



# Important Member Information

## We are here to serve you.

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

### Member Services Center

1-888-775-7888 (toll free)

1-415-834-2118 (local)

1-877-681-8898 (TTY)

**Call:** 7 days a week from 8 a.m to 8 p.m

### Or, Visit

845 Jackson Street, San

Francisco, CA 94133

M-F 8 a.m. to 8 p.m.

Sat. & Sun. 9 a.m. to 5 p.m.

386 Gellert Boulevard

Daly City, CA 94015

M-F 9 a.m. to 5:30 p.m.

Closed on Sat. & Sun.

### Language Assistance

If you need help with speaking to an agent in your own language.

1-415-834-2118

### Provider Directory

For a list of physicians, specialists and hospitals in CCHP's network, visit online or request a printed copy from Member Services:

*For Individual & Family Plan members:*

<https://cchphealthplan.com/family-member> – click Provider Directory

*For Employer Group Plan members:*

<https://cchphealthplan.com/employer-member> – click Provider Directory

### List of Covered Drugs

To see if your prescription drugs are covered, you can read or download the List of Covered Drugs by visiting the links below:

*For Individual & Family Plan members:*

<https://cchphealthplan.com/family-member> – click List of Covered Drugs

*For Employer Group Plan members:*

<https://cchphealthplan.com/employer-member> – click List of Covered Drugs

### 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.

1-888-243-8310

24 hours a day / 7 days a week

### Health & Wellness Resource

For Information About Common Conditions, Treatments, Diagnoses and other health and wellness information. Call or visit Chinese Community Health Resource Center (CCHRC) online at:

[www.cchrhealth.org](http://www.cchrhealth.org)

1-415-677-2473

### Sales Representative

Do you know someone who is looking for health coverage? CCHP offers coverage for 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) | [sales@cchphealthplan.com](mailto: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 or 1-415-834-2118 or TTY 1-877-681-8898, 7 days a week, from 8:00am to 8:00pm.

## 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 health care coverage. To request a free translation, please call 1-888-775-7888 or 1-415-834-2118 or TTY 1-877-681-8898, 7 days a week, from 8:00am to 8:00pm.

If unable to reach us, please contact the Department of Managed Health Care's Help Center at 1-888-466-2219 or 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. The Help Center is available Monday to Friday 8:00am to 6:00pm to answer questions.

**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 right away at 1-415-834-2118.

**重要事項:** 您是否能閱讀此文件? 如果無法閱讀, 我們將為您提供專員協助服務。我們也能將此信翻譯成您所使用的語文件。欲洽詢免費服務, 請立即致電: 1- 415- 834-2118。

**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 1-415-834-2118.

## 傳譯協助

如有需要與醫生及醫療服務機構聯絡，我們可為您提供免費傳譯協助。詳情請致電 1-888-775-7888 或 1-415-834-2118，聽力殘障人士請致電 1-877-681-8898，每週7天，上午 8 時至晚上 8 時。

## 提供會員翻譯服務

在計劃的會員當中最頻繁講的語言是中文。在您的要求下，本計劃會翻譯您醫療保健的受保範圍資料。假如您需要這免費翻譯服務，詳情請致電 1-888-775-7888 或 1-415-834-2118，聽力殘障人士請致電 1-877-681-8898，每週7天，上午 8 時至晚上 8 時。

如果您不能夠聯絡我們，可以致電 1-888-466-2219 或 TTY 1-877-688-9891（聽力障礙人士電話）與加州醫療護理管理部查詢。該部門提供超過一百種語言的電話翻譯服務。他們還提供西班牙文及中文的獨立覆查投訴表格。辦公時間由星期一至星期五上午 8 時至晚上 6 時，為您解答疑問。

## 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 o 1-415-834-2118 o TTY 1-877-681-8898, siete días a la semana de 8:00am a 8:00pm.

### 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 o 1-415-834-2118 o TTY 1-877-681-8898, siete días a la semana de 8:00am a 8:00pm.

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; 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 ones 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 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 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.

