

South Country Health Alliance Member Services

1-866-567-7242 (toll free) • TTY 1-877-824-5611

8:00 a.m. - 8:00 p.m., Monday through Friday

Attention. If you want free help translating this information, call the above number.

ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاتصل على الرقم الموجود أعلاه.

កំណត់សំគាល់ បើអ្នកចង់បានជំនួយបកប្រែព័ត៌មាននេះដោយមិនគិតថ្លៃ សូមទូរស័ព្ទ ទៅលេខនៅខាងលើ។

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, nazovite gornji broj.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no dawb, thov hu rau tus xov tooj saud.

ໂປຼດຊາບ. ຖ້າທ່ານທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ພຣີ, ຈົ່ງໂທສຕາມເລກໂທສທີ່ຢູ່ຂ້າງເທິງນີ້.

Hubaddhu. Yoo akka odeeffannoon kun sii hiikamu gargaarsa tolaa feeta ta'e, lakkoofsa armaa olii bilbili.

Внимание. Если вам нужна бесплатная помощь в переводе этой информации, позвоните по указанному выше телефону.

Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjama dda macluumaadkani oo lacag la' aan ah, wac lambarka kore.

Atención. Si desea recibir asistencia gratuita para traducir esta información, llame al número que aparece más arriba.

Chú Ý. Nếu quý vị cần dịch thông tin này miễn phí, xin gọi số nêu trên.

This information is available in other forms to people with disabilities by calling **1-866-567-7242** (toll free) or **1-877-824-5611** (TTY for the hearing impaired), or 711, or through the Minnesota Relay at 1-800-627-3529 (TTY, Voice, ASCII, Hearing Carry Over), or 1-877-627-3848 (speech to speech relay service).

MEMBER RIGHTS

1. If you decide to appeal it will NOT affect your eligibility for medical benefits. There is no cost to you for filing a health plan appeal or State fair hearing.
2. If we are stopping or reducing a service, you can keep getting the service if you file a health plan appeal or a State fair hearing **within ten days after we send you the notice, or before the service is stopped or reduced, whichever is later**. The treating provider must agree the service should continue. The service can continue until the appeal or State fair hearing is resolved. If you lose the appeal or State fair hearing, you may have to pay for these services yourself.
3. If you have seen a medical provider who is part of South Country Health Alliance and want another opinion, you can get a second opinion. You must see another South Country Health Alliance medical provider.
4. If you have seen a mental health provider who is part of South Country Health Alliance and have been told that no structured mental health treatment is needed, you may get a second opinion. If you have seen a chemical dependency assessor who is part of South Country Health Alliance and you disagree with the assessment, you may get a second opinion. **The second opinion must be provided by a licensed mental health provider or chemical dependency assessor, who does not need to be a South Country Health Alliance provider but MUST be prior approved by South Country Health Alliance.** South Country Health Alliance must consider the second opinion but does not have to accept a second opinion for medical or mental health services.
5. You can have a relative, friend, advocate, provider, or lawyer help with your appeal or State fair hearing. A provider may appeal on your behalf with your written consent. Your attending health care provider may appeal a service authorization decision without your consent. You may present your evidence and facts about the case in person, by telephone, or in writing.
6. You may ask for a decision to be made quickly for urgently needed services.
7. If you ask to see your medical records, or want a copy, your provider or your health plan must provide them to you at no cost. You may need to put your request in writing.

HOW TO REQUEST AN APPEAL OR STATE FAIR HEARING

- We suggest you contact South Country Health Alliance first to talk about the decision but you are not required to do so. Our phone number is **1-866-567-7242**.
- You can choose to appeal to the health plan or request a State fair hearing, OR you may do both at the same time. You do not have to finish one process before using another
- Tell why you disagree with the decision. If you need a decision quickly, state that in your appeal or request for State fair hearing. If you need help, contact South Country Health Alliance Member Services or the State ombudsman.

You must follow the appeal and State Fair Hearing time lines.

APPEAL TO SOUTH COUNTRY HEALTH ALLIANCE

Write to: Appeals and Grievances Department
South Country Health Alliance
110 W Fremont Street
Owatonna, MN 55060

Or call: 1-866-567-7242 (toll-free)
TTY 1-877-824-5611

You must appeal within 90 days after the date of this notice.

- If your appeal is about an urgently needed service, we will give you an answer within 72 hours. If we do not agree that the service is urgently needed, we will tell you within 24 hours. If you disagree, you may file a grievance with us or request a State fair hearing.
- Within 10 days we will tell you that we received your appeal.
- We will give you a decision within 30 days. We may take up to 14 extra days if we need more information and it is in your best interest. We will tell you we are taking the extra time and why.
- You may see your case file, including medical records and other documents considered by us during the appeal process. You may request your case file anytime before or during the appeal.

REQUEST A STATE FAIR HEARING

Write to: Appeals Office/Department of Human Services Or fax: 651-431-7523
PO Box 64941
St. Paul MN 55164-0941

- A Human Services Judge will hold a meeting. You may attend in person or by phone.
- You must request a State fair hearing in writing within 30 days after the date of this notice. You have up to 90 days if you have a good reason for being late.
- The process can take between 30 and 90 days.
- If your hearing is about a medical necessity denial, you may ask for an expert medical opinion. This will be from an outside reviewer. There is no cost to you.

OMBUDSMAN

A State Ombudsman may be able to help with your problem. They can also help you appeal to the health plan or request a State fair hearing.

Write to:

Minnesota Department of Human Services
Ombudsman for Managed Health Care Programs
PO Box 64249
St. Paul, MN 55164-0249

Or Call: 651- 431-2660 or toll free 1-800-657-3729
MN Relay 711 or TTY 1-800-627-3529