

Member Services

Mail Route CP540
PO Box 9310
Minneapolis, MN 55440-9310

**Important Medica Information**

<Member Name>
<Member Address>
<Member Address>

Your Recent Grievance

RE: <Member Name>
ID: <Group & ID Number> -00

Hello <Member First Name>,

Recently you contacted our office and your complaint was not able to be resolved over the phone.

Attached you will find a form to file your complaint in writing. Please fill out and sign the form and return it to Medica. Once this information has been received, your complaint will be completed within 30 days. If Medica cannot resolve your complaint within 30 calendar days due to circumstances outside its control, we may take up to an additional 14 calendar days to notify you. We will inform you in advance of such an extension.

You also have the right to complain through the Minnesota Department of Health (MDH) at 651-201-5100 or 1-800-657-3916 (toll free) or contact the Ombudsperson for Public Managed Health Care Programs at 651-431-2660 or 1-800-657-3729 (toll free).

Questions? We're here to help

Call Member Services at 952-992-2580 or 1-888-347-3630 between the hours of 8 a.m. and 9 p.m. Central, seven days a week, October 1 – March 31. From April 1 – September 30, call us 8 a.m. to 9 p.m., Central, Monday through Friday to speak with a representative. TTY: 711.

Thank you,

Regulatory Appeal Advisor

Medica Member Service 1 (888) 347-3630 (TTY: 711)
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Medica.com/Signin
An Equal Opportunity Employer

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 depends on contract renewal.

Enclosures: Reply Envelope
Grievance Form



GRIEVANCE FORM
Medica DUAL Solution® (HMO D-SNP)
Medica AccessAbility Solution® Enhanced (HMO D-SNP)

Medica ID Number: _____

Member Name: _____

Telephone Number: _____

Dear Member:

This form is one of the ways that you can file a grievance through Medica. This includes problems related to quality of care, waiting times, and the customer service you receive. We want to make sure this process is fair and easy to understand. We encourage you to contact Medica Member Services with any questions. You can have a family member, friend, or someone help you file a grievance. That individual must be your appointed representative. For more information, please call 952-992-2580 or 1-888-347-3630 (toll-free) TTY: 711. Our business hours are 8 a.m. to 9 p.m., Central, seven days a week, October 1 – March 31. From April 1 – September 30, call us 8 a.m. to 9 p.m., Central, Monday through Friday.

Please use the following section to help you file a concern you expressed when you called Medica Member Services. Explain your concern and attach additional pages if necessary.

You may want to contact the following agency for assistance:

- The State Health Insurance Program (SHIP) is a government program with trained counselors in every state. In Minnesota, the State Health Insurance Assistance Program is called the Senior LinkAge Line®. They can be reached toll-free at 1-800-333-2433.

Medica will respond to your concerns, in writing, within 30 calendar days of receiving this form. If you have questions or need help filling out this form, you may contact Medica Member Services at 952-992-2580 or 1-888-347-3630 (toll-free).

TTY: 711.

Our business hours are 8 a.m. to 9 p.m. Central, seven days a week, October 1 – March 31. From April 1 – September 30, call us 8 a.m. to 9 p.m., Central, Monday through Friday.

This form should be mailed to: Medica Member Services
PO Box 9310, Route CP540
Minneapolis, MN 55440-9310

Medica Grievance Process
Medica DUAL Solution® (HMO D-SNP)
Medica AccessAbility Solution® Enhanced (HMO D-SNP)

Medica has a grievance process in place to review certain types of problems. This includes problems related to quality of care, wait times, and the customer service you receive.

We want to make sure this process is fair and easy to understand. We encourage you to contact Medica Member Services 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 952-992-2580 or toll-free at 1-888-347-3630. TTY: 711. Our business hours are 8 a.m. to 9 p.m., Central, seven days a week, October 1 – March 31. From April 1 – September 30, call us 8 a.m. to 9 p.m., Central, Monday through Friday. You may write us at:

Medica Member Service
P.O. Box 9310
Route CP540
Minneapolis MN 55440-9310

You also have the right to file a grievance with the Minnesota Department of Health. Their phone number is 651-201-5100 or 1-800-657-3916 (toll-free). TTY: 711. An Ombudsperson for Public Managed Health Care Program can help you file a grievance with the health plan or the State. Their phone number is 651-431-2660 or 1-800-657-3729 (toll-free). TTY: 711.

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 Member Handbook for more information about the QIO.

You may also file a quality of care grievance with Medica. Medica Member Services will assist you in filing your grievance. Once we receive your grievance, your grievance will be directed to Medica's Quality Improvement department for a comprehensive review of your grievance. 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 call us, we will respond within 10 days. If you send us a written grievance, it may be either by letter or grievance form. You will receive a written acknowledgement letter from us within 10 calendar days of receiving your grievance. We will 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 grievance. 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 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.

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. ဝဲနမ့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်, ကိးဘဉ် လိတဲစိနီၣ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

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

ໂປຣຄຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງ ໂທສໂປທິໝາຍເລກຂ້າງເທິງນີ້.

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

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.

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.

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

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 (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.