



SECTION 13



MEMBER APPEALS AND GRIEVANCES

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Providing Members with Appeal and Grievance Information

There may be times when members have a complaint or disagree with a decision that was made by CCHP or by CCHCA Medical Group about benefit coverage or non-payment of care/service. Members may also express concerns about an experience they had with some aspect of their care/service. In these instances, members, or their designated representative (who may be their physician acting on their behalf) have the right to file an appeal and/or a grievance.

CCHP requires that all participating providers are aware of the existence of CCHP's member appeal and grievance procedures. If a member expresses a complaint or concern, CCHP providers are responsible for informing them of their right to file a complaint with CCHP.

Included in this section are Complaint forms. Please refer members to CCHP Member Services or provide them with information on how to file a complaint as described on the following pages. Please note that there are separate procedures and information for Commercial Members (CCHP Group and Individual) and Medicare Advantage Members (CCHP Senior Program HMO and CCHP Senior Select Program HMO SNP).

An **appeal** is a complaint about a coverage decision, including a denial of payment for a service received, or a denial in providing a service a member feels they are entitled to as a CCHP member. Coverage decisions that may be appealed include a denial of payment for any health care services they received, or a denial of a service that they believe should have been arranged for, furnished, or paid for by CCHP.

A **grievance** is a complaint about a problem a member observes or experiences, including complaints about the quality of services that they receive, complaints regarding such issues as office waiting times, physician behavior, adequacy of facilities, or other similar concerns.

Medicare Advantage Member Appeal and Grievance Process

CCHP Senior Program (HMO)

CCHP Senior Select Program (HMO SNP)

You will find a summary of the Appeal and Grievance process for members of our CCHP Senior Program HMO and CCHP Senior Select Program HMO SNP including a downloadable, bilingual complaint form and the ability to submit a complaint online at: https://p4.secure.hostingprod.com/@cchphmo.com/ssl/html/form_e.php





Commercial Group and Individual Plan Member Appeal and Grievance Process

You will find a summary of the appeal and grievance process for members of our Commercial Group and Individual plans including a downloadable, bilingual complaint form and the ability to submit a complaint online at:

http://www.cchphmo.com/grievance_appeal_group.html for Group Plan members and **http://www.cchphmo.com/grievance_appeal_indivfamily.html** for Individual Plan members.

How to File a Complaint – Appeal or Grievance

Contact the CCHP Member Services Department for assistance in filing a verbal or written grievance or appeal. The Member Services staff can assist members or a provider acting on their behalf in filing a grievance or appeal. We have a complaint form, which can be used to file a grievance or an appeal which is available from Member Services, or you may download and print the form from our website, or you can file a complaint online using our secure online complaint form. However, you do not have to use our complaint form to file a grievance or appeal; you may call Member Services, send us a letter or fax, or come to our office. With or without the form, please provide a brief explanation of the issue and submit it in one of the following ways:

By Telephone:	415-834-2118 or (TTY) 1-877-681-8888
By Fax:	415-397-2129
In Person:	CCHP Member Services 835 Jackson Street San Francisco, CA 94133
By Mail:	CCHP Member Services 445 Grant Ave, Suite 700 San Francisco, CA 94108
Online:	
Senior Program HMO	http://www.cchphmo.com/grievance_appeal_seniorprogram.html
Senior Select Program HMO SNP	http://www.cchphmo.com/grievance_appeal_seniorselect.html
Group Plan	http://www.cchphmo.com/grievance_appeal_group.html
Individual Plan	http://www.cchphmo.com/grievance_appeal_indivfamily.html





Member Handout: Information to give to Commercial Group and Individual Members.

For a Chinese version of this information, call Member Services or go to http://www.cchphmo.com/chinese/grievance_appeal_group.html

CCHP Commercial Member Appeal & Grievance Procedures

CCHP is committed to you being satisfied with the services you receive. It is our intention to provide you with the opportunity to be heard concerning any issue or problem you may have in understanding your health plan. When you have a problem or complaint, please contact Member Services for assistance. If the problem is not promptly resolved to your satisfaction, you are encouraged to file a grievance or an appeal. CCHP will not discriminate against you because you file an appeal or grievance. The procedure for doing this is described below.

What is a Grievance or an Appeal?

