



Annual Member Notice

Issue Date
1/1/2022

COBRA / Cal-COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA) is a federal law that applies to employers with 20 or more employees. This law may offer members a temporary extension of their current health coverage for at least 18 months.

Cal-COBRA is the California version of Federal COBRA which applies to employers with 2 to 19 employees. It may let you keep your health coverage for a total of up to 36 months. Also, once your 18 months of federal COBRA is exhausted, Cal-COBRA may extend continuation coverage for an additional 18 months, which can result in a total of 36 months of coverage.

Please contact your employer with specific questions about your rights for continuation of such coverage. Your employer is responsible for providing you with a notice of your right to receive continuing coverage under COBRA. If you are eligible for Cal-COBRA, we will send you a notice of your coverage rights.

Be sure to look into Covered California health insurance exchange at www.Coveredca.com. You may find lower cost options and financial help for those who qualify.

You may also contact Member Services regarding your rights to other coverage.

No Incentives for Utilization Decisions

In order to assure that all authorization decisions are objective, CCHP uses pre-established criteria to make these decisions. CCHP reviewers who use these guidelines do not receive any financial incentives to approve or deny services. Members may request these criteria by contacting our Member Services.

Medical Loss Ratio Was Met

The Affordable Care Act requires health insurers in the individual and small group markets to spend at least 80% of the premiums they receive on health care services and activities to improve health care quality (in the large group market, this amount is 85%). This is referred to as the Medical Loss Ratio (MLR) rule. If a health insurer



does not spend at least 80% of the premiums it receives on health care services and activities to improve health care quality, the insurer must rebate the difference to its customers.

You are receiving this notice because CCHP had a Medical Loss Ratio for 2019 that met the required Medical Loss Ratio. No refund is due to members. For information on Medical Loss Ratio, visit www.HealthCare.gov.

Fraud Awareness

You are one of the first lines of defense against fraud, waste and abuse (FWA). There are many ways you can help CCHP combat FWA:

1. Report services or items that you have been billed for, but did not receive. You can review your plan statement and be on the lookout for this scheme:
 - Make sure you received the services or items billed.
 - Check the number of services billed.
 - Ensure the same service has not been billed more than once.
2. Medical transport services are sometimes necessary, but be aware that some ambulance companies are inappropriately billing. These suspect medical transport companies may bill for services that you may not have received; such as oxygen, cardiac monitoring, and more. If you suspect a medical transport company has committed fraud, you must report the matter in order to protect yourself and your health care benefits.
3. Be on the lookout for fraudulent schemes such as:
 - People going door to door to sell you healthcare items or services (only your doctor knows what you need).

- People calling you to ask for your health plan number.
- People offering you money or other incentives for health care services you don't need.
- People using your health plan member number for reimbursements of services you never received.

4. You can protect your identity and your benefits:

- Never give out your Social Security, health plan numbers, or banking information to someone you don't know.
- Carefully review your Plan Statement to ensure all the information is correct.
- Know that free services DO NOT require you to give your plan number to anyone.

To discuss benefit, coverage or claims payment concerns, please contact Member Services.

To report suspected fraud, waste, or abuse, please call the CCHP confidential and anonymous Corporate Compliance Hotline at 1-415-955-8810.

Utilization Management Program

Availability of Criteria

Copies of Utilization Management (UM) policies, procedures, and criteria used to authorize, modify, or deny healthcare requests are made available and may be received upon request. Members of the public may request copies of the criteria by calling Member Services at 1-888-775-7888 (toll free), 1-415-834-2118 (local), or 1-877-681-8898 (TTY).

Affirmative Statement about Incentives

UM decision making is based only on appropriateness of care and service and existence of coverage. Chinese Community Health Plan do not specifically reward practitioners or other individuals for issuing denials of coverage or care. Financial incentives for UM decision maker do not encourage decisions that result in underutilization.

Literacy / Translation Requirement

CCHP provides free language interpreter services for non-English speaking members who may have difficulty communicating with their providers. In addition, we offer materials in other languages. Please call our Member Services Center for assistance.

Member Services Center

Call

1-888-775-7888 (Toll Free)

1-415-834-2118 (Local)

1-877-681-8898 (TTY)

7 days a week from 8:00 a.m. to 8:00 p.m.

Email

MemberServices@CCHPHealthPlan.com

Or, Visit

445 Grant Avenue

San Francisco, CA 94108

Mon. to Sat. 9:00 am to 5:00 pm

386 Gellert Boulevard

Daly City, CA 94015

Mon. to Fri. 9:00 am to 5:30 pm

24-HOUR-NURSE ADVICE LINE

If you need advice and your physician is not available, you can call the CCHP Nurse Advice Line at 1-888-243-8310 available 24 hours a day, seven days a week—including week-ends and holidays. A nurse will call you back within 30 minutes if you leave a voicemail.

Your call will be answered by a registered nurse who is fluent in both English and Cantonese. For other languages, an interpreter service will be used.

Our nurses will help answer your health questions and advise on whether you should go to urgent care or the emergency room or if you can wait to make an appointment with your doctor.

URGENT CARE

If you are unable to reach your doctor during after hours, on a weekend or a holiday, please consider going to a nearby Urgent Care Center for symptoms such as:

- Flu
- Common cold
- Cough
- Sore throat
- Fever
- Vomiting
- Diarrhea
- Abdominal pain
- Minor burns, cuts and abrasions
- Simple broken bones

During normal office hours, please call your doctor for an appointment if you are experiencing these symptoms.

No appointment or prior authorization is necessary.

EMERGENCY

If you consider your condition an emergency:

- Chest pain
- Shortness of breath
- Stroke
- Unconsciousness
- Head injury
- And other conditions your doctor has discussed with you

Go to the emergency room at Chinese Hospital or the nearest emergency room.

In an emergency, you may call 9-1-1 or call directly to the dispatcher at AMR ambulance at 1-800-913-9197; or King-American ambulance 1-415-931-1400.

Chinese Community Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.