

Medica Benefit Review
Medica Prime Solution® (Cost)

In order for Medica to initiate a benefit review for health services you believe should be covered under your Evidence of Coverage/Policy, please complete this form and return to Medica as soon as possible.

Member Name: _____

Member I.D.# _____

Service that was denied: _____ **Date service was received:** _____

Provider: _____ **Date Medica denied the service:** _____

Please give an explanation as to why you believe the denial is incorrect:

Medicare Regulation 42CFR422.582 states that a benefit review request must be made within 60 days of the receipt of a denial letter. If your request is **beyond the allowed 60-day period**, please explain the reason for the delay in contacting Medica:

Medica and Medicare may require your medical records in order to conduct a medical review of the denial. **Please be aware that we may contact your Medica provider(s) and request medical records pertinent to this review.**

Member's Signature (or signature of: executor, **Date**
Attorney-in-fact, conservator or guardian. Proof of Authorization must be attached)

The Medica Appeal Process
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Medica has an appeal process in place to review situations in which you have received a denial of benefits, denial of payment or reduction in service. This appeal process is designed to determine whether the original decision made by Medica was the appropriate one. We want to make sure this process is fair and easy to understand. We encourage you to contact Medica and speak with our Health Plan Specialists who will answer your questions and provide additional understanding.

For more information regarding appeals, please call 952-992-2300 or 1-800-234-8755. TTY users: 711. When you call from **October 1st – March 31st**, we're open between 8 a.m. and 8 p.m., CST, seven days a week. You will talk to a representative. From **April 1st– September 30th**, call us 8 a.m. to 8 p.m. Monday through Friday to speak with a representative. On Saturdays, Sundays and holidays, you can leave a voicemail message which will be returned within one business day. You may write us at:

Medica Customer Service
Route CP520
P.O. Box 9310
Minneapolis MN 55440-9310

Please refer to the section of your Evidence of Coverage titled *What to do if you have a problem or complaint (coverage decisions, appeals, complaint)* for additional information.

To request an appeal regarding your Part C Medical Care and Services

You must submit a written request for an appeal within 60 days from the date of the notice of the organizational determination. You may submit your request either by letter or Medica's appeal forms; you will receive a written acknowledgement from a Consumer Affairs Advisor within 5 calendar days of receiving your request for an appeal. Your case will be reviewed to determine if the original denial was appropriate. If the appeal is regarding a denial of payment, you will receive a written determination within 60 calendar days of Medica's receipt of your request. If the appeal is regarding a denial of medical care/service, you will receive a written determination within 30 calendar days of Medica's receipt of your request. If Medica decides to uphold the original decision, we will automatically forward the entire file to MAXIMUS Federal Services for a new and impartial review. MAXIMUS will either uphold our decision or issue a new decision. If we forward the case to MAXIMUS, we will notify you of our decision as discussed above. For cases submitted for review, MAXIMUS will make a reconsideration and notify you in writing of their decision and the reasons for the decision within 60 days for a denied request for payment, or within 30 days for a denied request for medical care.

To request an appeal regarding your Part D Prescription Drugs and Services

You must submit a written request for an appeal within 60 days from the date of the notice of the organizational determination. You may submit your request either by letter or Medica's appeal forms; you will receive a written acknowledgement from a Consumer Affairs Advisor within 5 calendar days of receiving your request for an appeal. Your case will be reviewed to determine if the original denial was appropriate. We will send a written determination within 7 calendar days of Medica's receipt of your request. If Medica decides to uphold the original decision, you may file an appeal to MAXIMUS for a new and impartial review. MAXIMUS will either uphold our decision or issue a new decision.

For Part C and/or Part D appeals, you may also want to contact one of the following agencies for assistance:

You can have a family member, friend, or someone help you file an appeal. That individual must be your appointed representative. Contact Customer Service to learn how to name an appointed representative.

- Minnesota residents can contact: Minnesota Board on Aging at 1-800-882-6262, or Minnesota State Health Insurance Assistance Program (SHIP) at 1-800-333-2433.
- Wisconsin residents can contact: State Health Insurance Assistance Program of Wisconsin (SHIP) at 1-800-242-1060.
- North Dakota residents can contact: North Dakota Senior Health Insurance Counseling Program (SHIC) at 1-800-247-0560.
- South Dakota residents can contact: Senior Health Information and Insurance Education (SHINE) at 1-800-536-8197.
- Iowa residents can contact: Senior Health Insurance Information Program (SHIIP) at 1-800-351-4664.
- Nebraska residents can contact: Senior Healthy Insurance Information Program (SHIIP) at 1-877-234-7119.

Medica is a Cost plan with a Medicare contract. Enrollment in Medica depends on contract renewal.

