

Waa maxay kala wareeg daryeel?

Kala wareega daryeelku wuxuu dhacaa marka aad ka guurto hal xarun oo daryeel oo aad u guurto xarun kale sababtoo ah baahidaada caafimaad way is bedeshay. Hal tusaale ayaa noqon kara inaad gurigaaga ka tagto oo aad isbitaal ama xarun xannaano aaddo markay xaaladdaada caafimaad is badasho. Isbadalada qaar ayaa la qorsheyn karaa, sida in isbitaalka loo aado in qalliin gaar ah lagugu sameeyo. Waxaad sidoo kale samaysan kartaa go'aan aad ku gasho xarunta daryeelka mudada dheer. Kala wareego kale ayaa laga yaabaa in aan la qorsheyn. Kala wareegyada aan la qorsheyn waxaa ka mid noqon kara cusbitaal seexinta kadib booqashada daryeel bixiyaha, daryeelka dagdaga ah ama qolka gargaarka dagdagga ah.

Maxay caawinta kala wareegu muhiim u tahay?

Inta aad ka tagaya hal xarun daryeel oo aad tagto mid kale, waxaad dooneysaa inaad hubiso inaad haysato wax kasta oo aad u baahan tahay. Waxaa laga yaabaa in baahidaada daryeelka caafimaad ay is badasho ka dib kala wareeg daryeel. Tusaale, waxaad u baahan kartaa caawin dheeraad ah oo ku saabsan daawooyinka, qalabka caafimaadka, sahayda ama daryeelka guriga.

Maxaan ka filan karaa iskuduwaha daryeelkeyga inta lagu jiro xilliga kala wareegga?

Iskuduwaha daryeelkaaga ayaa halkan kuu jooga marka caafimaadkaaga uu isbadalo ama isbitaal lagu dhigo. Iskuduwayaasha daryeelka waxaa laga yaabaa in lagu wargaliyo kala wareegga daryeelkaaga qeyb ahaan.

Waxaad heli kartaa caawimada:

- Raadinta adeegyada iyo taageerada kaa cawinaya inaad guriga ku noqoto ama aad joogtid guriga
- Kala hadalida qoyskaaga iyo bixiyayaasha daryeelkaada isbadalada ku saabsan qorshahaaga daryeelka
- Qabanqaabinta gaadiid lagu aadayo ballamaha caafimaadka
- Isku xirida adeegyada lagu kala bixiyo guriga iyo midka ku salaysan bulshada
- Kor u qaadista caafimaadkaada iyo inaad caafimaad qabto

Maxaan sameyn karaa si aan u yareeyo kala wareegga daryeelka aan la qorsheyn?

Caadooyinka caafimaadku waxay kaa caawin karaan ka hortagga kala wareegga daryeelka aan la qorsheyn. Xusuusnow inaad u tagto dhakhtarkaaga si aad u sameyso baaritaanka caafimaadka sannadlaha ah iyo sidoo kale ballantaada caadiga ah ee dhakhtarka.

Wac iskuduwaha daryeelkaaga haddii:

- Aad leedahay kala wareeg daryeel oo qorsheysan ama aan qorsheysneyn
- Aad daremayso dhibaatooyin caafimaad oo sii kordhaya
- Aad dareento isbadal weyn oo ku yimaada xaaladdaada caafimaad



Magaca Isku duwaha Daryeelka ee Ucare

Lambarka telefoonka

Nurse Line ayaa sidoo kale ku siinaya helitaanka macluumaadka daawaynta iyo caafimaadka 24 saacadood maalintii, todobada maalmood ee todobaadka iyadoo aan wax kharash ah kugu kordhin xubin ahaan. Wicitaanka Nurse Line caafimaadku wuxuu kaa caawin karaa ka hortagga xaalad caafimaad oo dagdag ah ama kala wareeg daryeel oo aan la qorshayn.

Wac Nurse Line bilaashka ah 1-800-942-7858 ama dadka isticmaala TTY ka wac 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.

ያስተውሉ፡ ካለምንም ክፍያ ይህንን ዶኩመንት የሚተረጎምሎ አስተርጓሚ ከፈለጉ ከላይ ወደተጻፈው የስልክ ቁጥር ይደውሉ።

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

သတိ။ ဤတွဲရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរសព្ទតាមលេខខាងលើ ។

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. ဖဲနမ့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်,ကိးဘဉ်လိတဲစိနီၣ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

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

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງ ໂທໂປຣໂປຣໄພາຍເລກຂ້າງເທິງນີ້.

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.

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

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