A grievance is a complaint about a problem you observe or experience, including complaints about the quality of services that you receive, complaints regarding such issues as office waiting times, physician behavior, adequacy of facilities, or other similar concerns.

An appeal is a complaint about a coverage decision, including a denial of payment for a service you received, or a denial in providing a service you feel you are entitled to as a CCHP member. Coverage decisions that may be appealed include a denial of payment for any health care services you received, or a denial of a service you believe should have been arranged for, furnished, or paid for by the CCHP

How to File

If you would like to file a verbal or written grievance or appeal, please contact the Member Services Department. The Member Services staff can assist you in filing your grievance or appeal. A provider can also act on your behalf. We have a complaint form, which can be used to file a grievance or an appeal which is available from Member Services, in all CCHP physician offices, or you may download and print the form from our website at www.cchphmo.com. However, you do not have to use our complaint form to file a grievance or appeal; you may call Member Services, send us a letter or fax, or come to our office. With or without the form, please provide a brief explanation of the issue and submit it in one of the following ways:

By Telephone:	415-834-2118 or (TTY) 1-877-681-8888
By Fax:	415-397-2129
In Person:	CCHP Member Services, 835 Jackson Street, San Francisco, CA 94133



By Mail: CCHP Appeals & Grievances,
445 Grant Ave, Suite 700, San Francisco, CA 94108

What Happens After You File?

Within 5 calendar days after receiving your request, we will send you a letter acknowledging receipt of your complaint. The Member Services Department will direct the complaint to the appropriate CCHP department for action. Within 30 days after we receive your request, we will send you a written notice regarding CCHP's determination and the procedure for re-opening the case if you are not satisfied with our response.

Expedited Reviews

In some cases, you have the right to an expedited review of your appeal or grievance when a delay in decision-making might pose an imminent and serious threat to your health, including but not limited to severe pain, potential loss of life, limb, or major bodily function. If you request an expedited review, the health plan will evaluate your request and medical condition to determine if your request qualifies as expedited; expedited reviews are processed within 72 hours. All expedited reviews that do not meet the criteria for expedited review, will be processed as a standard 30-day appeal or grievance. As a CCHP member, you are not required to participate in CCHP's appeal or grievance process before applying to the California Department of Managed Health Care when filing expedited reviews.

California Department of Managed Health Care

Health plans in California are regulated by a department of the state government. The paragraph below is information from this department about assistance you may be able to receive from that department.

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **415-834-2118** and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (**1-888-HMO-2219**) and a TDD line (**1-877-688-9891**) for the hearing and speech impaired. The department's web site <http://www.hmohelp.ca.gov> has complaint forms, IMR application forms and instructions online.





CHINESE COMMUNITY HEALTH PLAN COMPLAINT FORM

Attention: Member Services-Commercial Group/Individual

Mailing Address: 445 Grant Ave #700, San Francisco CA 94108

Member Services Office: 835 Jackson Street, San Francisco CA 94133

Phone: (415) 834-2118 or Fax (415)-397-2129 TTY users: 1-877-681-8898

Date: _____ Member ID#: _____

Name: _____

Address: _____

Telephone #: _____

Name of person filing if different from above/relationship:

Date of Problem: _____

Describe the problem in detail. (Use and attach additional sheets if necessary)

What would you like someone to do about this problem? (Use and attach additional sheets if necessary)

Do you need language assistance? Yes No What language? _____

Do you have any physical disabilities that need accommodation? Yes No

Do you have a problem that needs medical attention in the next three days, or are you in severe pain? Yes No

Signature of Member (Representative)

Date

Signature of person translated the appeal or grievance

Date





The Department of Managed Health Care requires that we advise our members of the following:

“The Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your plan CCHP at **(415) 834-2118** or **(TTY) 1 (877) 681-8898** and use the plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number **(1-888-HMO-2219)** and a TDD line **(1-877-688-9891)** for the hearing and speech impaired. The department's Internet Web site <http://www.hmohelp.ca.gov> has complaint forms, IMR application forms and instructions online.”





