



CCHP

**CHINESE COMMUNITY HEALTH PLAN COMPLAINT FORM**

Attention: Member Services-Senior 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) (415) 397-2129 TYY User: 1-877-681-8888

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





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Coverage.

## **There Are Two Kinds of Appeals You Can File:**

**Standard (30 days)** - You can ask for a standard appeal. Your plan must give you a decision no later than 30 days after it gets your appeal. (Your plan may extend this time by up to 14 days if you request an extension, or if it needs additional information and the extension benefits you.)

**Fast (72-hour review)** - You can ask for a fast appeal if you or your doctor believe that your health could be seriously harmed by waiting too long for a decision. Your plan must decide on a fast appeal no later than 72 hours after it gets your appeal. (Your plan may extend this time by up to 14 days if you request an extension, or if your plan needs additional information and the extension benefits you.)

- If any doctor asks for a fast appeal for you, or supports you in asking for one, and the doctor indicates that waiting for 30 days could seriously harm your health, your plan will automatically give you a fast appeal.
- If you ask for a fast appeal without support from a doctor, your plan will decide if your health requires a fast appeal.
- If your plan does not give you a fast appeal, your plan will decide your appeal within 30 days.

## **What Do I Include With My Appeal?**

You should include: your name, address, Member ID number, reasons for appealing, and any evidence you wish to attach. You may send in supporting medical records, doctors' letters, or other information that explains why your plan should provide the service. Call your doctor if you need this information to help you with your appeal. You may send in this information or present this information in person if you wish.

## **How Do I File An Appeal?**

**For a Standard Appeal:** You or your authorized representative should mail, fax, call, deliver or post online your appeal to CCHP

**For a Fast Appeal:** You or your authorized representative should contact us by **telephone or fax**

**What Happens Next?** If you appeal, CCHP will review the decision. After the CCHP review, if any of the services you requested are still denied, Medicare will provide you with a new and impartial review of your case by a reviewer outside of your Medicare Advantage Organization. If you disagree with that decision, you will have further appeal rights. You will be notified of those appeal rights if this happens.



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**Other Contact Information:**

Health Services Advisory Group, Inc

Phone: 1-866-800-8746 TDD [Hearing Impaired]: 1-800-881-5980

Available 24 hours a day, 7 days a week

Or write to:

Health Services Advisory Group, Inc.

Attn: Beneficiary Protection

5201 W. Kennedy Boulevard, Suite 900

Tampa, Florida 33609-1822

If you need information or help, call 1-800-MEDICARE (1-800-633-4227) or

TTY/TTD: 1-877-486-2048

**Other Resources To Help You:**

Medicare Rights Center:

Toll Free: 1-888-HMO-9050

**Elder Care Locator**

Toll Free: 1-800-677-1116

If you want to obtain information about the total number of the plan's grievances, appeals and exceptions, please contact member services.