

# Managed Care Enrollment Guide for Seniors



**NO ENGLISH**



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Arabic. انتباه. إذا احتجت الى مساعدة مجانية في ترجمة هذه الوثيقة، اتصل بالرقم الموجود في المربع أعلاه.

মনোযোগ দিন। যিদ আপিন বিনামূল্যে এই নিখতিৰ বযাযাৰ জেনয সহায় চান তাহেল উপেকাকত বাকেস থাকা নমবৰটিতে কল কৰুন। Bengali

သတိပြုရန်။ ဤစာတမ်းကို ဘာသာပြန်ဆိုင်ရန်အတွက် အခမဲ့အကူအညီ လိုအပ်ပါက၊ အထက်ဖော်ပြပါ အကွက်ရှိ နံပါတ်ကို ခေါ်ဆိုပါ။ Burmese

ការយកចិត្តទុកដាក់។ ប្រសិនបើអ្នកត្រូវការជំនួយឥតគិតថ្លៃក្នុងការបកស្រាយឯកសារនេះ សូមហៅទូរសព្ទទៅលេខក្នុងប្រអប់ខាងលើ។ Cambodian

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wánj. héčínhanj niyé wačínjyAnj wayúiyeska ki de wówapi sutá, ečíyA kinj wóiyawa ed ophiye wanj. Dakota

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સાવધાન. જો તમને આ દસ્તાવેજને સમજવા માટે નિ:શુલ્ક મદદની જરૂર હોય, તો ઉપરના બોક્સ પૈકીના નંબર પર કોલ કરો. Gujarati

ध्यान दें। यदि आपको इस दस्तावेज़ की व्याख्या में निशुल्क सहायता की आवश्यकता है, तो ऊपर बॉक्स में दिए गए नंबर पर कॉल करें। Hindi

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Lus Ceeb Toom. Yog tias koj xav tau kev pab txhais lus dawb ntawm cov ntaub ntawv no, ces hu rau tus nab npawb xov tooj nyob hauv lub npov plaub fab saum toj no. Hmong

ဟ်သ့ဟ်သး. နမ့ၢ်လိာ်ဘၣ် တၢ်မၤစၢၤကလီၤလၢ ကကျိးထံလံာ်တီလံာ်မိတဖၣ်အပိ, ကိးနိာ်ဂံၢ်လၢ အအိၣ်ဖဲတၢ်လွံၢ်နၢၣ် လၢတၢ်ဖိခိၣ်အပူၤတက့ၢ်. Karen

이 문서의 내용을 이해하는 데 도움이 필요하시면 위에 있는 전화번호로 연락해 무료 통역 서비스를 받으실 수 있습니다. Korean

تکایه سه‌رنج بده. ئەگەر بۆ وەرگێڕانی ئەم بەڵگەنامەیە پێویستت بە یارمەتی بێبەرامبەرە، ئەوا پەڕیوەندی بەو ژمارەییەو بەکە کە لە بۆکسەکە ی سه‌ره‌ه‌دايه. Kurdish Sorani

Baldarî. Ger ji bo wergerandina vê belgeyê hewcedariya we bi alîkariya belaş hebe, ji kerema xwe bi hejmara li qutiya jorîn re telefon bikin. Kurdish Kurmanji

Hoŋpín. Tóhán wanǝ́í thí wíyukčanpi kin yuhá níyunspe héčha čhéya, lé tkíčhun kin k'é nánpa opáwinyan. Lakota

ເອົາໃຈໃສ່. ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອພຣີໃນການຕີຄວາມເອກະສານນີ້, ໃຫ້ໂທຫາເບີທີ່ຢູ່ໃນບ່ອງຂ້າງເທິງ. Lao

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Mandarin (Simplified Chinese)

P̄alɛ rɔ piny: Mi gööri luäk lɔrä ke luɔc kä mɛmɛ, yɔtni nämbär ɛmɔ tää nhial guäth ɛmɛ. Nuer

Mah Biz'sin'dan.

Keesh'pin nan'deh'dam'mun chi'wee'chi'goo'yan chi'nis'too'ta'man oo'weh ooshii'be'kan.

