



**MEDICAID**

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# How to Get the Care You Need

- **Medica AccessAbility Solution<sup>®</sup> (SNBC)**
- **Medica AccessAbility Solution<sup>®</sup> Enhanced (HMO D-SNP) (SNBC SNP)**
- **Medica Choice Care<sup>SM</sup> MSC+**
- **Medica Choice Care<sup>SM</sup> PMAP**
- **Medica DUAL Solution<sup>®</sup> (HMO D-SNP) (MSHO)**
- **Medica MinnesotaCare**

# How to get the care you need

## Medica is here for you

When you are a Medica member, you're part of a health plan that works toward better health for all. This guide tells you where to find more information if you need it.

## File it

Please read and save this document. It may help whenever you have questions about your covered services. Some Medica members keep all of their health care information in one file. Typical items you may want to include in your health care file are:

- Your coverage document, which is called Member Handbook or Evidence of Coverage
- Information from your health care providers or clinic
- Immunization records for each family member
- Information about your prescriptions
- Information about dental or orthodontic care
- Information about eye care
- Receipts for copays, prescriptions or other medical expenses
- Information about advance directives, such as a living will, POLST, and healthcare power of attorney

When you have a question, refer to your *Member Plan Guide* first. It contains special resources and contacts to help you take charge of your care. You will receive a *Member Plan Guide* by mail when you enroll as a new member. If you are a current Medica member, it is mailed to you each January.

**If any information in this guide conflicts with your coverage document, your Member Handbook or Evidence of Coverage will govern in all respects.**

## Find what you need online

Get the information you need about your covered services online:

1. Go to **Medica.com/MedicaidMembers**.
2. Select your plan name (listed on your Medica identification (ID) card as *Care Type*).

Throughout this document, we'll let you know whenever more information is available online.

**See the *Important phone numbers* section at the end of this guide.**

## Interpreter services

For help in other languages, call:

-Spanish: (877) 347-0303 (TTY: 711)

-Somali: (877) 347-0307 (TTY: 711)

-Hmong: (877) 349-2399 (TTY: 711)

-Russian: (877) 349-2581 (TTY: 711)

-Vietnamese: (877) 349-2585 (TTY: 711)

-For all other plans and languages: (888) 347-3630 (TTY: 711)

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## About your coverage

To find out what services are and aren't covered by your health insurance plan, see your *Member Handbook* or *Evidence of Coverage*. These documents tell what portion, if any, you will pay for health services. Get the information you need about your covered services online:

1. Go to **Medica.com/MedicaidMembers**.
2. Select your plan name (listed on your Medica ID card as *Care Type*).

In most cases you can find answers to questions about health insurance coverage in your *Member Handbook* or *Evidence of Coverage*. If you cannot find what you need, call Member Services. You'll find their number in the *Important phone numbers* section of this guide or on your Medica ID card.

## Connecting you to the care you need

You and your family are supported by Medica. We start by connecting you with health care providers who will give you needed care.

### Choosing a primary care provider

Medica wants you to choose a primary care provider. Your primary care provider is the doctor or other health professional you see at your primary care clinic. Your primary care clinic is your medical "home," the place you chose to go for most of your health care needs. Having a primary care provider who knows your medical history can save you time and improve the quality of your care.

Choose a primary care clinic or find a doctor online. Get the information you need about your covered services online:

1. Go to **Medica.com/MedicaidMembers**.
2. Select your plan name (listed on your Medica ID card as *Care Type*).

There are four types of primary care providers. Some work only with women or children. If you need to choose a primary care provider, the following descriptions can help you decide which type would best meet your needs.

**Family Practice:** Doctors who provide care for the whole family—all ages, all genders, each organ system and every type of disease. This specialty provides continuing, comprehensive health care for individuals and families.

**Internists:** Doctors who specialize in complex illnesses of adults, especially medical conditions that affect internal organs.

