



Grievance and Appeal Form for Members enrolled in: Families and Children (PMAP), Minnesota Senior Care Plus (MSC+), MinnesotaCare, SingleCare (SNBC), or SharedCare (SNBC)

Grievance: A written or spoken statement saying that you have a problem or concern about your covered services or care. This includes any concerns about the quality of your care, our network providers, or our network pharmacies.

Appeal: A way for you to challenge our action if you think we made a mistake and you do not agree with our decision. (Example: asking us to change our mind about denying a prior authorization request or a coverage determination request for a service.)

For more information about your rights and the grievance or appeal processes, please read Section 13 of your Member Handbook, or call Member Services at the number listed below.

Please complete this form to the best of your ability and return it by mail, fax, or by hand delivery. If you have any questions while completing this form, call Member Services at the number listed below.

**South Country Health Alliance
Grievance and Appeals 2300
6380 West Frontage Road
Medford, MN 55049**
Fax: 507-444-7774

**Phone: 1-866-567-7242
TTY users call 1-800-627-3529 or 711.
Hours: 8 a.m. to 4:30 p.m., Monday - Friday**

Section 1: Important Information Regarding a Grievance or Appeal

According to state guidelines, you have 60 days from the date of notice of agency action (e.g. denial notice) to file an appeal request. We are unable to consider appeals received after 60 days unless there is a valid reason for the delay. Grievances can be filed at any time. If you are not submitting your appeal request in a timely manner, please state the reason why the appeal is late:

Section 2: Member Information

Member Name:	Date of Birth:	
Member Address:		
City:	State:	Zip:
Phone Number:	SCHA ID Number:	

Section 3: Grievance or Appeal Information

Involved Provider's Name:	
If the service has already occurred, please enter the Date(s) of Service:	
Type of Service:	
If this is a claim denial (denial of payment for a service completed), provide the claim number. You can find it on the bill you may have received.	Provider Claim Number:

Section 4: Description of your Grievance or Appeal

If filing a *grievance*, please explain what happened; if filing an *appeal*, please include the reasons you feel our decision should be changed. You may also include any other evidence, such as bills, letters or records to support your explanation. (*Use another sheet if you need more room to write.*)

Section 5: Signature

Signature:

Date:

Print Name:

I am a provider.

Only a member or their authorized representative can file a grievance/appeal with South Country Health Alliance. If the person submitting this form is someone other than the member, please complete section 6. Providers filing an appeal of a Prior Authorization denial do NOT need member consent to file (please check the box in section 5 that shows you are a provider).

Section 6: Documentation of a Valid Representative

Name of Authorized Representative:

I am already on file with South Country Health Alliance as a representative for member.

I have included documentation of my authorized representative status for member.

Representative Phone Number:

Representative Mailing Address:

Section 7: Additional Information

For additional assistance or information, contact the Ombudsperson for Managed Health Care Programs at 1-800-657-3729 or 651-431-2660 (Metro), TTY users call 1-800-627-3529 or 711.

For complaints against a facility, you may call Minnesota Department of Health at 1-800-657-3916, TTY users call 1-651-201-5797

NO ENGLISH



1-866-567-7242

TRS: 711

ATTENTION: If you speak English, free language assistance services are available to you free of charge and without unnecessary delay. Additionally, appropriate auxiliary aids and services to provide information in accessible formats are available free of charge and in a timely manner. Please call the number above or speak to your provider. English

ማስለበደ፡ አማርኛ ተናጋጌ ከሆነ፤ ነገ የቃንቃ ደንብ አገልግሎቶች ከለምንም ክፍያ እና ከለለለፈለን መዘግበት ማጥናት ይችላል፡፡ በተጨማሪም መረጃን በቀላሉ ለማጥናት በሚያስተል ቅርጫት ለማቅረብ ተገብ የሆነ የመስማት ደንብ እና አገልግሎቶች ከክፍያ ነገ በሆነ እና ባይወን በጠበቀ መልካ፡ ማጥናት ይችላል፡፡ እባካወ ከለይ ለለው ቅጥር ይችላል ወይም አቅራቢዎን ይኋገሩ፡፡ Amharic

تتبّعه: نقدم لمتحدثي اللغة العربية خدمات مساعدة لغوية مجانية وفورية، بالإضافة إلى وسائل وخدمات مساعدة مناسبة، وبصيغة معلومات سهلة بدون تكلفة وبشكل سريع. يرجى التواصل على الرقم الموضح أعلاه أو مراجعة مقدم الخدمة المباشرة. Arabic

သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာဘာသာစကား ပြောဆိုသူဖြစ်လျှင် အခမဲ့ ဘာသာစကားဆိုင်ရာ ပုံပိုးထောက်ပံ့ပေးမှု ဝန်ဆောင်မှုများအား မလိုအပ်သည့် နှောင့်နေးကြန်ကြောမှုများ မရှိစေဘဲ သင် အခမဲ့ ရရှိနိုင်မည် ဖြစ်သည်။ ထိုပြင် အချက်အလက်များအား အလွယ်တကူ ဝင်ရောက်ရယူနိုင်စေသော ဖောမတ်ပုံစံများဖြင့် ထောက်ပံ့ပေးထားသည့် သက်ဆိုင်ရာ ဖြည့်စွက် ထောက်ပံ့မှုများနှင့် ဝန်ဆောင်မှုများကိုလည်း အခမဲ့၊ အချိန်မ ရရှိနိုင်စေရန် စီမံပေးထားပါသည်။ ကျေးဇူးပြုပြီး အထက်ဖော်ပြပါ ဖုန်းနံပါတ်သို့ ခေါ်ဆိုပါ သို့မဟုတ် သင်၏ ထောက်ပံ့သူဖြင့် ပြောဆိုနေ့နေးပါ။ မြန်မာဘာသာစကား Burmese

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យកចិត្តទុកដាក់ ប្រសិនបើអ្នកនិយាយភាសាអីន្ន (ខ្មែរ) សេវាកម្មដែនយកាសាតគិតគិតថ្មីមានផែនដ្ឋានផ្លូវការដោយមិនគិតថ្មីដីឡើងដោយគ្នានការពាណិជ្ជកម្មលើកដែលមិនចាប់ឡើយ។ លើសពីនេះ ដែនដីយើងដោយកម្មដែនសម្របគ្នាតាមការផ្តល់ព័ត៌មានគ្នាប់ទៅអ្នកដូចជាអ្នកប្រើប្រាស់ការងារ ឬអ្នកប្រើប្រាស់ការប្រើប្រាស់ការងារ។ ស្ថាបន្ទាន់ពេលរោល។ សូមហៅទូទៅសញ្ញានៅលើខាងក្រោមដែលអាចបង្កើតឡើងបាន។ ក្នុងឯកសារនេះ ត្រូវបានបង្កើតឡើងជាអ្នកប្រើប្រាស់ការងារ។

注意：如果您說簡體中文，您可以免費獲得語言協助服務，且不會有不必要的延誤。此外，還能免費及時獲取以無障礙格式提供資訊的適當輔助工具和服務。請撥打上面的電話號碼，或與您的服務提供商溝通。Cantonese (Traditional Chinese)

ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition, sans frais et sans délai. En outre, des aides et services auxiliaires appropriés pouvant fournir des informations dans des formats accessibles sont disponibles gratuitement et rapidement. Veuillez appeler le numéro ci-dessus ou contacter votre fournisseur. French

CEEB TOOM: Yog koj hais lus Hmoob, muaj kev pab txhais lus dawb rau koj siv. Koj tsis tas them nqi thiab yuav tsis qeeb. Kuj muaj cuab yeej thiab kev pab los pab koj nyeem cov ntaub ntawv kom yooj yim nkag siab. Koj hu tau rau tus xov tooj saum toj no lossis nrog koj tus kws kho mob tham. Hmong

NO ENGLISH



1-866-567-7242

TRS: 711

ဟုသူ၏ဟုသား- နမ်ကတိကညိုကိုရှာဖို့၊ နမေနဲ့ ကိုယ်တ်ဆိုတဲ့မာစာ၊ လေတလော်ဘူး၏လော်စု၊ ဒီးတာအိုးမီးတ်မာယို့မာနဲ့သားဘာ့နှုန်းလို့၊ အောင်အနွဲ့၊ တ်အိုးမီးတ်မာစာ၊ တ်နှင့်ဟူ့ဒီးတ်မာစာ၊ တ်မာယ်၊ လေကဟု့ရှုတ်ဂု့တ်ကို၍ လေပူဇော်ကိုဖော်ပို့အို့သူ လေတာအိုးမီးအားအလဲ ဒီးချိုးဆားချိုးကတ်နှုန်းလို့၊ ဝံသားစူးကိုနှိုးလေထား မူတမ့် တဲ့သကိုးတ်ဒီး ပုံလာအဟု့ရှုနှင့်တ်မာစာ၊ တကု့၊ ကညိုကို၍ Karen

