

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. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ພຣີ, 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).

What If I Don't Agree With This Decision?

You have the right to a health plan appeal OR to 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. You may have different appeal options depending on if you have Medicare. We suggest that you contact us first about the decision or your options, but you are not required to. You may contact Customer Service toll free at 1-866-567-7242, TTY users should call 1-877-824-5611, Monday-Friday 8:00 a.m. to 8:00 p.m.

To exercise your right to a **health plan appeal**, file your appeal within **90** calendar days after the date of this notice. We can give you more time if you have a good reason for missing the deadline.

To exercise your right to a **State Fair Hearing**, file your written appeal 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.

Who May File a Health Plan Appeal OR State Fair Hearing?

You or someone you name to act for you (your authorized representative) may file an appeal. You can name a relative, friend, advocate, attorney, doctor, or someone else to act for you. Others also already may be authorized under State law to act for you.

You can call us at: 1-866-567-7242 (Monday-Sunday 8 a.m. to 8 p.m) to learn how to name your authorized representative. If you have a hearing or speech impairment, please call us at TTY 1-877-824-5611, Monday-Sunday 8 a.m. to 8 p.m.

If you want someone to act for you, you and your authorized representative must sign, date and send us a statement naming that person to act for you.

IMPORTANT INFORMATION ABOUT YOUR HEALTH PLAN APPEAL RIGHTS

For more information about your appeal rights, call us or see your Certificate of Coverage.

There are Two Kinds of Appeals You May File

Standard (30 days) – You can ask for a standard appeal. Within 10 days we will tell you that we received your appeal. We must give you a decision no later than 30 days after we get your appeal. (We may extend this time by up to 14 days if you request an extension or if we need additional information and the extension benefits you. We will tell you if we are taking the extra time and why.)

Fast (72 hours review) – If this notice is about medical coverage, you can ask for a fast appeal if you or your doctor believe that your health could be seriously harmed by waiting too long for a decision. We must decide on a fast appeal no later than 72 hours after we get your appeal. (We may extend this time by up to 14 days if you request an extension, or if we need additional information and the extension benefits you.) 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.

- **If any doctor** asks for a fast appeal for you, or supports you in asking for one, and the doctor indicates that waiting for 30 days could seriously harm your health, **we will automatically give you a fast appeal.**
- If you ask for a fast appeal without support from a doctor, we will decide if your health requires a fast appeal. If we do not give you a fast appeal, we will decide your appeal within 30 days.

What Do I Include With My Appeal?

You should include your name, address, Member ID number, reasons for appealing, and any evidence you wish to attach. Tell why you disagree with the decision.

If you need a decision quickly, state that in your appeal. If you need help, contact Member Services or the State Ombudsman. You may send in supporting medical records, doctors' letters, or other information that explains why we should provide the service. Call your doctor if you need this information to help you with your appeal. You may send this information or present this information in person if you wish. 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. You may also request, free of charge, a copy of the guidelines or criteria used in making this decision.

How Do I File An Appeal?

For a Standard Appeal: You or your authorized representative can file an appeal orally or in writing. Call us at 1-866-567-7242. We may write your appeal and may send a letter stating what you told us. You may be asked to sign this letter and return it to us before a final decision can be made.

OR you may mail, fax or deliver your written appeal to the address below:

Complaints, Appeals, and Grievances
South Country Health Alliance
110 West Fremont Street
Owatonna, MN 55060

OR you can fax to 1-507-444-7774.

For a Fast Appeal: You or your authorized representative should contact us by telephone: 1-866-567-7242, TTY 1-877-824-5611, Monday-Sunday 8:00 a.m. to 8:00 p.m.

What Happens Next? If you appeal, we will review our decision. After we review our decision, if any of the services or claims payments requested are still denied, you can request a State Fair Hearing with the Minnesota Department of Human Services. For a Medicare covered

service, Medicare will provide you with a new and impartial review of your case by a reviewer outside of your Medicare Advantage Organization. If you disagree with that decision, you have further appeal rights. You will be notified of those appeal rights if this happens.

Contact Information:

If you need information or help, call us at:
Toll Free: 1-866-567-7242
TTY: 1-877-824-5611
Hours: Monday-Sunday 8:00 a.m. to 8:00 p.m.

Other Resources to Help You if You Have Medicare:

Medicare Rights Center:
Toll Free: 1-888-HMO-9050
Elder Care Locator:
Toll Free: 1-800-677-1116
1-800-MEDICARE (1-800-633-4227)
TTY: 1-877-486-2048

HOW TO REQUEST A STATE FAIR HEARING

You or your authorized representative can ask for a State Fair Hearing. (You must send in writing within 30 days.) You have up to 90 days if you have a good reason for your request being late. If your hearing is about an urgently needed service, tell the Judge or the Ombudsman when you call or write to them.

Write to: Appeals Office/Department of Human Services
PO Box 64941
St. Paul, MN 55164-0941

Or fax: 651-431-7523

A Department of Human Services Judge from the State Appeals Office will hold a hearing. You can choose to attend the hearing in person or by telephone. You will be asked to tell the State why you disagree with the decisions made by us. You can ask a friend, relative, advocate, provider, or lawyer to help you. The process can take 30-90 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.

What if I do not agree with the State's decision about my appeal? If you do not agree with the State's decision about your appeal, you can appeal to the district court in the county in which you reside.

Additional Rights Provided Under the Medicaid Program

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 ask to keep getting the service when you file a health plan appeal or request a State Fair Hearing **within 10 days** after we send you the notice or before the service is stopped or reduced, which ever is later. The treating provider must agree the service should continue. The service can continue until the health plan appeal or State Fair Hearing is resolved. If you lose the health plan appeal or State Fair Hearing, you may be billed for the services.
3. If you have seen a medical health provider who is part of South Country Health Alliance (SCHA) network and want another opinion, you can get a second opinion. You must see another SCHA medical provider.
4. If you have seen a mental health provider who is part of SCHA network and have been told that no structured mental treatment is needed, you may get a second opinion. If you have seen a SCHA chemical dependency assessor 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. The assessor does not need to be a SCHA provider, but must be prior approved by us. We must consider the second opinion but do not have to accept a second opinion for medical or mental health services.
5. Your attending health care provider may appeal a service authorization decision to the Health Plan without your consent.
6. You may present written comments, any documents, or other information relating to the appeal. You may request to see or have copies of all documents that relate to your appeal. If you ask to see your medical records, or want a copy, your provider or we must provide them to you at no cost. You may need to put your request in writing.

STATE OMBUDSMAN

A State Ombudsman may be able to help with your problem. They can help you appeal to us, SCHA, 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
Toll free: 1-800-657-3729