

Medica Complete Solution® (HMO) 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. If you are a Minnesota resident, you also have the right at any time to notify the Commissioner of the Department of Commerce at 651-296-2488 or 1-800-657-3602. If you are a Wisconsin resident, you also have the right at any time to notify the Commissioner of the Wisconsin Office of the Commissioner of Insurance at 1-800-236-8517. This process is outlined in your Evidence of Coverage (policy).

If you have any further questions, please contact Medica's Center for Healthy Aging at 952-992-2300 or 1-800-234-8755 between 8 a.m. and 8 p.m., CST, seven days a week. TTY users may call the National Relay Center at 1-800-855-2880 and ask for 1-800-234-8755. Please note access to a representative is limited on the weekends/holidays during certain times of the year. This form should be mailed to:

Medica Customer Service
Route CP320, P.O. Box 9310
Minneapolis, MN 55440-9310

Member Signature

Date

Member Name (Print)

Medica ID #

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Medica is a health plan with a Medicare contract.

The Medica Grievance Process
Medica Complete Solution® (HMO) Complaint 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 the Center for Healthy Aging and speak with our Customer Service Representatives 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 952-992-2300 in the Mpls./St. Paul metro area or 1-800-234-8755 if you are outside the metro area. TTY users may call the National Relay Center at 1-800-855-2880 and ask for 1-800-234-8755. Our business hours are 8 a.m. to 8 p.m., CST, seven days a week. Please note access to a representative is limited on the weekends/holidays during certain times of the year. You may write us at:

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You may also have the right to file a complaint with the insurance regulatory agency in your state. If you have this right, the regulator's phone number will be listed on your member identification card.

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 Center for Healthy Aging Customer Service will assist you in filing your complaint. Once we receive your complaint, your complaint will be directed to Medica's Quality and Performance Management 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 5

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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 may call the National Relay Center at 1-800-855-2880 and ask for 1-800-234-8755. Our business hours are 8 a.m. to 8 p.m., CST, seven days a week. Please note access to a representative is limited on the weekends/holidays during certain times of the year.

You can have a family member, friend, or someone help you file an appeal. 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.