



This form is optional. Santa Clara Family Health Plan Cal MediConnect Plan (Medicare-Medicaid Plan ) (SCFHP Cal MediConnect) can help you fill out this form or you may file a grievance or appeal verbally by calling Customer Service at 1-877-723-4795 (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m. Someone will contact you by phone as soon as we receive this form. We will assist you in any way we can and answer any questions that you have. We can help you in any language.

Member Name: \_\_\_\_\_

Member ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of person filing if different from above: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date of Problem: \_\_\_\_\_

Describe the problem in detail (use the back of this page if you need more room to write):

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

What would you like someone to do about the problem?

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

Will you need language assistance?

Yes  No Language preference: \_\_\_\_\_

Do you have a problem that needs medical attention in the next 72 hours or are you in severe pain?

Yes  No

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

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

\* If signed by someone other than the member, SCFHP must have a copy of the signed Appointment of Representative (AOR) form or equivalent written notice.

SCFHP USE ONLY

Grievance  Appeal SCFHP RECEIPT DATE/TIME: \_\_\_\_\_

## **You can get help from the California Department of Managed Health Care**

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 **1-877-723-4795** 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. For urgent issues, you may call the Department first without filing a grievance with your health plan.

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 TTY line (**1-877-688-9891**) for the hearing and speech impaired. The Department's internet website [www.dmhca.ca.gov](http://www.dmhca.ca.gov) has complaint forms, IMR application forms, and instructions online.

As a Medi-Cal beneficiary, you can request a State Hearing. If you decide to request a hearing, you must do so within 120 calendar days of the mailing of your notice. Please contact SCFHP for the forms that you need. They are also available from the Santa Clara County Department of Social Services. Information about the State Hearing process is also available:

- Phone: **1-800-952-5253**  
TTY: **1-800-952-8349**
- Write: California Department of Social Services  
State Hearings Division  
PO Box 944243, MS 9-17-37  
Sacramento, CA 94244-2430

## **Getting help from Medicare**

You can call Medicare directly for help with problems. Here are two ways to get help from Medicare:

- Phone: **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week.  
TTY: **1-877-486-2048**. The call is free.
- Website: **www.medicare.gov**

## **You can get help from the Quality Improvement Organization (QIO)**

Our state has an organization called Livanta Beneficiary and Family Centered Care (BFCC)-Quality Improvement Organization (QIO). This is a group of doctors and other health care professionals who help improve the quality of care for people with Medicare.

Contact Livanta BFCC-QIO if you have a problem with the quality of care you have received, you think your hospital stay is ending too soon or you think your home health care, skill nursing facility care or comprehensive outpatient rehabilitation facility (CORF) services are ending too soon. Livanta BFCC-QIO is not connected with our plan.

- Phone: **1-877-588-1123**, available 24 hours a day, 7 days a week.  
TTY: **1-855-877-6668**, this number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.
- Fax: Appeals: **1-855-694-2929**  
All other reviews: **1-844-420-6672**
- Write: Livanta BFCC-QIO  
10520 Guilford Road, Suite 202  
Annapolis Junction, MD 20701
- Website: **[www.livanta.com](http://www.livanta.com)**

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Santa Clara Family Health Plan Cal MediConnect Plan (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees.

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Discrimination is against the law. Santa Clara Family Health Plan Cal MediConnect Plan (Medicare-Medicaid Plan) (SCFHP Cal MediConnect Plan) follows State and Federal civil rights laws. SCFHP Cal MediConnect Plan does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

SCFHP Cal MediConnect Plan provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- 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 SCFHP Cal MediConnect Plan between 8 a.m. to 8 p.m., Monday through Friday by calling 1-877-723-4795. If you cannot hear or speak well, please call 711. Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

**Santa Clara Family Health Plan  
PO Box 18880  
San Jose, CA 95158  
1-877-723-4795 (TTY: 711)**

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## **HOW TO FILE A GRIEVANCE**

If you believe that SCFHP Cal MediConnect Plan has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with SCFHP Cal MediConnect Plan. You can file a grievance by phone, in writing, in person, or electronically:

- By phone: Contact SCFHP Cal MediConnect Plan between 8 a.m. to 8 p.m., Monday through Friday by calling 1-877-723-4795. Or, if you cannot hear or speak well, please call 711.
- In writing: Fill out a complaint form or write a letter and send it to:

**Attn: Grievance and Appeals Department  
Santa Clara Family Health Plan  
6201 San Ignacio Ave  
San Jose, CA 95119**

- In person: Visit your doctor's office or SCFHP Cal MediConnect Plan and say you want to file a grievance.

