

What is a grievance?

A grievance is any complaint other than one that involves a organization determination (coverage or payment for Part C medical benefit). You would file a grievance if you have any type of problem with Aspirus Health Plan or one of our network providers that does not relate to coverage for a medical service. For example, you would file a grievance if you have a problem with things such as waiting times when you need to be seen, the way your Plan network provider or others behave, being able to reach someone by phone or get the information you need, or the cleanliness or condition of a Plan network clinic or facility.

When do I file a grievance?

You or your appointed representative can file an oral or written grievance. Those processes are described below. You must file a grievance no later than 60 days after the event or incident that caused the grievance. We can give you more time if you have a good reason for missing the deadline. We may extend the timeframe for resolving your oral or written grievance by up to 14 calendar days if you request the extension or if we justify a need for additional information and the delay is in your best interest. If we extend the deadline, we must immediately notify you in writing of the reason for the delay.

How do I file an oral grievance?

If you have an oral grievance, we encourage you to call Aspirus Health Plan Customer Service at these phone numbers:

- Local number: 715-631-7411 or 1-855-931-4850 toll free
- TTY: 715-631-7413 or 1-855-931-4852 toll free

You can file an oral grievance with a Customer Service representative. If we cannot resolve your oral grievance when we talk with you, we will look into the matter and call you with a response as quickly as your situation requires based on your health status, but no later than 30 calendar days from the date you called us. If you request a written response to your oral grievance, we will respond to you in writing. If you do not agree with our decision, we have a formal written grievance procedure to further review your grievance.

How do I file a written grievance?

You can also send us your grievance in writing.

To file an appeal, call or write Aspirus Health Plan Member Complaints, Appeals, and Grievances.

Call: 715-631-7440 or 1-855-931-4858 (toll free)

Write: Aspirus Health Plan
Attn: Appeals and Grievances
P.O. Box 51
Minneapolis, MN 55440-9972

Or fax your written appeal to:
715-631-7439 or 1-855-931-4857 (toll free)

We will notify you within 10 calendar days that we received your written grievance. We will look into your concerns and gather information. We will send you a written response about your grievance as quickly as your situation requires based on your health status, but no later than 30 calendar days after receiving your written grievance. There are specific situations in which we will respond to your oral or written grievance within 24 hours. This is called an expedited (fast) grievance. You would file an expedited grievance if you disagree with our decision not to give you a fast initial decision (expedited organization determination) or a fast appeal.

What is a quality of care grievance?

If you are not happy with the quality of care you received under Medicare, you can file a quality of care grievance (complaint) with Aspirus Health Plan or an organization called the Quality Improvement Organization (QIO), or both. The QIO is a group of doctors and other health care experts paid by the federal government to monitor and help improve the care given to Medicare patients. They are not part of Aspirus Health Plan or another health care organization. The name of the QIO organization for Minnesota and Wisconsin is Livanta Beneficiary & Family Centered Care (BFCC)-QIO Program. The doctors and other health experts in the QIO review certain types of grievances made by Medicare patients. Examples include if you believe your provider gave you the incorrect dose of a prescription or if you have been hospitalized and you think your hospital stay is ending too soon.

How do I make a quality of care grievance?

You must file a written quality of care grievance with the QIO. A member who files a quality of care grievance with the QIO is not required to file the grievance within a specific time period. You can also file a quality of care grievance with Aspirus Health Plan following the oral or written grievance process above. To file a written quality of care grievance with the QIO, send your grievance to the QIO in your state or call them for more information.

Livanta BFCC-QIO Program
10820 Guilford Road, Suite 202
Annapolis Junction, MD 20701
Phone: 1-888-524-9900 toll free
Fax: 1-833-868-4059 toll free
TTY: 1-888-985-8775 toll free

Questions?

Call Aspirus Health Plan Customer Service if you:

- Have questions about coverage determinations, appeals, or grievances.
- Want to get an aggregate number of Aspirus Health Plan grievances, appeals, and exceptions.
- Have questions about the status of a organization determination request.

Local number: 715-631-7411 or 1-855-931-4850 toll free
TTY: 715-631-7413 or 1-855-931-4852 toll free

Notice of Nondiscrimination

Aspirus Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Aspirus Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

We provide aids and services at no charge to people with disabilities to communicate effectively with us, such as TTY line, or written information in other formats, such as large print.

If you need these services, contact us at **715-631-7411 (voice)** or toll free at **1-855-931-4850 (voice)**, **715-631-7413 (TTY)**, or **1-855-931-4852 (TTY)**.

We provide language services at no charge to people whose primary language is not English, such as qualified interpreters or information written in other languages.

If you need these services, contact us at the **number on the back of your membership card** or **715-631-7411** or toll free at **1-855-931-4850 (voice)**; **715-631-7413** or toll free at **1-855-931-4852 (TTY)**.

If you believe that Aspirus Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file an oral or written grievance.

Oral grievance

If you are a current Aspirus Health Plan member, please call the number on the back of your membership card. Otherwise please call **715-631-7411** or toll free at **1-855-931-4850 (voice)**; **715-631-7413** or toll free at **1-855-931-4852 (TTY)**. You can also use these numbers if you need assistance filing a grievance.

Written grievance

Mailing Address

Attn: Appeals and Grievances

Aspirus Health Plan

P.O. Box 51

Minneapolis, MN 55440

Email: cagMA@aspirushealthplan.com

Fax: 715-631-7439

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 715-631-7411/1-855-931-4850 (TTY: 715-631-7413/1-855-931-4852).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 715-631-7411/1-855-931-4850 (TTY: 715-631-7413/1-855-931-4852).

XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 715-631-7411/1-855-931-4850 (TTY: 715-631-7413/1-855-931-4852).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 715-631-7411/1-855-931-4850 (TTY: 715-631-7413/1-855-931-4852).

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 715-631-7411/1-855-931-4850 (TTY: 715-631-7413/1-855-931-4852)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 715-631-7411/1-855-931-4850 (телетайп: 715-631-7413/1-855-931-4852).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 715-631-7411/1-855-931-4850 (TTY: 715-631-7413/1-855-931-4852).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶቻችን በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚክተሎው ቁጥር ይደውሉ 715-631-7411/1-855-931-4850 (መስማት ስተሳናቸው: 715-631-7413/1-855-931-4852)።

ဝတ်သည့်ဝတ်သေး-နမ့်ကတိဝိ ကညီ ကျိန်အယိ, နမန့် ကျိန်အတတ်မစာလော တလက်ဘျက်လက်စု နီတမံဘျက်သုန့်လီ. ဝိ: 715-631-7411/1-855-931-4850 (TTY: 715-631-7413/1-855-931-4852).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 715-631-7411/1-855-931-4850 (TTY: 715-631-7413/1-855-931-4852).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាអង់គ្លេស, រសវាជំនួយវេជ្ជកម្មភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់ប្រើអ្នក។ ចូរ ទូរស័ព្ទ 715-631-7411/1-855-931-4850 (TTY: 715-631-7413/1-855-931-4852)។

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (715-631-7411/1-855-931-4850 (رقم هاتف الصم والبكم: 715-631-7413/1-855-931-4852).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 715-631-7411/1-855-931-4850 (ATS : 715-631-7413/1-855-931-4852).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 715-631-7411/1-855-931-4850 (TTY: 715-631-7413/1-855-931-4852) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 715-631-7411/1-855-931-4850 (TTY: 715-631-7413/1-855-931-4852).