

<Insert delegate name and/or logo>

Detailed Explanation of Non-coverage

<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 >

This notice gives a detailed explanation of why your Medicare provider and/or health plan has determined Medicare coverage for your current services should end. ***This notice is not the decision on your appeal.*** The decision on your appeal will come from your Quality Improvement Organization (QIO).

We have reviewed your case and decided that Medicare coverage of your current <insert type> services should end.

- **The facts used to make this decision:**

- **Detailed explanation of why your current services are no longer covered, and the specific Medicare coverage rules and policy used to make this decision:**

- **Plan policy, provision, or rationale used in making the decision (health plans only):**

If you would like a copy of the policy or coverage guidelines used to make this decision, or a copy of the documents sent to the QIO, please call us at **(800) 452-4413**. If you have any questions, please contact your health plan, Blue Shield of California at: **(800) 452-4413 [TTY: 711]**, 8 a.m. to 8 p.m., seven (7) days a week.

Enclosure(s):
"Notice of Non-Discrimination"
"Language Assistance Notice"