

<Date>

**Important Medica Information.**

<First\_Name> <Last\_Name>

<Addr\_1>

<Addr\_2>

<City> <State> <ZIP>

**Medica Advantage Solution® with CHI Health (HMO) Grievance 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):

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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 Customer Service at 1-866-398-7374 (toll-free), TTY users may call 711. When you call from **October 1st – March 31st,** we’re open between 8 a.m. and 8 p.m., Central, seven days a week.  You will talk to a representative.  From **April 1st – September 30th**, call us 8 a.m. to 8 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 Customer Service

Route CP520

P.O. Box 9310

Minneapolis, MN 55440-9310

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Member Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member Name (Print) Medica ID #

The Medica Grievance Process

 **Medica Advantage Solution® with CHI Health (HMO)**

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 1-866-398-7374 (toll-free), TTY users may call 711. When you call from **October 1st – March 31st,** we’re open between 8 a.m. and 8 p.m., Central, seven days a week.  You will talk to a representative.  From **April 1st – September 30th**, call us 8 a.m. to 8 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 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 grievance with Medica. Medica Customer 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 QIOprocess 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 Consumer Appeals 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 1-866-398-7374 (toll-free). TTY users may call 711. You may want to contact one of the following agencies for assistance:

* Iowa residents can contact: Iowa Senior Health Insurance Information Program (SHIIP) at

1-800-351-4664 (toll-free). TTY users may call 1-800-735-2942

* Nebraska residents can contact: Nebraska Senior Health Insurance Program (SHIP) at

1-800-234-7119 (toll-free). TTY users may call 1-800-833-7352.

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