



**Important Member
Information**
會員重要資訊



CCHP Member Resources

We are here to serve you.

You can contact our Member Services for questions or assistance to get the most from your CCHP health plan. You may also contact departments directly as listed.

Member Services Center

Call

1-888-775-7888 (toll-free)
1-877-681-8898 (TTY)
Monday – Friday 8 AM - 8 PM

Or, Visit

890 Jackson Street
San Francisco, CA 94133
Monday – Friday
9 AM - 5 PM

386 Gellert Boulevard
Daly City, CA 94015
Monday – Friday
9 AM - 5 PM

Language Assistance

Call 1-888-775-7888, if you need help with speaking to an agent in your own language.

Provider Directory

For a list of physicians, specialists, and, hospitals in the CCHP network visit our website at www.cchphealthplan.com/provider-search or request a printed copy from Member Services.

List of Covered Drugs

To see if your prescription drugs are covered, you can read or download the List of Covered Drugs by visiting our website: www.cchphealthplan.com/pharmacy-locator

24/7 Nurse Advice Line

Your physician's office is the best resource to answer your questions about your health. If your physician is not available, you can call the CCHP Nurse Advice Line. Our nurses will help answer your health questions.
Call 1-888-243-8310, 24 hours a day / 7 days a week

Health & Wellness Resource

For Information about health and wellness, common conditions, treatments, and diagnoses visit Chinese Community Health Resource Center (CCHRC) at www.cchrhealth.org or call at 1-415-677-2473

Sales Representative

Do you know someone who is looking for health coverage?
CCHP offers Individual, Family, Employer Group and Medicare plans. Please contact our friendly Sales staff.
1-888-681-3888 (Medicare) | 1-888-371-3060 (Individual & Family, Commercial)
1-800-893-1598 (Employer Groups) | sales@cchphealthplan.com

我們樂意為您服務

如有任何疑問或需要協助，請聯絡會員服務中心。您也可以直接聯絡以下相關部門查詢。

會員服務中心

電話
1-888-775-7888 (toll-free)
1-877-681-8898 (TTY)
10月1日 - 3月31日
每週7天
上午8時至晚上8時
4月1日 - 9月30日
星期一至五
上午8時至晚上8時

或親臨

890 Jackson Street
San Francisco, CA 94133
星期一至五
上午9時至下午5時

386 Gellert Boulevard
Daly City, CA 94015
星期一至五
上午9時至下午5時

語言協助

如果您需要用自已的語言與會員服務職員聯絡，請致電 1-888-775-7888。

醫生名錄

如需查看 CCHP 的聯網醫生、專科醫生及醫院的列表，請瀏覽：www.cchphealthplan.com/provider-search 或向會員服務中心索取列印副本。

承保藥物一覽表

如需知道您所服藥物是否覆蓋，請瀏覽或下載承保藥物清單：www.cchphealthplan.com/pharmacy-locator

護士諮詢專線

您的醫生是解答您健康狀況最好的資源。當您的醫生未能及時為您解答，您可以致電諮詢 CCHP 的護士諮詢專線。我們的護士會為您解答健康的問題。1-888-243-8310，每週7天 / 每天24小時。

健康及保健資源中心

如需有關常見病症、治療、診斷及其他健康保健的資訊，請致電華人社區健康資源中心 (CCHRC) 或瀏覽 CCHRC 的網站 cchrhealth.org 或致電 1-415-677-2473。

營業代表

您的親友需要醫療保障？

CCHP 提供個人/家庭及公司團體計劃，歡迎聯絡我們的營業代表。

1-888-681-3888 (聯邦保健) | 1-888-371-3060 (個人/家庭) | 1-800-893-1598 (公司團體)
sales@cchphealthplan.com



Important Information about Language Assistance Services

Interpreter Services

You can get an interpreter at no cost to you if you need an interpreter to communicate with your doctor or to arrange health care services. To get an interpreter, please call 1-888-775-7888 (TTY 1-877-681-8898) October 1 - March 31: 7 days a week from 8:00 a.m. to 8:00 p.m.
April 1 - September 30: Mondays – Fridays 8:00 a.m. to 8:00 p.m.

Translation of Written Information to Plan Enrollees

The language most frequently spoken among the Plan's membership is Chinese. Upon your request, the Plan will translate written information that impacts your healthcare coverage. To request a free translation, please call 1-888-775-7888 (TTY 1-877-681-8898)
October 1 - March 31: 7 days a week from 8:00 a.m. to 8:00 p.m.
April 1 - September 30: Mondays – Fridays 8:00 a.m. to 8:00 p.m.

If unable to reach us, please contact the Department of Managed Health Care's Help Center at 1-888-466-2219 (TTY 1-877-688-9891). It provides telephone translation services in over 100 languages. The Help Center also provides a written translation of the Independent Medical Review and Complaint Forms in Spanish and Chinese.

IMPORTANT: Can you read this document? If not, we can have somebody help you read it. You may also be able to get this document written in your language.
For free help, please call 1-888-775-7888 right away.

重要通知：您是否能夠閱讀此文件？如果您無法閱讀，我們有專員為您提供協助。此外，我們也可以將此文件翻譯成您使用的語言。如需要免費服務，請立即致電 1-888-775-7888。

IMPORTANTE: ¿Puede leer este documento? Si no es así, podemos ayudarle a leerla. También es posible que usted pueda recibir este documento en su idioma. Para obtener ayuda gratuita, por favor llame de inmediato al 1-888-775-7888.