Member Handout: Information to give to CCHP Senior and Senior Select (Medicare Advantage) Members

For a Chinese version of this information, go to http://www.cchphmo.com/chinese/grievance_appeal_seniorprogram.html

CCHP Senior Program HMO and Senior Select Program HMO SNP Member Appeal and Grievance Procedures

CCHP wants you to be satisfied with the services you receive. We want to hear from you when you have any problems or issues with the health plan. When you have a problem or a complaint, call Member Services at 415-834-2118. They can explain your health plan benefits, or, if your problem is about another matter, they will try to solve it right away. If they can't, they will help you file an appeal or grievance. CCHP will not discriminate against you because you file an appeal or grievance. If you need assistance with these procedures, you can have someone act as your appointed representative. If you name an appointed representative, both you and that person must sign and date a statement that gives the person legal permission to act as your appointed representative. You can download an Appointment of Representative form www.cchphmo.com/download/appointment_of_representative.pdf or you can call Member Services. If you need help completing the form, please call Member Services.

Medicare Drug Benefit Appeals and Grievances

There are separate procedures for filing an appeal or grievance that involves your Medicare Part D drug benefits. Please select see Drug Benefit Appeal and Grievance Information located further in this Section.

What is a Grievance or an Appeal?

An **appeal** is the type of complaint you make when you want us to reconsider and change a decision we have made about what services are covered for you or what we will pay for a service. For example, if we refuse to cover or pay for services or benefits you think we should cover, you can file an appeal. If CCHP or one of our Plan providers refuses to give you a service you think should be covered, you can file an appeal. If CCHP or one of our Plan providers reduces or cuts back on services or benefits you have been receiving, you can file an appeal. If you think we are stopping your coverage of a service or benefit too soon, you can file an appeal.

A **grievance** is the type of complaint you make if you have any other type of problem with CCHP or one of our Plan providers. For example, you would file a grievance if you have a problem with things such as the quality of your care, waiting times for appointments or in the waiting room, the way your doctors or others behave, being able to reach someone by phone or get the information you need, or the cleanliness or condition of the doctor's office.



How to File

If you would like to file an appeal or grievance, please contact the Member Services Department for assistance. The Member Services staff can help you to file an appeal or grievance. Your doctor can also help you. You must file an appeal in writing. You may submit a grievance orally or in writing. Though not required, CCHP has a complaint form you can download, or you can complete and submit an appeal and grievance form online.

Where Do I Get the Form?

There are several options:

1. Complete the secure online form at **www.cchphmo.com/grievance_appeal_seniorprogram.html**
2. Print a form from this website and mail/fax/or bring it in to us:
3. You can get a complaint form at Member Services and in all CCHP provider offices.
4. You don't have to use our form to file a grievance or appeal; you may call Member Services, send us a letter or fax, or come to our office. Please provide a brief explanation of the issue and submit it in one of the following ways:

Telephone:	415-834-2118
Toll-free Number:	1-888-775-7888
TTY:	1-877-681-8898
By Fax:	415-397-2129
In Person:	CCHP Member Services 845 Jackson Street San Francisco, CA 94133
By Mail:	Chinese Community Health Plan Attn: Appeals and Grievances 445 Grant Avenue, Suite 700 San Francisco, CA 94108

What Happens After You File

Within 5 days after receiving your request, we will send you a letter letting you know that we received your complaint. Within 30 days after we receive your request, we will send you a written notice with CCHP's answer and the next steps in the process if you are not satisfied with our response.

Expedited Review

You can ask for a fast appeal or grievance if you or your doctor believes that waiting too long for a decision could seriously harm your health. You must call or fax you request to Members Services. CCHP must decide on a fast appeal or grievance no later than 72 hours after we get your request.





Complete Details

For more detail about the appeal and grievance procedures, please read Sections 4 and 5 of your CCHP Evidence of Coverage.





Member Handout: Information to give to CCHP Senior and Senior Select (Medicare Advantage) Members

Medicare Drug Benefit Appeal and Grievance Procedures

Medicare Advantage (CCHP Senior Program HMO and Senior Select Program HMO SNP Members)

Medicare Rx Questions and Concerns

CCHP wants you to be satisfied with the services you receive. For this reason, we have appointed **Express Scripts**, our pharmacy management company, to resolve any problems or issues with your Medicare drug benefits. Please call CCHP Member Services whenever you have questions or concerns regarding your drug benefits. We will answer your questions and, if necessary, we will help you contact Express Scripts. You may also contact Express Scripts directly at the telephone numbers and addresses listed below.

