This notice gives a detailed explanation of why your Medicare provider and/or health plan has determined Medicare coverage for your current services should end. *This notice is not the decision on your appeal.* The decision on your appeal will come from your Quality Improvement Organization (QIO).

We have reviewed your case and decided that Medicare coverage of your current Skilled Nursing Facility (SNF) services should end.

- The facts used to make this decision:

- Detailed explanation of why your current services are no longer covered, and the specific Medicare coverage rules and policy used to make this decision:

- Plan policy, provision, or rationale used in making the decision (health plans only):

If you would like a copy of the policy or coverage guidelines used to make this decision, or a copy of the documents sent to the QIO, please call us at: ____________________________
Medica is a Cost, HMO-POS, PPO, HMO, HMO D-SNP and HMO I-SNP plan with a Medicare contract. Enrollment in Medica depends on contract renewal.

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- 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, civilrights coordinator@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, HH Building, Washington, D.C. 20201 800-368-1019, 800-335-7557 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

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