Ishi'kidoon ah'kin'das'soon ka'ooshi'bee'kadehk ish'peh'mik ka'shi ka'ka'kak. Ojibwe

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Hubachiisa:-Yoo barreeffama kana hiikuuf gargaarsa bilisaa barbaaddan, lakkoofsa saanduqa armaan olii keessa jirun bilbilaa Oromo

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Pažnja. Ukoliko vam je potrebna besplatna pomoć u tumačenju ovog dokumenta, pozovite broj naveden u kvadratu iznad. Serbian

Fiiro gaar ah. Haddii aad u baahan tahay caawimo bilaash si laguugu turjumo dukumiintigan, wac lambarka ku jira sanduuqa sare. Somali

Atención. Si necesita ayuda gratuita para interpretar este documento, llame al número que aparece en el recuadro superior. Spanish

Zingatia. Iwapo unahitaji msaada usio na malipo wa kutafsiri hati hii, piga simu kwa namba iliyo kwenye kisanduku hapo juu. Swahili

ልቢ ቢሉ፡ ነዚ ሰነድ ንምትርጓም ነፃ ሓገዝ እንተ ደልዮም፣ በቲ ኣብ ላዕሊ ኣብ ውሽጢ ሰደጅ ተቐሚጡ ዘሎ ቁጽሪ ይደውሉ። Tigrinya

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Xin lưu ý: Hãy liên hệ theo số điện thoại trong ô trên nếu bạn cần bất kỳ sự hỗ trợ miễn phí nào để hiểu rõ về tài liệu này. Vietnamese

Àkíyèsí. Tí o bá nílò ìrànlówọ̀ pẹ̀lú tí tú mọ̀ àkọ̀ọ̀lẹ̀ yìí, pe nọmbà tó wà nínú àpótí tí wà ló kẹ̀. Yoruba



For accessible formats of this information or assistance with additional equal access to human services, email us at [DHS.info@state.mn.us](mailto:DHS.info@state.mn.us), call 800-657-3739, or use your preferred relay service. ADA1 (3-24)

## Civil Rights Notice

CBS (MCOs) (10-21)

**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 Health Care Consumer Support – [DHS.info@state.mn.us](mailto:DHS.info@state.mn.us) or 651-297-3862 or 800-657-3672.

### 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** 651-297-3862 or 800-657-3672.

## 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 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
- religion (in some cases)

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

Office of Civil Rights

U.S. Department of Health and Human Services

Midwest Region

233 N. Michigan Avenue, Suite 240

Chicago, IL 60601

Customer Response Center: Toll-free: 800-368-1019

TDD 800-537-7697

Email: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

### Minnesota Department of Human Services (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
- religion (in some cases)
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)

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. We will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

### 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

540 Fairview Avenue North

Suite 201

St. Paul, MN 55104

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](mailto:Info.MDHR@state.mn.us) (email)

DHS will notify you in writing of the investigation's outcome. You have the right to appeal 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.

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## Definitions

**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.

**Care coordinator:** One main person who works with you, with the health plan and with your care providers to make sure you get the care you need.

**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.

**Fee for service (FFS):** A method of payment for health services. The provider bills the Minnesota Department of Human Services (DHS) or Medicare directly. DHS or Medicare pays the provider for the services. This method is used when you are eligible for Minnesota Health Care Programs but are not enrolled in a health plan. It is also used for Medicare when you are enrolled in MSC+ instead of MSHO. County workers and others refer to this as straight MA.

**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 coordination all of your health care.

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

**Medicare:** Medicare is the federal health insurance program for people who are 65 or over, certain younger people with disabilities, and people with end stage renal disease. In contrast to MA, Medicare is not income-based.

**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.

**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.

**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 go to at your primary care clinic. This person may assist you to 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 go to 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.



## Introduction

### About this guide

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

### What is managed care?

While you have Medical Assistance (MA), you will also be enrolled in a health plan, which is managed care. The health plan will take care of most of your health care needs and has a network of providers for you to use. 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.

### Important Information for seniors 65+

Because you are 65 or over, you may have a choice of two managed care programs.

- Minnesota Senior Care Plus (MSC+) is a managed care program for people who have MA with or without Medicare. If you have Medicare, you must get your Medicare Part D through a separate drug plan. Medicare Part A and B are covered fee for service.
- Minnesota Senior Health Options (MSHO) is a managed care program for people who have MA and Medicare Parts A and B. Medical services and drugs including Medicare Part D drugs are covered by your MSHO health plan, which also coordinates your care and services.

You will be automatically enrolled into MSC+ if you do not choose a health care program.

