Elite Health

APPEALS AND GRIEVANCE FORM

If an appeal, submit this form within 65 days of the date of the denial notification.

If appealing cost-share liability, submit this form within 65 days of the date on the bill or the Explanation of Benefits (EOB).

Mail form to: Elite Health Plan, P.O. Box 1489 Orange, CA 92856

Name:		
Member ID:	MBI:	
Street Address:		
City:	State:	Zip:
Primary Phone #:	Secondary Phone #	

If applicable, please submit an Appointment of Representative Form and enter the following:

Authorized Representative:	Representative Phone Number:

Is this an appeal or grievance?

☐ Grievance

☐ Medical Appeal: ____ Standard or ___ Expedited

Authorization Number(s) being appealed:

Types of Service:

Servicing Provider: Requesting Provider:

☐ Claims Appeal:

Claim Number(s) being appealed:

Dates of Service #: Total Amount in Dispute: $

Please give a description of your grievance or appeal. Be as specific as possible about what happened and who was involved. Include any dates of service or contact with our employees, healthcare providers, or vendors or pharmacies. If you run out of room, feel free to write on the back or add an extra page.

Signature:	Date:

HELPFUL INFORMATION:

If you wish to file an expedited appeal or grievance verbally, please contact Member Services at toll-free number 1-800-958-1129, April 1st through September 30th, 8am-8pm PST, Monday – Friday. Closed all Federal Holidays. October 1st through March 31st, 8am – 8 pm PST, 7 days a week. Closed Thanksgiving and Christmas Day. TTY users should call the plan at 711.

What Is a Grievance?

A type of formal complaint, you file a grievance to express dissatisfaction with the operations, activities or behavior of a plan or its contracted providers, whether you request remedial action or not. The Centers for Medicare & Medicaid Services (CMS) — the federal agency that administers Medicare — requires all Medicare Advantage plans to have procedures in place for timely grievance resolution.

Decisions made under the grievance process cannot be appealed.

Learn more about grievances: https://cms.gov/medicare/appeals-grievances/managed-care/grievances

What Is an Appeal (Reconsideration)?

If you disagree with a denial decision, you can request a reconsideration or redetermination by filing an appeal. Your MA plan will revisit the medical or payment decision along with any additional supporting evidence, then approve or deny your request.

Learn more about appeals (reconsideration):

https://cms.gov/medicare/appeals-grievances/managed-care/reconsideration-advantage-health-plan-part-c