Who to Contact:

CCHP Member Services

Telephone: 415-834-2118
Toll-free: 1-888-775-7888
TTY: 1-877-681-8898
Fax: 415-397-2129
Mail: CCHP Member Services Department
Attn: Pharmacy Appeals-Part D
445 Grant Avenue, Suite 700
San Francisco, CA 94108
In person: CCHP Member Services
845 Jackson Street
San Francisco, CA 94133

We will attempt to resolve any concerns or complaints over the phone. If you request a written response to your phone complaint, Express Scripts will respond to you in writing. If Express Scripts cannot resolve your complaint over the phone, they will begin a formal review of your complaint. Depending on the type of complaint, it will be handled by Express Scripts as a coverage determination, a grievance, or an appeal in accordance with CMS guidelines and CCHP procedures as summarized below. If you need assistance with these procedures, you can have someone act as your appointed representative. If you name an appointed representative, both you and that person must sign and date a statement that gives the person legal permission to act as your appointed representative. You can download an Appointment of Representative



form www.cchphmo.com/download/appointment_of_representative.pdf or you can call Member Services. If you need help completing the form, please call Member Services.

For more detail about coverage determinations, grievances and appeals procedures, please read Section 4 and 5 of your CCHP Senior Program HMO Evidence of Coverage or CCHP Senior *Select* Program (HMO SNP) Evidence of Coverage.

Requesting Coverage Determinations

A **coverage determination** is the process by which CCHP decides to provide or pay for a Medicare Part D drug. You should use this process for requesting an exception to the Formulary.

We will make timely decisions when you ask us to cover a Medicare Part D prescription drug. A coverage determination is handled according to your health status. A decision about whether we will cover a Part D prescription drug can be:

- A "standard decision" made within the standard time frame (typically within 72 hours),
- or
- A "fast decision" made more quickly (typically within 24 hours).

You can ask for a fast decision **only** if you or your doctor believe that waiting for a standard decision could seriously harm your health or your ability to regain maximum function. To request a standard or fast coverage determination, call CCHP Member Services. We can help you contact Express Scripts, or you may contact Express Scripts directly at the telephone numbers and addresses listed below. You may also complete a Coverage Determination/Prior Authorization Request Form and give it to your doctor. Your doctor will complete the remainder of the form and submit it to Express Scripts by fax. The telephone number for oral requests is 1-800-417-8164, option 2 for CCHP Members.

Who to Contact:

	CCHP Member Services	Express Script
Telephone:	415-834-2118	
Toll-free:	1-888-775-7888	
TDD/TTY:	1-877-681-8898(TTY only)	1-877-899-2114
Fax:	415-397-2129	1-877-837-5922
Mail:	CCHP Member Services Department Attn: Pharmacy Appeals-Part D 445 Grant Avenue, Suite 700 San Francisco, CA 94108	Express Script, Inc. Attn: Prior Authorization- Part D Mail Route: B10390 6625 West 78 th Street





Bloomington, MN 55439

In person: CCHP Member Services
845 Jackson Street
San Francisco, CA 94133

Requesting an Exception to the Formulary

You can ask us to do any of the following:

- Make an exception to our coverage rules.
- Cover your drug even if it is not on our formulary.
- Waive coverage restrictions or limits on your drug.
- Provide a medication at a lower copayment level.

Please refer to Section 5 of your Evidence of Coverage for detailed information regarding exceptions. Generally, we will only approve your request for an exception if the alternative drugs included on the plan's formulary, the generic drugs, or additional utilization restrictions would not be as effective in treating your condition and/or would cause adverse medical effects. To request an exception, call CCHP Member Services. We will answer your questions, guide you through the process, and, if necessary, help you contact Express Scripts. The coverage determination process includes requests for exceptions.

Appeals Procedure

An **appeal** is the type of complaint you make when you want us to reconsider and change a decision we have made about what services are covered or what we will pay for a service.

