

# Lambarada ay tahay inaad xusuusnaato

## Minnesota Senior Care Plus (MSC+) iyo UCare's Minnesota Senior Health Options (MSHO) (HMO D-SNP)

### UCare's Health Ride

Hel gaadiid kharash la'aan ah oo aad ku aado ballamaha caafimaadka iyo ilkaha ee u qalma qorshaha.

612-676-6830 ama 1-800-864-2157

TTY 612-676-6810 ama 1-800-688-2534

7 subaxnimo – 8 habeenimo, Isniin – Jimce

[ucare.org/healthride](https://ucare.org/healthride)

Xaalada gurmada caafimaadka: 911

### UCare Mental Health and Substance Use Services Triage Line

Wixii ah taageerada dhibta ama caawimada joogta ah ee lagu maareeyo caafimaadka ama xaalada isticmaalka maandooriyaha.

612-676-6533 ama 1-833-276-1185

TTY 1-800-688-2534

8 subaxnimo – 5 galabnimo, Isniin – Jimce

### UCare Clinical Services Member Assistance

Wac Adeegyada Kiliinikada ee UCare si aad u heshid caawimaad ku aadan helitaanka care coordinator (isku-duwaha daryeelka).

612-676-3200 ama 1-866-599-2490

TTY 1-800-688-2534

8 subaxnimo – 4:30 galabnimo, Isniin – Jimco

### UCare Dental Connection

MSC+: 1-888-227-3310

UCare's MSHO: 1-855-209-3155

TTY 1-800-466-7566

8 subaxnimo – 5 galabnimo, Isniin – Jimco

[ucare.org/dentalconnection](https://ucare.org/dentalconnection)

### UCare Mobile Dental Clinic

1-866-451-1555

TTY 1-800-627-3529

8 subaxnimo – 4:30 galabnimo, Isniin – Jimco

[ucare.org/mdc](https://ucare.org/mdc)

### UCare 24/7 Nurse Line

1-800-942-7858

TTY 1-855-307-6976

### Adeegyada kale ee UCare

Si lacag la'aan ah ku hel adeegyada turjumaada ama macluumaadka qaabaysan.

MSC+: 1-800-203-7225

UCare's MSHO: 1-866-280-7202

TTY 1-800-688-2534

### Tobacco and Nicotine Quit Line

Hel caawinaad bilaash ah oo ku aadan sidii aad guriga ugala bixi lahayd caadada.

1-855-260-9713

TTY 711

24-ka saacadood maalintii

todobo maalmood usbuucii

[myquitforlife.com/ucare](https://myquitforlife.com/ucare)

### Senior LinkAge Line®

Barnaamijkan goboleed wuxuu la-talin caymis caafimaad oo bilaash ah siiyaa dadka Medicare ku leh Minnesota.

1-800-333-2433

TTY 711

[mn.gov/senior-linkage-line](https://mn.gov/senior-linkage-line)

### UCare Keep Your Coverage Program

Khabiirro takhasus u leh arrintan ayaa kugu hagaya hannaanka cusboonaysiinta Medicaid si aad uga fogaato wixii dulduleelo ama hakadyo oo soo gaari kara daryeelka iyo adeegyada.

612-676-3438 ama 1-855-307-6978

TTY 612-676-6810 ama 1-800-688-2534

8 subaxnimo – 5 galabnimo, Isniin – Jimco

[keepyourcoverage@ucare.org](mailto:keepyourcoverage@ucare.org)

**Ma hubo meesha laga bilaabo? Wac Adeegga Macaamiisha UCare si aad caawimaad u hesho.**

#### MSC+

612-676-3200 or 1-800-203-7225

TTY 612-676-6810 ama 1-800-688-2534

8 subaxnimo – 5 galabnimo, Isniin – Jimce

#### UCare's MSHO

612-676-6868 ama 1-866-280-7202

TTY 612-676-6810 ama 1-800-688-2534

8 subaxnimo – 8 habeenimo

todoba maalmood todobaadkii

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။ ဤစာရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း 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 ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သုဉ်ဟ်သးဘဉ်တက့ၢ်. ဖဲနမ့ၢ်လိဉ်ဘဉ်တၢ်မၤစၤကလီလၤတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်,ကိးဘဉ်လီတဲစိနီၢ်ဂံၢ်လၤထးအံၤန့ၣ်တက့ၢ်.

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

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງ ໂທໂປຣໂປທີໝາຍເລກຂ້າງເທິງນີ້.

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](mailto: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: 800-368-1019, TTY: 800-537-7697  
Email: [ocrmail@hhs.gov](mailto: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](mailto: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