

Managed Care Enrollment Guide

for Families and Children Prepaid Medical Assistance Program (PMAP)
and MinnesotaCare



651-431-2670 or 800-657-3739

Attention. If you need free help interpreting this document, call the above number.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

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請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သုဂ်ဟ်သးဘၣ်တက့ၢ်. ဝဲန့ၣ်လိၣ်ဘၣ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်,ကိးဘၣ်လိတဲမိနီၣ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງໂທໂປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la' aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

LB2 (8-16)

ADA1 (2-18)



For accessible formats of this information or assistance with additional equal access to human services, write to DHS.info@state.mn.us, call 651-431-2670, or use your preferred relay service.

Civil Rights Notice

Discrimination is against the law. The Minnesota Department of Human Services (DHS) does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

Auxiliary Aids and Services: DHS provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner to ensure an equal opportunity to participate in our health care programs. Contact DHS.info@state.mn.us or 651-431-2670

Language Assistance Services: DHS provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. Contact 651-431-2670

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by a human services agency. You may contact any of the following three agencies directly to file a discrimination complaint.

U.S. Department of Health and Human Services' Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex

Contact the **OCR** directly to file a complaint:
Director

U.S. Department of Health and Human Services' Office for Civil Rights

200 Independence Avenue SW Room 509F HHH Building
Washington, DC 20201
800-368-1019 (voice) 800-537-7697 (TDD)
Complaint Portal:
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the MDHR if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights
Freeman Building, 625 North Robert Street
St. Paul, MN 55155
651-539-1100 (voice) 800-657-3704 (toll free)
711 or 800-627-3529 (MN Relay) 651-296-9042 (fax)
Info.MDHR@state.mn.us (email)

DHS

You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. After we get your complaint, we will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation's outcome. You have the right to appeal the outcome if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact DHS directly to file a discrimination complaint:

Civil Rights Coordinator

Minnesota Department of Human Services

Equal Opportunity and Access Division

P.O. Box 64997

St. Paul, MN 55164-0997

651-431-3040 (voice) or

use your preferred relay service



Contents

Introduction	7
About this Guide	7
What is Managed Care?	7
Fee-for-Service Coverage Compared to Managed Care Enrollment	7
How Do I Know if I Have Medical Assistance (MA) or MinnesotaCare?	7
Managed Care Pre-enrollment Questionnaire	8
Completing Your Managed Care Enrollment	8
Choosing a Health Plan	8
Consider What Medical Providers Are Important to You When Choosing a Health Plan	9
What If I Don't Pick a Health Plan?	9
Choosing a Primary Care Provider	9
Health Plan Provider Disclaimer	9
Completing Your Enrollment Form	9
What Will Happen After I Enroll in a Health Plan?	11
Questions about Your Health Plan	11
What Do I Need to Do Now That I Have Been Approved?	11
Services Covered by Your Managed Care Health Plan	11
Differences in Coverage between MA and MinnesotaCare	12
Cost Sharing	13
Do I Need to Enroll Everyone in My Family in the Same Health Plan?	13
Can I Change my Health Plan After I Enroll?	13
Summary of 2019 Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Satisfaction Survey Results	14
Additional Information	15
Managed Care for American Indians	15
Health Plan Member Services Phone Numbers	15
Health Plan Service Areas	15
Rights and Responsibilities	16
Your Rights	16
Your Responsibilities	16
Filing a Grievance	16
File a health plan appeal	16
File a state appeal	17
Who to contact for assistance	17
Medical Assistance Estate Recovery and Liens	17
Glossary	19



Introduction

About this Guide

This guide will help you decide the health plan that best meets your health care needs.

What is Managed Care?

While you and your family members have Medical Assistance (MA) or MinnesotaCare, you will be enrolled in managed care. The health plan you choose will take care of most of your health care needs and provide a network of providers. When you need health care, you can call your health plan. They can help you decide what to do next and help you choose a doctor. When you are done reading this guide you will:

- Be able to choose a health plan and a primary care clinic for you and your family members.
- Be able to complete your Health Plan Enrollment form.
- Understand more about managed care for Medical Assistance.
- Understand more about managed care for MinnesotaCare.

Fee-for-Service Coverage Compared to Managed Care Enrollment

Fee-for-Service Coverage	Managed Care Enrollment
You can go to any Minnesota Health Care Programs provider, specialist or dentist that accepts fee-for-service.	You can go to your health plan's doctors, clinics, hospitals, dentists, pharmacies and specialists.
You can use the provider directory to search for providers that accept fee-for-service, or call your provider to see if they accept fee-for-service.	Your primary health plan doctor can help you find a specialist.
If you have Medical Assistance (MA), you may have Fee-For-Service coverage before your health plan coverage starts.	You can call your health plan's 24-hour nurse line and they will refer you to the best place for care.

How Do I Know if I Have Medical Assistance (MA) or MinnesotaCare?