When you are done reading this guide, you will:

- Be able to choose a program, health plan, and a primary care clinic or provider for you.
- Be able to complete your Health Plan Enrollment form.
- Understand more about managed care for Medical Assistance.

## More information about Your Health Program Options

### Minnesota Senior Care Plus (MSC+)

MSC+ is a managed care program that provides MA benefits. It is a program designed for seniors, but it does not include Medicare benefits. MSC+ covers:

- State plan service benefits such as personal care assistance (PCA) and home care nursing
- The first 180 days of a nursing home stay
- Elderly waiver services for those eligible
- Some physician and preventive services – see chart on page 20
- A Health Risk Assessment (HRA) conducted within the first 60 days of enrollment, which means you could be connected to services you need sooner.

### Minnesota Senior Health Options (MSHO)

MSHO is a program designed for seniors and it includes both your MA and Medicare benefits. It covers a variety of preventive, medical, long-term care and other social services with care coordinators who make it easier to get the care you need. You must have both Medicare Parts A and B to choose MSHO. There is less paperwork with MSHO because the health plan covers all services and handles coordinating your

Medicare and MA services. You only have to show one card for all MA and Medicare covered services, including medical, dental, long-term care and prescriptions drugs. MSHO covers:

- All services covered under MSC+
- All services covered by Medicare Parts A, B and D
- Care coordination to assist with finding and using services
- A care coordinator who will help you plan your care and whom you can call to answer questions. The care coordinator will work with all your providers to set up services and work to reduce confusion or prevent duplication. They will help you move from different settings of care.
- A Health Risk Assessment (HRA) conducted within the first 30 days of enrollment, which means you could be connected to services you need sooner.
- Additional benefits covered by your plan not available to MSC+ members. Some examples include fitness plans, home safety kits, food programs, and additional dental benefits. Contact the MSHO health plans for specific details on additional benefits as they will differ between plans.

### **How do I join MSHO?**

Joining MSHO is voluntary. You can choose to enroll in MSHO by checking the MSHO box on the enrollment form and choosing an MSHO health plan. There is no added cost to you.

### **MSHO Supports Improved Outcomes for Seniors**

A federal study showed that seniors enrolled in the MSHO program experience improved outcomes compared to seniors who were eligible for MSHO but did not enroll. The study showed MSHO enrollees were:

- 48 percent less likely to have a hospital stay, and those who were hospitalized had 26 percent fewer stays;
- 6 percent less likely to have an outpatient emergency department visit, and those who did visit an emergency department had 38 percent fewer visits; and
- 13 percent more likely to receive home and community-based long-term-care services.

MSHO supports these improved health outcomes because all MSHO members get a care coordinator and a team of providers who work together to help the member access and use the services the member needs to help them live their best life.

### **Medicare Eligibility**

Medicare is the federal government's health insurance program for people 65 years old and older as well as certain younger people with disabilities. If you have questions about Medicare eligibility, contact your county worker.

The Medicare Savings Programs help pay premiums and certain other costs for eligible Medicare beneficiaries. Contact your county human services agency to determine if you are eligible.

## Comparison of Managed Care Programs for Seniors 65 +

If you are 65 or older and do not choose to enroll in MSHO, you will be enrolled in MSC+.

**Comparison of Programs and Covered Services** – all benefits are subject to eligibility and program limitations. In addition to MA covered benefits, MSHO covers your Medicare benefits, which include prescription drugs, inpatient hospital care, and diabetic testing supplies.

Minnesota Senior Health Options (MSHO)		Minnesota SeniorCare Plus (MSC+)
<b>Enrollment</b>	Voluntary for those with Medicare Parts A and B	If you aren't eligible for MSHO or don't choose to enroll in MSHO, you will be enrolled in MSC+
<b>Health care cards</b>	MSHO card gives access to MA and Medicare services	Will have an MSC+ card through health plan for MA and will have a Medicare card for Parts A and B, as well as a card for Medicare Part D prescription drugs
<b>Medical Assistance basic care services (state plan)</b>	Covered	Covered
<b>Medicare services</b>	MSHO health plan covers all Medicare services including Part D drugs	Medicare Parts A, B, and D are not included in MSC+. Enrollee gets Medicare Part A and B services through Medicare fee for service and gets prescription drugs through a separate Medicare Part D plan
<b>Medicare part D prescription drug coverage</b>	Prescription drugs are covered through the MSHO health plan	Prescriptions provided by separate part D plan
<b>Care Coordination</b>	Receive a care coordinator to plan care and help connect with providers and reduce confusion	A care coordinator may or may not be assigned
<b>Medical Assistance long-term care services</b>	MSHO health plan covers Elderly Waiver services and 180 days of nursing home care. It includes relocation service coordination to help you from the nursing home to the community.	MSC+ health plan covers Elderly Waiver services and 180 days of nursing home care. It includes relocation service coordination to help you from the nursing home to the community.

