



445 Grant Avenue
San Francisco, CA 94108

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**IMPORTANT
PLAN
INFORMATION**



Medicare Annual Member Notice

Issue Date
10/1/2025





Timely Access to Care

At CCHP, ensuring timely access to care is a top priority. Members can expect prompt medical attention with set standards for appointment wait times, such as urgent care within 48 hours and non-urgent primary care within 10 business days. Interpreter services and a 24/7 nurse advice line are available to support members. For any issues securing appointments, CCHP offers direct assistance. For more details, visit cchphealthplan.com/timely-access-to-care.

Access to Benefits

We make accessing your health benefits easy. Members can get help with benefits, claims, and request or change a primary care provider through our Member Portal or contacting Member Services. On the CCHP website, you can check your benefits using with the Evidence of Coverage (EOC) and find available PCPs and specialists in the Provider Directory.

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. Plan does 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.

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 Member Services.

Fraud Awareness

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

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 billions of dollars each year. 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 Medicare or health plan numbers.
- People offering you money or other incentive 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, Medicare, 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 or Medicare number to anyone.

To discuss benefit, coverage or claims payment concerns, 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.

Notice of CCHP Privacy Practices and HIPAA

CCHP and its affiliated health care providers appreciate the opportunity to provide health care benefits to you and your family. CCHP understands the importance of privacy, and we are committed to maintaining the confidentiality of your medical information. We abide by the Health Insurance Portability and Accountability Act (HIPAA), a law that protects the privacy, confidentiality, and security of your health information.

HIPAA consists of several parts, which include the Privacy Rule and the Security Rule. The Privacy Rule gives you the rights over your health information and sets rules and limits on who can review your health information. It applies to all forms of protected health information, whether electronic, written, or oral. The Security Rule protects health information in electronic form and requires entities covered by HIPAA to ensure that electronic protected health information is secure.

HIPAA also requires that you receive a "Notice of Privacy Practices" from CCHP to help you understand when and how your protected health

information is used and released, as well as your rights and what to do if you feel your privacy rights have been breached and to whom you can complain.

In the course of providing the health benefit programs that we administer or offer, CCHP must collect, use, and disclose protected health information. This information is considered confidential and private. It is protected against unlawful use and disclosure. The "Notice of Privacy Practices" can be viewed on our website at **www.CCHPHealthPlan.com**. You may also request a paper copy of the notice by contacting Member Services.

Confidentiality of Members' Race, Ethnicity, Language, and Other Social Demographics.

Chinese Community Health Plan (CCHP) is required to comply with various State and Federal laws to protect, secure, retain, and maintain confidentiality of your sensitive and personal information. These laws include, **but are not limited to**, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Health Information Technology for Economic and Clinical Act (HITECH), the Centers for Medicare and Medicaid Services (CMS), and the California Consumer Privacy Act (CCPA). CCHP has put in place policies and procedures to ensure that access to or use of your personal information is secure. Policies and processes include, **but are not limited to**, the following:

Data Protection Policies include, but are not limited to, the following:

1. Safeguarding and Use of Personal Health and Personally Identifiable Information.
2. Clean Desk Policy.
3. Records Management (How Long Do We Keep or Retain Members' Records).
4. Member Authorization and Access to Medical Information and Records.
5. Member Rights to Request Restrictions on Use and Disclosure of Personal Health and Personally Identifiable Information.
6. Member Request to Amend Medical Record and/or Personal Health and Personally Identifiable Information.

Know Your Healthcare Rights

It is important that you know your healthcare Rights and your Responsibilities as a member of CCHP.

All CCHP Members have the right to:

1. Courteous and considerate treatment; to be 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 healthcare provider.
15. Voice complaints or appeals about CCHP or the care provided.
16. A timely response to request 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 a proper accident. In these cases, members have the responsibility to cooperate with their health plan for reimbursement of injury treatment by the other source to their health plan.

If you have any questions about your rights or responsibilities as a member of CCHP, please contact Member Services.

Member Services Center



1-888-775-7888
TTY 1-877-681-8898

October 1 – March 31:
7 days a week from 8 am – 8 pm
April 1 – September 30:
Monday – Friday, 8 am – 8 pm



MemberServices@CCHPHealthPlan.com



445 Grant Avenue, San Francisco, CA 94108
386 Gellert Boulevard, Daly City, CA 94015
Monday – Friday, 9 am – 5 pm
Closed on Saturday and Sunday



CCHPHealthPlan.com

CCHP Will Never Spam Call You

There have been complaints lodged with the Centers for Medicare and Medicaid Services (CMS) about Americans receiving unwanted phone calls (spam). These calls often make false claims about better Medicare benefits, which is both illegal and fraudulent.

At CCHP and Balance, we never engage in such practices. When we contact you, it's always about your healthcare, medical care, or providing helpful information about your benefits.

If you receive unwanted phone calls or texts of any kind, there are steps you can take:

- **Register with the National Do Not Call Registry**
You can register your phone number for free at DoNotCall.gov, by calling 1-888-382-1222, or by TTY at 1-866-290-4236. This will stop calls from most legitimate companies, but scammers may still call. If you're still getting unwanted calls after 31 days, you can file a complaint with the FTC online or by phone.
- **Block the number**
You can ask your phone provider to block the number, but telemarketers can easily

change their caller ID. You can also block calls from your iPhone by opening the Phone app, tapping the info button next to the number, and selecting Block this Caller.

- **File a complaint**
You can file a complaint with the FCC at [fcc.gov/complaints](https://www.fcc.gov/complaints) if your number is being spoofed, blocked, or labeled. You can also file a complaint with the FTC at [ftc.gov](https://www.ftc.gov) or by calling 1-877-FTC-HELP if you've experienced a robocall. If the call was an IRS scam, you can file a complaint with the Treasury Inspector General for Tax Administration (TIGTA) at www.tigta.gov or by calling 1-800-366-4484.
- **Avoid responding**
If you answer the phone and the caller asks you to press a button to stop the calls, hang up. Scammers often use this trick to identify potential targets. You should also avoid responding to questions, especially those that can be answered with "Yes". Never give out personal information in response to unexpected calls.
- **Senior Medicare Patrol**
Medicare members who suspect fraud can contact the Senior Medicare Patrol at 1-855-613-7080.