語言服務的重要資訊

口譯服務

如果您需要協助與醫生溝通或安排醫療服務，我們可提供免費口譯服務。如要安排口譯服務，請致電 1-888-775-7888，聽力殘障人士 TTY 1-877-681-8898。熱線時間：10月1日至3月31日，每週7天，上午8時至晚上8時；4月1日至9月30日，星期一至五，上午8時至晚上8時。

會員書面資訊翻譯服務

在本計劃的成員中，中文是最常被使用的語言。本計劃可根據您的要求提供涉及您承保範圍的書面資訊翻譯服務。如需免費翻譯服務，請致電 1-888-775-7888，聽力殘障人士 TTY 1-877-681-8898。熱線時間：10月1日至3月31日，每週7天，上午8時至晚上8時；4月1日至9月30日，星期一至五，上午8時至晚上8時。

如果您無法與我們聯繫，請致電加州醫療護理管理部 1-888-466-2219（聽力殘障人士 TTY 1-877-688-9891）。該部門提供超過 100 種語言的電話翻譯服務，同時也提供西班牙語及中文的獨立醫療審查及投訴的書面翻譯服務。

Información importante sobre servicios de asistencia con el lenguaje

Servicios de interpretación

Usted puede conseguir un intérprete sin costo alguno si usted necesita un intérprete para comunicarse con su médico u obtener servicios de atención médica. Para conseguir un intérprete, por favor llame al 1-888-775-7888 (TTY 1-877-681-8898)
1 de octubre - 31 de marzo: 7 días a la semana de 8:00a.m. a 8:00p.m.
1 de abril - 30 de septiembre: lunes a viernes de 8:00a.m. a 8:00p.m.

Traducción de información escrita para miembros del plan

El idioma que se habla con más frecuencia entre los miembros de CCHP es chino. Si usted así lo desea, podemos traducirle la información escrita que afecta su cobertura de atención médica. Para solicitar una traducción gratuita, por favor llame al 1-888-775-7888 (TTY 1-877-681-8898) 1 de octubre - 31 de marzo: 7 días a la semana de 8:00a.m. a 8:00p.m. 1 de abril - 30 de septiembre: lunes a viernes de 8:00 a. m. a 8:00 p. m.

Si no puede comunicarse con nosotros, por favor póngase en contacto con el Departamento de Centro de Ayuda de Atención Médica Administrada llamando al 1-888-466-2219 o TTY 1-877-688-9891. Ellos proporcionan servicios de traducción telefónica en más de 100 idiomas. El Centro de Ayuda también proporciona una traducción escrita de la Revisión Médica Independiente y de los Formularios de Reclamaciones en español y en chino. El Centro de Ayuda está disponible de lunes a viernes de 8:00 am a 6:00 pm para responder preguntas.

All CCHP Members have the right to:

1. Courteous and considerate treatment; treated with respect and recognition of their dignity and right to privacy.
2. Receive information about CCHP, its services, its practitioners/providers, and members' rights and responsibilities.
3. Make recommendations regarding CCHP's member rights and responsibilities policy.
4. Be informed about their available health plan benefits, including a clear explanation about how to obtain services.
5. Receive appropriate preventive health services as indicated in their Evidence of Coverage (EOC).
6. Receive upon request, names, specialties, and titles of the professionals responsible for their care.
7. Amend their own health care information that CCHP has when they consider it is incorrect or incomplete.
8. Participate with practitioners in the decision-making regarding their health care.
9. Inspect and copy their own medical information used to make decisions about their health care.
10. Request a confidential or candid discussion with CCHP's qualified Medical Management staff regarding one's health matter and appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
11. Receive reasonable information regarding the risk for a given treatment, the length of disability, and the qualifications of the care provider prior to giving consent for any procedure.
12. Additional medical or surgical opinions from out-of-network providers, in situations when your treating physician or the Plan feels this would be helpful in determining a diagnosis or course of treatment (with an approved referral).
13. Be represented by parents, guardians, family members, or other conservators for those who are unable to fully participate in their treatment decisions.
14. Be fully informed of CCHP's grievance procedure and how to use it without fear of prejudicial treatment from their health care provider.
15. Voice complaints or appeals about Balance or the care provided.
16. A timely response to requests for services, complaints, and inquiries regarding their health benefits and services.
17. Request a copy of CCHP's Notice of Privacy Practices.

Members are responsible:

1. For knowing and understanding their health benefits and services and how to obtain them.
2. For contacting their physician or CCHP coordinator with any questions or concerns regarding health benefits or services.
3. To provide, to the extent possible, information that CCHP and its practitioners/providers need in order to care for them.
4. To understand their health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.
5. For cooperating with those providing health care services; however, they have the right to refuse medical treatment.
6. To follow the plans and instructions for care that they have agreed upon with their practitioners.
7. To provide CCHP with information when another source responsible to pay for health care is involved, such as liability insurance after an accident. In these cases, members have the responsibility to cooperate with their health plan for proper reimbursement of injury treatment by the other source to their health plan.

