

Supplemental Report #2
Summary of Complaints and Grievances
 For the calendar year ending on December 31, 2010
 Public Information, Minnesota Rule 4685.2000

HMO name: UCare Minnesota

Instructions:

1. Include all fully insured products: Commercial, Medicare ~~Advantage~~ ~~Choice~~, Medicare Cost, MnDHO, MSHO, GAMC, PMAP, **Connect (SNBC)**, **MSC+** and MNCare for the calendar year ending December 31, 2010.
2. Complete either A **or** B (not both).
3. Complete C **and** D.

A Complaint Type	Number
Medical Care	
Psycho-Social	
Coverage related	
Total	

B Self-Defined Complaint Type	Number
Access Issues	5
Authorization Denial/Termination/Reductions	1082
Benefit Design Issues	21
Claims Denials	423
Claims: Billing Process Issues	273
Communication/Behavior Issues	13
Coordination/Continuity of Care	5
Membership Process Issues	18
Provider Technical Competence Issues	10
Restricted Recipient Program Issues	12
Other	5
Total	1867

C Number of complaints that were not resolved within 30 days (M. S. 62 Q.72, Subd. 2)	192
Number of complaints resolved to the enrollee's satisfaction	817
Number of <i>enrollees</i> with more than one written complaint	82
Total number of <i>complaints</i> for enrollees with more than one complaint	176

D Name of individual responsible for the operation of the complaint system:	Cindy Richter
Title:	Complaints, Appeals, and Grievances Senior Specialist
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