

You have the right to request and receive expedited decisions affecting your medical treatment in “time-sensitive” situations.

A “time-sensitive” situation is a situation where waiting for a decision to be made within the time frame of the standard decision-making process could seriously jeopardize 1) your life or health, or 2) your ability to regain maximum function.

If our Plan or your Primary Care Physician decides, based on medical criteria, that your situation is “time-sensitive” or if any physician calls or writes in support of your request for an expedited review, our Plan or your Primary Care Physician will issue a decision as expeditiously as possible, but no later than seventy-two (72) hours after receiving the request.

Where Can an Appeal Be Filed?

You may file a standard appeal in writing directly to: Signature Advantage, Appeals and Grievances Department, 12201 Bluegrass Parkway Louisville, KY 40299

You may file a standard or expedited appeal by fax to 1-800-880-3263 or by calling Member Services at our toll-free number 1-844-214-8633 TTY users call 711.

Hours of operations: 8:00 a.m. to 8:00 p.m. (7 days a week from October 1 through March 31, except for holidays. Monday to Friday from April 1 through September 30, except for holidays).

What Happens Next?

If you appeal, our Plan will review the decision. If any of the services you requested are still denied after our Plan’s review, Medicare will provide you with a new and impartial review of your case by a reviewer outside of our Plan. If you disagree with that decision, you will have further appeal rights. You will be notified of those appeal rights if this happens.