# Completing your managed care enrollment

## Choosing a health plan

As a person 65 years and older, you have two health care program options, MSHO and MSC+. These programs were described on the previous pages. In these programs, you will also choose a health plan.

Things to consider when choosing a health plan:

- All health plans cover the same basic services.
- The enrollment form lists your health plan choice(s) based on the county that you live in.
- If you don't make a choice, we will pick an MSC+ health plan for you.
- Enrolling in a health plan does not guarantee you can go to a particular health plan provider.
- If you want to go to a particular provider, you should call that provider to ask whether they accept the health plan you want. You should also ask if the provider is accepting new patients.
- Each health plan has a group or network of providers. You must use the providers that are in your health plan, which include:
  - primary care doctors
  - dentists
  - pharmacies
  - hospitals
  - clinics
  - specialists
- You can change your primary care clinic every 30 days by calling your health plan.

Use the following questions to help you choose a health plan and primary care clinic. If you want to keep the same providers you have now, check the online provider directories for each of your health plan choices to find out if they work with the provider. You can also call your provider's office to find out 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/health-care/for-mhcp-members/>

## Consider what medical providers are important to you when choosing a health plan

The following questions will help you choose a health plan and primary care clinic.

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

## Health plan provider disclaimer

The health plan may not cover all your health care costs. Read “Services covered by your health plan” (page 20) carefully to find out what is covered. You can also call the health plan’s member services number which will be listed on the back of your health plan card.

## Completing your enrollment form

Pages 15-19 have pictures of two different enrollment forms.

- You will receive the first enrollment form if you are eligible for MA and Medicare Parts A and B. Both the front and the back of the form are shown.
  - If you want to enroll in MSHO, place a check mark in the MSHO box next to the plan you would like to select.
  - An arrow points to where you need to sign.
- You will receive the second enrollment form if you are not eligible for Medicare Parts A and B and will be enrolled in MSC+.
- If you are eligible for MSHO, you can enroll any time a Medicare special enrollment period is available. You will get a letter confirming your enrollment.
- If you enroll in MSHO through the health plan, the enrollment form will look different, but you will need to fill out the same information.

Complete the enrollment form by doing the following:

1. Place an X by the health plan you would like to choose.
2. If you select Itasca Medical Care (IMCare), write in a primary care clinic code (PCC) found in the health plan’s provider directory. If you do not pick a primary care clinic for this health plan, the health plan may pick one for you based on where you live. The health plan provider directories are available at the following website address.

<https://mn.gov/dhs/health-care/for-mhcp-members/>

The primary care clinic codes are found in the health plan provider directories as indicated in the following example. The primary care clinic (PCC) code is not the clinic’s telephone number.

**Aitkin - MN**  
**Riverwood Aitkin Clinic**  
200 Bunker Hill Dr  
Aitkin, MN 56431  
(218) 927-2157  
**PCC#: 003205647**  
**Family Medicine**  
Arnold, Timothy J., MD  
Blankers, Tony R., MD  
Goodwin, David D., MD  
Herbranson, Melissa J., MD  
Hughes, Donald B., MD  
Jordan, Aaron M., MD  
Korvick, Timothy S., MD

3. If you have any other health insurance, tell your new health plan once you have been enrolled to discuss your insurance before you get care. Your new health plan will coordinate payments for you. This is called “coordination of benefits.” (You should must also let your county or tribal worker know if you have any other health insurance, such as Medicare or private insurance.)
4. Call your county or tribal worker to report any changes, such as name, address including moving out of Minnesota, addition or loss of household member or changes in income including employment changes.
5. If you need an interpreter, include the interpreter code for the requested language.
6. Sign and date the form.
7. Write in your email address.
  - a. Please print the email address clearly.
  - b. DHS will send the email address you provide to the health plan.
8. Mail the form back in the envelope we sent to you as soon as possible. If we do not receive the form, you may be assigned to an MSC+ health plan that you did not choose and does not meet your specific needs.
9. To complete an MSC+ enrollment form over the phone, call DHS Health Care Consumer Support at 651- 297-3862 or 800-657-3672 (TTY 711).