You should have received a health care notice about Minnesota Health Care Program (MHCP) approval for you and your family members. If you do not have a copy of the letter, you can call Health Care Consumer Support at 651-431-2670 or 800-657-3739 (TTY 711). It is possible that not all family members are on the same MHCP program.

The health care notice will show the coverage type as Medical Assistance or MinnesotaCare. The following is an example of the health care notice.

Health Care Notice		
Health Care Results		
Jack Williams - MNsure ID Number: 8487453866		
Effective date	Action	Coverage Type
02/01/2020	Approved	Medical Assistance

MANAGED CARE

Pre-enrollment questionnaire

NOTE: For Medical Assistance Only

Before you send back your health plan enrollment form, review the questions here with your county financial worker. If you answer yes to any of the questions for any family member, call your worker. It may mean that person will not be enrolled in a health plan. You do not need to mail this questionnaire back with your enrollment form. NOTE: This questionnaire does not apply to MinnesotaCare.

Are you or any household members blind or disabled?	Yes	No
If yes, are they under the age of 65?	Yes	No
Are you or any household members paying a spenddown?	Yes	No
Do you or any household members have a communicable disease (such as HIV, AIDS, tuberculosis, hepatitis or others)?	Yes	No
Are you or any household members American Indian and living on a reservation?	Yes	No
If yes, name of reservation or tribal affiliation.		
Are you or the person you are applying for in a state hospital?	Yes	No
Do you or any household members have a terminal illness?	Yes	No
Do you or any household members have private health insurance?	Yes	No
If yes, name of other health insurance		
Is the county or state paying the health insurance premium?	Yes	No
Have you or any household members been diagnosed as being seriously and persistently mentally ill or as being severely emotionally disturbed?	Yes	No
Do you have adopted children?	Yes	No
Is anyone temporarily outside of Minnesota for more than 30 days?	Yes	No

Completing Your Managed Care Enrollment

Choosing a Health Plan

Things to consider when choosing a health plan:

- All health plans must cover the same basic services.
- Some counties have only one health plan choice.
- The enrollment form will have your health plan choices available based on the county that you live in.
- If you don't make a choice, you will be assigned a health plan.
- Each family member may choose a different clinic within the same health plan.
- Enrolling in a health plan does not guarantee you can see a particular health plan provider.
- If you want to see a particular provider, you should call that provider to ask whether he or she is part of the health plan. You should also ask if the provider is accepting new patients.
- You can change your primary care clinic every 30 days by calling your health plan.

Use the questions below to help you choose a health plan and primary care clinic for each member of your family. If you want to keep the same providers you have now, check the online provider directories for each of your health plan choices to see if they contract with the provider. You can also call your provider's office to see which health plan(s) they accept. To view a health plan's provider directory, go to the web page linked here and click the link for the plan's provider directory, or type:

<https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/resources-for-mhcp-members.jsp>

Consider What Medical Providers Are Important to You When Choosing a Health Plan

These questions will help you choose a health plan and primary care clinic for each family member.

Who is your primary care provider?	Who is your dentist?	Who are your specialists?	Which pharmacy do you use?

What If I Don't Pick a Health Plan?

If you do not pick a health plan, we will pick one for you. We do not know your health care needs and may not pick the best health plan for you. That is why it is important for you to pick a plan. If you do not pick a primary care clinic, the health plan may pick one for you based on where you live.

Choosing a Primary Care Provider

Your primary care provider is your personal health care professional whom you see first when you are sick or in need of medical care. This clinic can provide most of the health care services you need, and will help coordinate your care.

Each health plan has a group of providers. You must use the providers that are in your health plan, which include:

- primary care doctors
- pharmacies
- clinics
- dentists
- hospitals
- specialists

The health plan's provider directory will show which providers are available in their network.

Health Plan Provider Disclaimer

Enrolling in a health plan does not guarantee you can see a particular health plan provider. If you want to make sure, call that provider to ask whether he or she is still part of the health plan. Also, ask if the provider is accepting new patients. The health plan may not cover all your health care costs. Read your "Services covered by your managed care health plan" (page 11) carefully to find out what is covered. You can also call the health plan's member services.

Completing Your Enrollment Form

To complete an enrollment form over the phone or to request a paper copy be mailed to you, call Health Care Consumer Support at 651-431-2670 or 800-657-3739 (TTY 711).



Make sure you do the following to complete the enrollment form:

Choose a health plan

For each member of your family, make sure the enrollment form includes:

1. Minnesota Health Care Programs (MHCP) Member Number

- This number is located on your MHCP Card:



2. First and last name

3. Primary care clinic code found in the health plan's [provider directory](#)

- If you do not pick a primary care clinic, the health plan may pick one for you based on where you live.
- Here is an example of a primary care clinic code found in a health plan provider directory.
- Blue Plus, HealthPartners, Hennepin Health, PrimeWest Health, South Country, and UCare do not require members to pick a clinic.