**Pediatricians:** Doctors who specialize in taking care of the general health needs of children, from birth to age 20.

**Obstetricians/gynecologists (OB/GYN)**—Doctors who specialize in pregnancy, childbirth and diseases/problems of the female reproductive system. They are also trained in routine preventive and reproductive services.

To learn about the qualifications of a provider, you can contact the Minnesota Board of Medical Practice at **(612) 617-2130** (TTY: **711**).

The board can tell you your provider's background, including professional qualifications such as medical school attended, residency completed and board certification status. If you want to change your primary care clinic or provider, please contact Member Services.

### Finding a physician or facility

There is a fast, easy online tool you can use to search for health care providers in your plan's network. You can search for primary care physicians, specialists, clinics, hospitals and other care providers.

Get the information you need about your covered services online:

1. Go to **Medica.com/MedicaidMembers**.
2. Select your plan name (listed on your Medica ID card as *Care Type*).

Please confirm with the provider's office that they are in your health plan's network and are accepting new patients before your first visit. If you have questions about whether your provider or clinic is in your plan's network, or your covered services, call Member Services.

## Making appointments

When you are sick or need preventive care, contact your primary care clinic to make an appointment. You should always take your Medica ID card and any other current insurance cards with you because they have important information your provider may need.

Certain services may require that you pay an amount to your provider. This amount is called a copay. You can find information on copays in your *Member Handbook* or *Evidence of Coverage*.

If you aren't sure you need to make a copay, ask when you make your appointments or call Member Services.

## Specialty care

Members have open access to network specialists. This means you can see a network specialist without a referral from your primary care provider.

Specialists are included in your provider search; go to **Medica.com/MedicaidMembers** to select your plan and see care options. You also can find them listed in your *Provider and Pharmacy Directory*. You can call Member Services to make sure that the specialist you want to see is in your plan's network. Keep in mind it may take up to six weeks to get a specialist appointment.

## Non-emergency hospital care

There may be a time when your primary care provider or specialist recommends non-emergency care that you need to get at a hospital; for example, radiology, diagnostic services, rehabilitation or follow-up care. If so, you need to receive these services at a hospital in your plan's network.

Network hospitals can be found on your Find Care page on **Medica.com**. You also can find them listed in your *Provider and Pharmacy Directory*. You can call Member Services to make sure the hospital you want to use is in your plan's network.

## Care after regular clinic hours

If possible, you should make an appointment to see your primary care provider first. Your primary care provider is the person who knows the most about your medical history. Even when the clinic is closed, you can call and leave a message for your provider. Most clinics

have on-call staff that can help you get the care you need.

If after-hours care from your regular clinic isn't available, you can visit a retail convenience care clinic or urgent care clinic in your plan's network. Visit **Medica.com/MedicaidMembers** and select your plan name to find options. You can also find them listed in your *Provider and Pharmacy Directory*. If you need fast help finding a location, you can call NurseLine by Health Advocate<sup>SM</sup> 24 hours a day, seven days a week, toll-free at **(866) 715-0915** (TTY: **711**).

## Convenience care clinics

Convenience care clinics are staffed with licensed providers who can treat minor illnesses for people older than 18 months. These clinics are not for life-threatening emergencies. Convenience care clinics have daytime and evening hours. Some also are open on weekends and holidays. You don't need to make an appointment, just walk in. Care is given on a first-come, first-served basis. These clinics are typically found in pharmacies, grocery or other retail stores.

## Urgent care

If your primary care clinic is closed, urgent care is a good place to go for things like earaches, strep throat, fever, a sprained ankle or minor cuts. Urgent care centers are staffed by doctors and nurses. They are not for life-threatening emergencies. Urgent care is open days and evenings and many have weekend and holiday hours. You don't need to make an appointment, just walk in. Care is given on a first-come, first-served basis.

