



### Member Request, Appeal or Complaint Form

Use this form to request a coverage decision, appeal, or to file a formal complaint for any part of care or service you had from OneCare. Complete and return this form to us in person, by mail or fax to 1-714-481-6499.

**Print clearly or type below:**

\_\_\_\_\_  
 Member Name (First) (Middle initial) (Last) CIN #

\_\_\_\_\_  
 Mailing Address (City) (State) (Zip Code)

(\_\_\_\_\_) \_\_\_\_\_  
 Phone Number Date of Birth (MM/DD/YY)

Briefly describe the reason for your appeal, complaint, or request (including requests for exception of our drug coverage) - state the service, drug name, dates, times, persons, places, etc. Provide exact details and use a second sheet of paper if needed. Attach copies of any letters, details or records that will support your complaint or request. Be sure to write your name and CIN# on all pages.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

If you have any questions, please call the OneCare (HMO SNP) Customer Service Department toll-free at 1-877-412-2734, 24 hours a day, 7 days a week or visit our office Monday through Friday 8:00 a.m. to 5:00 p.m. at 505 City Parkway West, Orange, CA 92868. TTY/TDD users please call 1-800-735-2929.

**Note:** If you have someone other than your doctor or prescriber file your request, please complete and submit the **Appointment of Representative Form** which can be printed from the CalOptima OneCare website at [www.caloptima.org](http://www.caloptima.org) or by calling the OneCare Customer Service Department toll-free at 1-877-412-2734. Please refer to your Evidence of Coverage book for complete information on what to do if you have a problem or complaint.

## **What If I Don't Agree With This Decision?**

**You have the right to appeal.** File your appeal in writing within 60 calendar days after the date of this notice. We can give you more time if you have a good reason for missing the deadline.

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

You or your treating physician may file an appeal. You can name a relative, friend, advocate, attorney, doctor (other than your treating physician), or someone else to act as your representative. Others also already may be authorized under State law to act for you.

If you have any questions, please call the OneCare Customer Service Department toll-free at 1-877-412-2734, 24 hours a day, 7 days a week or visit our office Monday through Friday, 8:00 a.m. to 5:00 p.m. Members with speech or hearing impairments can call 1-800-735-2929.

If you want someone to act for you, you and your authorized representative must sign, date, and send us a statement naming that person to act for you.

## Important Information About Your Appeal Rights

For more information about your appeal rights, call us or see your Evidence of Coverage.

There are two kinds of appeals you can file:

**Standard (30 days)** – You can ask for a standard appeal. We must give you a decision no later than 30 days after we get your appeal. (We may extend this time by up to 14 days if you request an extension, or if we need 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. We must decide on a fast appeal no later than 72 hours after we get your appeal. (We may extend this time by up to 14 days if you request an extension, or if we need 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, **we will automatically give you a fast appeal.**
- If you ask for a fast appeal without support from a doctor, we will decide if your health requires a fast appeal. We will notify you if we do not give you a fast appeal, and we will decide your appeal within 30 days.

### What Do I Include With My Appeal?

Your written request should include: your name, address, member 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 we should provide the service. Call your doctor if you need this information to help you with your appeal. You may send this information or present this information in person.

### How Do I File an Appeal?

**For a Standard Appeal:** You or your authorized representative should mail or deliver your written appeal to the address(es) below:

Grievance & Appeal Resolution Services  
CalOptima  
505 City Parkway West  
Orange, CA 92868

**For a Fast Appeal:** You or your authorized representative should contact us by telephone or fax:  
1-877-412-2734

**What Happens Next?** If you appeal, we will review our decision. After we 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 OneCare. If you disagree with that decision, you will have further appeal rights. You will be notified of those appeal rights if this happens.

### Contact Information:

If you need information or help, call us Monday through Friday, 8:00 a.m. to 5:30 p.m. at:

Toll Free: 1-877-412-2734  
TTY/TTD: 1-800-735-2929

### Other Resources To Help You:

Medicare Rights Center:  
Toll Free: 1-888-HMO-9050

Elder Care Locator:  
Toll Free: 1-800-677-1116  
1-800-MEDICARE (1-800-633-4227)  
TTY/TTD: 1-877-486-2048