- Electronically: Visit SCFHP Cal MediConnect Plan's website at [www.scfhp.com](http://www.scfhp.com).
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## **OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES**

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- By phone: Call **916-440-7370**. If you cannot speak or hear well, please call **711 (Telecommunications Relay Service)**.
- In writing: Fill out a complaint form or send a letter to:

**Deputy Director, Office of Civil Rights  
Department of Health Care Services  
Office of Civil Rights  
P.O. Box 997413, MS 0009  
Sacramento, CA 95899-7413**

Complaint forms are available at [http://www.dhcs.ca.gov/Pages/Language\\_Access.aspx](http://www.dhcs.ca.gov/Pages/Language_Access.aspx).

- Electronically: Send an email to [CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov).
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## **OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**.
- In writing: Fill out a complaint form or send a letter to:

**U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201**

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

- Electronically: Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

**English:** ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call Customer Service at 1-877-723-4795 (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m. The call is free.

**Español (Spanish):** ATENCIÓN: Si habla español, hay servicios de ayuda de idiomas gratis disponibles para usted. Llame a Servicio al Cliente al 1-877-723-4795 (TTY: 711) de lunes a viernes, de 8 a.m. a 8 p.m. La llamada es gratis.

**Tiếng Việt (Vietnamese):** CHÚ Ý: Nếu quý vị nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ, miễn phí dành cho quý vị. Hãy gọi đến Dịch Vụ Khách Hàng theo số 1-877-723-4795 (TTY: 711), từ Thứ Hai đến Thứ Sáu, 8 giờ sáng đến 8 giờ tối. Cuộc gọi là miễn phí.

**中文 (Chinese) :** 注意：如果您说中文，您可申请免费语言援助服务。请于星期一至星期五早上 8 点至晚上 8 点致电 1-877-723-4795 (TTY 用户请致电 711) 与客户服务部联系。本电话免费。

**Tagalog (Tagalog):** PAUNAWA: Kung nagsasalita ka ng Tagalog, may magagamit kang mga serbisyong tulong sa wika na walang bayad. Tumawag sa Serbisyo para sa Mamimili sa 1-877-723-4795 (TTY: 711), Lunes hanggang Biyernes, 8 a.m. hanggang 8 p.m. Ang pagtawag ay libre.

**한국어(Korean):** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 월요일부터 금요일 오전 8시부터 저녁 8시까지 1-877-723-4795 (TTY: 711)번으로 고객 서비스부에 연락해 주십시오. 통화는 무료입니다.

**Հայերեն (Armenian).** ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե խոսում եք հայերեն, ապա լեզվական օգնության ծառայությունները Ձեզ կտրամադրվեն անվճար: Չանգահարեք հաճախորդների սպասարկման կենտրոն հետևյալ հեռախոսահամարով՝ 1-877-723-4795 (TTY: 711), երկուշաբթիից ուրբաթ՝ Ժ. 8:00 - 20:00: Չանգն անվճար է:

**Русский (Russian):** ВНИМАНИЕ: Если Вы говорите по-русски, Вы можете бесплатно воспользоваться услугами переводчика. Позвоните в Службу поддержки клиентов по номеру 1-877-723-4795 (телетайп: 711), с понедельника по пятницу, с 8:00 до 20:00. Звонок бесплатный.

**:(Farsi) فارسی**

توجه: اگر به زبان فارسی صحبت می کنید، خدمات کمک‌زبانی به‌صورت رایگان در دسترس شما قرار دارد. روزهای دوشنبه تا جمعه، از 8 صبح الی 8 شب، با واحد خدمات مشتریان به شماره 1-877-723-4795 (TTY: 711) تماس بگیرید. تماس با این شماره رایگان است.

**日本語 (Japanese) :** ご注意：日本語を話される場合、無料の言語支援サービスをご利用いただけます。カスタマーサービス 1-877-723-4795 (TTY : 711) までお電話下さい。サービス時間帯は月曜日から金曜日の午前 8 時から午後 8 時までです。通話は無料です。

**Ntawv Hmoob (Hmong):** LUS CEEV: Yog hais tias koj hais lus Hmoob, peb muaj kev pab txhais lus pub dawb rau koj. Hu rau Lub Chaw Pab Cuam Neeg Qhua rau ntawm tus xov tooj 1-877-723-4795 (TTY: 711), hnub Monday txog Friday, 8 teev sawv ntxov txog 8 teev tsaus ntu. Qhov hu no yog hu dawb xwb.