Get the information you need about your covered services online:

1. Go to **Medica.com/MedicaidMembers**.
2. Select your plan name (listed on your Medica ID card as *Care Type*).

## Emergency care

A medical emergency is something that needs treatment right away. It requires prompt medical attention to: save life; avoid serious physical or mental harm; avoid serious damage to body functions, organs or parts; or because there is continuing severe pain. If you have an emergency, go to the nearest emergency

room. Emergency room services are usually offered at a hospital.

Please do not go to the emergency room for a minor problem or routine health concern. If your condition doesn't need treatment right away, go to your primary care clinic. If that office is closed, go to a convenience care clinic or urgent care clinic. If you go to the emergency room, the cost of care is a lot higher than care elsewhere. It may cost you more because there may be a higher copay. It may also take more of your time because emergency rooms treat patients with the most serious needs first.

Please only go to the emergency room for true emergencies so the doctors and nurses are able to treat people with serious problems right away. **In an emergency that needs treatment right away, either call 911 or go to the nearest emergency room.**

If you aren't sure that your condition is a medical emergency, call the NurseLine by Health Advocate<sup>SM</sup> 24 hours, seven days a week toll free at **(866) 715-0915 (TTY: 711)**.

Medical emergencies may include:

- Poisoning or drug overdose
- Trouble breathing or shortness of breath
- Pain or pressure in your chest or above your stomach
- Warning signs of stroke: sudden dizziness or change in vision; sudden weakness or numbness; trouble speaking or understanding speech
- Vomiting that won't stop
- Bleeding that won't stop after 10 minutes of pressure
- Coughing up blood or vomiting blood
- Sudden, sharp pain anywhere in the body
- Loss of consciousness or convulsions
- Broken bones or fractures
- Injury to your spine
- Major burns
- Wanting to hurt other people or yourself

- Change in mental status, such as unusual behavior

## Care from a non-Medica provider

This care includes out-of-area and out-of-network services:

- Out-of-area services are covered services when you are outside of the plan service area.
- Out-of-network services are covered services that you cannot get from a Medica provider.

Urgent care and emergency medical treatment are covered when you are traveling away from home outside of Minnesota, but within the United States.

**Routine or preventive care received while outside of Minnesota is not covered unless you have a prior authorization from Medica.** When you are outside the plan's service area, you might not be able to get care from a network provider. If you need urgent care from an out-of-network provider, please call Member Services to receive approval from Medica for the service.

You can fill an emergency prescription at one of the national pharmacies in our network: Walmart<sup>®</sup>, Kmart<sup>®</sup>, Walgreens<sup>®</sup>, CVS Pharmacy<sup>®</sup>, and Target<sup>®</sup>.

If you are admitted to a hospital while outside of Minnesota, but within the United States, notify Medica as soon as possible by calling Member Services. The phone number is on your Medica ID card.

You should carry your Medica ID card and any other current insurance cards with you when you are away from home. You or the health care provider you are seeing can call the numbers on your Medica ID card for more information about your coverage.

Please see your *Member Handbook* or *Evidence of Coverage* for your specific covered services.

It is important to know that any health services or items received from providers located outside of the United States are not covered.

# Understanding what Medica does for you

## Quality improvement

The Medica Quality Improvement program is made up of the projects and activities Medica performs to improve care, service, access, Health Equity, and safety for our members. Medica chooses projects based on the best opportunities to improve care, service and safety for the greatest number of members.

These are just some of the areas we focus on:

- How can we help our members with chronic health problems?
- Do our members receive quality mental health and substance use disorder care and service?
- How can we help our members be sure the care they receive is safe?
- Do our grievance and appeal processes work fairly and efficiently?
- How can we improve Medica's work processes to serve our members better?
- How can we help members keep up-to-date on immunizations and preventive services?

After a project is selected, we set a goal or measurement. The effectiveness of the improvement is measured throughout the project. Medica prepares a progress report with updates on each project at regular intervals.

