call: 711

Fax: 916-350-6510

What happens next?

If you ask for an appeal and we continue to deny your request for a *{medical service/item or Part B 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 Shield TotalDual Plan \(HMO D-SNP\) H5928-055 OR Blue Shield Inspire \(HMO D-SNP\) H5928-054>](#) Toll Free: 800-452-4413 , TTY users call: 711 (8a.m. to 8 p.m., seven days a week) or www.blueshieldca.com/medicare
- 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 to find help in your community.
- Health Insurance Counseling and Advocacy Program (HICAP) – California's State Health Insurance Assistance Program: 1 (800) 434-0222. TTY users call: 711.

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"Language Assistance Notice"