所有 CCHP 會員擁有的權利：

1. 得到有禮貌及細心的款待，而會員的尊嚴及私隱權也獲得尊重。
2. 知道有關 CCHP 的服務，醫生及醫護人員的資料及會員本身的權利與責任。
3. 提出有關 CCHP 的會員權利及責任的建議。
4. 對保障福利及如何使用這些福利應得到明確的通知及解釋。
5. 使用在保障說明書內所聲明的預防性健康服務。
6. 提出要求獲得為其服務的醫護人員的姓名，專科職銜等資料。
7. 在懷疑自己在 CCHP 的個人醫療資料不正確或不完整時提出修正。
8. 與醫護人員一同參與其治療方法的決定。
9. 查閱或複印其個人資料而該資料是用作對其健康護理的決定。
10. 要求 CCHP 有資格的醫療管理職員用保密或坦率的方式來討論有關其病情的適當治療或醫學上認為必要的選擇，而這些討論是不會因為費用多少或保障範圍而受到限制。
11. 在決定接受治療前，可索取有關該項治療的危險性，病期長短及醫護人員資格的資料。
12. 在醫療上需要時可以要求從計劃醫療網外獲取第二醫療意見去幫助醫生及保健計劃來決定治療的步驟
13. (經批准的轉介) 。
14. 在不能全權參與治療前作出決定時的情況下，可以經由其父母，監護人，家庭成員或其他監管人員作為其代表。
15. 知道 CCHP 的投訴程序及運作而無需懼怕受到醫護人員的歧視。作出投訴或上訴有關 CCHP 或其所授與的護理服務。
16. 在要求服務，投訴或查詢時，應當得到及時與合理的回應。
17. 要求得到一份 CCHP 的執行資料保密規定通知書。

會員的責任包括：

1. 了解其保障內容及醫療服務的使用方法。
2. 向主治醫生或 CCHP 的職員查詢有關醫療保障內容及醫療服務的問題。
3. 盡量向 CCHP 及其他醫護人員提供所需的資料，以便作出適當的護理。
4. 了解其健康問題並在可能的程度上一同參與制定雙方同意的治療目標。
5. 與醫護人員在醫療程序上一同參與其治療方法，但會員亦有權利拒絕接受治療。
6. 在同意接受某種治療後，遵照該醫療的程序及醫生的指示。
7. 向 CCHP 提供有關在其它途徑取得支付其醫療護理費用的資料，例如在意外發生後的責任保險。在這情況下，當會員在責任保險取得的醫療補償金後，會員是有責任償還給其醫療保健計劃公司為其支付受傷的治療費用。



CCHP Member Appeal & Grievance Procedure

CCHP wants you to be satisfied with the services you receive as a member. CCHP wants 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 1-888-775-7888 (TTY: 1-877-681-8898) Monday – Friday, 8 AM – 8 PM. Member Services can explain your health plan benefits, or, if your problem is about another matter, they will try to solve it right away. If Member Services cannot solve your problem, they will help you file an appeal or grievance. CCHP will not discriminate against you because you file an appeal or grievance.

We are committed to providing you with quality care and with a timely response to your concerns. You can discuss your concerns with our Member Services Center.

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 of 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 CCHP.

You can file a grievance for any issue. Grievance means a written or oral expression of dissatisfaction regarding the plan and or provider, including quality of care concerns, and shall include a complaint, dispute, request for reconsideration, or appeal made by a Member or the Member's representative.

The following persons may file a grievance:

- You may file for yourself
- You may appoint someone as your authorized representative by completing our authorization form. Authorization forms are available from your local Member Services Center at a Plan Facility or by calling Member Services.
- Your completed authorization form must accompany the grievance.
- You may file for your Dependent children, except that they must appoint you as their authorized representative if they have the legal right to control the release of information that is relevant to the grievance.
- You may file for your ward if you are a court-appointed guardian.
- You may file for your conservatee if you are a court-appointed conservator.
- You may file for your principal if you are an agent under a health care proxy, to the extent provided under state law
- Your physician may request an expedited grievance as described under "Expedited Grievance" in the dispute resolution section below.

How to File

Your grievance must explain your issue, such as the reasons why you believe a decision was in error or why you are dissatisfied with the services you received. You must submit your grievance orally or in writing within 180 days of the date of the incident that caused your dissatisfaction as follows:

By Telephone: 1-888-775-7888 (TTY 1-877-681-8898)

By Fax: 1-415-397-2129

In Person: Member Services Center 890 Jackson Street, San Francisco, CA 94133

By Mail: Member Services 445 Grant Avenue, San Francisco, CA 94108

Online: You may file directly using a secure online form found in your Member portal.
Or follow the Independent Medical Review & Enrollee Grievance Process found on our website at www.cchphealthplan.com/grievance-appeal

What Happens After You File

We will send you a confirmation letter within five days after we receive your grievance. We will send you our written decision within 30 days after we receive your grievance. If we do not approve your request, we will tell you the reasons and about additional dispute resolution options.

Expedited Grievance

You or your physician may make an oral or written request that we expedite our decision about your grievance if it involves an imminent and serious threat to your health, such as severe pain or potential loss of life, limb, or major bodily function. We will

inform you of our decision within 72 hours (orally or in writing). We will also expedite our decision if the request is for a continuation of an expiring course of treatment.

You or your physician must request an expedited decision in one of the following ways and you must specifically state that you want an expedited decision:

- Call our Member Services at 1-888-775-7888 (TTY 1-877-681-8898), Monday – Friday, 8 AM – 8 PM. After hours, you may leave a message and a representative will return your call the next business day.
- Send your written request to Member Services 445 Grant Avenue, San Francisco, CA 94108
- Fax your written request to our Member Services at 1-415-397-2129
- Deliver your request in person to:
Member Services Center 890 Jackson Street, San Francisco, CA 94133

If we do not approve your request for an expedited decision, we will notify you and we will respond to your grievance within 30 days. If we do not approve your grievance, we will send you a written decision that tells you the reasons and about additional dispute resolution options.

Note: If you have an issue that involves an imminent and serious threat to your health (such as severe pain or potential loss of life, limb, or major bodily function), you can contact the DMHC directly at any time without first filing a grievance with us.

Expedited Appeals

In some cases, you have the right to an expedited appeal 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 appeal, the health plan will evaluate your request and medical condition to determine if your appeal qualifies as expedited; expedited appeals are processed within 72 hours. While you are encouraged to contact Balance with your request for an expedited appeal, please note that you may contact the Department of Managed Health Care directly without first being required to use the CCHP grievance and appeal process; please see the section below entitled “State of California Complaint Process” for information on how to make such a request.