Note: The clinic code is NOT the clinic's telephone number.



4. For each person, list any other health insurance such as a policy from an employer.

- If you have another insurance policy, the coverage will be coordinated by your health plan. Contact your health plan for assistance.

5. Please indicate each person who is pregnant, if any.

- Pregnant women may qualify for additional services. Contact your worker for more information.

6. If you need an interpreter, include the interpreter code for the requested language.

7. Email address

- DHS will send the email address you provide to the health plan.
- Please print the email address clearly.

If you are completing a paper enrollment form:

1. Sign and date the form.

2. As soon as possible, mail the form back in the envelope we sent to you. If we do not receive the form by the deadline, you may be assigned to a health plan that you did not choose and does not meet your specific needs.

What Will Happen After I Enroll in a Health Plan?

You will get a letter telling you which health plan you are enrolled in from the Department of Human Services. The letter will also tell you when you should begin getting services through your health plan. If the health plan on the letter is not the one you picked, call the number on the letter as soon as possible.

After you are enrolled, the health plan will send you:

- a health plan member identification card and
- a letter with information on how to access the health plan's
 - [provider directory](#),
 - member handbook and
 - formulary (list of covered drugs).

You will need your health plan member identification card and your MHCP card to get health care services.

Questions about Your Health Plan

Health plan member services phone numbers are listed on page 15. If you have questions, call them.

What Do I Need to Do Now That I Have Been Approved?

Medical Assistance	MinnesotaCare
Make sure you know your eight-digit Minnesota Health Care Programs (MHCP) number and the date your coverage started or will start.	Pay your first premium. Coverage will not start until the first of the month after your premium is received by DHS.

Services Covered by Your Managed Care Health Plan

Once you are enrolled in a health plan, the services listed here are covered. Note that some covered services are not listed. This is not a complete list of covered services. Please see your health plan member handbook for detailed information.

Medical Assistance AND MinnesotaCare	
■ Child and Teen Checkups (C&TC)	■ Chiropractic care
■ Dental services (limited for non-pregnant adults)	■ Diagnostic services – lab tests and X-rays
■ Doctor and other health services	■ Emergency medical services and post-stabilization care
■ Eye care services	■ Family planning services
■ Hearing aids	■ Home care services
■ Hospice	■ Hospital services, inpatient and outpatient
■ Interpreter services	■ Medical equipment and supplies
■ Mental and behavioral health services	■ Obstetrics and gynecology (OB/GYN) services
■ Prescription drugs	■ Rehabilitation therapies
■ Substance use disorder services	■ Surgery
■ Telemedicine services	■ Transportation to and from medical services (covered for all Medical Assistance members; covered for MinnesotaCare members under age 19)
■ Urgent care	

Differences in Service Coverage between MA and MinnesotaCare

Medical Assistance

These services are covered through fee-for-service even when you are enrolled in a health plan. Note that some covered services are not listed. Please see your health plan member handbook for detailed information.

- Abortion services
- Case management for members with developmental disabilities
- Child welfare targeted case management
- Day training and habilitation services
- HIV case management
- Home Care Nursing (HCN): To learn more about HCN services, contact a home care agency for an assessment. To find a home care agency in your area, call the Health Care Consumer Support at 651-431-2670 or 800-657-3739 (TTY 711).
- Intermediate care facility for members with developmental disabilities (ICF/DD)
- Job training and educational services
- Medically necessary services specified in an Individual Education Plan (IEP) or Individual Family Service Plan (IFSP) that are provided by a school district and covered under Medical Assistance (Medicaid)
- Mileage reimbursement (for example, when you use your own car), meals, lodging, and parking. Contact your county for more information.
- Nursing home stays
- Personal Care Assistant (PCA). Community First Services and Supports (CFSS) replaces PCA services, upon federal approval. Contact your county of residence intake for long-term care services and supports to learn more about PCA services and arrange for an assessment.
- Post-arrest Community-Based Services Coordination
- Prescriptions covered under the Medicare Prescription Drug Program (Medicare Part D). You must be enrolled in a Medicare prescription drug plan for these services.
- Room and board associated with Intensive Residential Treatment Services (IRTS)
- Room and board associated with treatment services at children’s residential mental health treatment facilities (Rule 5). Room and board may be covered by your county. Call your county for information.
- Services provided by federal institutions
- Services provided by a state regional treatment center, a state-owned long-term care facility, or institution for mental disease (IMD), unless approved by your health plan, or ordered by a court under conditions specified in law
- Treatment at Rule 36 facilities that are not licensed as Intensive Residential Treatment Services (IRTS)
- Waiver services provided under Home and Community-Based Services waivers

MinnesotaCare

Coverage is the same as MinnesotaCare for children (refer to “Services Covered by Your Managed Care Health Plan” section, page 11), except these services are limited:

- Dental care – Limited for nonpregnant adults
- Medical transportation – Emergency only

Also, these services are not covered:

- Care in an intermediate care facility
- Nursing home care
- Orthodontic services
- Personal care assistance (PCA) services
- Private duty nursing

Cost Sharing

Cost sharing means the amount you pay toward your medical costs. Cost sharing differs between MA and MinnesotaCare.

