



South Country Health Alliance  
Grievance and Appeals  
2300 Park Drive, Suite 100  
Owatonna, MN 55060

A *complaint* is when you are unhappy about the quality, timeliness or customer service you have received. You can ask for an *appeal* when you disagree with a decision made by our plan about what health care benefits are covered or what we will pay for a service or benefit.

If you have questions, or need help completing or translating this form, please call South Country Health Alliance (SCHA) Member Services at 1-866-567-7242. TTY users call 711. Calls to both numbers are free.

SCHA ID Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Claim Number:

Please explain what happened (use another sheet if you need more room to write). You may also include any other evidence, such as bills, letters or records to support your explanation.

[illegible]

Date: \_\_\_\_\_

**• For more information about your rights and the appeals or grievance processes, please see the attached Member Grievance and Appeals Rights or read Chapters 8 and 9 of your Evidence of Coverage.**

Our plan will accept all eligible people who choose South Country Health Alliance. We will not discriminate in regard to your physical or mental condition, health status, need for or receipt of health services, claims experience, medical history, genetic information, disability, marital status, age, sex, sexual orientation, national origin, race, color, religion, or political beliefs. Our plan will not use any policy or practice that has the effect of such discrimination.

H2419, H5703\_2431 Approved SeniorCare Complete and AbilityCare are health plans that contract with both Medicare and the Minnesota Medical Assistance (Medicaid) program to provide benefits of both programs to enrollees.

**Important:** This notice explains your right to appeal our decision. Read this notice carefully. If you need help, you can call one of the numbers listed on the last page under “Get help & more information.”

## **You have the right to appeal our decision**

You have the right to ask South Country Health Alliance to review our decision by asking us for an appeal and/or you can request a State Fair Hearing. You can ask for both types of review at the same time, as long as you meet the deadlines. If you ask us for an appeal first, you may miss the deadline for requesting a State Fair Hearing.

**Appeal:** Ask South Country Health Alliance for an appeal within **90 days** of the date of this notice. We can give you more time if you have a good reason for missing the deadline.

**State Fair Hearing:** Ask for a State Fair Hearing within **30 days** of the date of this notice. You have up to **90 days** if you have a good reason for being late. If we’re stopping or reducing a service, you can keep getting the service while your case is being reviewed. **If you want the service to continue, you must ask for an appeal or a State Fair Hearing within 10 days** of the date of this notice or before the service is stopped or reduced, whichever is later. Your provider must agree that you should continue getting the service. If you lose your State Fair Hearing appeal, you may have to pay for these services.

## **If you want someone else to act for you**

You can name a relative, friend, attorney, doctor, or someone else to act as your representative. If you want someone else to act for you, call us at: 1-866-567-7242 from 8 a.m. to 8 p.m., 7 days a week, to learn how to name your representative. TTY users call 711. Both you and the person you want to act for you must sign and date a statement confirming this is what you want. You’ll need to mail or fax this statement to us.

## **Important Information About Your Appeal Rights**

### **There are 2 kinds of appeals**

**Standard Appeal** – We’ll give you a written decision on a standard appeal within **30 days** after we get your appeal. Our decision might take longer if you ask for an extension, or if we need more information about your case. We’ll tell you if we’re taking extra time and will explain why more time is needed. If your appeal is for payment of a service you’ve already received, we’ll give you a written decision within **60 days**.

**Fast Appeal** – We’ll give you a decision on a fast appeal within **72 hours** after we get your appeal. You can ask for a fast appeal if you or your doctor believe your health could be seriously harmed by waiting up to 30 days for a decision.

**We’ll automatically give you a fast appeal if a doctor asks for one for you or supports your request.** If you ask for a fast appeal without support from a doctor, we’ll decide if your request requires a fast appeal. If we don’t give you a fast appeal, we’ll give you a decision within 30 days.

## **How to ask for an appeal with South Country Health Alliance**

**Step 1:** You, your representative, or your doctor must ask us for an appeal or State Fair Hearing. Your request must include:

- Your name
- Address
- Member number
- Reasons for appealing

H2419, H5703\_2266 Accepted SeniorCare Complete and AbilityCare are HMO SNP plans sponsored by South Country Health Alliance that have contracts with both Medicare and the Minnesota Medical Assistance (Medicaid) program. Enrollment in either plan depends on contract renewal.

- Any evidence you want us to review, such as medical records, doctors' letters, or other information that explains why you need the item or service. Call your doctor if you need this information.

You can ask to see the medical records and other documents we used to make our decision before or during the appeal. At no cost to you, you can also ask for a copy of the guidelines we used to make our decision.