Arbitration

Arbitration is the final process for resolution of any disputes, which may arise between a Member and the Plan. When you enroll in this Plan, you agree that such disputes will be decided by neutral arbitration and you also agree to give up your right to a jury or court trial for the settlement of such disputes. The Member Services Center can send you a copy of the arbitration provisions. In the arbitration provision, there is a fee required to file an arbitration claim. However, if paying your portion of the required fees and expenses would cause you extreme hardship you may petition for release from paying those fees and expenses by requesting an application to proceed In Forma Pauperis from the Plan.

Binding Arbitration

All disputes, including without limitation disputes relating to the delivery of services under the Plan or issues related to the Plan, disputes arising from or relating to an alleged violation of any duty incident to, arising out of or relating to this Combined Evidence of Coverage and Disclosure Form or a Member’s relationship to CCHP, and claims of medical or hospital malpractice, must be resolved by binding arbitration if the amount in dispute exceeds the jurisdictional limit of small claims court.

California Health & Safety Code section 1363.1 requires specific disclosures including the following notice: “It is understood that any dispute as to medical malpractice, that is, whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, acknowledge that they are giving up their constitutional right to have any and all disputes, including medical malpractice claims, decided in a court of law before a jury, and instead are accepting the use of arbitration.”

Member and CCHP agree to be bound by this binding arbitration provision and acknowledge that the right to a jury trial is waived for disputes relating to the delivery of services under the Plan or any other issue related to the Plan and medical malpractice claims.

Arbitration shall be administered by Judicial Arbitration and Mediation Services (“JAMS”) in accordance with the JAMS Comprehensive Arbitration Rules and Procedures. The Federal Arbitration Act, 9 U.S.C. Sections 1-16, shall also apply. To the extent that the Federal Arbitration Act is inapplicable, or is held not to require arbitration of a particular claim, California State Law governing agreements to arbitrate shall apply. The arbitrator’s findings shall be final and binding except to the extent that State or Federal law provides for the judicial review of arbitration proceedings. The arbitrator shall prepare in writing and provide to the parties an award including factual findings and the legal reasons on which the award is based.

Claimant shall initiate arbitration by serving a written demand for arbitration to the respondent in accordance with JAMS procedures for submittal of arbitration. The demand for arbitration shall include the basis of the claim against the respondent; the amount of damages the claimant seek in the arbitration; the names, addresses, and telephone numbers of the claimant and their

attorney, if any; and the names of all respondents. Claimant shall include all claims against respondent that are based on the same incident, transaction, or related circumstances in the demand for arbitration.

Please send all demands for arbitrations to:

Attn: Administration CCHP, 445 Grant Avenue, San Francisco, CA 94108

All other respondents, including individuals, must be served as required by California Code of Civil Procedure.

If the total amount of damages claimed is two hundred thousand (\$200,000) dollars or less, a single neutral arbitrator shall be selected, unless the parties agree in writing after a case or dispute has arisen and the request for arbitration has been submitted, to use a tripartite arbitration panel. The arbitrator shall not have authority to award monetary damages that are greater than \$200,000. If the total amount of damages claimed is more than two hundred thousand (\$200,000) dollars, the dispute shall be heard and determined by one neutral arbitrator and two party arbitrators, one appointed by claimant(s) and one appointed by respondent(s). If all parties agree, arbitration may be heard by a single neutral arbitrator.

The costs of the arbitration will be allocated per JAMS Policy on Consumer Arbitrations, except in cases of extreme financial hardship, upon application and approval by JAMS, CCHP will assume all or a portion of the costs of the arbitration. The costs associated with arbitration, including without limitation attorneys' fees, witness fees and other expenses incurred in prosecuting or defending against a claim shall be borne by the losing party or in such proportions as the arbitrator shall decide.

General Provisions

A claim shall be waived and forever barred if: (1) on the date the demand for arbitration is served, the claim if asserted in a civil action, would be barred as to the respondent served by the applicable statute of limitations; (2) claimant fails to pursue with reasonable diligence, the arbitration claim in accord with JAMS rules and procedures; or (3) the arbitration hearing is not commenced within five (5) years after the earlier of (a) the date the demand for arbitration was served, or (b) the date of filing of a civil action based upon the same incident, transaction, or related circumstances involved in the claim. A claim may be dismissed on other grounds by the arbitrator based on a showing of a good cause. If a party fails to attend the arbitration hearing after being given due notice thereof, the arbitrator may proceed to determine the controversy in the party's absence.

The California Medical Injury Compensation Reform Act of 1975, including sections establishing the right to introduce evidence of any insurance or disability benefit payment to the patient, the limitation on recovery for noneconomic losses, and the right to have an award for future damages conformed to periodic payments, shall apply to any claims for professional negligence or any other claims as permitted or required by law.

State of California Complaint Process

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 healthcare service plans. If you have a grievance against your health plan, you should first telephone your health plan at 1-888-775-7888 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 (1-888-466-2219) and a TDD line (1-877-688-9891) for the hearing and speech impaired. The department's internet website www.dmhc.ca.gov has complaint forms, IMR application forms, and instructions online.

Independent Review Entity

If you qualify, you or your authorized representative may have your issue reviewed through the Independent Medical Review (IMR) process managed by Maximus. Maximus determines which cases qualify for IRE.

For Part C appeals, Medicare requires us to send your case to MAXIMUS Federal Services, Inc. to make sure we made the right decision. MAXIMUS is an independent reviewer. You have the right to submit additional information that may be important to the review. MAXIMUS will contact you soon to let you know where to send any additional information and about other rights you may have.