Medical Assistance

For adults 21 years old or older:

- \$3.35 monthly deductible; monthly deductible does not apply when enrolled in a health plan
- \$3 copay for nonpreventive visits; no copays for mental health and substance use disorder visits
- \$3.50 copay for nonemergency ER visits
- \$3 (brand) or \$1 (generic) copay for prescription drugs, up to \$12 per month; no copay on some mental health drugs

These people are exempt from cost sharing:

American Indians and Native Alaskans who have ever received care from an Indian health care provider

- Children under 21
- Pregnant women
- People in hospice care
- People residing in a nursing facility for 30 days or more

These services are exempt from cost sharing:

- Antipsychotic drugs
- Emergency services
- Family planning
- Mental health services
- Preventive services, such as some screenings and immunizations
- Services paid for by Medicare for which MA pays coinsurance and deductible
- Substance use disorder services

If you are not able to pay a copay or deductible, your provider still has to serve you. Providers must take your word that you cannot pay. They cannot ask for proof that you cannot pay.

Monthly copays and deductibles are limited to five percent of family income for adults with MA who are not otherwise exempt from copays and deductibles.

MinnesotaCare

Some people 21 years old and older pay cost sharing¹. The cost sharing amounts listed here are effective January 1, 2020.

- \$75 copay for ER² visits
- \$25 copay for nonpreventive visits; no copays for chemical health and mental health visits
- \$250 per inpatient hospital admission
- \$100 ambulatory surgery
- \$25 copay for eyeglasses
- \$25 (brand) and \$7 (generic) copay for prescription drugs, up to \$70.00 per month; no copay for some mental health drugs
- \$40 per visit for radiology services
- \$15 per non-routine dental visit
- 10% co-insurance for durable medical equipment

¹American Indians who are members of a federally recognized tribe are exempt from cost sharing.

²ER copay does not apply for visits that lead to an inpatient admission.

You must pay your copay directly to your provider. Some providers require that you pay the copay when you arrive for medical services.

Do I Need to Enroll Everyone in My Family in the Same Health Plan?

- Medical Assistance family members are encouraged to choose the same health plan.
- All MinnesotaCare family members must be in the same health plan. However, each family member can choose a different primary care clinic or physician within the same plan.

Can I Change my Health Plan After I Enroll?

Regardless of Medical Assistance or MinnesotaCare coverage, you may request to change your health plan at the following times (if there is more than one health plan available in your county):

Medical Assistance AND MinnesotaCare

- If you move to another county:
 - Talk to your new county worker. Your worker will know if your health plan is available in that county. If you need to pick a new health plan, your worker will help you do that.
 - If your plan is still available, you may need to call your health plan to pick a new clinic.
- For cause, as determined by the state, including, but not limited to:
 - Lack of access to services and providers.
 - Amount of travel to get to primary care.
 - Poor quality of care.
 - Continuity of care.
- First-year change:
 - You can change your health plan once during the first year you are enrolled in managed care.
- Annual health plan selection:
 - There is an open enrollment time each year. During this time the State will explain your right to change health plans.
- Other:
 - Within 90 days from the date you are first enrolled in the health plan.
 - If you were not eligible at the time of the Annual Health Plan Selection period, and you were reenrolled into a prior health plan.

If a health plan stops being part of MHCP, you must choose a new health plan. If you do not like your new health plan, you will have 60 days to change it again.

Summary of 2019 Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Satisfaction Survey Results

Medical Assistance – Responses from 18- to 64-year-olds

Percentage of enrollees who gave the plan a high rating for the category

	Rating of health plan	Customer service	Getting needed care	How well doctors communicate	Getting care quickly
Blue Plus	57.7%	85.8%	80.1%	94.0%	79.1%
HealthPartners	61.2%	85.4%	85.2%	95.7%	85.1%
Hennepin Health	44.0%	83.0%	81.5%	94.5%	85.6%
Itasca Medical Care	53.8%	82.6%	84.2%	94.6%	79.4%
PrimeWest Health	67.0%	95.2%	82.1%	94.7%	84.2%
South Country Health Alliance	60.6%	92.2%	92.2%	98.0%	88.7%
UCare	58.8%	87.0%	83.0%	93.3%	85.7%
Average rating	57.7%	87.0%	84.1%	95.1%	84.2%

MinnesotaCare – Responses from 18- to 64-year-olds

Percentage of enrollees who gave the plan a high rating for the category

	Rating of health plan	Customer service	Getting needed care	How well doctors communicate	Getting care quickly
Blue Plus	54.0%	77.9%	81.2%	97.3%	88.5%
HealthPartners	58.5%	90.0%	86.4%	92.9%	86.1%
South Country Health Alliance, Hennepin Health, Itasca Medical Care, PrimeWest Health	56.1%	82.7%	86.3%	95.8%	86.2%
UCare	57.1%	85.0%	82.4%	94.6%	79.1%
Average rating	56.5%	84.0%	84.1%	95.2%	84.7%

Additional Information

Managed Care for American Indians

Can I get health care services from the Indian Health Service (IHS) or a tribal clinic?

