



## Clever Care Member Complaint and Appeals Form – Part C

This form is for filing a formal complaint or appeal regarding any aspect of the care or service provided to you. Clever Care Health Plan. **is required by law** to respond to your complaints or appeals. We have a detailed procedure for resolving these situations. If you have any questions, please feel free to call us at: **1-833-283-9888**. If you have hearing or speech impairment, please call us at **TTY/TDD: 711**.

**Please print or type the following information:**

_____	
Member Name	Member ID Number
_____	
Address	Phone Number
_____	
City, State, Zip	Email Address (optional)

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

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Authorization /  Claim #: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Please state the nature of the complaint, giving dates, times, people, places, etc. involved.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**A complaint may be filed within 60 days of the incident. An appeal may be filed within 65 days of denial.** Please attach copies of any additional information that may be relevant to your complaint or appeal.

Name of Member: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of Submitter: \_\_\_\_\_ Signature: \_\_\_\_\_



You or your representative should mail or fax your signed written complaint or appeal request to the address below:

Clever Care Health Plan  
Attn: Appeals & Grievances Dept  
7711 Center Ave Ste 100  
Huntington Beach, CA 92647

Fax: (657) 276-4715

For expedited appeals or complaints, please call us at 1-833-283-9888.

### **Who May File an Appeal or Complaint?**

You or someone you name to act for you (your authorized representative) may file an appeal. You can name a relative, friend, attorney, doctor, or someone else to act as your representative.

If you want to learn how to name your representative, call us at: 1-833-388-8168. TTY users call 711.

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

### **Important Information About Your Appeal Rights**

*There are two kinds of appeals with Clever Care Health Plan*

**Standard Appeal** – We'll give you a written decision on a standard appeal within **30 days** after we get your appeal in writing. Our decision might take longer if you ask for an extension, or if we need more information about your case. We'll tell you if we're taking extra time and will explain why more time is needed. If your appeal is for payment of a medical service/item you've already received, we'll give you a written decision within **60 days**. If your appeal is for a Part B drug, we'll give you a written decision within **7 days**.

**Fast Appeal** – We'll give you a decision on a fast appeal within **72 hours** after we get your appeal in writing or verbally. You can ask for a fast appeal if you or your doctor believe your health could be seriously harmed by waiting up to **30 days** for a decision. You cannot request an expedited appeal if you are asking us to pay you back for a medical service/item you've already received.

**We'll automatically give you a fast appeal if a doctor asks for one for you or if your doctor supports your request.** If you ask for a fast appeal without support from a doctor, we'll decide if your request requires a fast appeal. If we don't give you a fast appeal, we'll give you a decision within **30 days**.

### **What happens next?**

If you ask for an appeal and we continue to deny your request for a medical service/item, we'll automatically send your case to an independent reviewer. **If the independent reviewer denies your request, the written decision will explain if you have additional appeal rights.**



## **Important Information About Your Complaint (Grievance) Rights**

**Usually, calling Member Services is the first step.** If there is anything else you need to do, Member Services will let you know. You may call us at (833) 388-8168 (TTY: 711), 8 a.m. to 8 p.m., seven days a week, from October 1 through March 31, and 8 a.m. to 8 p.m., weekdays, from April 1 through September 30.

**If you do not wish to call (or you called and were not satisfied), you can put your complaint in writing and send it to us.** If you put your complaint in writing, we will respond to your complaint in writing.

**Standard Complaint** – Most complaints are answered within **30 calendar days** after we get your complaint. Our response might take longer if you ask for an extension, or if we need more information about your case. We'll tell you if we're taking extra time and will explain why more time is needed.

**Fast Complaint** – If you are making a complaint because we denied your request for a “fast coverage decision” or a “fast appeal,” or, if we take an extension on a coverage decision or appeal, we will automatically give you a “fast complaint.” If you have a “fast complaint,” it means we will give you an answer within 24 hours.

### **Get help & more information**

- Clever Care Member Services Toll Free: 1-833-388-8168 TTY users call: 711.  
Hours are 8 a.m. to 8 p.m., seven days a week, from October 1 through March 31, and 8 a.m. to 8 p.m., weekdays, from April 1 through September 30. Messages received on holidays or outside of our business hours will be returned within one business day.
- 1-800-MEDICARE (1-800-633-4227), 24 hours, 7 days a week. TTY users call: 1-877-486-2048.
- Medicare Rights Center: 1-888-HMO-9050.
- Elder Care Locator: 1-800-677-1116 or [www.eldercare.acl.gov](http://www.eldercare.acl.gov) to find help in your community.
- Health Insurance Counseling and Advocacy Program (HICAP) – California's State Health Insurance Assistance Program: 1-800-434-0222. TTY users call: 711.