The Quality Improvement program is led by licensed physicians and supported by departments and staff throughout Medica. Medica's Quality Subcommittee directs and oversees the program. It reports to the Medical Committee of the Medica Board of Directors, which reports to the full Medica Board of Directors.

Medica always welcomes member feedback! If you'd like to share your comments or suggestions or would like more information about Medica's Quality Improvement Program, please contact Member Services. **If you receive a survey from Medica asking about care and services, we encourage you to respond. This information helps us improve the programs and services we offer you.**

## Utilization management

Utilization management is another service that helps make sure the care and services you receive are appropriate and covered by your plan. Otherwise, coverage might be denied. It is used in a small number of cases. Sometimes this means you will get a call from a nurse because we want to help coordinate your care. This is especially important if your Medica plan requires prior authorization from Medica before you get certain services.

If coverage for a service is denied, it is important for you to know that Medica does not reward anyone for denying coverage. The doctors or other people who decide whether a service or care is covered are paid the same no matter what they decide. No one making these decisions is trying to limit or reduce your coverage. Keeping you healthy is very important. We want you to get the care you need. We do not want you to under-use the care available to you. That's why we so often recommend that you get checkups, health screenings and immunizations.

If you have questions or comments about utilization management or wish to speak to a representative of the Utilization and Care Services department, please contact Member Services.

**If coverage is denied, you can appeal. See the Grievances, Appeals and the State Appeals section of your *Member Handbook or Evidence of Coverage*, or call Member Services for more information.**

For more information about your plan, see your *Member Handbook or Evidence of Coverage*.

## Clinical practice guidelines

Medica follows evidence-based clinical practice guidelines developed by the U.S. Preventive Services Task Force ([uspreventiveservicestaskforce.org](https://www.uspreventiveservicestaskforce.org)). To review what services are recommended for children, teens and adults, visit the U.S. Preventive Services Task Force website.

## How providers are added to our network

When a provider wants to join a Medica network, we look at that provider's education and experience. We do this to make sure you have providers who meet our quality standards.

If you're interested in your own provider's background, call the Minnesota Board of Medical Practice at **(612) 617-2130** (TTY: **711**).

## Evaluating safety and effectiveness of new medical technologies, medications and treatments/therapies

Medica is interested in the newest advances in medicine, including behavioral health. We review new devices and procedures and new uses of existing technologies to decide if they are included in your coverage. Medica uses many sources to evaluate new medical technology and procedures and behavioral health treatments/therapies. We thoroughly review clinical and scientific evidence. We consider the technology's safety, effectiveness and effect on health outcomes. We also review laws and regulations, and get input from physician groups about community practice standards. Medica's main concern when making coverage decisions is whether a new technology or procedure will improve health care for our members.

Medica also continually reviews new medications and the use of existing medications for new medical conditions. A committee of local independent physicians and pharmacists from various specialties reviews medications in all therapeutic categories. The committee decides whether to add them to the Medica covered drug list based on their safety, effectiveness and value.

## Member rights

As a Medica member, you have the right to:

1. Receive information about the organization, its services, its providers and member rights and responsibilities.
2. Be treated with respect and recognition of your dignity and your right to privacy.

3. Participate with providers in making decisions about your health care.
4. A candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
5. Voice complaints or appeals about the organization or the care it provides.
6. Make recommendations regarding the organization's member rights and responsibilities policy.

## Member responsibilities

To increase the likelihood that you maintain good health and receive the best quality care, it is important that you take an active role in your health care by:

1. Supplying information (to the extent possible) that the organization and its providers need in order to provide care.
2. Following plans and instructions for care that you have agreed to with your providers.
3. Understanding your health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.



# 2022 Financial statements

Medica is a non-profit organization committed to transparency about our financial performance. The table on the next page has important information for all Medica members. We hope you will take a moment to read it. On the right is a list of Medica's assets, liabilities, revenues and expenses for the 2021 fiscal year. Beside that are the results for 2022. By comparing the 2022 results to 2021, you can see how Medica has performed in each category.