# Health Plan Enrollment Form *for People 65 Years Old or Older*

OFFICE USE ONLY				
PLAN ID	EFFECTIVE DATE	APPROVED BY	COPAY LEVEL	LIS EFFECTIVE DATE

**Enrollee information** (please correct any information that is incorrect)

LAST NAME		FIRST NAME		MI	DATE OF BIRTH	SEX <input type="radio"/> Male <input type="radio"/> Female	
PERMANENT STREET ADDRESS (where you live – PO Box not allowed)				CITY		STATE	ZIP CODE
COUNTY	HOME PHONE NUMBER		EMAIL ADDRESS (optional)				
MAILING ADDRESS (if different from where you live)				CITY		STATE	ZIP CODE
CASE NUMBER	PMI	Do you live in a long-term-care facility such as a nursing home? <input type="radio"/> Yes <input type="radio"/> No			IF YES, NAME OF FACILITY		
MEDICARE NUMBER							
Do you need a translator? <input type="radio"/> No <input type="radio"/> Yes – check one of the boxes <input type="checkbox"/> Spanish (01) <input type="checkbox"/> Hmong (02) <input type="checkbox"/> Vietnamese (03) <input type="checkbox"/> Khmer (Cambodian) (04) <input type="checkbox"/> Lao (05) <input type="checkbox"/> Russian (06) <input type="checkbox"/> Somali (07) <input type="checkbox"/> American Sign Language (08) <input type="checkbox"/> Amharic (09) <input type="checkbox"/> Arabic (10) <input type="checkbox"/> Oromo (12) <input type="checkbox"/> Burmese (14) <input type="checkbox"/> Cantonese (15) <input type="checkbox"/> French (16) <input type="checkbox"/> Korean (20) <input type="checkbox"/> Karen (21) <input type="checkbox"/> Other (98) – EXPLAIN:							
Do you want written information in this language? <input type="radio"/> No <input type="radio"/> Yes							
Do you want us to send you information in an accessible format? (optional) <input type="radio"/> No <input type="radio"/> Yes – if yes, check format here: <input type="radio"/> Braille <input type="radio"/> Large Print <input type="radio"/> Audio							
Do you have other coverage (private insurance, TRICARE, employers, union or VA) in addition to your health plan? <input type="radio"/> Yes <input type="radio"/> No If <b>yes</b> , list your other coverage information:							
NAME OF OTHER COVERAGE			GROUP NUMBER FOR THIS COVERAGE			POLICY OR ID NUMBER	

H2416\_H2417\_H2419\_H2422\_H2425\_H2456\_H2458\_H0845\_MULTIPLAN\_DHS2023\_MSHO (Enrollment Form) CMS Approved - These plans contract with both Medicare and the Minnesota Medical Assistance (Medicaid) program to provide benefits for both programs to enrollees. Enrollment depends on contract renewal.

**Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.**

No, not of Hispanic, Latino/a, or Spanish origin (01)       Yes, Mexican, Mexican American, Chicano/a (4)  
 Yes, Puerto Rican (02)       Yes, Cuban (05)  
 Yes, another Hispanic, Latino/a or Spanish origin (03)       I choose not to answer (06)

**What's your race? Select all that apply.**

American Indian or Native Alaskan (01)       Asian Indian (06)       Black or African American (11)  
 Chinese (02)       Filipino (07)       Guamanian or Chamorro (12)  
 Japanese (03)       Korean (08)       Native Hawaiian (13)  
 Other Asian (04)       Other Pacific Islander       Samoan (14)  
 Vietnamese (05)       White (10)       I choose not to answer (15)

## Choose a health plan

If you are 65 years old or older **and** you have Medicare Parts A and B, you can enroll in Minnesota Senior Health Options (MSHO). MSHO combines your Medical Assistance (Medicaid) and your Medicare coverage in one health plan. **If you would like to be enrolled in MSHO, select the MSHO box for the health plan being selected.** If you do not pick a plan, and you do not check the MSHO box for a health plan, you will be enrolled in MSC+ in the health plan with the asterisk.

