



Medica Advantage Solution® (HMO-POS), Medica Advantage Solution® (PPO), and Medica AdvantageSM (PPO) Grievance Form

Dear Member:

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

If your grievance 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 Member Service at 952-992-2134 or 1-866-269-6804 (toll-free), TTY users may call 711. When you call from **October 1st – March 31st**, we're open between 8 a.m. and 9 p.m., Central, seven days a week. You will talk to a representative. From **April 1st – September 30th**, call us 8 a.m. to 9 p.m., Central, 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 Member Service
Route CP520
P.O. Box 9310
Minneapolis, MN 55440-9310

Member Signature

Date

Member Name (Print)

Medica ID #

The Medica Grievance Process
Medica Advantage Solution® (HMO-POS), Medica Advantage Solution® (PPO), and Medica AdvantageSM (PPO) Grievance Form

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 Member Service at 952-992-2134 or 1-866-269-6804 (toll-free), TTY users may call 711. When you call from **October 1st – March 31st**, we're open between 8 a.m. and 9 p.m., Central, seven days a week. You will talk to a representative. From **April 1st – September 30th**, call us 8 a.m. to 9 p.m., Central, 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 Member Service
Route CP520
P.O. Box 9310
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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 grievance with Medica. Medica Member Service will assist you in filing your grievance. Once we receive your grievance, it will be directed to Medica's Quality Improvement department for a comprehensive review. **This is Medica's internal grievance process for quality of care grievances.** 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 grievance form. You will receive a written acknowledgement letter from a Regulatory Appeal 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 952-992-2134 or 1-866-269-6804 (toll-free). TTY users may call 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.
- **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.
- **Nebraska** residents can contact: Senior Healthy Insurance Information Program (SHIIP) at 1-877-234-7119.

MULTI-LANGUAGE INSERT

Multi-Language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1 (866) 745-9919**. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1 (866) 745-9919**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1 (866) 745-9919**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1 (866) 745-9919**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa **1 (866) 745-9919**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1 (866) 745-9919**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1 (866) 745-9919** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1 (866) 745-9919**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1 (866) 745-9919** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1 (866) 745-9919**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول بمساعدتك. على مترجم فوري، ليس عليك سوى الاتصال بنا على **1 (866) 745-9919**. سيقوم شخص ما يتحدث العربية هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1 (866) 745-9919** पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1 (866) 745-9919**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1 (866) 745-9919**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1 (866) 745-9919**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1 (866) 745-9919**. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1 (866) 745-9919**にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

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 and written information in other formats such as large print, audio, and braille.
- 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, TTY: 800-537-7697. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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