Yes, American Indians can continue or begin to use tribal and IHS clinics at any time. The health plan will not require prior approval or impose any conditions for you to get services at these clinics. If a doctor or other provider in a tribal or IHS clinic refers you to a health plan provider, you will not have to see your primary care provider for a referral. If you are an American Indian and have any questions or need help, you can call your local IHS or tribal clinic. primary care provider for a referral. If you are an American Indian and have any questions or need help, you can call your local IHS or tribal clinic.

Health Plan Member Services Phone Numbers

■ Blue Plus

- Blue Advantage (Medical Assistance and MinnesotaCare) 651-662-5545 or 800-711-9862, TTY 711
- Delta Dental 651-406-5907 or 800-774-9049, TTY 711

■ HealthPartners

- HealthPartners (Medical Assistance and MinnesotaCare) - medical and dental 952-967-7998 or 866-885-8880, TTY 711

■ Hennepin Health

- Hennepin Health (Medical Assistance and MinnesotaCare) 612-596-1036 or 800-647-0550, TTY 711
- Delta Dental 651-406-5907 or 800-774-9049, TTY 711

■ Itasca Medical Care - IMCare

- IMCare (Medical Assistance, MinnesotaCare and Minnesota SeniorCare Plus)

800-843-9536, TTY 711

- IMCare Dental 800-843-9536, TTY 711

■ PrimeWest Health

- PrimeWest Health (Medical Assistance and MinnesotaCare) 866-431-0801, TTY: 800-627-3529 or 711
- PrimeWest Health Dental 866-431-0801, TTY: 800-627-3529 or 711

■ South Country Health Alliance

- Medical Assistance and MinnesotaCare 866-567-7242, TTY: 800-627-3529 or 711
- To schedule a dental appointment or find a dentist: 800-774-9049, TTY: 800-627-3529 or 711

■ UCare

- UCare Prepaid Medical Assistance Program (PMAP) and MinnesotaCare 612-676-3200 or 800-203-7225, TTY 711
- Delta Dental 651-768-1415 or 855-648-1415, TTY 711

Health Plan Service Areas

Maps showing the health plan available by county and by program can be found online at <https://mn.gov/dhs/health-plan-resources>.

Rights and Responsibilities

Your Rights

You have the right to:

- **Be treated with respect and dignity.**
- **Get the services you need 24 hours a day, seven days a week.** This includes emergencies.
- **Get a second opinion.** If you want a second opinion for medical services, you must get it from another health plan provider who is a part of your health plan. For mental health or substance use disorder services, you have the right to get a second opinion from a provider who is not part of your health plan.
- **Get information about treatments.** You have the right to information about all your treatment choices and how they can help or harm you.
- **Refuse treatment.** You have the right to refuse treatment and get information about what might happen if you do.
- **Be free of physical or chemical restraints or seclusion.** Restraints or seclusion cannot be used as a means of coercion, discipline, convenience or retaliation.
- **Ask for a copy of your medical records.** You also have the right to ask that corrections be made to your records. Your records are kept private according to law.

Your Responsibilities

- **ID cards** – Show your health plan ID card and your MHCP card at every appointment.
- **Providers** – Make sure the providers you see are covered by your health plan.
- **Copays** – If you have Medicare, you may have a copay for your Part D covered medications.
- **Questions** – Call your health plan member services. The number is on the back of your health plan ID card and in this brochure.

Filing a Grievance

If you are unhappy with the quality of care you received or feel your rights have been disrespected, you can:

- Call your health plan's member services to file a grievance. Tell them what happened. You will get a response from the health plan within 10 days.

They can take up to 14 more days if they tell you they need time to get more information.

- Write to the health plan to file a grievance. Tell them what happened. You will get a written response from the health plan within 30 days. They can take up to 14 more days if they tell you they need time to get more information.

File a health plan appeal

- If your health plan denies, partially approves, reduces, suspends or stops a service, or denies payment for a health service, the health plan must tell you in writing:
 - What action the health plan is taking.
 - The reason for not giving you the service or paying the bill, including state and federal laws and health plan policies that apply to the action.
 - Your right to file an appeal with the health plan or request a state appeal (state fair hearing) with the Minnesota Department of Human Services.
- File a health plan appeal. If the health plan denies, partially approves, reduces, suspends or stops a service, or denies payment for services you need, you can appeal.
- You must appeal to your health plan first before you file a state appeal
- You must file your health plan appeal within 60 days after the date on the notice. You can have more time if you have a good reason for missing the deadline.
- If you want to keep getting your services during the health plan appeal, you must file your appeal within 10 days after the date of the health plan notice or before the service is stopped or reduced, whichever is later.
- To file your health plan appeal, call, write, or fax your health plan, or drop it off and explain why you do not agree with the decision.
- If you call, the health plan will help you complete a written appeal and send it to you for your signature.
- You will get a written decision from the health plan within 30 days.
- They may take up to 14 more days if they tell you they need time to gather more information.

