



# Non-Discrimination Notice

## For Medicaid, Child Health Plus, MVP Harmonious Health Care Plan®, and Essential 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 (including sexual orientation and gender identity). MVP Health Care does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including sexual orientation and gender identity).

### 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:

- 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.

**Mail:** ATTN: ELONA CHARLES-WILSON  
CIVIL RIGHTS COORDINATOR  
MVP HEALTH CARE  
625 STATE ST  
SCHENECTADY NY 12305-2111

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

**Fax:** **518-386-7600**

**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 and Human Services Office for Civil Rights.

**Online:** **ocrportal.hhs.gov**

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

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

Complaint forms are available by visiting **hhs.gov/ocr** and selecting *Filing a Complaint with OCR*.

# Multi-Language Interpreter Services

## 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).

## 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).

## Kreyòl Ayisyen (French Creole)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-800-852-7826** (TTY: 1-800-662-1220).

## 한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-852-7826** (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 **1-800-852-7826** (TTY: 1-800-662-1220).

## אידיש (Yiddish)

אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט **1-800-852-7826**. (TTY: 1-800-662-1220)

## বাংলা (Bengali)

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন **১-800-852-7826** (TTY: ১-800-662-1220)।

## 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).

## اُردُو (Urdu)

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں **1-800-852-7826** (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 **1-800-852-7826** (TTY: 1-800-662-1220).

## Ελληνικά (Greek)

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε **1-800-852-7826** (TTY: 1-800-662-1220).

## Shqip (Albanian)

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në **1-800-852-7826** (TTY: 1-800-662-1220).