blue of california

Appeals & Grievances Form

For Blue Shield 65 Plus, Blue Shield 65 Plus Choice Plan, Blue Shield Medicare Rx Plans, and Blue Shield of California Medicare Rx Plan members

Request for Appeal and/or Grievance

(see reverse for an explanation of a grievance and an appeal)

Member Name: _____

Member ID Number: _____ Phone Number: _____

Member Address: _____

In your own words, please describe your concerns. Provide any information you feel may be helpful, including names and dates. Please be sure to include copies of any claims/bills, medical records, or denial notices, if available. **A grievance may be filed either orally or in writing within 60 days of the incident.** Please note that you may contact our Member Services Department at the telephone number listed on your Blue Shield member ID card to file a grievance. **Standard redetermination (appeal) requests must be submitted in writing within 60 days of the date on the notice of denial.** Calling Member Services will initiate the appeal, but it cannot be processed without your written request. Please feel free to use additional paper if necessary.

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Signature:_____ Date: _____

Please return this form to the Blue Shield of California Medicare Appeals & Grievance Department:

In Person:
6300 Canoga Ave.
Woodland Hills, CA 91367

Mail Form to:
P.O. Box 927
Woodland Hills, CA 91365-9856

or via facsimile at (800) 303-5852.

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What is a Grievance?

A Grievance is any complaint other than one that involves a request for an Organization Determination, a Coverage Determination or an Appeal as described below.

What is an Organization Determination?

An Organization Determination is our Initial Decision about whether we will provide the medical care or service you request, or pay for a service you have received.

What is a Coverage Determination?

A Coverage Determination made by us is the starting point for dealing with requests you may have about covering or paying for a Part D prescription drug. If your doctor or pharmacist tells you that a certain prescription drug is not covered, you should contact us and ask us for a Coverage Determination. With this decision, we explain whether we will provide the prescription drug you are requesting or pay for a prescription drug you have already received. If we deny your request (this is sometimes called an "adverse Coverage Determination"), you may "Appeal" the decision.

What is an Appeal?

If we deny any part of your request for medical care service or payment of a service, you may ask us to reconsider our decision. This is called an "Appeal" or a "request for reconsideration."

If we deny any part of your request for Part D prescription drug(s) in our Coverage Determination, you may ask us to reconsider our decision. This is called a "request for redetermination."

Please refer to your *Evidence of Coverage* for a complete description of all the terms above.