- If your appeal is about an urgently needed service, you can ask for a fast appeal. If the health plan agrees that you need a fast appeal, they will give you a decision within 72 hours.
- You must appeal to your health plan first but if your health plan takes more than 30 days to decide your appeal, you can request a state appeal (state fair hearing).

File a state appeal

- If you disagree with the health plan appeal decision, you can request a hearing with the state.
- Write to the state appeals office within 120 days from the date of the health plan appeal decision. Your request must be in writing. If a health care provider is appealing on your behalf, you must provide written consent.
- If you have been getting your services during the health plan appeal and want to keep getting your services during the state appeal, you must file your appeal within 10 days of the health plan decision.

To request a state appeal (state fair hearing), write, fax or appeal online:

Minnesota Department of Human Services
 Appeals Division
 PO Box 64941
 St. Paul, MN 55164-0941
 Fax: 651-431-7523

<https://edocs.dhs.state.mn.us/lfserver/Public/DHS-0033-ENG>

- If your state appeal (state fair hearing) is about an urgently needed service, you can request a fast hearing.
- If your hearing is about the denial of a medically necessary service, you can ask for an expert medical opinion from an outside reviewer not connected to the state or your health plan.
- The state appeal (state fair hearing) process generally takes between 30 and 90 days unless you request a fast hearing.
- If you lose the health plan appeal or state appeal (state fair hearing), you may be billed for the service but only if state policy allows it.
- You can ask a friend, advocate, provider, agency

or lawyer to help with your health plan appeal or state appeal (state fair hearing).

- You must give written consent for someone else to appeal for you.
- There is no cost to you for filing a health plan appeal or a state appeal (state fair hearing).

Who to contact for assistance

A state ombudsman can help with a grievance, health plan appeal or state appeal (state fair hearing). The ombudsman is neutral and not part of the health plan. You can call, write or fax:

Minnesota Department of Human Services
 Ombudsman for
 State Managed Health Care Programs
 PO Box 64249

St. Paul, MN 55164-0249

Phone: 651-431-2660 or 800-657-3729 TTY: 711

Fax: 651-431-7472

Your county managed care advocate may also be able to help. Contact your county human services office and ask to speak to the county managed care advocate.

If you have an access or quality of care complaint, you may also contact the Minnesota Department of Health. You can write, call, fax or access online:

Minnesota Department of Health
 Health, Policy and Systems Compliance Division,
 Managed Care Systems
 PO Box 64882

St. Paul, MN 55164-0882

Phone: 651-201-5100 or 800-657-3916 TTY: 711

Fax: 651-201-5186

<https://www.health.state.mn.us/facilities/insurance/managedcare/complaint/index.html>

Medical Assistance Estate Recovery and Liens

You received information about the services eligible for estate recovery and liens when you first applied for Medical Assistance (MA). The following is not an initial notice of estate recovery and liens; it is a reminder these provisions still apply, even though you are enrolling in a health plan for managed care. For more information about estate recovery and liens, visit <http://mn.gov/dhs/ma-estate-recovery>.

Estate Recovery: MA estate recovery is a program that the federal government requires the State of Minnesota to administer to receive federal MA funds. County agencies, on behalf of the state, must assert MA claims against the estate of a deceased MA enrollee, or the estate of a deceased enrollee's surviving spouse, to recover the amount MA paid.

For certain services listed in federal and state law, counties can recover the costs of MA long-term services and supports an enrollee received at age 55 or older. These services include:

- nursing facility services,
- home and community-based services and
- related hospital and prescription drug costs.

Liens: DHS files liens against real property interests of an MA enrollee to recover the amount MA paid for certain services listed in federal and state law. Real property includes land and buildings on land. The DHS lien process is separate from county-administered estate recovery, though liens can help secure county claims against estate assets. DHS does not file liens against an MA enrollee's real property interests while he or she is alive unless he or she is permanently residing in a medical institution.



Glossary

Annual health plan selection (AHPS). If you are a Minnesota Health Care Programs (MHCP) member who gets health care through a health plan, this is the time when you have the chance to choose a new plan each fall, for the next year, if more than one option is available in your area.

Appeal. A request from an enrollee for a health plan to review its action such as reduction, denial or termination of service or payment.

Cost sharing/copay. An amount (copay) you pay toward your medical costs; your copays count toward your deductible.

Deductible. An amount that an enrollee must pay toward his or her health care costs. There usually is a maximum monthly deductible.