- Blue Plus     MSHO       HealthPartners     MSHO  
 Itasca Medical Care     MSHO       Medica     MSHO  
 PrimeWest Health     MSHO       South Country Health Alliance     MSHO  
 UCare     MSHO       UnitedHealthcare     MSHO

PRIMARY CARE CLINIC OR CARE SYSTEM YOU ARE CHOOSING	PRIMARY CARE CLINIC (PCC) NUMBER
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## By completing this enrollment application, I agree to the following:

- If I choose MSHO, this health plan will be providing my care covered by Medicare and Medical Assistance (Medicaid). I must keep my Medicare Parts A and B and Medical Assistance (Medicaid) to stay in MSHO.
- For MSHO, if I get a medical spenddown while enrolled in my health plan and do not pay it to the State, I will be disenrolled from my health plan.
- I can choose to leave my MSHO health plan at certain times of the year. I understand that I will be enrolled in my plan through the last day of the month. I understand that I will be automatically enrolled in a Minnesota Senior Care Plus (MSC+) plan, which will cover my Medical Assistance (Medicaid) benefits. If I request in writing, I will be enrolled in my previous MSC+ plan.
- Once I am a member of the health plan, I have the right to appeal plan decisions about payment or services if I disagree. The health services I get with my new plan may be different than the services I had before.
- On the date coverage begins, I must get my medical and prescription drug benefits from the health plan.
- Benefits and services my health plan provides and contained in my Member Handbook are covered. **Neither Medicare nor my plan will pay for benefits or services that are not covered.**
- If I am now getting Elderly Waiver services through the county, I am aware that my case manager may be replaced by a different county case manager or a health plan care coordinator.
- I understand that my health plan doesn't usually cover people while out of the country except under limited circumstances. If I move, I need to tell my county worker.




## RELEASE OF INFORMATION

### By joining this health plan, I agree to allow:

- The state to give information about my Medicare and Medical Assistance (Medicaid) status and the information on this form to its representatives, the county where I live now and the health plan.
- By joining the health plan, I acknowledge that the plan will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by federal law that authorize collection of this information (see Privacy Act statement below).

The information on this enrollment form is correct to the best of my knowledge. I understand that I will be disenrolled from the health plan if I intentionally provide false information on this form.

My signature (or my authorized representative's signature) on this form means that I've read and understood this form. If an authorized representative signs, the person's signature means that they are authorized under State law to complete this enrollment and documentation of this authority is available upon request from Medicare or Medical Assistance (Medicaid).

<b>SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE</b>			DATE
			
<b><i>If you are the authorized representative, you must sign above and provide the following information:</i></b>			
NAME (print)	RELATIONSHIP TO ENROLLEE	PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

## Privacy Act Statement

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose, and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

**If you are applying for MSHO, tell us about your enrollment eligibility.** Please read the following statements carefully and check the box if the statement applies to you. Check all that apply. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- I am applying during the Medicare Advantage plan annual enrollment period from October 15 through December 7 and want my enrollment effective January 1.
- I am new to Medicare.
- I have both Medicare and Medical Assistance (Medicaid) (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.
- I recently had a change in my Medical Assistance (Medicaid) (newly got Medicaid or had a change in level of Medicaid assistance) on (date) \_\_\_\_\_.
- I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (date) \_\_\_\_\_.
- I am moving into, live in, or recently moved out of a long-term care facility (for example, a nursing home). I moved or will move into or out of the facility on (date) \_\_\_\_\_.

- I recently moved outside of the service area for my current plan, or I recently moved and this plan is a new option for me. I moved on (date) \_\_\_\_\_.
- I am leaving employer or union coverage on (date) \_\_\_\_\_.
- I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (date) \_\_\_\_\_.
- My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- I was enrolled in a plan by Medicare (or my state), and I want to choose a different plan. My enrollment in that plan started on (date) \_\_\_\_\_.
- I recently was released from incarceration. I was released on (date) \_\_\_\_\_.
- I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (date) \_\_\_\_\_.
- I recently obtained lawful presence status in the United States. I got this status on (date) \_\_\_\_\_.
- I was affected by a weather-related emergency or major disaster as declared by the Federal Emergency Management Agency (FEMA). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.