안내: 한국어를 사용하시는 분께는 언어 지원 서비스를 무료로, 자체 없이 제공해 드립니다. 또한, 정보 접근성을 위한 적절한 보조 기구 및 서비스가 무료로, 시의적절하게 제공됩니다. 위에 있는 번호로 전화하시거나 담당자에게 말씀해 주십시오. Korean

ບຸນາຍເຫດ: ຖ້າທ່ານເວົ້າພູາສາວາວ, ທ່ານຈະໄດ້ຮັບບໍລິການຈ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສຍຄ່າ ແລະ ບໍ່ມີກຸນຈັກຊ້າທີ່ບໍລິຈໍາເປັນ. ນອກຈາກນັ້ນ, ເຄືອງມີຈ່ວຍເຫຼືອແລະ ບໍລິການເສີມທີ່ເຫັນຈະສົມຜົວໃຫ້ຂໍ້ມູນໃນຮັບແບບທີ່ເຂົ້າເຖິງໄດ້ໂດຍບໍ່ເສຍຄ່າໃຊ້ລ່າຍ ແລະ ທັນເວລາ. ກະວຸນາໂທຫາເບີໂທລະສັບຂ້າງເທິງ ຫຼື ສົນທະນາກັບຜູ້ໃຫ້ບໍ່ລິການຂອງທ່ານ.

HUBADHAA: Yoo Afaan Oromoo dubbattu ta'e, tajaajila gargaarsa turjumaana afaanii biliisaan akkasumas turtii barbaachisaa hin taane hambisu danda'u isiniif dhihaatee jira. Dabalataanis, odeeffannoo haala salphaan argamuu danda'an dhiyeessuuf gargaarsa fi tajaajiloota deeggarsaa qama midhamtootaaf mijatoo ta'an, kaffaltii tokko malee fi yeroo isaa eeggatee kennamu dhihaatee jira. Odeeffanno dabalataaf lakkoofsa armaan oliitti fayyadamuun namoota gargaarsa kana isiniif kennan qunnamaa. Oromo

ВНИМАНИЕ: Если вы разговариваете на русском языке, воспользуйтесь услугами языковой поддержки бесплатно и без лишних проволочек. Также бесплатно и незамедлительно предоставляются соответствующие вспомогательные средства и услуги по обеспечению информацией в доступных форматах. Позвоните по указанному выше номеру или обратитесь к своему поставщику услуг. Russian

FIIRO GAAR AH: Haddii aad ku hadasho Soomaali, waxaa si bilaash ah kuugu diyaar ah adeegyada caawinada luuqadeed oo aan lahayn daahitaan aan munaasib ahayn. Intaas waxaa dheer, waxaa la heli karaa adeegyada iyo kaabitaanka naafada ee haboon si macluumaadka loogu bixiyo qaabab la adeegsan karo oo bilaash ah laguna bixinayo waqqigeeda. Fadlan wac lambarka kore ama la hadal adeegbixiyahaaga. Somali

ATENCIÓN: si habla español, tiene a su disposición los servicios gratuitos de traducción sin costo alguno y sin demoras innecesarias. Además, se encuentran disponibles de forma gratuita y oportuna ayuda y servicios auxiliares adecuados con el fin de brindarle información en formatos accesibles. Llame al número indicado anteriormente o hable con su proveedor. Spanish

LƯU Ý: Nếu bạn nói tiếng Việt, bạn có thể được hỗ trợ ngôn ngữ miễn phí mà không phải chờ đợi lâu. Ngoài ra, các thiết bị hỗ trợ và dịch vụ phù hợp để cung cấp thông tin ở định dạng dễ tiếp cận cũng có sẵn miễn phí và kịp thời. Vui lòng gọi số điện thoại phía trên hoặc trao đổi với nhân viên y tế của bạn. Vietnamese

Civil Rights Notice

Discrimination is against the law. South Country Health Alliance (South Country) does not discriminate on the basis of any of the following:

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

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

Civil Rights Coordinator
 South Country Health Alliance
 6380 West Frontage Road, Medford, MN 55049
 Toll Free: 866-567-7242 TTY: 800-627-3529 or 711 Fax: 507-444-7774
 Email: grievances-appeals@mnscha.org

Auxiliary Aids and Services: South Country 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** Member Services at members@mnscha.org or call 866-567-7242, TTY 800-627-3529 or 711.

Language Assistance Services: South Country 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** Member Services at members@mnscha.org or call 866-567-7242, TTY 800-627-3529 or 711.

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by South Country. 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
- national origin
- disability
- religion (in some cases)
- color
- age
- sex

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: 800-368-1019, TTY: 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