

<Delegate Logo>

Your Right to Make a Fast Complaint

<Date>

Member Name:

Member ID:

Plan Name: Blue Shield TotalDual Plan (HMO D-SNP) H5928-005

Reference Number:

Requesting Provider:

Requested Service:

<Provider Organization/Blue Shield TotalDual Plan (HMO D-SNP)> is called "our plan" or "we" in this letter. We are a health plan that contracts with Medicare and Medi-Cal to provide coverage for both programs. Our plan coordinates your Medicare and Medi-Cal services and your doctors, hospitals, pharmacies, and other health care providers.

[Insert one of the following sets of paragraphs as applicable.]

*[When the organization/plan needs more time to make a decision: Our organization/plan needs more time to make a decision about your request for the <service or item> listed above. We may need up to **14 additional calendar days** to give you a decision.*

If you disagree with our plan's decision to take more time to give you a decision, **you or your health care provider can make a fast complaint.**

- You may need a faster decision because of a health or medical reason.
- If you need a faster decision, ask your health care provider to send us information about your health or medical reason.
- When you make a fast complaint, our plan must give you a decision on your fast complaint **within 24 hours.**
- If our plan agrees you need a faster decision, we'll make a decision about your <request or appeal> sooner.]

or

*[When plan denies request for expedited integrated organization determination/appeal: **Our plan reviewed your request for the <service or item> listed above. We don't think a fast decision is needed because** [Insert a concise explanation for the plan's decision. Write the explanation in plain language and give, at a minimum, a basic explanation of the reasoning behind the action in the*

*simplest language possible without losing meaning.]. Our plan will make a decision about your request by **Insert specific decision deadline date in month, date, year format – 14 calendar days for requests (72 hours for Part B drugs)/30 calendar days for appeals (7 calendar days for Part B drugs) from date that the request or appeal was made. Insert deadline date in bold text.***

If you disagree with our plan's decision that you don't need a fast decision, **you or your health care provider** can make a fast complaint.

- You may need a faster decision because of a health or medical reason.
- If you need a faster decision, ask your health care provider to send us information about your health or medical reason.
- When you make a fast complaint, our plan must give you a decision on your fast complaint **within 24 hours**.
- If our plan agrees you need a faster decision, we'll make a decision about your request sooner.]

How to make a fast complaint

Contact our plan as soon as possible to make a fast complaint. Usually, **calling our plan's Customer Care is the first step** for making a fast complaint. **We must respond within 24 hours of getting your fast complaint.**

- To make a fast complaint by phone, you or someone you have named as your representative to act on your behalf (such as a relative, friend, or lawyer) may call (800) 452-4413 (TTY: 711), 8 a.m. to 8 p.m., seven (7) days a week.
- When you call, tell us you want to make a fast complaint.
- If you make your fast complaint by phone, our plan may call you to give you our answer and follow up with a written response.

You always have the right to make a fast complaint in writing if you don't want to call Customer Care.

To put your complaint in writing, you or your representative can mail us at

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

or send a fax to 916-350-6510

- If you make your fast complaint in writing, our plan will send you a written response.

You also have the right to ask for a written response from our plan when you call to make a fast complaint.

Get help and more information

- Blue Shield TotalDual Plan (HMO D-SNP) Customer Care: Call 800-452-4413 (TTY:711), 8a.m. to 8 p.m., seven (7) days a week. You can also visit www.blueshieldca.com/med_appeals.
- Medicare Medi-Cal Ombudsman Program (also called the Cal MediConnect Ombudsman): Call 1-855-501-3077 (TTY: 1-855-847-7914). Medicare Medi-Cal Ombudsman Program (also called the Cal MediConnect Ombudsman) can answer questions about this letter. They can also help you understand what to do next. They aren't connected with our plan or with any insurance company or health plan. Their services are free.
- California Health Insurance Counseling & Advocacy Program (HICAP): Call 1-800-434-0222 (TTY:711). California Health Insurance Counseling & Advocacy Program (HICAP) counselors can help you with Medicare issues, including how to make a fast complaint. They aren't connected with any insurance company or health plan. Their services are free.
- **Medicare:** Call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week (TTY users can call 1-877-486-2048). Or, visit **Medicare.gov**.
- Medi-Cal: Call 1-800-430-4263 (TTY:1-800-430-7077).
- **Medicare Rights Center:** Call 1-800-333-4114, or visit www.medicarerights.org.
- **Eldercare Locator:** Call 1-800-677-1116, or visit www.eldercare.acl.gov to find help in your community.

You can get this document for free in Spanish, Arabic, Armenian, Chinese, Farsi, Khmer, Korean, Russian, Tagalog, and Vietnamese, or other formats, such as large print, braille, or audio. Call (800) 452-4413 and TTY: 711, 8a.m. to 8 p.m., seven (7) days a week. The call is free.

Enclosures:

"Notice of Non-Discrimination"

"Language Assistance Notice"