**ਪੰਜਾਬੀ (Punjabi):** ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਬਿਲਕੁਲ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। 1-877-723-4795 (TTY: 711) 'ਤੇ ਗਾਹਕ ਸੇਵਾ ਨੂੰ ਸੋਮਵਾਰ ਤੋਂ ਸ਼ੁੱਕਰਵਾਰ, ਸਵੇਰੇ 8 ਵਜੇ ਤੋਂ ਰਾਤੀਂ 8 ਵਜੇ ਤੱਕ ਕਾਲ ਕਰੋ। ਕਾਲ ਕਰਨ ਦਾ ਪੈਸਾ ਨਹੀਂ ਲੱਗਦਾ।

**:العربية (Arabic)**

تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الاتصال بخدمة العملاء على الرقم 1-877-723-4795 (الهاتف النصي لضعاف السمع (TTY: 711) من الاثنين إلى الجمعة، من 8 صباحًا إلى 8 مساءً. الاتصال مجاني.

**हिंदी (Hindi):** ध्यान दें: अगर आप हिंदी, भाषा बोलते हैं, तो आपके लिए भाषा सहायता सेवाएँ निःशुल्क उपलब्ध हैं। ग्राहक सेवा को 1-877-723-4795 (TTY: 711) पर, सोमवार से शुक्रवार, सुबह 8:00 से शाम 8:00 बजे तक कॉल करें यह कॉल निःशुल्क है।

**ภาษาไทย (Thai):** โปรดทราบ: หากท่านพูดภาษาไทย จะมีบริการความช่วยเหลือทางด้านภาษาโดยไม่มีค่าใช้จ่าย ติดต่อศูนย์บริการลูกค้าได้ที่ 1-877-723-4795 (TTY: 711) ได้ในวันจันทร์ถึงศุกร์ เวลา 08.00 น. ถึง 20.00 น. ไม่มีค่าใช้จ่ายในการโทร

**ខ្មែរ (Khmer):** ជូនចំពោះ: ប្រសិនបើលោកអ្នកនិយាយភាសាសេវាជំនួយផ្នែកភាសាមានជួនលោកអ្នកដោយឥតគិតថ្លៃ។ ទូរស័ព្ទមកផ្នែកសេវាកម្មអតិថិជនតាមលេខ 1-877-723-4795 (TTY: 711) ពីថ្ងៃច័ន្ទដល់ថ្ងៃសុក្រម៉ោង 8 ព្រឹក។ ដល់ម៉ោង 8 យប់ ការហៅទូរស័ព្ទគឺឥតគិតថ្លៃ។

**ພາສາລາວ (Lao):** ໂບດຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ຄິດຄ່າໃຊ້ຈ່າຍ ສໍາລັບທ່ານ. ໂທຫາສູນບໍລິການລູກຄ້າໄດ້ທີ່ເບີ 1-877-723-4795 (TTY: 711), ວັນຈັນ ຫາ ວັນສຸກ ເວລາ 8 ໂມງເຊົ້າ ຫາ 8 ໂມງແລງ. ໂທຟຣີ.

**Mien (Mien):** JANGX LONGX: Beiv taux meih benx gorngv ang gitv waac nyei mienh nor, duqv mbenc maaih nzie weih gong tengx wang-henh faan waac bun muangx maiv zuqc cuotv nyaanh, mbenc nzoih liouh bun meih longc. Douc waac daaih lorx taux nzie weih zipv kaeqv gorn zangc yiem njiec naaiv 1-877-723-4795 (TTY: 711), yiem naaiv liv baaiz yietv mingh taux liv baaiz hmz bouc dauh, yiem 8 diemv lungv ndorm ziagh hoc mingh 8 diemv lungv muonz. Naaiv norm douc waac gorn se wang-henh longc maiv zuqc cuotv nyaanh oc.

**Українська (Ukrainian):** УВАГА: Якщо ви розмовляєте англійською мовою, ви можете безкоштовно скористатися доступними послугами перекладача. Телефонуйте до служби підтримки клієнтів за номером 1-877-723-4795 (телефонний пристрій із текстовим вводом [Teletype TTY]: 711), понеділок-п'ятниця, з 8:00 до 20:00. Дзвінок безкоштовний.