**Step 2:** Mail, fax, or deliver your appeal or call us.

**For a Standard Appeal:** Address: Complaints, Appeals and Grievances  
South Country Health Alliance  
2300 Park Drive, Suite 100  
Owatonna, MN 55060  
Phone: 1-866-567-7242 (TTY 711) Monday–Sunday from 8 a.m. to 8 p.m.  
Fax: 1-507-444-7774

If you ask for a standard appeal by phone, we will send you a letter confirming what you told us.

**For a Fast Appeal:** Phone: 1-866-567-7242 (TTY 711) Monday – Sunday from 8 a.m. to 8 p.m.  
Fax: 1-507-444-7774

## What happens next?

If you ask for an appeal and we continue to deny your request for a service or payment of a service, we'll send you a written decision and automatically send your case to an independent reviewer. **If the independent reviewer denies your request, the written decision will explain if you have additional appeal rights.**

If the benefit denied is a Medicaid only covered service, your case will not be sent to an independent reviewer. The independent review is for Medicare covered benefits. If you need help to know if this benefit is covered by Medicaid only, you may check your Evidence of Coverage, or your Summary of Benefits or please call South Country Health Alliance Member Services at 1-866-567-7242, TTY users should call 711, Monday – Sunday from 8 a.m. to 8 p.m.

## Additional Rights Provided Under the State 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 you have seen a medical provider who is part of South Country Health Alliance's network and want another opinion, you can get a second opinion. You must see another South Country Health Alliance medical provider.
3. If you have seen a mental health provider who is part of the South Country Health Alliance network and have been told that no mental health treatment is needed, you may get a second opinion. If you have seen a South Country Health Alliance 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 South Country Health Alliance provider but must receive prior approval from us. We must consider the second opinion but do not have to accept a second opinion for medical or mental health services.
4. An attending healthcare provider may appeal a Utilization Management decision without your written consent.
5. You may present written comments, any documents or other information relating to the appeal. You may request copies of all medical records and documents that relate to your appeal. If you ask for copies of

your medical records or want a copy, we must provide them to you at no cost. You may need to put your request in writing. Your records will be kept private according to law.

6. If your State Fair Hearing is about a service that was denied because it was not “medically necessary,” you may ask for a review by a medical expert. There is no cost to you.

## How to ask for a Medicaid State Fair Hearing

You have the right to ask for a State Fair Hearing without asking us (South Country Health Alliance) to review our decision first.

**Step 1:** You or your representative must ask for a State Fair Hearing in writing within **30** days of the date of this notice. You have up to **90** days if you have a good reason for your request being late.

Your written request must include:

- Your name
- Address
- Member number
- Reasons for appealing
- Any evidence you want us to review, such as medical records, doctors’ letters, or other information that explains why you need the item or service. Call your doctor if you need this information.

**Step 2:** Send your request to: Minnesota Department of Human Services  
Appeals Division  
PO Box 64941  
St. Paul, MN 55164-0941  
Phone: (651) 431-3600  
Toll Free: 1-800-657-3510  
Fax: (651) 431-7523

Web-Based Appeal Form: <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-0033-ENG>

## What happens next?

The State will hold a hearing. You may attend the hearing in person or by phone. You’ll be asked to tell the State why you disagree with our decision. You can ask a friend, relative, advocate, provider, or lawyer to help you. You’ll get a written decision within 90 days. The written decision will explain if you have additional appeal rights.

## Get help & more information

- South Country Health Alliance Member Services Toll Free: 1-866-567-7242 (TTY users call 711) 7 days a week from 8 a.m. to 8 p.m.
- 1-800-MEDICARE (1-800-633-4227), 24 hours, 7 days a week. TTY users call: 1-877-486-2048
- Medicare Rights Center: 1-888-HMO-9050
- Elder Care Locator: 1-800-677-1116
- Ombudsman for State Managed Health Care Programs  
Minnesota Department of Human Services  
PO Box 64249  
St. Paul, MN 55164-0249 OR Call: 651-431-2660  
Toll free: 1-800-657-3729  
TTY: (800) 627-3529 or 711



## South Country Health Alliance Member Services 1-866-567-7242 (toll free) • TTY 711

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

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

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

Pažnja. Ako vam treba besplatna pomoć za tumačenje ovog dokumenta, nazovite gore naveden broj.

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.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງໂທໂປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bibili.

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 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.

LB3-0007 (3-13)

This information is available in other forms to people with disabilities by calling **1-866-567-7242** (toll free) or 711 (TTY), 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).