You have the right to get a copy of the case file we submit to MAXIMUS.

For Part D appeals, you have the right to ask for an independent review (appeal) of our decision. If your case involves an exception request and your physician or other prescriber did not already provide your plan with a statement supporting your request, our physician or other prescriber must provide a statement to support your exception request and you should attach a copy of this statement to your appeal request. You, your prescriber, or your representative should mail or fax your written appeal request to C2C Innovative Solutions. The independent reviewer will review your case and give you a decision. If any of the

prescription drugs you requested are still denied, you can appeal to an administrative law judge (ALJ) if the value of your appeal is at least \$180.

If you disagree with the ALJ decision, you will have the right to further appeal. You will be notified of your appeal rights if this happens.

Experimental or Investigational Denials

If we deny a Service because it is experimental or investigational, we will send you our written explanation within five days of making our decision. We will explain why we denied the Service and provide additional dispute resolution options. Also, we will provide information about your right to request Independent Medical Review if we had the following information when we made our decision:

- Your treating physician provided us a written statement that you have a life-threatening or seriously debilitating condition and that standard therapies have not been effective in improving your condition, or that standard therapies would not be appropriate, or that there is no more beneficial standard therapy we cover than the therapy being requested. “Life-threatening” means diseases or conditions where the likelihood of death is high unless the course of the disease is interrupted or diseases or conditions with potentially fatal outcomes where the end point of clinical intervention is survival. “Seriously debilitating” means diseases or conditions that cause major irreversible morbidity.
- If your treating physician is a Plan Physician, he or she recommended a treatment, drug, device, procedure, or other therapy and certified that the requested therapy is likely to be more beneficial to you than any available standard therapies and included a statement of the evidence relied upon by the Plan Physician in certifying his or her recommendation.
- You (or your Non-Plan Physician who is a licensed, and either a board-certified or board-eligible, physician qualified in the area of practice appropriate to treat your condition) requested a therapy that, based on two documents from the medical and scientific evidence, as defined in California Health and Safety Code Section 1370.4(d), is likely to be more beneficial for you than any available standard therapy. The physician’s certification included a statement of the evidence relied upon by the physician in certifying his or her recommendation. We do not cover the Services of the Non-Plan Provider.

Note: You can request IMR for experimental or investigational denials at any time without first filing a grievance with us.

CCHP 希望您對所接受的服務感到滿意。如有任何問題或不滿，我們亦希望您能向我們反映。如果想提出投訴或反映情況，請於辦公時間星期一至五，上午 8 時至晚上 8 時致電會員服務中心，免費電話 1-888-775-7888。(聽力殘障人士請電 TTY1-877-681-8898)。我們會為您解釋計劃的福利；或有其他的問題，我們會為您儘快處理。如果我們未能為您解決問題，我們會幫助您提出上訴或投訴。即使您提出上訴或投訴，CCHP 都不會因此而有歧視。

我們竭力為您提供優質的護理服務並及時回應您的問題。您可以將您的問題與會員服務中心商討。

甚是投訴或上訴？

投訴是您通過親身體驗或觀察而感到不滿的一種表達方式，包括您對服務質素的不滿、預約等候時間太久、醫生或其他醫護人員的態度行為、設施不夠充足、或其他類似的顧慮。

上訴是指當我們拒絕保障您所接受的醫療服務，或是拒絕提供您認為保健計劃會員應得的服務時，您所採取的投訴方式。可上訴的保障裁決包括保健計劃拒絕為您支付某種您已接受的醫療服務，您可以就此提出上訴。或者，CCHP 拒絕安排，完成或支付您認為應得的藥物或服務，您也可以提出上訴。

您可以對任何問題提出投訴。投訴是指書面或口頭上對華人保健計劃及其醫療服務提供者表達不滿的方式。投訴可以由會員自己本人或其代理人提出，包括對護理服務質量的關注、投訴、糾紛、要求復審等等。

以下人士可以提出投訴：

- 您可以自己提出投訴。
- 您可以填妥授權表格以委託某人作為您的授權代表。授權表格可從會員服務中心索取或致電會員服務電話中心。您的授權書必須附在您的投訴表格上。
- 您可以為您未成年子女提出投訴。但如果他們擁有資料保密法律擁有權的話，您則需要出示，他們授權您為其代理人的授權書。
- 如果您是由法庭委任的監護人，您可以為您的受監護人提出投訴。如果您是法庭指定保護人，您可以為您的被保護人提出投訴。
- 如果您是一個醫療保健代理人，您可以在法律允許之情況下，為您的委託人提出投訴。
- 您的醫生可能要求加急投訴處理程序，「加急投訴」在以下解決糾紛章節中有說明。

如何提出

您必須解釋投訴的原因，例如解釋您為什麼認為這個決定是錯誤，或為什麼您對接受的服務不滿意。您必須在該事件或事故發生的 180 天內以書面或口頭形式，通過郵寄，傳真或親臨我們的會員服務中心辦理投訴手續，請參照以下的聯絡方式：

電話： 1-888-775-7888 | 1-877-681-8898 (聽障專線 TTY)

