



**CHINESE COMMUNITY HEALTH PLAN COMPLAINT FORM**

Attention: Member Services-Senior Program

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

Member Services Office: 445 Grant Avenue San Francisco, CA 94108

Phone: (415) 834-2118 or Fax (415) 397-2129 TTY User: 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

### How to Contact Chinese Community Health Plan

Toll Free	888-775-7888
Telephone	415-834-2118
TTY/TDD	877-681-8898
Fax	415-397-2129
In Person	CCHP Member Services 445 Grant Avenue San Francisco, CA 94108  386 Gellert Boulevard Daly City, CA 94105
Email	<a href="mailto:MemberServices@CCHPHealthPlan.com">MemberServices@CCHPHealthPlan.com</a>
Mail	CCHP Member Services 445 Grant Avenue, Suite 700 San Francisco, CA 94108

### For Hospital/Skilled Nursing and Home Health Appeals, contact the following:

Livanta

Attn:BFCC-QIO Program, Area 5  
9090 Junction Drive, Suite 10  
Annapolis Junction, MD 20701

Phone: 1-877-588-1123  
TDD: 1-855-887-6668

Website: [www.bfccqioarea5.com](http://www.bfccqioarea5.com)

### You may have the right to appeal.

To exercise your appeal rights, file your appeal in writing within 60 calendar days after the date of your original denial notice. CCHP can give you more time if you have a good reason for missing the deadline.

### Who May File An Appeal?

You or someone you name to act for you (**your authorized representative**) may file an appeal. You can name a relative, friend, advocate, attorney, doctor, or someone else to act for you. Others, not previously mentioned may already be authorized under State law to act for you.

You can call us at: (415) 834-2118 or toll free at (888) 775-7888 to learn how to name your authorized representative. If you have a hearing or speech impairment, please call us at TTY/TDD (877) 681-8898.

If you want someone to act for you, you and your authorized representative should sign, date, and send us this form, which will serve as a statement naming that person to act for you.

## IMPORTANT INFORMATION ABOUT YOUR APPEAL RIGHTS

*For more information about your appeal rights, call your plan or see your Evidence of 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.

**Other Contact Information:**

Livanta (California's Quality Improvement Organization)

Phone: 1-877-588-1123 TDD (Hearing Impaired): 1-855-887-6668

Available: Monday – Friday: 9AM – 5PM; Weekends/Holidays: 11AM – 3PM

Or write to:

Livanta

Attn: BFCC-QIO Program, Area 5

9090 Junction Drive, Suite 10

Annapolis Junction, MD 20701

If you need information or help, call 1-800-MEDICARE (1-800-633-4227) or TTY/TDD:  
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.