



{ Agency or Skilled Nursing Facility Name }

{ Agency or Skilled Nursing Facility Address }

{ Agency or Skilled Nursing Facility Telephone }

Detailed Explanation of Non-coverage

Date: <Date>

Member name: <Member Name>

Member number: <Member Number>

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:**
<Form is limited to one page>
- **Detailed explanation of why your current services are not longer covered, and the specific Medicare coverage rules and policy used to make this decision:**
<Form is limited to one page>
- **Plan policy, provision, or rationale used in making the decision (health plans only):**
<Form is limited to one page>

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: 1-888-488-9850 TTY: 711, 8 a.m. to 8 p.m., Central time, seven days a week from October 1 through February 14; 8 a.m. to 8 p.m., Central time, Monday through Friday from February 15 through September 30.

Blue Cross and Blue Shield of Nebraska is an HMO and HMO-POS plan with a Medicare contract. Enrollment in Blue Cross and Blue Shield of Nebraska Medicare Advantage depends on contract renewal.

H3170_C_DenNonCvgPlan NM 11302016

{Agency or Skilled Nursing Facility Name}

{Agency or Skilled Nursing Facility Address}

{Agency or Skilled Nursing Facility Telephone}

Detailed Explanation of Non-coverage

Date: <date of letter>

Member name: <member name>

Member number: <member number>

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Addendum to Detailed Explanation of Non-Coverage

Date: <Date>

Member number: <Number>

Member Name <First and Last Name>

<Member's Street Address>

<Member's City, State and Zip Code>

<Free Space>

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