傳真： 1-415-397-2129

親臨： 會員服務中心 890 Jackson Street, San Francisco, CA 94133

郵寄： 會員服務中心 445 Grant Avenue, San Francisco, CA 94108

您可以登入會員醫護資料網站，直接提交保密投訴表格。

網站： 您也可以瀏覽以下網頁，透過點擊「獨立醫療評審及投訴提出手續」下載表格。

www.cchphealthplan.com/grievance-appeal

呈交投訴/上訴後

呈交投訴後五天之內，我們會寄信通知您我們已經收到您的投訴。在收到您投訴的 30 天之內，我們會用書面通知您有關

「華人保健計劃」對您投訴的解決方法，以及若您不滿意我們的解決方法時，下一步該如何做的說明。

加急處理

您和您的醫生可以作出口頭或書面要求我們加快對您的投訴的裁決。如果投訴涉及緊急和嚴重威脅到您的健康，例如劇烈的疼痛或可能失去生命，肢體或主要身體機能。我們會在 72 小時內（口頭或書面）對您的投訴作出回應，決定有關您的加急投訴的處理結果。對於治療期滿要求延續的要求，我們也會加急裁決。

提出加急處理，您或您的醫生必須通過以下其中一種方式提出申請，請務必註明要求加急處理：

- 請於辦公時間：星期一至五，上午 8 時至晚上 8 時，致電 1-888-775-7888 (聽障專線 1-877-681-8898) 與會員服務中心聯絡。您可以在辦公時間後留言，我們的代表會在下一個工作日回覆您的來電。
- 郵寄您的書面申請到會員服務中心：445 Grant Avenue, San Francisco, CA 94108
- 傳真您的書面申請到會員服務中心：1-415-397-2129
- 親臨會員服務中心：890 Jackson Street, San Francisco, CA 94133

如果我們不批准您加急處理的請求，我們會告知您並會在 30 日內答覆您。如果我們不批准您的投訴，我們會寄給您一份書面通知，告知您原因以及其它可以解決糾紛的方法。

備註：如果您的問題涉及緊急和嚴重威脅到您的健康（例如劇烈的疼痛或可能失去生命，肢體或主要身體機能），您可以隨時直接聯繫 DMHC，而不需向我們預先提交投訴要求。

加急上訴處理

在某些情況下，例如當一個決定的延誤可能會對您造成危急和嚴重威脅到您的健康，包括但不限於劇烈疼痛，可能失去生命，肢體或主要功能時，您有提出加急上訴處理的權利。如果您要求加急上訴，華人保健計劃會對您的要求和醫療狀況進行評估，以確定您是否符合加急上訴處理資格。加急上訴處理會在 72 小時內處理。雖然我們建議您首先聯絡華人保健計劃提交加急上訴處理申請，但您也可以直接聯絡州健保管理局，而毋須事先使用我們的加急處理和加急上訴程序。欲了解有關如何提出加急要求，請參閱下面標題為「加州投訴程序」章節。

仲裁處理

仲裁是解決會員與計劃之間可能產生的任何爭議的最終處理方式。當您加入計劃時，您即同意將爭議提交至中立仲裁處理，同時您也同意放棄將爭議提交到評審委員會和法庭審理的權利。會員服務中心可以為您提供仲裁條例的副本。仲裁條例中說明使用仲裁將會收取一定的費用。但如果您對支付仲裁費用中的需分擔費用有極大的困難，您可以向華人保健計劃提交豁免支付費用的申請。

具有約束力的仲裁

所有爭議，包括但不限於該計劃所提供的服務或與計劃有關的問題，爭議產生或涉嫌違反責任事故，產生或涉及到保障說明書或會員與華人保健計劃的關係，醫療或醫院不當行為的索償，如果爭議的金額超過小額索償法庭管轄上限，都必須通過具有約束力的仲裁解決。

加州健康與安全守則第 1363.1 節規定必須具體公布以下信息：本人已了解任何醫療過失理賠，即不論本計劃提供的任何醫療服務是非必要或未經批准的，或為不適當、疏忽、或判斷失當，均應依加州法規提交仲裁解決，而不是提出訴訟或訴諸法庭程序，除非法律有仲裁司法審查的規定。簽署本合約之各方放棄包括其交由陪審團法庭解決爭議和醫療事故索償的憲法權利，並接受採用提交具有約束力的仲裁處理。

會員和華人保健計劃同意接受這一項具有約束力的仲裁條款和放棄陪審團審理爭議的權利，包括任何醫療過失理賠即不論本計劃提供的任何醫療服務或其它爭議。

仲裁應由司法仲裁和調解服務「JAMS」按照 JAMS 綜合仲裁規定和程序執行。聯邦仲裁法，美國憲法 9，第 1-16 章節也適用。在聯邦仲裁法不適用時，或被認為是索償仲裁不需要時，加州法律管轄仲裁協議在此適用。除了州或聯邦法律規定的仲裁程序司法審查，仲裁員的調查結果應是最終和有約束力的。仲裁員應當給各方準備書面形式文件，包括事實調查結果和裁決所根據的法律上的原因。

申請人應主動向被告發出書面仲裁請求，按照 JAMS 程序提交仲裁。仲裁請求應包括：索償的理由，申請人要求的索償金額，申請人或其律師的姓名，地址和電話，所有需答辯人的姓名。提出仲裁時，申請人應包括所有基於相同的事實，交易或有關情況的索償要求。

請將仲裁文件寄至：

Attn: CCHP Administration, 445 Grant Avenue, Suite 700, San Francisco, CA 94108

根據加州民事訴訟法所有被告，包括個人都必須出席。

若索償總額為二十萬美元 (\$200,000) 或以下，應選擇一個中立仲裁員。除非案件或爭議已發生後或提交仲裁請求後，當事人書面同意，可使用三方仲裁小組。仲裁員不能批准超過 20 萬美元的金額賠償。若索償總額超過二十萬美元(\$200,000)，此爭議應由一名中立仲裁員和雙方仲裁員（答辯人和申請人任命）聽審和決定。如果各方同意，仲裁可以只需一名中立仲裁員聽審。

