Grievance or Appeal Form

CarePlus HEALTH PLANS™

If you have a grievance or appeal related to your CarePlus plan or any aspect of your care, we want to hear about it. You can use this form to tell us what happened and let us know how we can help. Please provide complete information, so we can address your issue.

This form, along with any supporting documents (such as medical records, medical bills, a copy of your Explanation of Benefits, or a letter from your doctor), may be sent to us by mail or fax:

Address: CarePlus Grievance and Appeals Dept.
P.O. Box 14165
Lexington, KY 40512-4165

Fax Number: 888-556-2128

If you need assistance with this form, please call Member Services at **800-794-5907**. If you use a TTY, call **711.** You can call us seven days a week, from 8 a.m. to 8 p.m. Please note that our automated phone system may answer your call during weekends and holidays. For 24-hour service, you can visit us at **CarePlusHealthPlans.com**.

1) Who is the member?			
Member name (first and last)			
CarePlus member ID number		Member birthdate (MM/DD/YY)	
Street address			City
State	Zip code	Phone number (with area code)	

2) What is the issue?	
For a specific medical service or medication, please provide the details below:	
Medical service/medical equipment or medication	
Provider (Physician, Facility, Prescriber)	
Provider phone number (with area code)	Provider fax number
Is this a request for reimbursement? ☐ Yes ☐ No *If yes, please include a copy of the bill, receipt or proof of payment (receipts).	
Service date(s) (MM/DD/YY) *N/A if care has not been received Claim number	
Claim number (if you have one)	

2) What is the issue? *(Continued)*

What should we know about this issue? Please be as specific as possible about what happened and who was involved. Include any dates of service or contact with CarePlus employees, healthcare providers or pharmacies. If you run out of room, feel free to write on the back or add an extra page.

What additional information can you share? Please attach copies of any supporting information or documents that we should review, such as medical records, medical bills, a copy of your Explanation of Benefits, or a letter from your provider.

What documents have you attached?

- ☐ Explanation of Benefits
- ☐ Medical bill(s)
- ☐ Medical records
- ☐ Receipts (Proof of Payment)
- ☐ Letter from your provider
- ☐ Other _____

Does your appeal need to be expedited? If you or your physician/prescriber believe that waiting for a standard decision (7 calendar days for a Part B/Part D prescription drug appeal or 30 calendar days for a medical pre-service/equipment appeal) could seriously harm your life, health or ability to regain maximum function, you can ask for an expedited (fast) decision. If your physician or prescriber indicates that waiting for a standard decision could seriously harm your health, we will automatically give you a fast decision. If you do not obtain your physician or prescriber's support for an expedited appeal, we will decide if your case requires a fast decision. You cannot request an expedited appeal if you are asking us to review a service or drug you already received.

☐ Please check this box if you believe you need an expedited decision within 72 hours. If you have a supporting statement from your physician or prescriber, attach it to this request.

3) Do you need to appoint a representative?
Skip this section if you are the member acting on behalf of yourself. If you are not the member and aren't sure if you're authorized to work with CarePlus on the member's behalf, please complete the Appointment of Representative (AOR) Form CMS-1696, which can be found on the CarePlus' website at CarePlusHealthPlans.com/members/forms-tools-resources requested by contacting Member Services at 800-794-5907; TTY: 711. Both you and the member must sign and complete the AOR Form. If you are already legally authorized to act as the member's representative under state law, please attach the appropriate documentation so we can review (for example: court appointed guardian, Durable Power of Attorney, health care proxy, etc.).

4) Sign and Submit	
Member Signature (or physician/prescriber) (optional)	Date
Member Printed Name (or physician/prescriber)	

OR

Authorized Representative Signature *(Only if you filled out the AOR form or attached other legal documentation)*	Date
Authorized Representative Printed Name	

Thanks for taking the time to inform us of this issue. We'll be in touch with you if we have any questions, and we'll get back to you as soon as we complete our review of the issue.

Notice of Availability - Auxiliary Aids and Services Notice

English: Free language, auxiliary aid, and alternate format services are available. Call **1-800-794-5907 (TTY: 711)**.

العربية [Arabic]: تتوفر خدمات اللغة والمساعدة الإضافية والتنسيق البديل مجانًا. اتصل على الرقم **1-800-794-5907 (الهاتف النصي: 711)**.

Հայերեն Armenian: Հասանելի են անվճար լեզվական, աջակցման և այլընտրանքային ձևաչափի ծառայություններ: Զանգահարե՛ք՝ **1-800-794-5907 (TTY: 711)**:

বাংলা Bengali: বিনামূল্যে ভাষা, আনুষঙ্গিক সহায়তা, এবং বিকল্প বিন্যাসে পরিষেবা উপলব্ধ। ফোন করুন **1-800-794-5907 (TTY: 711)** নম্বরে।

简体中文 Simplified Chinese：我们可提供免费的语言、辅助设备以及其他格式版本服务。请致电 **1-800-794-5907（听障专线：711**）。

繁體中文 Traditional Chinese：我們可提供免費的語言、輔助設備以及其他格式版本服務。請致電 **1-800-794-5907**（聽障專線：**711**）。

Kreyòl Ayisyen Haitian Creole: Lang gratis, èd oksilyè, ak lòt fòma sèvis disponib. Rele **1-800-794-5907 (TTY: 711)**.

