Privacy Practices

- You have the right to access your personal information. This includes your medical records, unless access is restricted by law.
- We only share your behavioral health notes with your approval or in some limited situations we will share these notes without your approval.
- Your written permission is needed for other uses. A person with the authority to represent you can also give permission.
- We will only share your information for marketing purposes with your approval. This protection also applies to former members.
- In some situations, we are required by law to share your personal information. In these situations, we can do so without your approval.
- We have systems to protect your electronic and written information including oral communications. These systems prevent loss, damage and unauthorized release. Every year, our employees are trained on our privacy policies. This includes training on regulatory requirements and the protection of oral communications.

Networks

Will you pay less if you use a UCare network provider? Yes. UCare members have access to a large provider network. If you use an out-of-network provider, you may receive a bill. This bill will be for the part of the provider’s fees that UCare does not cover.

- To make sure your medical care is covered by UCare, use in-network doctors, clinics and hospitals.
- You choose your primary care clinic. And you may change your primary care clinic any time.
- You can see any specialist in the network without a referral.
- Find out if your doctor is in our network at search.ucare.org. Or call our MSHO Customer Service at 612-676-6868 or 1-866-260-7202, TTY 612-767-6810 or 1-800-688-2534, 8:00 am to 8:00 pm, seven days a week.
Authorization and notification
UCare wants you to get the best care for your needs. One of the ways we do that is by working with your doctor to review some services and procedures.

The UCare’s MSHO Summary of Benefits says which care or services require UCare notification or authorization. This list may change. Some examples include back (spine) surgery and home health care such as home health aides (HHA) and in-home skilled nursing visits (SNV).

Notification
Hospitals are required to notify UCare if you are admitted to a hospital, long term care facility (LTAC) or skilled nursing facility (SNF). UCare’s clinical team then coordinates with your doctors to make sure you are getting the care you need. UCare may also set up post-hospital care if needed.

Authorization
Some services require UCare approval. This approval needs to happen before, during or soon after the service is completed. Your provider is responsible for getting approval. This is true for providers in UCare’s network and providers out-of-network.

Pre-authorization, or pre-service review, means that before you get the service, your provider must give information to UCare and request approval. If pre-approval is required for a service, it will only be covered if the approval is granted.

Urgent concurrent and concurrent review often occurs during a LTAC or SNF stay. This gives UCare an opportunity to review your care plan. During review, UCare will see if some of your care might need to be extended or if different care will be needed.

Post-service review is needed if your doctor didn’t request pre-service review. Your claim may have initially been denied because authorization is required for coverage. Your doctor should provide information to UCare for review. UCare’s clinical team will review your care plan to make sure you get the coverage you are entitled to as a UCare member.

To make a coverage decision, UCare’s clinical team evaluates if the service is medically necessary, appropriate and effective for your needs.
Authorization and notification continued
If we deny a request made by you or your doctor, you or your doctor may appeal our decision. When you file an appeal, you or your doctor may submit additional documentation. Doctors review appeal requests against current medical evidence and your benefit plan. If we deny your appeal, you will be given information on how to file a second level appeal.

For more information, go to ucare.org. UCare members can also find more information in your Member Handbook and Annual Notice of Changes documents. The Member Handbook is provided to new members. Every year after the first year, members receive an Annual Notice of Changes that explains any changes to their plan benefits.

UCare’s MSHO (HMO D-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.
Attention. If you need free help interpreting this document, call the above number.

ما أذالحة: إيرتد مساعدة مجانية لترجمة هذه الوثيقة، 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 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.

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

โปรดทราบ, ถ้าคุณต้องการความช่วยเหลือในทางแปลเอธิโอเปีย, จึงโปรดไปฟังที่เลขที่ด้านล่าง.

Hubachiisa. Dokumenttiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kename 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 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
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
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