# Numbers to know

# %UCare

#### UCare's Health Ride

Get no-cost rides to qualified medical and dental appointments.

612-676-6830 or 1-800-864-2157 TTY 612-676-6810 or 1-800-688-2534 7 am – 8 pm, Monday – Friday ucare.org/healthride

In case of a medical emergency: 911

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

For crisis support or ongoing help to manage a mental health or substance use condition.

612-676-6533 or 1-833-276-1185 TTY 1-800-688-2534 8 am – 5 pm, Monday – Friday

#### UCare Clinical Services Member Assistance

Call UCare Clinical Services for help finding a care coordinator.

612-676-3200 or 1-866-599-2490 TTY 1-800-688-2534 8 am – 4:30 pm, Monday – Friday

#### **UCare Dental Connection**

651-768-1415 or 1-855-648-1415 TTY 711 7 am – 7 pm, Monday – Friday **ucare.org/dentalconnection** 

#### UCare Mobile Dental Clinic

1-866-451-1555 TTY 1-800-627-3529 8 am – 4:30 pm, Monday – Friday ucare.org/mdc

#### UCare 24/7 Nurse Line

1-800-942-7858 TTY 1-855 307-6976

#### **Other UCare services**

Access free interpreter services or accessibly formatted information free of charge.

MSC+: 612-676-3200 or 1-800-203-7225 UCare's MSHO: 612-676-6868 or 1-800-280-7202 TTY 612-676-6810 or 1-800-688-2534

#### **Tobacco and Nicotine Quit Line**

Get help kicking the habit from home at no cost. 1-855-260-9713 TTY 711 24 hours a day, seven days a week **myquitforlife.com/ucare** 

#### Senior LinkAge Line®

This state program offers free health insurance counseling for people with Medicare in Minnesota.

1-800-333-2433 TTY 711 **mn.gov/senior-linkage-line** 

#### UCare Keep Your Coverage Program

Our specialists guide you through the Medicaid renewal process so you can avoid breaks in care and services.

612-676-3438 or 1-855-307-6978 TTY 612-676-6810 or 1-800-688-2534 8 am – 5 pm, Monday – Friday

### Not sure where to start? Call UCare Customer Service for help.

#### Minnesota Senior Care Plus (MSC+)

612-676-3200 or 1-800-203-7225 TTY 612-676-6810 or 1-800-688-2534 8 am – 5 pm, Monday – Friday UCare's Minnesota Senior Health Options (MSHO)

612-676-6868 or 1-800-280-7202 TTY 612-676-6810 or 1-800-688-2534 8 am – 8 pm, seven days a week

## Toll free 1-800-203-7225, TTY 1-800-688-2534

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။ ဤစွာရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ် ဆိုပါ။

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.

ပာ်သူဉ်ပာ်သးဘဉ်တက္i၊ ဖဲနမ့်၊လိဉ်ဘဉ်တာ်မၤစၢၤကလီလၢတာ်ကကျိးထံဝဲဒဉ်လံာ် တီလံာ်မီတခါအံၤန့ဉ်ႇကိးဘဉ် လီတဲစိနီ၊်ဂံၢလၢထးအံၤန့ဉ်တက္i၊

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

້ ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງ ໂທຣໄປທີ່ໝາຍເລກຂ້າງເທີງນີ້.

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
- $\cdot$  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

• age

• color

- disability
- national origin
  sex

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: <u>ocrmail@hhs.gov</u>

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• religion (in some cases)

#### Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the MOHR if you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion

sexsexual orientation

marital status

creed

- 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 OHS if you believe you have been discriminated against in our health care programs because of any of the following:

- race
- color
- $\cdot$  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