Emergency. A condition that needs treatment right away. It is a condition that, without immediate care, could cause: serious physical or mental harm; continuing severe pain; serious damage to body functions, organs or parts; or death. Labor and childbirth can sometimes be an emergency.

Fee for service (FFS). A method of payment for health services. The medical provider bills the Minnesota Department of Human Services (DHS) directly. DHS pays the provider for the medical services. This method is used when you are eligible for Minnesota Health Care Programs but are not enrolled in a health plan.

Formulary (list of covered drugs). The list of drugs covered under the health plan.

Grievance. A complaint you make about your health plan or one of the health plan's network providers or pharmacies. This includes a complaint about the quality of your care.

Health plan. Health maintenance organizations (HMOs) and other plans, like county-based purchasing entities, that cover health care services.

Managed care. When people enroll in managed care, they enroll with a health plan. Health plans have a network of providers. Usually a primary care provider is responsible for managing and coordinating all of your health care.

Medical Assistance (MA). MA is Minnesota's Medicaid program for people with low income.

Member handbook. This document tells you what services are covered under the health plan. It tells you what you must do to get covered services. It explains your rights and responsibilities and the health plan's rights and responsibilities.

MinnesotaCare. A health care program for Minnesota residents who do not have access to affordable health care coverage. People eligible for this program have incomes which make them not eligible for MA. Most people who are covered under MinnesotaCare must pay a premium for their coverage.

Mixed household. Some family members may have Medical Assistance and others may have MinnesotaCare on the same health care case.

Network. A group of contracted health care providers who offer services to members of a health plan.

Premium. The periodic payment to Medicare, an insurance company, or a health care plan for health or prescription drug coverage. This also includes payment of MinnesotaCare premiums.

Primary care clinic. The clinic you may choose for your routine care. Most of your care will be provided or approved by this clinic.

Primary care provider. The doctor or other health professional you see at your primary care clinic. This person may manage your health care.

Prior authorization or service authorization: Approval by the health plan before you receive services that the services are medically necessary.

Provider directory. A listing of the contracted providers covered by a health plan.

Referral. Written consent from your primary care provider or clinic that you may need to get before you see certain providers, such as specialists, for covered services. Your primary care provider must write you a referral.

Specialist. A doctor who provides health care for a specific disease or part of the body.

Urgent Care. Care you get for a sudden illness, injury, or condition that is not an emergency but needs care right away.

REQUEST FOR MEDICAL TRIP REIMBURSEMENT

To receive reimbursement you must provide verification of the service covered by Minnesota Health Care. For each trip, provide the information requested below. Have your medical provider sign the form on the appropriate line. You must attach itemized receipts for lodging, meals and parking (excluding parking meters). Parking and meal receipts must show the date and time. See the reverse side for more information.

Person Receiving Medical Care (First & Last Name)	Date of Birth	Type of Care	Date of Travel	Appt. Time	Traveled From Address	To: Name and Address of Medical Provider	Provider Signature	Number of Miles Traveled

Make Payment to: _____ () check if this is an address change

_____ *****Must be received within 60 days of the medical trip*****

I declare under the penalty of law that this claim is correct and that no portion has been paid by any other person or entity, that the charges were actually paid for the purposes stated and that I have read and agree to the guidelines on the reverse side of this claim as they apply to me.

Signature _____ Date _____

For office use only:

11-420-650-4801-6206 (H305) _____ 11-420-650-4801-6207 _____ reviewed by _____

11-420-650-4801-6208 _____ 11-420-650-4801-6209 _____ reviewed by _____

Transportation payment or reimbursement is to a primary care provider within 30 miles of your home and a specialty care provider within 60 miles of your home. Transport beyond these respective distances will require referral based on medical necessity or health plan referral and approval from Renville County Human Services.

If you have your own vehicle and can drive, you must use it whenever possible. You may drive yourself or have a friend or relative drive your car. Other means (contracted volunteer driver, bus, etc.) will not be paid unless it is documented that you have a condition that prevents your safe operation of that vehicle.

Transportation must be by the most direct route. Round trip mileage will be verified by Google Maps.

Pharmacy and medical supply pickup only trips are not reimbursable.

All lodging reimbursements must be preapproved by the county agency.

Meals can be reimbursed when travel is further than 35 miles one way from the client's home by the most direct route and the travel is required over normal meal hours as noted below.

You must provide itemized receipts for meals, lodging and parking, except for parking meters, with your request for reimbursement.

Meals are reimbursed for the person receiving medical care. Meals may be reimbursed for an adult accompanying a minor or a driver for someone with a condition that prevents safe operation of a vehicle. Meal reimbursement amounts are:

Breakfast: \$5.50; must be in transit to, from or at medical appointment prior to 6:00 am.

Lunch: \$6.50; must be in transit to, from or at medical appointment between 11:00 am and 1:00 pm.

Dinner: \$8.00; must be in transit to, from or at medical appointment after 7:00 pm.

