

Kev hloov pauv ntawm kev saib xyuas



Kev hloov pauv kev saib xyuas kho mob yog dab tsi?

Qhov kev hloov pauv kev saib xyuas kho mob tshwm sim thaum koj mus ntawm ib qhov chaw kev saib xyuas kho mob mus rau lwm qhov vim tias muaj koj cov kev xav tau txog kev noj qab haus huv tau hloov pauv. Ib qho piv txwv tej zaum yuav yog hloov ntawm koj lub tsev mus pw tom tsev kho mob los yog ib lub tsev laus tom qab koj tus mob hloov pauv lawm. Tej zaum yuav npaj tau cov kev hloov pauv qee yam tseg, xws li kev nkag mus pw hauv tsev kho mob rau kev phais mob uas xaiv cia. Tej zaum koj kuj yuav txiav txim siab nkag mus rau lub chaw saib xyuas ncuaj sijhawm ntev tau. Tej zaum lwm cov kev hloov pauv yuav tsis tau npaj tseg. Cov kev hloov pauv uas tsis tau npaj tseg yuav muaj kev mus pw hauv tsev kho mob tom qab kev tuaj ntsib tus kws muab kev pab cuam, kev saib xyuas maj rawm los sis chaw kho mob xwm txheej ceev.

Vim li cas txoj kev pab hloov thiaj li tseem ceeb?

Thaum koj tawm ntawm ib qhov chaw saib xyuas kho mob mus rau lwm qhov, koj xav kom paub tseeb tias koj muaj txhua yam uas koj xav tau. Koj cov kev xav tau txog kev saib xyuas kev noj qab haus huv yuav hloov pauv tom qab kev hloov pauv kev saib xyuas kho mob. Piv txwv li, tej zaum koj yuav xav tau kev pab tshwj xeeb nrog cov tshuaj noj, cuab yeej kho mob, cov khoom siv kho mob los sis kev saib xyuas kho mob tom tsev.

Kuv yuav cia siab tias yuav tau dab tsi los ntawm kuv care coordinator (tus neeg cev ncauj cev lus) txog kev saib xyuas kho mob thaum muaj kev hloov pauv?

Koj care coordinator (tus neeg cev ncauj cev lus) txog kev saib xyuas kho mob nyob ntawm no los pab koj thaum koj li kev xav tau fab kev noj qab haus huv hloov pauv los sis koj tuaj pw hauv tsev kho mob. Tej zaum care coordinators (cov neeg cev ncauj cev lus) txog kev saib xyuas kho mob yuav tau txais kev ceeb toom txog koj cov kev hloov pauv tias yog ib feem ntawm koj li kev saib xyuas kho mob.

Koj tuaj yeem cia siab tias yuav tau kev pab nrog:

- Kev nrhiav kev pab cuam thiab kev pab txhawb nqa los pab koj kom rov qab tau mus tsev los sis nyob twj ywm hauv tsev
- Kev sib tham nrog koj tsev neeg thiab cov kws muab kev pab cuam saib xyuas kho mob hais txog cov kev hloov pauv rau koj txoj phiaj xwm ntawm kev saib xyuas kho mob
- Kev npaj kev thauj mus los mus rau cov kev teem caij fab kev kho mob
- Sib txuas mus rau cov ntawv xa mus rau cov kev pab cuam hauv tsev thiab hauv zej zog
- Txhim kho koj li kev noj qab haus huv thiab kev nyob tau yam muaj kev noj qab haus huv

Kuv yuav ua li cas koj txo qis tau cov kev hloov pauv kev saib xyuas kho mob uas tsis paub ua ntej no?

Cov cwj pwm kev noj haus kom muaj kev noj qab haus huv yuav tiv thaiv kev hloov pauv kev saib xyuas kho mob yam tsis paub ua ntej. Nco ntsoov mus ntsib koj tus kws kho mob txog cov kev ntsuas xyuas kev noj qab nyob zoo hauv txhua xyoo ua ke nrog cov kev teem caij fab kev kho mob li ib txwm ua.

Hu rau koj care coordinator (tus neeg cev ncauj cev lus) txog kev saib xyuas kho mob yog tias koj:

- Muaj kev hloov pauv kev saib xyuas kho mob uas npaj tseg los sis tsis tau paub ua ntej
- Yuav ntsib cov teeb meem txog kev noj qab haus huv ntau tuaj
- Muaj kev hloov pauv tseem ceeb hauv koj tus zwj ceeb fab kev noj qab haus huv



UCare Care Coordinator (Tus Neeg Cev
Ncauj Cev Lus) Txog Kev Saib Xyuas lub npe

Naj npawb xov tooj

Nurse Line tseem yuav muab kev nkag cuag tau rau cov ntaub ntauv qhia paub txog fab kev kho mob thiab kev noj qab haus huv rau koj hauv 24 teev hauv ib hnuv, xya hnuv hauv ib lub lim tiam uas koj tsis tau them nqi ntxiv lawm tam li yog ib tug tswv cuab. Hu rau Nurse Line yuav pab tiv thaiv kev hloov pauv kev saib xyuas thaum muaj xwm txheej ceev fab kev kho mob los sis tsis tau paub ua ntej.

Hu rau tus xov tooj hu dawb ntawm Nurse Line 1-800-942-7858 los sis cov neeg siv TTY hu rau 1-855-307-6976.



No English?

1-800-203-7225
1-800-688-2534 (TTY)

UCare is an HMO I-SNP plan with a Medicare contract. Enrollment in UCare depends on contract renewal. UCare (HMO D-SNP) and UCare's Minnesota Senior Health Options (MSHO) (HMO D-SNP) are health plans that contracts with both Medicare and the Minnesota Medical Assistance (Medicaid) program to provide benefits of both programs to enrollees. Enrollment depends on contract renewal.

Discrimination is against the law. UCare does not discriminate because of race, color, national origin, creed, religion, sexual orientation, public assistance status, marital status, age, disability or sex.

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

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

သတိ။ ဤတွရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

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 ntauv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သုဉ်ဟ်သးဘဉ်တက့ၢ်. ဖဲန့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၢ်, ကိးဘဉ်လိတဲစိနီၢ်ဂံၢ်လၢထးအံၤန့ၢ်တက့ၢ်.

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

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງໂທໂປຫີໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname 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 (afcelinta) qoraalkan, lambarka kore wac.

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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

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by UCare. You can file a complaint and ask for help 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

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 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
- color
- national origin
- age
- disability
- sex
- religion (in some cases)

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: Toll-free: 800-368-1019
 TDD Toll-free: 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