SAMPLE

Name of County/MinnesotaCare  
Street Address 1  
Atikin, MN 56431-1280

Case Number: 12345678      Type of enrollment: Initial  
WKR ID: X123456      SVC LOC: 999  
John Doe  
1234 Case  
Anytown, MN 55555

MAY 17, 2004

## ENROLLMENT FORM

Choose a health plan for your household from the choices below. Place an "X" on the line next to the health plan you want. Choose only one Health Plan.

\_\_\_\_ Health Plan 1  
(This will be your health plan if you do not pick one)

\_\_\_\_ Health Plan 3

\_\_\_\_ Health Plan 2

**Household members:** The following members of your household are eligible for Medical Assistance, or MinnesotaCare. Please PRINT the clinic number for each person in the space provided. Choose a dental clinic **only** if you want HealthPartners or Itasca Medical Care. Answer all three questions for each person in your household.

Recipient Id	Recipient Name	Primary Care Clinic or Care System Number	Dental Clinic for HealthPartners or Itasca Medical	If you have other health insurance, name of company	Are you pregnant? (circle one)	If you need an Interpreter, enter code from below
12345678	(RECIPIENT NAME)	_____	_____	_____	Y N	_____
12345678	(RECIPIENT NAME)	_____	_____	_____	Y N	_____

### Interpreter Code:

Spanish 01	Hmong 02	Vietnamese 03	Cambodian 04	Laotian 05	Russian 06	Somali 07	American Sign Language 08	Arabic 10	Serbo Croation 11	Oromo 12	Other 98
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You have the right to get the following information through email: your rights; benefits covered; cost sharing or copays; the names, addresses, phone numbers and languages spoken by providers in your area and health plan member materials. If you want to get this health care information by email in the future, please print your name and your email address below.

**Signature:** I understand that when I fill out and sign this form, I am choosing a health plan and the State will pay a premium to the health plan for each person listed above. The information on the form will be given to my health plan. When my health plan starts, I will receive information and member cards from my health plan.

Signature



Sign here!

Date

Relationship to Person listed at the top of this form

## After you are enrolled in a health plan

You will get a letter from the Minnesota Department of Human Services (DHS) telling you the health plan that you are enrolled in. 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
- a letter with information on how to access the health plan's:
  - provider directory
  - member handbook
  - list of covered drugs (formulary)

You need your health plan member identification card and your MHCP card to get health care services. If you have questions or have not received your member identification card, call your health plan. Health plan member services phone numbers are listed on page 23 in this document.

### Services covered by your health plan

Once you are enrolled in a health plan, the following services are covered. This is not a complete list of covered services. Some covered services are not listed. Refer to your health plan member handbook for detailed information.

Medical Assistance	
■ Acupuncture	■ Housing stabilization services, including moving expenses
■ Chiropractic care	■ Interpreter services
■ Dental services	■ Medical equipment and supplies
■ Diagnostic services – lab tests and X-rays	■ Medical transportation
■ Doctor and other health services	■ Mental health services
■ Elderly Waiver services	■ Optical services
■ Emergency medical services and post-stabilization care	■ Prescription drugs
■ Family planning services	■ Rehabilitation and therapeutic services
■ Hearing aids	■ Substance use disorder services
■ Home care services	■ Surgery
■ Hospice	■ Telehealth
■ Hospital services, inpatient and outpatient	■ Urgent care

## Medical Assistance and MinnesotaCare services paid by fee for service or other funding

These services are paid by fee for service or other funding even when you are enrolled in a health plan. Note that some covered services are not listed. Please refer to your health plan member handbook for more information.

- Case management for members with developmental disabilities
- Day training and habilitation services
- HIV case management
- Intermediate care facility for members with developmental disabilities (ICF/DD)
- Job training and educational services
- Mileage reimbursement (for example, when you use your own car), meals, lodging, and parking. Contact your county for more information.
- Nursing home stays for which health plan is not otherwise responsible
- Post-arrest community-based services coordination
- Room and board associated with Intensive Residential Treatment Services (IRTS)
- 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)
- Except Elderly Waiver services, other waiver services provided under Home and Community-Based Services waivers

### Can I change my health plan after I enroll?

If there is more than one health plan available in your county, you may request to change your health plan at the following times:

- If you move to another county:
  - Talk to your new 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 health 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 re-enrolled 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 Consumer Assessment of Health Care Providers and Systems (CAHPS®) Satisfaction Survey Results

