

# Working With Your Medica Care Coordinator



## PLEASE KEEP THIS IMPORTANT INFORMATION

Care Coordinator name: \_\_\_\_\_

Care Coordinator phone number: \_\_\_\_\_

Please share this contact information with your family. They can contact your Care Coordinator with updates on your health or if they have questions or concerns.

## How your Care Coordinator can help you

Your Care Coordinator can help with your medical, social, and everyday needs. They'll also work with you to create a plan to help keep you healthy and safe in your home.

### Your Medica Care Coordinator will:

- Call you to see how you are doing
- Offer to visit you in your home at least once a year and more often if your health changes
- Arrange services to help you in your home
- Give you information on resources available in your community
- Help you get transportation to your health care appointments
- Help you make health care and dental appointments
- Work with your health care team to assist with ongoing or new health conditions
- Help you if you have been or plan to be in the hospital
- Explain and help you understand benefits
- Provide information about your health conditions and topics such as nutrition, exercise, and fall prevention

### Call your Care Coordinator:

- When changes happen with your health
- When you have a scheduled procedure or surgery, including outpatient procedures at a hospital or clinic
- If you're hospitalized unexpectedly
- If you can't get to the doctor
- If you're having trouble with household tasks such as shopping, cleaning, or cooking
- If you need help to feel safe with bathing or dressing
- If you have a fall or are worried about falling
- If you move to a new home
- If you're having trouble getting housing, food, or transportation

Call 911 if you have an emergency.





We want you to be happy with the service you get from your Care Coordinator.

## Communication + Complaints

As you work together, you can feel free to talk about any concerns you have. And if you want to talk to your Care Coordinator's supervisor, please call: \_\_\_\_\_

If you're not satisfied with the service you get from your Care Coordinator, you can file a complaint. Just call Member Services at the number on the back of your Medica ID card and tell us about the problem. We'll work with you to take care of it.

You can also file a formal complaint with: the Minnesota Department of Health at **(651) 201-5100** or **1-800-657-3916** (this call is free) or the Ombudsperson for State Managed Health Care Programs at **(651) 431-2660** or **1-800-657-3729** (this call is free) or TTY: **1-800-627-3529**.

### Protection of your Personal Health Information (PHI)

Federal and state laws protect the privacy of your personal health information (PHI). Medica protects your PHI as required by these laws. You have rights related to your PHI and how it is used. Medica mails you a written notice that tells you about these rights and explains how Medica protects the privacy of your health information. The notice is called "Medica's Privacy Notice" and can be found on [medica.com](https://www.medica.com).

### Appeals

You have the right to appeal decisions Medica makes about your benefits and coverage or about the amount Medica will pay for your medical services, items, or drugs. Just call Member Services at the number on the back of your Medica ID card to request an appeal. You can also find information about how to request an appeal in your Member Handbook.

Medica DUAL Solution® and Medica AccessAbility Solution® Enhanced are HMO D-SNPs that contract with both Medicare and the Minnesota Medical Assistance (Medicaid) program to provide benefits of both programs to enrollees. Enrollment in Medica DUAL Solution and Medica AccessAbility Solution Enhanced depends on contract renewal.

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**Medica Member Services**

1 (888) 347-3630 (toll free) TTY: 711

Attention. If you need free help interpreting this document, call the above number.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤတွဲရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သူဉ်ဟ်သးဘဉ်တက့ၢ်. ဝဲန့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၢ်,ကိးဘဉ် လိတဲစိနီၢ်ဂံၢ်လၢထးအံၤန့ၢ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣຄຊາບ. ຖ້າທ່ານ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງ ໂທໂປຣໂປຣໂຫຼຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda (afcelinta) qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

LB2 (10-20)