

Medica Prime Solution® (Cost) Complaint Form

Dear Member:

The purpose of this form is to help you register a concern you expressed when you called Medica Customer Service recently. Please outline your concern below (attach additional pages if necessary):

If your complaint relates to services not covered by Medicare, Medica will respond within 30 days of receipt. This process is outlined in your Evidence of Coverage (policy).

If you have any further questions, please contact Medica Customer Service at 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.

This form should be mailed to:

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

Member Signature

Date

Member Name (Print)

Medica ID #

The Medica Grievance Process Medica Prime Solution

Medica has a grievance process in place to review situations in which you have billing or enrollment issues, quality of care, etc. This grievance 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. You may also have a family member, friend, or someone help you file a grievance. For more information regarding grievances, please call Medica Customer Service at 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

You may file an expedited grievance if we do not grant your request for an expedited coverage determination or an expedited redetermination. We will respond to an expedited grievance within 24 hours.

For quality of care problems, you may also complain to the QIO.

If you are concerned about the quality of care you received, including care during a *hospital* stay, you can also complain to an independent organization called the Quality Improvement Organization (QIO). See the Section titled *Important Phone Numbers and Resources* in your Evidence of Coverage for more information about the QIO in your state.

You may also file a quality of care complaint with Medica. Medica's Customer Service will assist you in filing your complaint. Once we receive your complaint, your complaint will be directed to Medica's Quality Improvement department for a comprehensive review of your complaint. **This is Medica's internal grievance process for Quality of Care complaints.** This process is separate from the QIO process described above.

Filing a Grievance

You may submit your grievance verbally or in writing.

If you submit a written request for a grievance it may be either by letter or complaint form. You will receive a written acknowledgement letter from a Consumer Affairs Advisor within 10 calendar days of receiving your grievance. Your case will be reviewed to determine if the original decision was appropriate. We must notify you of our decision about your grievance as quickly as your case requires based on your health status, but no later than 30 calendar days after receiving your complaint. We may extend the timeframe by up to 14 calendar days if you request the extension, or if we justify a need for additional information and the delay is in your best interest.

You can have a family member, friend, or someone help you file a complaint. That individual must be your appointed representative. For more information, please call 952-992-2300 in the Mpls./St. Paul metro area or 1-800-234-8755 if you are outside the metro area. TTY users: 711.

You may want to contact one of the following agencies for assistance:

- 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: TTYcommunication
- 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 Waraqaa Eenyummaa Medica irra jiruun bilbila'a.

إذا كنت تريد مساعدة مجانية في ترجمة هذه المعلومات، فاتصل 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.

ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນການແປຂໍ້ມູນນີ້ຟຣີ, ໃຫ້ໂທຫາເລກໝາຍທີ່ມີຢູ່ໃນເອກະສານນີ້ ຫຼື ຢູ່ດ້ານຫຼັງຂອງບັດ Medica ຂອງທ່ານ.

이 정보를 번역하는 데 무료로 도움을 받고 싶으시며, 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.

နမ့်အဲဒီ ဝါးတံကျိးထံစာကလီနီနီတံဂ်တံကျိးအံလောအကလီနီနီ . ကိးလီထဲစီနီနီဂံလောအပုဂ်ယုဂ်လါလံဂ်တံလံဂ်အပူအံမုတမုဖ်နနနီနီခခခလဲဂ်အုဂ်သးခးကုအလီဂ်ခံတကပါအဖီခိနီနီတကုဂ်.

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 ከሆነ በዝ ህ ስኔድ ዉስጥ ያለውን ቁጥር ወይም Medica መታወቂያ 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 júík'e shá ata' hodoonih nínízingo éí ninaaltsos Medica bee néího' dílzínígi bine' déé' namboo biki' ágújji' 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.