



May 30, 2024

Philip Rice
1268 E Linvale Dr
Aurora, CO 80014

Member Number: D5SYZR

Dear Philip,

On May 23, 2024, we received your grievance (complaint). You let us know that you have been experiencing issues creating an Over-The-Counter (OTC) account, and while seeking help you experienced poor customer service from multiple representatives. This led to your request to speak with one of our executive leaders.

Thank you for bringing this matter to our attention. We apologize for the inconvenience or stress this caused. We want to do everything we can to ensure an optimal experience with Devoted Health. We strive to exceed your expectations both in service and in care.

We understand that healthcare and health insurance can be a frustrating, confusing process. That's why our mission here at Devoted Health is to work towards all in one, coordinated care so our members don't have any additional stress. We regret that your experience with Devoted has not met these expectations.

To better serve our members, and to comply with Medicare guidelines, all complaints are forwarded to our dedicated team of Grievance Specialists. Our Grievance Team is the department within Devoted Health specifically designed to assist members in resolving issues they may encounter that require further escalation. We also identify any trends in the quality of service provided to our members. The Grievance Team handles each grievance as expeditiously as the case requires based on the enrollee's health status, but no later than 30 days of receipt of the request. Our CEO's and executive leaders depend on our Grievance Team to review and respond to member complaints quickly, while exceeding high quality standards to ensure we maintain a strong member focus.

Devoted Health is an HMO and PPO plan with a Medicare contract. Our D-SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal
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On May 29, 2024 we attempted to reach you by telephone, but were unsuccessful in reaching you; therefore, we are sending a response to your grievance in writing.

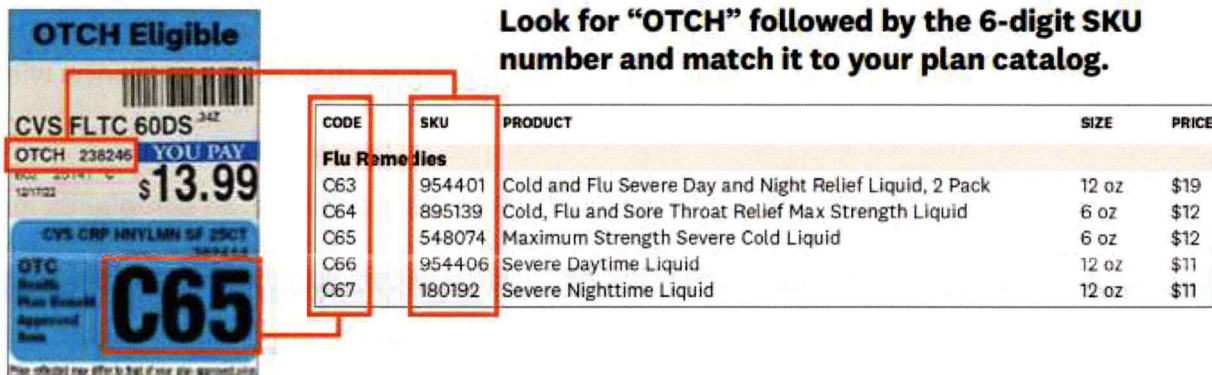
We forwarded your concerns to OTC. They let us know that you had an old account from a previous Health Plan under the email address you are attempting to use. OTC has confirmed that they have deactivated the old account and you are all set to register with your new health plan, Devoted using the same email address.

In addition to the information above, We want you to know that your concerns with the customer service have been taken seriously, OTC confirmed that the calls are currently under review, and coaching will be provided if found appropriate. We are always working to ensure that all of our members receive the best care while a member of Devoted Health.

How can I find eligible items in the store?

Look for “OTCH” on the shelf label, followed by the 6-digit SKU number. To make sure it’s the right product, check that the SKU number matches what’s listed in this catalog. Please see the example below (you can also find this information on page 335 of the 2024 OTC catalog). You can view the OTC catalog online at <https://devoted.com/otc/>.

Look for “OTCH” followed by the 6-digit SKU number and match it to your plan catalog.



CODE	SKU	PRODUCT	SIZE	PRICE
Flu Remedies				
C63	954401	Cold and Flu Severe Day and Night Relief Liquid, 2 Pack	12 oz	\$19
C64	895139	Cold, Flu and Sore Throat Relief Max Strength Liquid	6 oz	\$12
C65	548074	Maximum Strength Severe Cold Liquid	6 oz	\$12
C66	954406	Severe Daytime Liquid	12 oz	\$11
C67	180192	Severe Nighttime Liquid	12 oz	\$11

For 2024, your Devoted CHOICE Colorado (PPO) plan includes a **\$35.00 per quarter** allowance Your OTC benefit quarters begin in January, April, July, and October. If your in-store purchases cost more than your allowance, you have to pay the difference. If they cost less, you can use the remainder of your allowance for purchases later in the same quarter. you can use

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this benefit more than once, up to your \$ 35.00 quarterly allowance, but unused balances do not roll over. Only items listed in the OTC catalog are covered under the OTC benefit, no matter where you buy them. Returns or exchanges are not permitted on items purchased with OTC benefit (outside of damaged items). We encourage you to review your Evidence of Coverage (EOC) on page 113 & 114, which can be found online at <https://www.devoted.com/plan-documents/>.

Please allow us to apologize again. We are disappointed that we've fallen short of your expectations and hope we can serve you better in the future. If you have any questions, we encourage you to give us a call at 1-800-DEVOTED (1-800-338-6833), and our guides will be happy to provide assistance. TTY users can dial 711. We're here from 8am to 8pm, Monday to Friday. From October 1 to March 31, we're here from 8am to 8pm, 7 days a week.

Sincerely,

Brandi H.
Appeals and Grievances
Devoted Health



Non-Discrimination Notice

Devoted Health complies with applicable Federal civil rights laws and does not discriminate, exclude people, or treat people differently on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

Devoted Health

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)

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

- Qualified interpreters
- Information written in other languages

We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-800-338-6833** (TTY 711). This is a free service. Hours are 8am to 8pm, 7 days a week from October 1 to March 31, and 8am to 8pm Monday to Friday from April 1 to September 30.

If you believe that Devoted Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with:

Devoted Health – Appeals & Grievances
PO Box 21327
Eagan, MN 55121
Fax: 1-877-358-0711

You can file a grievance by mail, fax, or phone. If you need help filing a grievance, call us at **1-800-338-6833** (TTY 711).

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 by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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