仲裁的費用會按照 JAMS 消費仲裁條例分配。華人保健計劃將承擔 JAMS 批准豁免支付費用的財政困難仲裁申請者的全部或部分仲裁費用。仲裁費用包括但不限於律師費，證人費及其它在索償起訴或抗辯的其它費用應由敗訴方或仲裁員決定支付比例。

有關條款

索償應被免除和永久禁止，如果：(1) 索償已在民事訴訟中宣判，索償要求已完成，被告可使用訴訟時效停止索償；(2) 申請人未能盡合理的努力符合 JAMS 仲裁要求規則和程序；或 (3) 仲裁聽證會沒有在五 (5) 年內開庭 (以較早者為準) (a) 仲裁請求完成之後，或 (b) 與索償相關的事件，交易或情況提交民事訴訟之日起。索償要求可能會因合理原因被仲裁員駁回。如果一方未能因缺席聽證會給予合理的通知，仲裁員可以在一方缺席下進行爭議仲裁決定。

1975 年的加州醫療損害賠償改革法案，包括向病人介紹保險或傷殘福利金的權利，恢復期間的非財產損失的限制，和申請將來的財產損失定期賠償金的權利，適用於任何涉及專業過失的索償或任何法律允許或規定的索償。

加州的投訴程序

所有加州的保健計劃公司都是由州政府一個部門督管。以下的資料說明該部門可以為您提供的援助。

加州管理醫療護理部負責督管各醫療保健計劃。如您對保健計劃的服務有不滿或意見，在向加州管理醫療護理部投訴之前，您應首先致電您的醫療保健計劃電話 (1-888-775-7888)，依循計劃的投訴程序解決問題。使用此種投訴方式並不影響您可享有的法律及採用其他解決方法的權利。但若投訴屬於緊急情況，或不滿意計劃解決投訴的方法，或投訴經過三十天後仍未解決，您可以直接致電加州管理醫療護理部要求協助。您可能符合獨立醫療評審 (IMR) 的資格。如您符合 IMR 資格，IMR 會就保健計劃提出的，必要醫療服務或治療的建議，屬實驗性或研究性的治療承保決定、或緊急或急切醫療服務付款之糾紛，作出無偏私的評審。該部門同時設有一個免費電話號碼 (1-888-466-2219) 和 TDD 號碼 (1-877- 688-9891) 供聽覺或講話有困難人士使用。該部門的網頁 www.dmh.ca.gov 載有投訴表格、IMR 申請表和指引等。

獨立評審機構

如果您符合資格，您或您的授權代表可以透過 Maximus 管理的獨立醫療評審 (IMR) 審視您的問題。Maximus 審視哪些案例符合 IMR。

聯邦保健計劃對於 C 部分上訴要求我們將您的案件呈報 MAXIMUS Federal Services, Inc.以確保我們的決定正確。MAXIMUS 是一個獨立評審機構。您有權對審核補交可能重要的附加資料。MAXIMUS 會盡快與您聯絡，告知如何遞交附加資料以及您可能擁有的其他權利。

您有權取得一份我們呈交給 MAXIMUS 的案件的副本。

您有權對於 D 部分上訴要求我們的決定進行獨立審查（上訴）。如果您的案例涉及特例處理，而您的醫生或其他處方醫生尚未向我們提供支持您請求的聲明，我們的醫生或其他處方醫生必須提供聲明以支持您的特例處理，並且您應將此聲明的副本附加在您的上訴請求。您、您的處方醫生或您的代表應將您的書面申訴請求郵寄或傳真至 C2C Innovative Solutions。獨立審查員將審查您的案件並作出決定。如果您要求的任何處方藥物仍然被拒絕，及您的上訴藥物價值至少達 \$180，您可以向行政法官 (ALJ) 提出上訴。

如果您不同意 ALJ 的決定，您將有權進一步上訴。如果發生這種情況，您將收到有關上訴權利的通知。

拒絕支付試驗性和研究性治療

如果我們因為是試驗性和研究性治療而拒絕提供服務，我們會在五日內作出決定，並書面通知您。我們會解釋為什麼拒絕服務，並為您提供解決糾紛的其它方法。此外，我們在作出決定時，如果您能提供以下的資料，您則符合資格有權要求獨立醫療審查：

- 您的主治醫生書面說明您的病情有致命危險或嚴重失能的狀況，而且標準治療無法改善您病情，並對您的病情是不適宜或不利的，除了您要求的服務之外沒有更有效的治療服務。致命危險是指疾病或身體狀況存在死亡的可能性，除非經過臨床醫療干預，潛在致命后果才得到治療。「嚴重失能」是指造成嚴重不可逆轉的身體狀況。
- 如果您的主治醫生是聯網內的醫生，他或她能出示證據證明其推薦的治療方法、藥物、設備、醫療程序等比任何現有的標準治療更加有利於您的身體狀況。
- 您 (或您的非聯網醫生，其有證書並經董事會認證資格，或在治療您的病情的領域里有認證醫師資格) 要求一種治療，並在加州健康和 safety 守則第 1370.4 (D) 條定義內，同時根據於兩份來自醫療或科學驗證的文件，證明此治療比現有標準治療更有利於您的病情。醫生認證包括一份醫生的建議聲明。我們不承保非計劃聯網醫生提供的服務。

注意：對於拒絕試驗及研究性的治療，您可以在任何時候申請 IMR，而無需在申請前使用我們的上訴及投訴的程序。

Chinese Community Health Plan (CCHP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (including sexual orientation, gender identity, and sex characteristics).

Chinese Community Health Plan:

- Provides free aids and services to people with disabilities, including appropriate auxiliary aids and other services, to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, including electronic and translated documents and oral interpretation, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact CCHP Member Services.

