CHAMPION HEALTH PLAN

Part C Grievance and Appeals/ Part D Grievances Form

This form is for your use in making suggestions, filing a formal complaint, or appeal regarding any aspect of the care or service provided to you. Your health plan **is required by law** to respond to your complaints or appeals, and a detailed procedure exists for resolving these situations. If you have any questions, please feel free to call the Customer Services department of your provider group and/or your health plan's Customer Service department. Health plan customer service contact information is provided on the back of this sheet, and may also be found on your health care card.

Please print or type the following information:

Member Name (Last, first, middle initial) _____ Medicare Number _____

Address _____ Home Phone number _____

City, State, Zip _____ Work Phone number _____

Name of Employer or Group _____ Enrollment ID # _____

Date of Birth _____ Male/Female _____

Authorized Representative: If the complaint is filed by someone other than the member, please review the section called "Who may file an Appeal" and provide the following information:

Name: _____ Telephone #: _____

Relationship to Member: _____

Address: _____

City: _____ State: _____ Zip: _____

Please state the nature of the complaint, giving dates, times, persons, places, etc. involved. Please attach copies of any additional information that may be relevant to your complaint or appeal.

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Please sign and MAIL or FAX TO your health plan (see page # 2 for health plan address)

Date_____ **Signature**_____

Date_____ **Signature of Representative**_____

Send your Member Appeal and/or Grievance Letter to your health plan at:

Health Plans: **Champion Health Plan**	**Phone/Fax** 1-800-885-8000 Member Services
Attn: Grievance & Appeals	TTY: 711 8:00 a.m. to 8:00 p.m., 7 days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. Fax: 1-949-227-3791

Information for all Champion Health Plan Members

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. Your plan 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: 1-800-885-8000 to learn how to name your authorized representative. If you have a hearing or speech impairment, please call us at TTY: 711

If you want someone to act for you, you and your authorized representative should sign, date, and send us page 1 of 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.

Champion Health Plan is an HMO and an HMO SNP plan with a Medicare contract. Enrollment in Champion Health Plan depends on contract renewal. This information is available for free in other languages. Please call our Member Services number at 1-800-885-8000, TTY: 711, 8:00 a.m. to 8:00 p.m., 7 days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. Esta información está disponible en otros idiomas sin costo alguno. Por favor llamar al Departamento de Membresía al 1-877-399-2247, TTY: 711, 8:00 a.m. a 8:00 p.m., los 7 días de la semana (excepto el Día de Acción de Gracias y Navidad) desde el 1° de Octubre hasta el 31 de Marzo, y de lunes a viernes (excepto los feriados) desde el 1° de Abril hasta el 30 de Septiembre.

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 or deliver your written appeal to your health plan at the address indicated on the Champion Health Plan Member Appeal & Grievance Form.

For a Fast Appeal: You or your authorized representative should contact us by telephone or fax using the plan contact information indicated on the Champion Health Plan Member Appeal & Grievance Form.

What Happens Next? If you appeal, your plan will review our decision. After your plan review our decision, 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 Champion Health Plan 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:
If you need information or help, call us at:
1-800-885-8000 TTY/TTD 711

Other Resources To Help You:
Medicare Rights Center:
Toll Free: 1-888-HMO-9050
TTY/TTD**:**

Elder Care Locator
Toll Free: 1-800-677-1116

1-800-MEDICARE (1-800-633-4227)
TTY/TTD: 1-877-486-2048
