



Member Complaint Process

Your concerns are important to us. If you have a complaint, please contact our Service Center at 605-322-4545 or call toll-free at 888-322-2115, 8 a.m. to 5 p.m. CT, Monday through Friday. If your situation is not resolved to your satisfaction, you may file a formal complaint.

To file a formal complaint, please complete the Member Complaint Form or submit your complaint in writing to the address below. **You may attach documents including any evidence to support your complaint.** When received, Avera Health Plans will thoroughly review the complaint based on our internal policy and provide you a written resolution within 30 calendar days.

Email the completed Member Appeal Form and your supporting documents to ComplaintAppeals@AveraHealthPlans.com or mail to the following address:

Attention: Complaint and Appeals
Coordinator
Avera Health Plans
3816 S. Elmwood Ave., Suite 100
Sioux Falls, SD 57105-6538

You have the right, at any time throughout this process, to submit your complaint to the appropriate regulatory agency in the state where the subscriber is employed. For members who work and receive their health insurance from employers located in South Dakota, call 605-773-3563; for Iowa, call 515-281-6348 and for Nebraska, call 402-471-2201.



Member Complaint Form

Member ID Number: _____

Member Name: _____

Member Date of Birth: _____

Subscriber Name: _____

Date(s) of Service: _____

Provider/Facility Name: _____

Has this issue been brought to the attention of an Avera Health Plans employee before?

Yes If yes, to whom and when? _____

No

Please provide an explanation of your complaint and attach any additional documents that support your complaint.

Are supporting documents attached? Yes No

What is your expected resolution?

After completing the above answers, please print the document and sign below.

Reminder: Enclose all supporting documents.

Signature of Member

Date

Discrimination is Against the Law

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

Avera Health Plans:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.

If you need these services, contact the Avera Health Plans Service Center at 1-888-322-2115, (TTY 711), 8 a.m. to 5 p.m. CST, Monday through Friday.

If you believe that Avera Health Plans 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 a grievance with:

You can file a grievance in person or by mail, fax, or email. You may also contact the Complaint and Appeals Coordinator if you need assistance with filing a complaint.

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 call 1-800-368-1019 or 1-800-537-7697 (TDD). Or mail: US Department of Health and Human Services, 200 Independence Avenue SW Room 509F, HHH Building, Washington, D.C. 20201

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

Complaint and Appeals Coordinator

Avera Health Plans
3816 S. Elmwood, Suite 100,
Sioux Falls, SD 57105-6538

Fax 1-800-269-8561

Email ComplaintAppeals@AveraHealthPlans.com



Getting Help in other Languages

Language assistance services are available free of charge. Our Service Center is available 8 a.m. to 5 p.m. CST, Monday – Friday, toll-free at 1-888-322-2115 (TTY: 1-800-877-1113).

- ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-322-2115 (TTY: 1-800-877-1113).
- US CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-322-2115 (TTY: 1-800-877-1113).
- CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-322-2115 (TTY: 1-800-877-1113).
- XIYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-322-2115 (TTY: 1-800-877-1113).
- 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 1-888-322-2115 (TTY: 1-800-877-1113)。
- ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-322-2115 (TTY: 1-800-877-1113).
- ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-322-2115 (телетайп: TTY: 1-800-877-1113).
- ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 888-322-2115-1 (رقم هاتف الصم والبكم: 1-800-877-1113-1).
- ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-322-2115 (TTY: 1-800-877-1113).
- ບົດບັນຍັດ:- ຖ້າທ່ານເວົ້າພາສາອື່ນ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-322-2115 (TTY: 1-800-877-1113).
- ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-322-2115 (TTY: 1-800-877-1113).
- 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-322-2115 (TTY: 1-800-877-1113) 번으로 전화해 주십시오.
- ພາສາອື່ນ: ຖ້າທ່ານເວົ້າພາສາອື່ນ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-322-2115 (TTY: 1-800-877-1113).
- OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-322-2115 (TTY- Telefon za osobe sa oštećenim govornom ili sluhom: 1-800-877-1113)
- ບຸກຄົນ: ເມື່ອທ່ານເວົ້າພາສາອື່ນ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-322-2115 (TTY: 1-800-877-1113)