

Complaint Form

This form is for your use when filing a complaint, or appeal regarding any aspect of the care or service provided to you. Brand New Day HMO is required by law to respond to your complaints or appeals, and a detailed procedure exists for resolving these situations. If you have any questions, please feel free to call the Customer Service Department at 1-866-255-4795 or TTY/TDD (866) 321-5955. Brand New Day’s customer service contact information is provided on page 2 of this form.

Please Print or Type The Following Information:

Member Name (Last, First, MI)

Member ID Number

Address

Home Phone Number

City, State Zip Code

Authorized Representative: If the complaint is filed by someone other than the member, please review the “Who may file an Appeal” section on page 2 and provide the following information:

Name: _____

Telephone # _____

Relationship to Member:

Address: _____

City: _____ State: _____ Zip: _____

Please state the nature of the complaint, giving dates, times, persons, places, etc. involved. Please attach copies of any additional information that may be relevant to your complaint or appeal.

Please sign and mail or fax to Brand New Day HMO (see page # 2 for health plan contact information)

Signature: _____ **Date:** _____

Signature of Representative: _____ **Date:** _____

Send your completed complaint form to Brand New Day HMO at:

Mail To: Brand New Day HMO, Attn: Appeals and Grievances
1680 E. Hill Street, Signal Hill, CA 90755
Fax to: 1-866-321-5955

For Hospital, Skilled Nursing or home health discharge appeals call HSAG California Medicare Beneficiary Complaints Helpline: 1-800-841-1602 (TDD 1-800-881-5980) Available 24 hours a day, seven days a week.

You have the right to appeal. To exercise it, file your appeal in writing within 60 calendar days after the date of your original denial notice. We can give you more time if you have a good reason for missing the deadline.

Who may file an appeal? You or someone you name to act for you (your representative) may file an appeal. You can name a relative, friend, advocate, attorney, doctor, or someone else to act for you. Others also already may be authorized under State law 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. If we do not give you a fast appeal, we will decide your appeal within 30 days.

What Do I Include With My Appeal?

You should include: your name, address, Member ID 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 in this information or present this information in person if you wish.

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 below:

Mail To: Brand New Day HMO, Attn: Appeals and Grievances
1680 E. Hill Street, Signal Hill, CA 90755
Fax to: 1-866-321-5955

For a Fast Appeal: You or your authorized representative should contact us by telephone or fax:

Call: Brand New Day HMO, Customer Service: 1-866-255-4795 (TTY 866-321-5955)
Fax to : 562-981-5818

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 your Medicare Health Plan. 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 at:

Toll Free: Customer Services 1-866-255-4795
TTY: For hearing impaired 1-866-321-5955
Hours of Operation: 8 a.m. to 8 p.m., 7 days a week

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: 1-877-486-2048

This information may be available in a different format, including Spanish. Please call Customer Services at the number listed above if you need information in another format or language.



1680 E. Hill Street, Signal Hill, CA 90755
Telephone: 866-255-4795

Esta informacion esta disponible en un formato diferente, incluyendo en espanol. Por favor llame a Servicio al Cliente al numero que aparece arriba si necesite informacion en otro formato o idioma.