Lodging: Maximum of \$50.00 per night unless prior authorized by a financial worker for a higher rate.

Parking will be paid at actual cost.

Claims for medical transportation are paid on the Fridays following the second and fourth Tuesdays of each month. Claim forms must be received in our office the Wednesday of the week prior to the issuance week.

Claims that are over 60 days old when submitted will not be reimbursed.

Appeals: You have the right to ask for a hearing if your request for reimbursement is denied. You can ask for a hearing by writing to:

Renville County Human Services
105 S. 5th St, Ste 203H
Olivia, MN 56277

OR

Minnesota Department of Human Services
Appeals and Regulations
PO Box 64941
St. Paul, MN 55164-0941

When to Contact Your ELIGIBILITY WORKER

- Reporting Changes (*such as income, address, phone number, household size, tax filing status, pregnancy, etc.*)
- Transportation Set-up (*you will need facility location, PMI number, your phone number, appointment date and time*)
- Eligibility Related Questions

Renville County Human Services

105 S 5th St. Suite 203H
Olivia, MN 56277
320-523-2202
Fax: 320-523-3565
hs@renvillecountymn.com
www.renvillecountymn.com

When to Contact PRIMEWEST

- Choosing/Changing Your Primary Clinic
- Getting a Health Plan ID Card
- Membership Information
- Concerns/Complaints about Health Services
- Prior Authorization
- Out of Area Service

PrimeWest Member Services

800-431-0801
TTY for Hearing Impaired:
800-627-3529
www.primewest.org/members

Contact your clinic or facility to find out if PrimeWest is accepted.

When to Contact CENTRAL COMMUNITY TRANSIT (CCT)

- Arranging Transportation (*location, date, time, etc.*)

Central Community Transit | 320-523-3589 | www.cctbus.org

**Medical Assistance
Questions**

Renville County
Human Services
320-523-2202

**MinnesotaCare
Questions**

PO Box 64834
St. Paul, MN 55164
800-657-3672

**MNsure Operations
Questions**

PO Box 64253
St. Paul, MN 55164
855-366-7873

The Primary Clinic number for enrollment form is found in the PrimeWest Health **Provider and Pharmacy Directory**. www.primewest.org/fc under **member materials**.



Renville County Human Services

105 S 5th St Ste. 203H
 Olivia, MN 56277
 (320) 523-2202
 Fax: (320) 523-3565
 (800) 363-2533
 email: hs@renvillecountymn.com

Renville County Public Health

WIC Program
 (320) 523-2570

Renville County Food Shelf

108 S. 9th St.
 Olivia, MN 56277
 (320) 523-5339

HOURS	
Monday	1 p.m. to 3 p.m.
Tuesday	CLOSED
Wednesday	10 a.m. to 3 p.m.
Thursday	5 p.m. to 7 p.m.
Friday	1 p.m. to 3 p.m.

United Community Action Partnership (UCAP)

(320) 523-1842 – **Olivia/Courthouse**
 (800) 992-1710 – **Willmar**

Energy Assistance Program – Contact UCAP

Child Care Resource & Referral

(866) 511-2244

United Way

Provide help with other resources
 DIAL 211

HRA (Housing and rental assistance)

200 South Mill Street, Redwood Falls
 Phone: (507) 637-4004
 Fax: (507) 637-4003

Olivia Hospital & Clinic

100 Healthy Way
 Olivia, MN 56277
www.oliviahospital.com
 (320) 523-1460 Toll Free (800) 916-1836
 * Olivia Clinic – (320) 523-1460
 * Renville Clinic – (320) 329-8395
 * Hector Clinic – (320) 848-6294

Law Enforcement

Renville Co. Sheriff's Dept.
 (320) 523-1161
 Olivia Police Dept.
 (320) 523-2700

Central Community Transit

(320) 523-3589 or (800) 450-7964

Salvation Army

(320) 235-2033

Disability Linkage Line

(866) 333-2466
 Senior Linkage Line
 (800) 333-2433
 Veterans Linkage Line
 (888) LINK-VET

Safe-At-Home

(866) 723-3035

Unemployment Insurance

www.uimn.org

(877) 898-9090

Lutheran Social Services

1601 Hwy 12 E. Ste. 6

Willmar, MN

(320) 235-5411

Social Security Administration

507 Jewett St.

Marshall, MN

www.socialsecurity.gov

(800) 772-1213

MNSure Information

Medical Programs including MA

www.mnsure.org

(855) 366-7873

MNCare Phone # (800) 657-3672

Central MN Jobs and Training Services (CMJTS)

105 South 5th St. Ste. 203H

Olivia, MN 56277

(320) 523-3525 (DWP/MFIP participants)

(320) 249-7650 (SNAP participants)

PrimeWest Health Insurance

(866) 431-0801

HeatShare

Willmar, MN

(888) 220-4860

Western MN Legal Services

(320) 235-9600