If you believe that CCHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with us in person, by phone, by mail, or by fax at:

CCHP Member Services
890 Jackson Street, San Francisco, CA 94133
1-888-775-7888, TTY 1-877-681-8898
Fax 1-415-397-2129
<https://cchphealthplan.com/>

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019, 800-537-7697 (TDD)

華人保健計劃（CCHP）遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統（包括有限的英語水平及主要語言）、年齡、殘障或性別（包括性取向、性別認同及性別特徵）而歧視任何人。

華人保健計劃（CCHP）：

- 向殘障人士免費提供各種援助和服務，包括適合的輔助設備及其他服務，以幫助他們與我們進行有效溝通，如：
 - 合格的手語翻譯員
 - 以其他格式提供的書面資訊（大號字體、音訊、無障礙電子格式、其他格式）
- 向母語非英語的人員免費提供各種語言服務，包括電子文件、翻譯文件、口譯，如：
 - 合格的翻譯員
 - 以其他語言書寫的資訊

如果您需要此類服務，請聯絡華人保健計劃（CCHP）

如果您認為華人保健計劃（CCHP）未能提供此類服務或者因種族、膚色、民族血統、年齡、殘障或性別而透過其他方式歧視您，您可以親自提交投訴，或者以郵寄、傳真或電郵的方式向我們提交投訴：

CCHP Member Services
890 Jackson Street, San Francisco, CA 94133
1-888-775-7888, 聽力殘障人士電話 1-877-681-8898
傳真 1-415-397-2129
<https://cchphealthplan.com/>

您還可以向 U.S. Department of Health and Human Services (美國衛生及公共服務部) 的 Office for Civil Rights (民權辦公室) 提交民權投訴, 透過 Office for Civil Rights Complaint Portal 以電子方式投訴:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> 或者透過郵寄或電話的方式投訴:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD) (聾人用電信設備)

Chinese Community Health Plan (CCHP) cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, (incluido el dominio limitado del inglés y el idioma materno edad, discapacidad o sexo (incluida la orientación sexual, la identidad de género y las características sexuales).

Chinese Community Health Plan:

- Proporciona asistencia y servicios gratuitos a las personas con discapacidades incluidas las ayudas auxiliares apropiadas y otros servicios, para comunicarse de manera efectiva con nosotros, tales como:
 - Intérpretes de lenguaje de señas capacitados.
 - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos).
- Proporciona servicios lingüísticos gratuitos a personas cuya lengua materna no es el inglés, como los siguientes:
 - Intérpretes capacitados.
 - Información escrita en otros idiomas.

Si necesita recibir estos servicios, comuníquese con CCHP Member Services.

Si considera que CCHP no le proporcionó estos servicios o lo discriminó de otra manera por motivos de origen étnico, color, nacionalidad, edad, discapacidad o sexo, puede presentar un reclamo a la siguiente persona:

CCHP Member Services
890 Jackson Street, San Francisco, CA 94133
1-888-775-7888, TTY 1-877-681-8898
Fax 1-415-397-2129.
<https://cchphealthplan.com/>

También puede presentar un reclamo de derechos civiles ante la Office for Civil Rights (Oficina de Derechos Civiles) del Department of Health and Human Services (Departamento de Salud y Servicios Humanos) de EE. UU. de manera electrónica a través de Office for Civil Rights Complaint Portal, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o bien, por correo postal a la siguiente dirección o por teléfono a los números que figuran a continuación:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Multi-language Interpreter Services

English: ATTENTION: If you speak another language, language assistance services, and appropriate auxiliary aids and services, free of charge, are available to you. Call 1-888-775-7888 (TTY: 1-877-681-8898).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística, y las ayudas y servicios auxiliares apropiados. Llame al 1-888-775-7888 (TTY: 1-877-681-8898).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-775-7888 (TTY: 1-877-681-8898)。

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-775-7888 (TTY: 1-877-681-8898).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-775-7888 (TTY: 1-877-681-8898).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-775-7888 (TTY: 1-877-681-8898) 번으로 전화해 주십시오.

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-775-7888 (телетайп: 1-877-681-8898)

Arabic: ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-775-7888 (TTY: 1-877-681-8898).

Hindi: ध्यान दः यद आप हदी बोलते ह तो आपके िलए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह। 1-888-775-7888 (TTY: 1-877-681-8898) पर कॉल कर।

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-775 7888 (TTY: 1-877-681-8898) まで、お電話にてご連絡ください。

Armenian: Ուշադրութեամբ խոսելու դեպքում, անվճար կարող եմ տրամադրվել լեզվական աջակցության ծառայություններ: Ձանգահարեք 1-888-775-7888 (TTY (հեռախոս)՝ 1-877-681-8898):

Punjabi: ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-775 7888 (TTY: 1-877-681-8898) 'ਤੇ ਕਾਲ ਕਰੋ।

Cambodian: ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយភាសាដោយមិនគិតលុយ គឺអាចមានសំរាប់អ្នក។ ចូរទូរស័ព្ទ 1-888-775-7888 (TTY: 1-877-681-8898)។

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-775 7888 (TTY: 1-877-681-8898).

Thai: 注意: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-775 7888 (TTY: 1-877-681-8898).

Persian (Farsi):

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-888-775-7888 (TTY: 1-877-681-8898) تماس بگیرید.

Lao (Laotian):

ຄວາມສົນໃຈ: ຖ້າທ່ານເວົ້າພາສາລາວ, ທ່ານສາມາດຕິດຕໍ່ເບີຂ້າງລຸ່ມນີ້ ເພື່ອຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໄດ້. ໂທຫາເບີ 1-888-775-7888 (TTY: 1-877-681-8898).