# CCHP Member Appeal & Grievance Procedure

Chinese Community Health Plan (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 1-415-834-2118 or 1-888-775-7888 from 8:00 a.m. to 8:00 p.m., seven days a week (TTY: 1-877-681-8898). 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 in 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 the 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 our Member Service Call Center. 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 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 this "Dispute Resolution" section

## 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 about 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 | 1-877-681-8898 (TTY)

By Fax: 1-415-397-2129

In Person: Member Services Center, 845 Jackson Street, San Francisco, CA 94133

By Mail: Member Services Center, Chinese Community Health Plan  
445 Grant Avenue, Suite 700 San Francisco, CA 94108

Online: You may file directly using a secure online form by logging into your member portal. You may also obtain the grievance form by clicking on "Independent Medical Review & Enrollee Grievance Process" at the links below:

*Individual & Family Plan members:* <https://cchphealthplan.com/family-member>

*Employer Group Plan members:* <https://cchphealthplan.com/employer-member>

## 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 CCHP Member Services Center at 1-888-775-7888 (TTY users call 1-877-681-8898), which is available 7 days a week from 8 a.m. to 8 p.m. 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 Center Chinese Community Health Plan.  
445 Grant Ave Suite 700 San Francisco, CA 94108
- Fax your written request to our Member Services Center at 1-415-397-2129
- Deliver your request in person to:  
Member Services Center 845 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 CCHP 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, Suite 700 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 health care 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 <http://www.dmhc.ca.gov> has complaint forms, IMR application forms and instructions online.

## Independent Medical Review

If you qualify, you or your authorized representative may have your issue reviewed through the Independent Medical Review (IMR) process managed by the California Department of Managed Health Care (DMHC). The DMHC determines which cases qualify for IMR. This review is at no cost to you. If you decide not to request an IMR, you may give up the right to pursue some legal actions against us.

You may qualify for IMR if all of the following are true:

- You have a recommendation from a provider requesting Medically Necessary Services
- You have received Emergency Care or Urgent Care from a provider who determined the Services to be Medically Necessary
- You have been seen by a Plan Provider for the diagnosis or treatment of your medical condition
- Your request for payment or Services has been denied, modified, or delayed based in whole or in part on a decision that the Services are not Medically Necessary
- You have filed a grievance and we have denied it or we haven't made a decision about your grievance within 30 days (or three days for expedited grievances). The DMHC may waive the requirement that you first file a grievance with us in extraordinary and compelling cases, such as severe pain or potential loss of life, limb, or major bodily function

You may also qualify for IMR if the Service you requested has been denied on the basis that it is experimental or investigational as described under "Experimental or investigational denials." If the DMHC determines that your case is eligible for IMR, it will ask us to send your case to the DMHC's Independent Medical Review organization. The DMHC will promptly notify you of its decision after it receives the Independent Medical Review organization's determination. If the decision is in your favor, we will contact you to arrange for the Service or payment.

## 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.

## Discrimination is Against the Law

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Chinese Community Health Plan (CCHP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CCHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Chinese Community Health Plan:

- Provides free aids and services to people with disabilities 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, 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  
445 Grant Ave, Suite 700, San Francisco, CA 94108  
1-888-775-7888, TTY 1-877-681-8898  
Fax 1-415-397-2129

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)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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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、年齡、殘障或性別而歧視任何人。華人保健計劃 (CCHP) 不因種族、膚色、民族血統、年齡、殘障或性別而排斥任何人或以不同的方式對待他們。

華人保健計劃 (CCHP) :

- 向殘障人士免費提供各種援助和服務，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，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  
445 Grant Ave, Suite 700, San Francisco, CA 94108  
1-888-775-7888, 聽力殘障人士電話 1-877-681-8898  
傳真 1-415-397-2129

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)

登入 <http://www.hhs.gov/ocr/office/file/index.html> 可獲得投訴表格。

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Chinese Community Health Plan (CCHP) cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Chinese Community Health Plan no excluye a las personas ni las trata de forma diferente debido a su origen étnico, color, nacionalidad, edad, discapacidad o sexo.

Chinese Community Health Plan:

- Proporciona asistencia y servicios gratuitos a las personas con discapacidades para que se comuniquen de manera eficaz con nosotros, como los siguientes:
  - 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  
445 Grant Ave, Suite 700, San Francisco, CA 94108  
1-888-775-7888, TTY 1-877-681-8898  
Fax 1-415-397-2129.

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)

Puede obtener los formularios de reclamo en el sitio web <http://www.hhs.gov/ocr/office/file/index.html>.

## Multi-language Interpreter Services

**English:** ATTENTION: If you speak another language, language assistance 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. 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 करा।

**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՝ եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող եմ տրամադրվել լեզվակապակցման անվճար ծառայություններ: Ձանգահարեք 1-888-775-7888 (TTY (հեռատիպ)՝ 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៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អូល

គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 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:** เรียน: 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 تماس بگیرید. (TTY: 1-877-681-8898)