## Here are some key terms

**Assets:**

Items of value that Medica owns

**Expenses:**

Costs of providing health care covered services to members

**Liabilities:**

Amounts Medica owes on the assets

**Net Assets:**

The net worth of the company

**Net Income:**

Income after taxes

**Revenues:**

Premiums and fees collected for providing health care coverage and administrative services

## 2022 Financial statements

Consolidated Balance Sheet (in thousands):	2022	2021
<b>Assets:</b>		
Cash and investments	2,425,745	2,863,738
Other assets	1,181,230	1,014,925
<b>Total Assets</b>	<b>3,606,975</b>	<b>3,878,663</b>
<b>Liabilities and Net Assets:</b>		
Claims payable	557,598	536,079
Other liabilities	647,203	758,280
<b>Total Liabilities</b>	<b>1,204,801</b>	<b>1,294,359</b>
Net Assets	2,402,174	2,584,304
<b>Total Liabilities and Net Assets</b>	<b>3,606,975</b>	<b>3,878,663</b>
<b>Consolidated Statement of Operation and Changes in Net Assets (in thousands):</b>	<b>2022</b>	<b>2021</b>
<b>Revenue:</b>		
Premiums, net of reinsurance	5,868,829	4,418,965
Administrative service contract fees	143,938	114,230
<b>Total Revenues</b>	<b>6,012,767</b>	<b>4,533,195</b>
<b>Expenses:</b>		
Medical and other benefits, net of reinsurance	5,088,914	3,751,501
Other operating expenses	869,276	654,798
<b>Total Expenses</b>	<b>5,958,190</b>	<b>4,406,299</b>
<b>Operating Income</b>	<b>54,577</b>	<b>126,896</b>
Investment income, income taxes and other non-operating expenses	(236,707)	55,264
Change in net assets	(182,130)	182,160

Above financial statements are compiled and consolidated under Generally Accepted Accounting Principles.

# Important phone numbers

## Member Services

Member Services is available to answer questions or provide more information about your health care coverage. Call Member Services at the toll free numbers below for help. Please have your Medica ID card available when you call. Or go to **Medica.com/MedicaidMembers** and select your plan name (listed on your Medica ID card as *Care Type*).

## Medica DUAL Solution and Medica AccessAbility Solution Enhanced

Toll Free: **(888) 347-3630** (TTY: **711**)  
8 a.m. to 9 p.m. CT, seven days a week

## Medica Choice Care MSC+ and Medica AccessAbility Solution

Toll Free: **(888) 347-3630** (TTY: **711**)  
8 a.m. to 6 p.m. CT, Monday-Friday

## Medica Choice Care PMAP and Medica MinnesotaCare

Toll Free: **(800) 373-8335** (TTY: **711**)  
8 a.m. to 6 p.m. CT, Monday-Friday

## Provide-A-Ride<sup>SM</sup>

Medica can arrange transportation at no cost to and from health care visits for Medica DUAL Solution, Medica Choice Care MSC+, Medica AccessAbility Solution Enhanced, Medica AccessAbility Solution, and Medica Choice Care PMAP members. Medica MinnesotaCare children and pregnant members can also get a ride at no cost. Please call three days in advance (Twin Cities metro) and five days in advance (outside the metro) to set up your ride.

Call the toll free numbers listed in the *Member Services* section above for help.

For more information, visit **Medica.com/Ride**.

## NurseLine by HealthAdvocate<sup>SM</sup>

NurseLine services are available 24 hours, seven days a week. Toll Free: **(866) 715-0915** (TTY: **711**)

## Medica Tobacco Cessation Program

Members who use tobacco and are thinking of quitting can call the Medica tobacco cessation program.  
Toll Free: **(866) 905-7430** (TTY: **711**)  
8 a.m. to 5 p.m. CT, Monday – Friday

## Delta Dental<sup>®</sup> of Minnesota

**Please have your Medica ID card available when you call.**  
Toll Free: **(800) 459-8574** (TTY: **711**)  
7 a.m. to 7 p.m. CT, Monday – Friday

## Interpreter Services

Medica can arrange for an interpreter in dozens of languages and American Sign Language for your medical, dental, mental health and substance use disorder visits. Interpreters services are available at no cost to you.

