

## FRANÇAIS / FRENCH

Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le

## ગુજરાતી / GUJARATI

સૂચના: જો તમે ગુજરાતી બોલતા હોવ, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ આપને માટે ઉપલબ્ધ છે. ફોન કરો

## KREYÒL AYISYEN / HAITIAN CREOLE

Si w pale kreyòl ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele

## IGBO

Ọ bụrụ na asụ Ibo, asụsụ aka ọasụ n'efu, defu, aka.

## 한국어 / KOREAN

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

## PORTUGUÊS / PORTUGUESE

Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para

## РУССКИЙ / RUSSIAN

Если Вы говорите на русском языке, Вам предлагаются бесплатные услуги перевода. Звоните

## TAGALOG

Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa

## اردو / URDU

تاکید : اگر آپ اردو بولتے ہیں، تو آپ کے

لئے لسانی خدمات مفت دستیاب ہیں۔ کال کریں

## TIẾNG VIỆT / VIETNAMESE

Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số

## YORÚBÁ / YORUBA

Bi o ba n sọ èdè Yorùbá ọfé ni iranlọwọ lori èdè wa fun yin o. Ẹ pe ọṛọ-ibanisọṛọ yii

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**Questions?** Call us at 1-800-977-7388 (TTY/TDD 1-800-977-7389), 7:00 a.m. to 7:00 p.m., Monday through Friday. The call is free.

SPONSORED BY THE MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

# Non-discrimination Statement and Accessibility Requirements

- The Department of Health and Mental Hygiene (DHMH) and all HealthChoice MCOs do not discriminate based on race, color, national origin, sex, age or disability.
- Section 1557 of the Affordable Care Act (42 U.S.C. 18116) prohibits discrimination based on race, color, national origin, sex, age or disability in certain health programs and activities.
- DHMH and the MCOs each have grievance procedures to resolve quickly and fairly all complaints that allege any action prohibited by Section 1557 or by the U.S. Department of Health and Human Services regulations for implementing the Act (45 CFR part 92).
- DHMH and the MCOs each have a non-discrimination Coordinator. The Coordinators examine the rules and coordinate efforts to comply with Section 1557.
- Any person who believes someone was discriminated against based on race, color, national origin, sex, age or disability may file a grievance using the Grievance Procedure below.
- It is against the law for an MCO to retaliate against anyone who opposes discrimination, files a grievance, or takes part in the grievance investigation.

## Grievance Procedure

The person complaining must submit the grievance **in writing** to the Non-discrimination Coordinator.

The person filing the grievance must submit it within **60** days of the date the person becomes aware of the alleged discrimination. The list of Non-discrimination Coordinators is on page 3 of this notice.

All grievances must have:

1. The name and address of the person filing the grievance
2. The problem or the action alleged to be discriminatory
3. The remedy or relief sought

The Non-discrimination Coordinator (or designated person) must thoroughly investigate the grievance. The investigation may be informal. All interested persons must have the chance to give evidence.

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The Non-discrimination Coordinators will keep files and records of all grievances. As much as possible, and following the law, the Non-discrimination Coordinators will keep private all grievance files and records. They will share them only with those who have a need to know.

The Non-discrimination Coordinators will give a written decision on the grievance, based on the evidence, no later than **30** days after the grievance is filed. The person complaining will be told of their right to pursue further administrative or legal remedies.

This grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the Office for Civil Rights at the U.S. Department of Health and Human Services (HHS). See below for how to file a complaint.

### How to file a discrimination complaint with the HHS Office for Civil Rights

Complaints must be filed within **180** days of the date of the alleged discrimination. For complaint forms go to <http://www.hhs.gov/civil-rights/filing-a-complaint/index.html>.

There are three ways to file a complaint.

1. Online through the Office for Civil Rights Complaint Portal at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
2. By mail to:  
U.S. Department of Health and Human Services  
200 Independence Avenue SW., Room 509F  
HHH Building  
Washington, DC 20201
3. By phone at 1-800-868-1019 (TTY 1-800-537-7697)

To make sure persons with disabilities or limited English proficiency get services they need to take part in the grievance process, the Department and MCO Non-discrimination Coordinators are responsible for making arrangements including, but not limited to providing:

- Qualified interpreters
- Taped cassettes of materials for persons with low vision
- Barrier-free location for the hearing

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### Privacy Notice

The Maryland Department of Health and Mental Hygiene (DHMH) protects your private information. To learn how we protect your privacy, go to: <http://dhmh.maryland.gov/pages/privacy.aspx>

### List of Non-discrimination Coordinators

MCO	Non-discrimination Coordinator
DHMH	Delinda Johnson delinda.johnson@maryland.gov 410-767-6600
Amerigroup	Andre Acostal: andre.acosta@anthem.com 800-368-1019
Jai Medical Systems	Monisha Priya Kota, Non-Discrimination Compliance Coordinator monisha.kota@jaimedical.com 410-433-2200
Kaiser Permanente	Kenya C Onley Kenya.C.Onley@kp.org 301-816-6564
Maryland Physician's Care	Linda Dietsch, Compliance Officer MPCComplianceO@marylandphysicianscare.com 800-953-8854 Prompt 1 Member Services
MedStar Family Choice	Jayne Hunt Jayne.K.hunt@medstar.net 410-933-2283
Priority Partners	Jennifer Glenn, Compliance Grievance Coordinator compliance@jhhc.com 410-424-4996 or 1-844-422-6957 Fax: 410-762-1527
United HealthCare	Civil Rights Coordinator UnitedHealthcare Civil Rights Grievance P.O. Box 30608 Salt Lake City, UTAH 84130 UHC_Civil_Rights@uhc.com
University of Maryland Health Partners <i>(formerly Riverside Health)</i>	Charlie Totten, Director of Compliance members@myriversidehealth.com 800-730-8530

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### For free interpreter services and help, call DHMH or your MCO at the number below.

DHMH	1-410-767-6600	TTY: 1-800-735-2258
Amerigroup	1-800-368-1019	TTY: 711
Jai	1-888-524-1999	TTY: 1-800-735-2258
Kaiser	1-855-249-5019	TTY: 711
Maryland Physician's Care	1-800-953-8854	TTY: 1-800-735-2258
MedStar Family Choice	1-800-905-1722	TTY: 711
Priority Partners	1-800-654-9728	TTY: 1-800-201-7165
United HealthCare	1-800-318-8821	TTY: 711
University of Maryland Health Partners <i>(formerly Riverside Health)</i>	1-800-730-8530	TTY: 711

#### ESPAÑOL / SPANISH

Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al:

#### አማርኛ / AMHARIC

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶቻችን በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደሚከተለው ቁጥር ይደውሉ።

#### العربية / ARABIC

ملحوظة : إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان . اتصل برقم –

#### BÀSÓÒ-WÙDÙ-PO-NYÒ / BASSA

Tò dũ̀ nòmò dyiin cáo: Ɔ jũ̀ ké m̀ dyi Bàsóò-wùdù-po-nyò jũ̀ ní, níí, à bédéé gbo-kpá-kpá bó wuqu-dù̀ kà kò dè po-nyò bē nɔ́ à gbo. Đá nòbà bēé

#### 中文/CHINESE

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。

#### فارسی / FARSI

توجه : اگر به زبان فارسی صحبت می کنید، تسهیلات زبانی به صورت رایگان برای شما فراهم می باشد . با شماره های ذیل تماس

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