UCare’s Minnesota Senior Health Options  
UCare Connect + Medicare  

2020 Prescription Drug Transition Policy  
UCare’s Prescription Drug Transition Policy provides members temporary prescription refills when they are unable to get their medications in certain circumstances.  

Transition process in the retail setting applies to:  
- New members enrolled in UCare for the first 90 days of eligibility.  
- Current members who are taking medication(s) no longer covered, or subject to new formulary restrictions, within the first 90 days of the new contract year.  

UCare will provide your temporary supply of non-formulary Part D drugs for at least 30 days (unless the prescription is written for less than 30 days). This includes Part D drugs that are on the formulary, but require prior authorization or step therapy.  

Transition process in a long-term care (LTC) setting applies to:  
- New members enrolled in UCare for the first 90 days of eligibility.  
- Current members living in long-term care facilities who are taking medication(s) no longer covered, or subject to new formulary restrictions, within the first 90 days of the new contract year.  

UCare will provide your temporary supply of non-formulary Part D drugs for at least 31 days (unless the prescription is written for less than 31 days). This includes Part D drugs that are on the formulary, but require prior authorization or step therapy.  

In a long-term care setting, UCare will honor multiple fills of non-formulary Part D drugs as needed for up to a 31-day supply. This includes Part D drugs that are on the formulary but require prior authorization or step therapy.  

Emergency supply for members in a long-term care setting  
UCare will cover an emergency supply of non-formulary Part D drugs for long-term care facility residents as part of your transition process.  

In a long-term care setting, UCare will honor multiple fills of non-formulary Part D drugs as necessary up to a 31-day supply. However, to the extent that a member in a long-term care setting is outside of the 90-day transition period, UCare will still provide an emergency supply of non-formulary Part D drugs while an exception is being processed.  

You will receive these emergency supplies of non-formulary Part D drugs for at least 31 days of medication (unless the prescription is written for less than 31 days). This includes Part D drugs that are on the formulary, but require prior authorization or step therapy.
**Level of care changes**
The transition process also applies to current members who experience level of care changes including admission or discharge from a long-term care facility or other institution. To prevent any potential delays in receiving your medication(s), we will waive any notices that indicate it’s too soon to refill. This transition process will apply when discharge planning is performed in advance of your actual discharge.

**Transition extension**
When a member’s exception request or appeal has not been processed by the end of the minimum transition period, UCare will extend the transition period on a case-by-case basis.

Requests for transition extensions can be made by contacting UCare Customer Service at the numbers below.

The extended transition period will end when (whichever occurs first):
- The medication is changed to an alternative formulary drug, or
- The exception request or appeal is decided.

**Notices**
UCare will send written notice to members within three business days of the transition fill stating the transition supply is temporary. Instructions will be included regarding how you can work with your health care provider to identify any alternative medications that may be available and appropriate. We will also include an explanation of your right to request a formulary exception, and how to make that request.

The cost-sharing amount for the one-time transition will never exceed the member’s maximum copayment or coinsurance amounts, and will include any low income subsidy amounts, if eligible. Cost-sharing is based on the tier assigned to the non-formulary drug.

For information about the Transition Policy, call Customer Service at the phone number on the back of your member ID card. TTY users, please call 1-800-688-2534 toll free. We are available 8 am – 8 pm, seven days a week.

UCare’s MSHO (HMO SNP) is a health plan that contracts with both Medicare and the Minnesota Medical Assistance (Medicaid) program to provide benefits of both programs to enrollees. Enrollment in UCare’s MSHO depends on contract renewal.

UCare Connect + Medicare (HMO SNP) is a health plan that contracts with both Medicare and the Minnesota Medical Assistance (Medicaid) program to provide benefits of both programs to enrollees. Enrollment in UCare Connect + Medicare depends on contract renewal.
Toll Free 1-800-203-7225, TTY 1-800-688-2534

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

ما أذلحة: إرتد مساعدة مجانية لترجمة هم الوثائق، ال على الرقم أعلاه.

Attention. Si vous avez besoin d’une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo yee. Yog hais tias koy xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

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

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenna name 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 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.
Civil Rights Notice

Discrimination is against the law. UCare 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

Auxiliary Aids and Services. UCare 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 UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

Language Assistance Services. UCare 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 UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by UCare. You may contact any of the following four 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
Contact the **OCR** directly to file a complaint:
Director
U.S. Department of Health and Human Services’ Office for Civil Rights
200 Independence Avenue SW
Room 509F
HHH Building
Washington, DC 20201
800-368-1019 (Voice)
800-537-7697 (TDD)
Complaint Portal – [https://ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf)

**Minnesota Department of Human Rights (MDHR)**

In Minnesota, you have the right to file a complaint with the MDHR if you believe 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
Freeman Building, 625 North Robert Street
St. Paul, MN 55155
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
- 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
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. After we get your complaint, 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 the outcome 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

UCare Complaint Notice

You have the right to file a complaint with UCare if you believe you have been discriminated against in our health care programs because of any of the following:

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

You can file a complaint and ask for help in filing a complaint in person or by mail, phone, fax, or email at:

UCare
Attn: Appeals and Grievances
PO Box 52
Minneapolis, MN 55440-0052
Toll free: 1-800-203-7225
TTY: 1-800-688-2534
Fax: 612-884-2021
Email: cag@ucare.org