Call the toll free numbers listed in the *Member Services* section above to arrange for an interpreter.

**Medica Member Services**

1 (888) 347-3630 (toll free) TTY: 711

Attention. If you need free help interpreting this document, call the above number.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤတွဲရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរសព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သူဉ်ဟ်သးဘဉ်တက့ၢ်. ဝဲန့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလီၤလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၢ်,ကိးဘဉ် လီၤဝဲစိနီၢ်ဂံၢ်လၢထးအံၤန့ၢ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣຄຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງ ໂທສໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda (afcelinta) qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

LB2 (10-20)

## Civil Rights Notice

**Discrimination is against the law. Medica** does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by Medica. You can file a complaint and ask for help filing a complaint in person or by mail, phone, fax, or email at:

Medica Civil Rights Coordinator  
 P.O. Box 9310, Mail Route CP250  
 Minneapolis, MN 55443-9310  
 Toll Free: 1 (888) 347-3630  
 TTY: 711  
 Fax: 952-992-3422  
 Email: [civilrightscordinator@medica.com](mailto:civilrightscordinator@medica.com)

**Auxiliary Aids and Services: Medica** provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner to ensure an equal opportunity to participate in our health care programs. **Contact** Medica at 1 (888) 347-3630 (toll free), TTY: 711 or at [medica.com/contactmedicaid](http://medica.com/contactmedicaid).

**Language Assistance Services: Medica** provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. **Contact** Medica at 1 (888) 347-3630 (toll free), TTY: 711 or at [medica.com/contactmedicaid](http://medica.com/contactmedicaid).

## Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by Medica. You may also contact any of the following agencies directly to file a discrimination complaint.

### **U.S. Department of Health and Human Services Office for Civil Rights (OCR)**

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex
- religion (in some cases)

Contact the OCR directly to file a complaint:

Office for Civil Rights  
U.S. Department of Health and Human Services  
Midwest Region  
233 N. Michigan Avenue, Suite 240  
Chicago, IL 60601  
Customer Response Center: Toll-free: 800-368-1019  
TDD Toll-free: 800-537-7697  
Email: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

### **Minnesota Department of Human Rights (MDHR)**

In Minnesota, you have the right to file a complaint with the MDHR if you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights  
540 Fairview Avenue North, Suite 201  
St. Paul, MN 55104  
651-539-1100 (voice)  
800-657-3704 (toll-free)  
711 or 800-627-3529 (MN Relay)  
651-296-9042 (fax)  
[Info.MDHR@state.mn.us](mailto:Info.MDHR@state.mn.us) (email)

### **Minnesota Department of Human Services (DHS)**

You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- race
- color
- national origin
- religion (in some cases)
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. We will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation's outcome. You have the right to appeal if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact **DHS** directly to file a discrimination complaint:

Civil Rights Coordinator  
Minnesota Department of Human Services  
Equal Opportunity and Access Division  
P.O. Box 64997  
St. Paul, MN 55164-0997  
651-431-3040 (voice) or use your preferred relay service

American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For elders age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your primary care provider prior to the referral.

All other trademarks are the property of their respective owners.

Medica DUAL Solution® and Medica AccessAbility Solution® Enhanced are HMO D-SNPs that contract with both Medicare and the Minnesota Medical Assistance (Medicaid) program to provide benefits of both programs to enrollees. Enrollment in Medica DUAL Solution and Medica AccessAbility Solution Enhanced depend on contract renewal.

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