Please call CCHP Member Services or Express Scripts if you disagree with a decision and you want to file an appeal. You have the right to appeal a decision within 60 days from the date of the denial notice (unless you show good cause for a delay past 60 days). You may file a "standard" appeal orally by telephone, or in writing, by fax or mail. Express Scripts will make a decision within 7 days after receiving your appeal. You may ask for a "fast" appeal if waiting for a standard decision could seriously harm your health or your ability to regain maximum function. Express Scripts will make a decision within 72 hours. You, your appointed representative, or your physician can request a fast appeal.

Where to file Drug Benefit Appeals

To file an appeal, ask questions about the process, or to check on the status of an appeal you have filed, call CCHP Member Services. We will answer your questions, guide you through the process, and, if necessary, help you contact Express Scripts. You may also contact Express Scripts directly at the fax number and addresses listed below. To file a





fast appeal, you must call or fax your request to Express Scripts using the fax numbers provided below. To file a standard appeal, you may fax or mail your appeal.

Who to Contact:

	CCHP Member Services	Express Script
Telephone:	415-834-2118	
Toll-free:	1-888-775-7888	
TTY:	1-877-681-8898	
Fax:	415-397-2129	1-877-852-4070
Mail:	CCHP Member Services Department Attn: Appeals and Grievances 445 Grant Avenue, Suite 700 San Francisco, CA 94108	Express Script, Inc. Attn: Pharmacy Appeal-Part D Mail Route: B10390 6625 West 78 th Street Bloomington, MN 55439
In person:	CCHP Member Services 845 Jackson Street San Francisco, CA 94133	

Grievances

A **grievance** is any complaint that expresses dissatisfaction with the care or service you receive from CCHP, a CCHP provider, one of our network pharmacies, or Express Scripts.

Where to File Drug Benefit Grievances

You may file a grievance orally by telephone, or in writing by fax or mail. To file a grievance, ask questions about the process, or to check on the status of a grievance you have filed, call CCHP Member Services. We will answer your questions, guide you through the process, and, if necessary, help you contact Express Scripts. You may also contact Express Scripts directly at the telephone numbers and addresses listed below. We must notify you of our decision about your grievance as quickly as your case requires based on your health status, but no later than 30 calendar days after receiving your grievance. We may extend the time frame by up to 14 calendar days if you request the extension, or if we justify a need for additional information and the delay is in your best interest.

Who to Contact:

	CCHP Member Services	Express Script
Telephone:	415-834-2118	
Toll-free:	1-888-775-7888	1-866-533-8512
TDD/TTY:	1-877-681-8898(TTY only)	1-800-899-2114





Fax: 415-397-2129 1-877-305-1686
Mail: CCHP Member Services Express Script, Inc.
Department Attn: Director of Grievance
Attn: Director of Grievances-Part Mail Route: B10390
D 6625 West 78th Street
445 Grant Avenue, Suite 700 Bloomington, MN 55439
San Francisco, CA 94108
In person: CCHP Member Services
845 Jackson Street
San Francisco, CA 94133





CHINESE COMMUNITY HEALTH PLAN COMPLAINT FORM

Attention: Member Services-Senior and Senior Select Program

Mailing Address: 445 Grant Ave #700, San Francisco CA 94108

Member Services Office: 835 Jackson Street, San Francisco CA 94133

Phone: (415) 834-2118 or Fax (415)-397-2129 TTY users: 1-877-681-8898

Date: _____ Member ID#: _____
 Name: _____
 Address: _____
 Telephone #: _____
 Name of person filing if different from above/relationship:

Date of Problem: _____

Describe the problem in detail. (Use and attach additional sheets if necessary)

What would you like someone to do about this problem? (Use and attach additional sheets if necessary)

Do you need language assistance? Yes No What language? _____

Do you have any physical disabilities that need accommodation? Yes No

Do you have a problem that needs medical attention in the next three days, or are you in severe pain? Yes No

Signature of Member (Representative)

Date

Signature of person translated the appeal or grievance

Date





The Department of Managed Health Care requires that we advise our members of the following:

“The Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your plan CCHP at **(415) 834-2118 or (TTY) 1 (877) 681-8898** and use the plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number **(1-888-HMO-2219)** and a TDD line **(1-877-688-9891)** for the hearing and speech impaired. The department's Internet Web site **<http://www.hmohelp.ca.gov>** has complaint forms, IMR application forms and instructions online.”

