



Non-Discrimination Notice

Non-Discrimination Notices for MVP Commercial Plans

Non-Discrimination Notices for MVP Medicare Advantage Plans

Non-Discrimination Notices for Medicaid, Child Health Plus, MVP Harmonious Health Care Plan, and Essential Plan



Non-Discrimination Notice for MVP Commercial Plans

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

What MVP Health Care Provides

Free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If You Need These Services

If you need these services, contact Jane Strange at **1-844-946-8009** (TTY: **1-800-662-1220**).

How to File a Grievance or Complaint

If you believe that MVP has not given you these services or has treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with MVP by:

Mail: ATTN: JANE STRANGE
CIVIL RIGHTS COORDINATOR
MVP HEALTH CARE
625 STATE ST
SCHENECTADY NY 12305

Phone: **1-844-946-8009**
(TTY/TDD: **1-800-662-1220**)

In person: 625 State Street, Schenectady, NY

Email: civilrightscoordinator@mvphealthcare.com

You can also file a civil rights complaint with the U.S. Department of Health & Human Services Office for Civil Rights by:

Online: ocrportal.hhs.gov

Mail: US DEPT OF HEALTH & HUMAN SRVS
200 INDEPENDENCE AVE SW
HHH BLDG ROOM 509F
WASHINGTON DC 20201

Phone: **1-800-368-1019**
(TTY/TTD: **1-800-537-7697**)

Complaint forms are available by visiting hhs.gov and selecting *Laws & Regulations*, then *Complaints & Appeals*, then *Civil Rights: How to file a complaint*.

Multi-Language Interpreter Services

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-844-946-8010** (TTY: **1-800-662-1220**).

繁體中文 (Chinese)

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 **1-844-946-8010** (TTY: **1-800-662-1220**)。

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то в м доступны беспла тные услуги перевод . Звоните **1-844-946-8010** (телет йп: **1-800-662-1220**).

Kreyòl Ayisyen (French Creole)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-844-946-8010** (TTY: **1-800-662-1220**).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-844-946-8010** (TTY: **1-800-662-1220**) 번으로 전화해 주십시오.

Italiano (Italian)

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-844-946-8010** (TTY: **1-800-662-1220**).

אידיש (Yiddish)

אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. **1-844-946-8010** (TTY: **1-800-662-1220**) רופט

বাংলা (Bengali)

লক্ষ্য করনঃ যিদ আপিন বাংলা, কথা বলেত পারেন, তাহেল নিঃখরচায় ভাষা সহায়তা পিরেষবা উপলব্ধ আছ। ফোন করন **১-৮৪৪-৯৪৬-৮০১০** (TTY: **১-৮০০-৬৬২-১২২০**)।

Polski (Polish)

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-844-946-8010** (TTY: **1-800-662-1220**).

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **0108-649-448-1** (رقم هاتف الصم والبكم: **0221-266-008-1**).

Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-844-946-8010** (ATS : **1-800-662-1220**).

اُردُو (Urdu)

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں۔ **1-844-946-8010** (TTY: **1-800-662-1220**)

Tagalog (Tagalog-Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-844-946-8010** (TTY: **1-800-662-1220**).

Ελληνικά (Greek)

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε **1-844-946-8010** (TTY: **1-800-662-1220**).

Shqip (Albanian)

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në **1-844-946-8010** (TTY: **1-800-662-1220**).



Non-Discrimination Notice for Medicare Advantage Plans

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

What MVP Health Care Provides

Free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If You Need These Services

If you need these services, contact Jane Strange, Civil Rights Coordinator. If you believe that MVP Health Care 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:

ATTN: JANE STRANGE CIVIL RIGHTS COORDINATOR
MVP HEALTH CARE
625 STATE ST
SCHENECTADY NY 12305



1-844-946-8009 (TTY: **1-800-662-1220**)

✉ civilrightscoordinator@mvphealthcare.com

How to File a Grievance

You can file a grievance in person, or by mail or email. If you need help filing a grievance, Jane Strange, Civil Rights Coordinator, is available to help you.

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 ocrportal.hhs.gov, or by mail or phone at:

US DEPARTMENT OF HEALTH & HUMAN SERVICES
200 INDEPENDENCE AVE SW
HHH BLDG ROOM 509F
WASHINGTON DC 20201



1-800-368-1019 (TDD: **1-800-537-7697**)

Complaint forms are available by visiting hhs.gov/ocr/filing-with-ocr.

