

P.O. Box 807, MC: TC1309
Southfield, MI 48037
www.bcbsm.com/medicare



[[Member.FirstName]] [[Member.LastName]]
[[Address1]] [[Address2]]
[[City]], [[State]] [[ZipCode]]

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

Date: [[CreatedDate]] **Member number:** [[Member.ID]]

Name:[[Member.FirstName]] [[Member.LastName]] **Reference number:**[[Case.CaseID]]

Your request was denied

We’ve denied the Part B drug(s) listed below requested by you or your doctor:

- [[UM.Exam.CPTDescription1]]
- [[UM.Exam.CPTDescription2]]

Date of service: [[Case.DateOfService]]

Why did we deny your request?

Carelon Medical Benefits Management, Inc. is an independent company contracted by Blue Cross Blue Shield of Michigan to perform services that support drug utilization efforts combined with evidence-based clinical guidelines to support select Blue Cross Blue Shield of Michigan Medicare Advantage providers and patients.

Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

We denied the Part B drug(s) listed above because:

[[ClinicalRationale]]

The following procedure(s) do not require review by Carelon Medical Benefits Management, Inc. and are approved by your health plan. If you have any questions regarding the coverage guidelines, please call the number on the back of your ID card for further coverage information.

- [[QI.Exam.CPTDescription1]]
- [[QI.Exam.CPTDescription2]]
- [[QI.Exam.CPTDescription3]]

Please Note: We have not checked to see if this procedure is a benefit under your Blue Cross Blue Shield of Michigan or Blue Care Network Advantage plan. Your doctor should check with Blue Cross or Blue Care Network to make sure the procedure is a benefit and eligible for payment.

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 to review our decision by asking us for an appeal.

Plan Appeal: Ask Blue Cross 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” for information on how to ask for a plan level appeal.

How to keep your services while we review your case: *If we’re stopping or reducing a service, you can keep getting the service while your case is being reviewed. **If you want the service to continue, you must ask for an appeal within 10 days** of the date of this notice or before the service is stopped or reduced, whichever is later. Your provider must agree that you should continue getting the service. If you lose your appeal, you may have to pay for these services.*

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 the number on the back of your card 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 Blue Shield of Michigan

Standard Appeal – We'll give you a written decision on a standard appeal within **7 days** for a 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 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 7 days for a decision. You cannot request an expedited appeal if you are asking us to pay you back for a 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 7 days.

How to ask for an appeal with Medicare Plus Blue PPO

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 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 or fax your appeal *or call us*. For a Standard Appeal:

Mailing Address:

Blue Cross Blue Shield of Michigan
Medicare Advantage
Grievances and Appeals Department
P.O. Box 2627
Detroit, MI 48231-2627

Phone: Number on the back of your Blue Cross membership ID card
TTY Users Call: 711
Fax: 1-877-348-2251

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: Number on the back of your Blue Cross membership ID card
TTY Users Call: 711
Fax: 1-877-348-2251

What happens next?

If you ask for an appeal, we will send you another letter with a decision to tell you if we approve or deny your request. If we continue to deny your request for a 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.**

Form CMS 10003-NDMCP

OMB Approval 0938-0829 (Expires: 12/31/2024)

Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

Get help & more information

- Toll Free: Call the number on the back of your Blue Cross membership ID card. TTY users call: **711** www.bcbsm.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.

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