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Discrimination is Against the Law

Medica complies with applicable Federal civil rights laws and will not discriminate against any person based on his or her race, color, creed, religion, national origin, sex, gender, gender identity, health status including mental and physical medical conditions, marital status, familial status, status with regard to public assistance, disability, sexual orientation, age, political beliefs, membership or activity in a local commission, or any other classification protected by law. Medica:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: TTY communication
- Written information in other formats (large print, audio, other formats)
- Provides free language services to people whose primary language is not English, such as: Qualified interpreters and information written in other languages

If you need these services, contact the number on the back of your identification card. If you believe that Medica has failed to provide these services or discriminated in another way on the basis of your race, color, creed, religion, national origin, sex, gender, gender identity, health status including mental and physical medical conditions, marital status, familial status, status with regard to public assistance, disability, sexual orientation, age, political beliefs, membership or activity in a local commission, or any other classification protected by law, you can file a grievance with: Civil Rights Coordinator, Mail Route CP250, PO Box 9310, Minneapolis, MN 55443-9310, 952-992-3422, TTY: 711, civilrightscoordinator@medica.com.

You can file a grievance in person or by mail, fax, or email. You may also contact the Civil Rights Coordinator if you need assistance with filing a complaint. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201 800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

If you want free help translating this information, call the number included in this document or on the back of your Medica ID card.

Si desea asistencia gratuita para traducir esta información, llame al número que figura en este documento o en la parte posterior de su tarjeta de identificación de Medica.

Yog koj xav tau kev pab dawb kom txhais daim ntawv no, hu rau tus xov tooj nyob hauv daim ntawv no los yog nyob nraum qab ntawm koj daim npav Medica ID.

如果您需要免費翻譯此資訊，請致電本文檔中或者在您的Medica ID卡背面包含的號碼。

Nếu quý vị muốn trợ giúp dịch thông tin này miễn phí, hãy gọi vào số có trong tài liệu này hoặc ở mặt sau thẻ ID Medica của quý vị.

Odeeffannoo kana gargaarsa tolaan akka isinii hiikamu yoo barbaaddan, lakkoobsa barruu kana keessatti argamu ykn ka dugda kaardii Waraqaqa Eenyummaa Medica irra jiruun bilbila'a.

إذا كنت تريد مساعدة مجانية في ترجمة هذه المعلومات، فأتصل على الرقم الوارد في هذه الوثيقة أو على ظهر بطاقة تعريف ميديكا الخاصة بك.

Если Вы хотите получить бесплатную помощь в переводе этой информации, позвоните по номеру телефона, указанному в данном документе и на обратной стороне Вашей идентификационной карты Medica.

ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນການແປຂໍ້ມູນນີ້ຟຣີໃຫ້ໂທຫາເລກໝາຍທີ່ມີຢູ່ໃນເອກະສານນີ້ ຫຼື ຢູ່ດ້ານຫຼັງຂອງບັດ Medica ຂອງທ່ານ.

이 정보를 번역하는 데 무료로 도움을 받고 싶으시면, 이 문서에 포함된 전화번호나 Medica ID 카드 뒷면의 전화번호로 전화하십시오.

Si vous voulez une assistance gratuite pour traduire ces informations, appelez le numéro indiqué dans ce document ou au dos de votre carte d'identification Medica.

နမူနာအား တစ်ကျိုးထံ စာကလိနီနီနီတင်တင်ကျိအံလောအကလိနီနီ . ကိးလီတစ်နီနီဂါလောအပုဂ္ဂိုလ်လံာ်တီလံာ်မီအပူအံမုတမုဖနနနနီနီခလံာ်အုသးခးကုအလီခံတကပါအဖီခိနီနီတကုဂါ.

Kung nais mo ng libreng tulong sa pagsasalin ng impormasyong ito, tawagan ang numero na kasama sa dokumentong ito o sa likod ng iyong Kard ng Medica.

ይህን መረጃ ለመተርጎም ነጻ እርዳታ የሚፈልጉ ከሆኑ በዝ ህ ስነድ ውስጥ ያለውን ቁጥር ወይም Medica መታወቅያ ካርድዎ በስተጀርባ ያለውን ይደውሉ።

Ako želite besplatnu pomoć za prijevod ovih informacija, nazovite broj naveden u ovom dokumentu ili na poleđini svoje ID kartice Medica.

Díí t'áá jíik'e shá ata' hodoonih nínízingo éí ninaaltsoos Medica bee néiho' d'ilzinígí bine'déé' namboo biki' ágíjji' béésh bee hodílnih.

Wenn Sie bei der Übersetzung dieser Informationen kostenlose Hilfe in Anspruch nehmen möchten, rufen Sie bitte die in diesem Dokument oder auf der Rückseite Ihrer Medica-ID-Karte angegebene Nummer an.