

<Insert delegate name and/or logo>

SERVICES REQUESTED DO NOT MEET EXPEDITED CRITERIA

<Date>

Member Name:

Member ID:

Plan Name: < Blue Shield TotalDual Plan (HMO D-SNP) H5928-005 OR Blue Shield TotalDual Plan (HMO D-SNP) H5928-055 OR Blue Shield Inspire (HMO D-SNP) H5928-054>

Plan Phone: (800) 452-4413 (TTY: 711)

Provider Name:

Requested Service:

Date and Time of Expedited Request:

Attending Physician's Name:

Dear <Name>,

Thank you for being a member of <Provider Organization>. This letter is in response to your request for a fast (expedited), 72-hour decision to approve the services noted above.

Your request does not meet criteria for expedited 72-hour review. Based on the information you sent to us, we have decided that your request does not meet the Centers for Medicare and Medicaid Services (CMS) definition of "time sensitive."

We are required to complete our review of your request on an expedited basis if:

- (1) Your request meets the definition of "time sensitive"; or
- (2) A doctor supports your request for an expedited review.

"Time sensitive" is defined as "a situation where the time frame of the standard decision-making process could seriously jeopardize the life or health of the enrollee or could jeopardize the enrollee's ability to regain maximum function."

We will review your request in standard 14-day time frame

Since your request has not met either of the criteria, it will be reviewed using the standard 14-day time frame. We will make every effort to process your request as soon as possible,

but no later than 14 days after the date we received your request. You will be notified once your review has been completed.

Resubmit request for expedited 72-hour review

You have the right to resubmit a request for an expedited, 72-hour decision. If any doctor supports your request for an expedited review, and the doctor indicates that waiting 14 days could seriously harm your health, the request will be expedited automatically.

File an expedited grievance if you disagree with our decision

You may file an expedited oral or written grievance if you disagree with our decision not to expedite your review. The grievance process allows you to file a complaint with us about issues other than denied claims or services. We must respond to an expedited grievance within 24 hours.

To file an expedited grievance, you or your authorized representative should telephone, mail or fax to:

Blue Shield of California
Attention: Medicare Appeals & Grievances Department
P.O. Box 927
Woodland Hills, CA 91365-9856
Telephone Number: **(800) 452-4413 (TTY: 711)**
Fax Number: (916) 350-6510

Please note that although you are not required to submit additional information to us, it is important you contact us immediately if your medical condition changes, or if you have additional information related to this matter.

If you have any questions or require additional information, please call our Customer Care number at **(800) 452-4413 [TTY: 711]**, 8 a.m. to 8 p.m., seven (7) days a week.

We value you as a member and want to make sure you get the care you need. We look forward to being here for you.

Sincerely,

Medical Director,

CC:

Enclosures:

"Notice of Non-Discrimination"

"Language Assistance Notice"

"Fast Complaint Letter"