



Important: This notice explains your right to appeal your health plan’s decision. Read this notice carefully. If you need help, you can call one of the numbers listed on the last page under “Get help and more information.”

YOUR BLUE PLUS APPEAL RIGHTS

You have the right to appeal our decision. Ask Blue Plus to review our decision by asking us for an appeal within **60 calendar days** from the date of this notice. We can give you more time if you have a good reason for missing the deadline. You can appeal by phone, in writing, or in person.

If you want the service to continue during your appeal, you must ask us for an appeal within 10 days from the date of this notice or before the service is stopped or reduced, whichever is later. You must also ask us to keep getting your services. If you lose your appeal, you may have to pay for these services, but only if state policy allows this.

If you decide to appeal, it will NOT affect your eligibility for medical benefits. There is no cost to you to appeal.

There are two kinds of appeals with Blue Plus

Standard Appeal:

We will give you a written decision on a standard appeal within **30 calendar days**. Our decision might take longer if you ask for an extension, or if we need more information about your case. We will tell you if we are taking extra time and we will explain why more time is needed.

Fast Appeal:

You can ask for a fast appeal if you or your **doctor** believe your health could be seriously harmed by waiting up to 30 calendar days for a decision. **We’ll automatically give you a fast appeal if a doctor asks for one for you or if your doctor supports your request.** If we agree that your appeal is urgent, we will give you a decision within 72 hours. If we do not agree that the service is urgently needed, we will tell you within 24 hours. If you disagree with our answer, you may file a grievance with us or contact a state ombudsperson.

If you received a denial of payment for services you have already received, you cannot ask for a fast appeal.

How to ask for an appeal with Blue Plus

You, your representative, or your doctor can ask us for an appeal by telephone or in writing. Anyone can act as your representative **with your written consent**. Both you and the person you want to act for you must sign and date a statement confirming this is what you want. A doctor may appeal a service authorization decision *without* your consent.

bluecrossmn.com/publicprograms

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You may submit any documents and give information in person, by telephone, or in writing. Your records will be kept private according to law. You will receive a letter from us confirming we have received your appeal request.

Your appeal request should include:

- Your name
- Date of birth
- Address
- Member number
- Phone number
- Reasons for appeal

You may also include any information you want us to review, such as medical records, doctor's letters, or other information that explains why you need the item or service. Call your doctor if you need this information. We recommend keeping a copy of everything you send us for your records.

At no cost to you, you can ask to see the medical records and other documents we used to make our decision before or during the appeal. You can also ask for a copy of the guidelines we used to make our decision. You may need to put your request in writing. Blue Plus will inform you of the policy for requesting records.

Contact Information to appeal: Call us, mail, fax, or deliver your appeal request.

Mailing Address:

Blue Plus – Appeals & Grievances
P.O. Box 982816
El Paso, TX 79998-2816

Phone or Fax:

Phone: **1-800-711-9862** (This call is free.)
TTY: **711**
Fax: (651) 662-6287

In-Person Delivery Address:

Blue Plus
3400 Yankee Drive
Eagan, MN 55121-1627

State Appeal

You have the right to ask for a State Appeal (also known as a Fair Hearing with the state).

You must appeal to Blue Plus before asking for a State Appeal. If we take more than 30 days to decide your appeal and we have not asked for an extension, you do not need to wait for our decision to ask for a State Appeal. For more information about a State Appeal, see your Member Handbook or contact the health plan or state ombudsperson at the numbers listed in the following section.

Get help and more information

We suggest you call Blue Plus first to talk about the decision, but you are not required to do so. Call Blue Plus at **1-800-711-9862**. TTY users call **711** or use your preferred relay service. The call is free.

A state ombudsperson may also be able to help. They can help you appeal to Blue Plus or request a State Appeal. They are neutral and not part of Blue Plus.

To call a state ombudsperson: **(651) 431-2660** or **1-800-657-3729** (This call is free.)

TTY: 711 or 1-800-627-3529, or use your preferred relay service

Write: The Office of Ombudsperson for Public Managed Health Care Programs
Minnesota Department of Human Services
P.O. Box 64249
St. Paul, MN 55164-0249

Your county managed care advocate may also be able to help. Contact your county human services office and ask to speak to the county managed care advocate.

Information about this notice has been sent to:

- Member or Authorized Representative
- Doctor

Enclosures: Language block
Complaint block