Hrvatski Croatian: Dostupni su besplatni jezik, dodatna pomoć i usluge alternativnog formata. Nazovite **1-800-794-5907 (TTY: 711)**.

فارسی Farsi: خدمات زبان رایگان، کمک های اضافی و فرمت های جایگزین در دسترس است. با **1-800-794-5907 (TTY: 711)** تماس بگیرید.

Français French : Des services gratuits linguistiques, d’aide auxiliaire et de mise au format sont disponibles. Appeler le **1-800-794-5907 (TTY: 711)**.

Deutsch German: Es stehen kostenlose unterstützende Hilfs- und Sprachdienste sowie alternative Dokumentformate zur Verfügung. Telefon: **1-800-794-5907 (TTY: 711)**.

Ελληνικά Greek: Διατίθενται δωρεάν γλωσσικές υπηρεσίες, βοηθήματα και υπηρεσίες σε εναλλακτικές προσβάσιμες μορφές. Καλέστε στο **1-800-794-5907 (TTY: 711)**.

ગુજરાતી Gujarati: નિઃશુલ્ક ભાષા, સહાયક સહાય અને વૈકલ્પિક ફોર્મેટ સેવાઓ ઉપલબ્ધ છે. **1-800-794-5907 (TTY: 711)** પર કૉલ કરો.

עברית Hebrew: שירותים אלה זמינים בחינם: שירותי תרגום, אביזרי עזר וטקסטים בפורמטים חלופיים. נא התקשר למספר **1-800-794-5907 (TTY: 711)**

Hmoob Hmong: Muaj kev pab txhais lus, pab kom hnov suab, thiab lwm tus qauv pab cuam. Hu **1-800-794-5907 (TTY: 711)**.

Italiano Italian: Sono disponibili servizi gratuiti di supporto linguistico, assistenza ausiliaria e formati alternativi. Chiama il numero **1-800-794-5907 (TTY: 711)**.

This notice is available at **CarePlusHealthPlans.com/MLI.**

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日本語 Japanese:言語支援サービス、補助支援サービス、代替形式サービスを無料でご利用いただけます。**1-800-794-5907 (TTY: 711)** までお電話ください。

ភាសាខ្មែរ Khmer៖ សេវាកម្មផ្នែកភាសា ជំនួយ និង សេវាកម្មជាទម្រង់ផ្សេងជំនួសអាចរកបាន។ ទូរសព្ទទៅ លេខ **1-800-794-5907 (TTY: 711)**។

한국어 Korean: 무료 언어, 보조 지원 및 대체 형식 서비스를 이용하실 수 있습니다.
1-800-794-5907 (TTY: 711) 번으로 문의하십시오.

Diné: Saad t’áá jiik’eh, t’áadoole’é binahjį’ bee adahodooníígíí diné bich’į’ anídahazt’i’í, dóó ahgo át’éego bee hada’dilyaaígíí bee bika’aanída’awo’í dahólǫ. Kohjį’ hodíilnih **1-800-794-5907 (TTY: 711)**.

Polski Polish: Dostępne są bezpłatne usługi językowe, pomocnicze i alternatywne formaty. Zadzwoń pod numer **1-800-794-5907 (TTY: 711)**.

Português Portuguese: Estão disponíveis serviços gratuitos de ajuda linguística auxiliar e outros formatos alternativos. Ligue **1-800-794-5907 (TTY: 711)**.

ਪੰਜਾਬੀ Punjabi: ਮੁਫ਼ਤ ਭਾਸ਼ਾ, ਸਹਾਇਕ ਸਹਾਇਤਾ, ਅਤੇ ਵਿਕਲਪਿਕ ਫਾਰਮੈਟ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। **1-800-794-5907 (TTY: 711)** ‘ਤੇ ਕਾਲ ਕਰੋ।

Русский Russian: Предоставляются бесплатные услуги языковой поддержки, вспомогательные средства и материалы в альтернативных форматах. Звоните по номеру **1-800-794-5907 (TTY: 711)**.

Español Spanish: Los servicios gratuitos de asistencia lingüística, ayuda auxiliar y servicios en otro formato están disponibles. Llame al **1-800-794-5907 (TTY: 711)**.

Tagalog Tagalog: Magagamit ang mga libreng serbisyong pangwika, serbisyo o device na pantulong, at kapalit na format. Tumawag sa **1-800-794-5907 (TTY: 711)**.

தமிழ் Tamil: இலவச மொழி, துணை உதவி மற்றும் மாற்று வடிவ சேவைகள் உள்ளன. **1-800-794-5907 (TTY: 711)** ஐ அழைக்கவும்.

తెలుగు Telugu: ఉచిత భాష, సహాయక మద్దతు, మరియు ప్రత్యామ్నాయ ఫార్మాట్ సేవలు అందుబాటులో గలవు. **1-800-794-5907 (TTY: 711)** కి కాల్ చేయండి.

اردو :Urdu مفت زبان، معاون امداد، اور متبادل فارمیٹ کی خدمات دستیاب ہیں۔ کال **(TTY: 711) 1-800-794-5907**

Tiếng Việt Vietnamese: Có sẵn các dịch vụ miễn phí về ngôn ngữ, hỗ trợ bổ sung và định dạng thay thế. Hãy gọi **1-800-794-5907 (TTY: 711)**.