Multi-Language Interpreter Services

English	ATTENTION: Language assistance services, free of charge, are available to you. Call 1-844-946-8010 (TTY: 1-800-662-1220).
Español (Spanish)	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-946-8010 (TTY: 1-800-662-1220).
繁體中文 (Chinese)	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 1-844-946-8010 (TTY: 1-800-662-1220)。
Русский (Russian)	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-946-8010 (телетайп: 1-800-662-1220).
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Italiano (Italian)	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-844-946-8010 (TTY: 1-800-662-1220).
אידיש (Yiddish)	אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-844-946-8010 (TTY: 1-800-662-1220)
বাংলা (Bengali)	লক্ষ্য করনঃ যিদ আপিন বাংলা, কথা বলেত পারেন, তাহেল নিঃখরচায় ভাষা সহায়তা পিরেশবা উপলব্ধ আছ। ফোন করন ১-৮৪৪-৯৪৬-৮০১০ (TTY: ১-৮০০-৬৬২-১২২০)।
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Français (French)	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-946-8010 (ATS : 1-800-662-1220).
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Tagalog (Tagalog-Filipino)	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-946-8010 (TTY: 1-800-662-1220).
Ελληνικά (Greek)	ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-844-946-8010 (TTY: 1-800-662-1220).
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Non-Discrimination Notice

for Medicaid, Child Health Plus, MVP Harmonious Health Care Plan, and Essential Plan

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- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services:

- Medicaid and Child Health Plus members call **1-800-852-7826**
- MVP Harmonious Health Care Plan members call **1-844-946-8002**
- Essential Plan members call **1-888-723-7967**
- TTY users call **1-800-662-1220**

How to File a Grievance or Complaint

If you believe that MVP has not given you these services or has treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with MVP by:

Mail: ATTN: JANE STRANGE
CIVIL RIGHTS COORDINATOR
MVP HEALTH CARE
625 STATE ST
SCHENECTADY NY 12305

Phone: **1-800-852-7826**
(TTY/TDD: **1-800-662-1220**)

Fax: **914-631-1746**

In person: 625 State Street, Schenectady, NY

Email: civilrightscoordinator@mvphealthcare.com

You can also file a civil rights complaint with the U.S. Department of Health & Human Services Office for Civil Rights by:

Online: ocrportal.hhs.gov

Mail: US DEPT OF HEALTH & HUMAN SERVICES
200 INDEPENDENCE AVE SW
HHH BLDG ROOM 509F
WASHINGTON DC 20201

Phone: **1-800-368-1019**
(TTY/TTD: **1-800-537-7697**)

Complaint forms are available by visiting [hhs.gov](https://www.hhs.gov) and selecting *Laws & Regulations*, then *Complaints & Appeals*, then *Civil Rights: How to file a complaint*.

Aviso de No-Discriminación

para Medicaid, Child Health Plus, MVP Harmonious Health Care Plan, y Plan Esencial

MVP Health Care® cumple con las leyes federales de derechos civiles aplicables y no discrimina por raza, color, nacionalidad, edad, discapacidad, o sexo. MVP Health Care no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad, o sexo.

Qué MVP Health Care Provee

Servicios y asistencias gratis para las personas con incapacidades para ayudarlos a comunicarse con nosotros, como:

- Intérpretes de lenguaje de señas capacitados
- Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)

Servicios gratis de lenguaje para personas cuya lengua materna no es el inglés como:

- Intérpretes calificados
- Información escrita en otros idiomas

Si usted necesita estos servicios:

- Afiliados de Medicaid y Child Health Plus llame al **1-800-852-7826**
- Afiliados de MVP Harmonious Health Care Plan llame al **1-844-946-8002**
- Afiliados de Plan Esencial llame al **1-888-723-7967**
- TTY llame al **1-800-662-1220**

Cómo Presentar una Queja o Reclamación

Si considera que MVP no le proporcionó estos servicios o lo discriminó de otra manera por motivos de origen étnico, color, nacionalidad, edad, discapacidad, o sexo, puede presentar un reclamo con MVP por:

Correo: ATTN: JANE STRANGE
CIVIL RIGHTS COORDINATOR
MVP HEALTH CARE
625 STATE ST
SCHENECTADY NY 12305

Teléfono: 1-800-852-7826
(TTY/TDD: 1-800-662-1220)

Fax: 914-631-1746

En persona: 625 State Street, Schenectady, NY

Email: civilrightscoordinator@mvphealthcare.com

También puede presentar un reclamo de derechos civiles ante la Office for Civil Rights (Oficina de Derechos Civiles) del Department of Health and Human Services (Departamento de Salud y Servicios Humanos) de EE. UU. por:

Online: ocrportal.hhs.gov

Correo: US DEPT OF HEALTH & HUMAN SERVICES
200 INDEPENDENCE AVE SW
HHH BLDG ROOM 509F
WASHINGTON DC 20201

Teléfono: 1-800-368-1019 (TTY/TTD: 1-800-537-7697)

Formularios de reclamo están visitando hhs.gov y seleccione *Laws & Regulations*, luego *Complaints & Appeals*, luego *Civil Rights: How to file a complaint*.

Multi-Language Interpreter Services

English **ATTENTION:** Language assistance services, free of charge, are available to you. Call **1-800-852-7826** (TTY: **1-800-662-1220**).

Español (Spanish) **ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-852-7826** (TTY: **1-800-662-1220**).

繁體中文 (Chinese) **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 **1-800-852-7826** (TTY: **1-800-662-1220**)。

Русский (Russian) **ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-852-7826** (телетайп: **1-800-662-1220**).

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Polski (Polish) **UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-800-852-7826** (TTY: **1-800-662-1220**).

العربية (Arabic) ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **6287-258-008-1** (رقم هاتف الصم والبكم: **0221-266-008-1**).

Français (French) **ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-852-7826** (ATS : **1-800-662-1220**).

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