	Rating of Health Plan	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service	Coordination of Care
<b>How members felt about their health plan</b>	% who felt their health plan was the best health plan possible	% who said that it was always, or usually easy to get the care they needed	% who said that it was always, or usually easy to get the care they needed quickly	% who said their doctor	% who said customer service always, or usually treated them with respect and gave them the information they needed	% who said personal doctor was always, or usually informed about the care they got from other health providers
<b>2022 Minnesota Senior Care Plus (MSC+) Program: Responses from 65 years of age or older</b>						
<b>Blue Plus</b>	66.9%	87.0%	85.6%	96.0%	95.9%	93.5%
<b>HealthPartners</b>	64.7%	82.8%	83.0%	94.5%	88.2%	85.8%
<b>Medica</b>	63.8%	84.0%	86.3%	97.1%	85.9%	88.6%
<b>UCare</b>	61.2%	83.2%	82.5%	93.4%	87.0%	86.5%
<b>IMCare/SCHA/PrimeWest*</b>	68.9%	89.4%	87.7%	95.7%	93.4%	92.4%
<b>MCO Average</b>	64.1%	84.8%	84.5%	95.0%	89.5%	89.0%
<b>2022 Minnesota Senior Health Options (MSHO) Program: Responses from 65 years of age or older</b>						
<b>Blue Plus</b>	70.72%	55.64%	54.77%	76.09%	78.90%	72.40%
<b>HealthPartners</b>	72.99%	52.30%	52.84%	78.63%	76.94%	71.71%
<b>Medica</b>	69.67%	57.10%	55.97%	79.23%	75.61%	72.95%
<b>PrimeWest</b>	74.37%	60.19%	59.31%	78.83%	79.82%	73.59%
<b>SCHA</b>	76.72%	50.76%	50.02%	73.12%	76.67%	66.38%
<b>UCare</b>	70.09%	52.43%	50.22%	73.54%	73.95%	68.85%
<b>Itasca Medical Care</b>	***	***	***	***	***	***

\* IMCare, SCHA, and PrimeWest scores are combined.

\*\*\* Itasca Medical Care did not have enough MSHO enrollees to establish an individual score.

### 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. For enrollees 65 years old and older, these services include Elderly Waiver (EW) services accessed through the tribe. 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.

## Health plan member services phone numbers

### ■ Blue Plus

- 866-477-1584, TTY 711
- Delta Dental 651-406-5907 or 800-774-9049, TTY 711

### ■ HealthPartners

- 952-883-5050 or 877-713-8215, TTY 711

### ■ Itasca Medical Care - IMCare

- 218-327-6188 or 800-843-9536, TTY 711
- IMCare Dental 800-843-9536, TTY 711

### ■ Medica

- 800-266-2157, TTY 711
- Delta Dental: 651-406-5919 or 800-459-8574

### ■ PrimeWest Health

- 800-366-2906 TTY: 800-627-3529 or 711
- PrimeWest Health Dental 866-431-0801, TTY: 800-627-3529 or 711

### ■ South Country Health Alliance

- 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

- 612-676-7242 or 800-676-3554, TTY 711
- Delta Dental 651-768-1415 or 855-648-1415, TTY 711

## Health plan service areas

Find maps showing the health plans available by program and by county online at

<https://mn.gov/dhs/health-care/for-mhcp-members/>

## 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 go to 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 (Fair Hearing with the state) 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 (Fair Hearing with the state)
- 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 (Fair Hearing with the state).

### 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 (Fair Hearing with the state), you must file your appeal within 10 days of the health plan decision.

To request a State Appeal (Fair Hearing with the state), 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 (Fair Hearing with the state) 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 (Fair Hearing with the state) process generally takes between 30 and 90 days unless you request a fast hearing.
- If you lose the health plan appeal or State Appeal (Fair Hearing with the state), 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 (Fair Hearing with the state).
- 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 (Fair Hearing with the state).

### Who to contact for assistance

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

Minnesota Department of Human Services  
 ombudsperson 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  
 Managed Care Section  
 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:** Medical Assistance 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 M long-term services and supports an enrollee received at age 55 or older. These services include:

- nursing facility services,
- home and community-based service,
- related hospital and prescription drug costs and
- Managed care premiums (capitations) for coverage of these services, even if you do not seek out or receive any of these services.

**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 the enrollee is alive unless the enrollee is permanently residing in a medical institution.



