

Managed Care Enrollment Guide

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



NO ENGLISH



651-297-3862 or 800-657-3672

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

ማሳሰቢያ፡- ስለ ዶክሜንቱ ነፃ ገለፃ ከፈለጉ፣ ሠራተኛዎን ያነጋግሩ። Amharic

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

মেনাযোগ দিন। যিদি আপিন বিনামূলেয এই নিখটিৰ বযাযাৰ জেনয সহায় চান তাহেল উপেরাকত বাকেস থাকা নমবরটিতে কল করুন। Bengali

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

ការយកចិត្តទុកដាក់។ ប្រសិនបើអ្នកត្រូវការជំនួយឥតគិតថ្លៃក្នុងការបកស្រាយឯកសារនេះ សូមហៅទូរសព្ទទៅលេខក្នុងប្រអប់ខាងលើ។ Cambodian

注意！如果您需要免費的口譯支持，請撥打上方方框中的電話號碼。 Cantonese (Traditional Chinese)

wáŋ. héčínhaŋ niyé wačhínŷAŋ wayúiyeska ki de wówapi sutá, ečíyA kiŋ wóiyawa ed ophiye waŋ. Dakota

Paunawa. Kung kailangan mo ng libreng tulong sa pag-unawa sa kahulugan ng dokumentong ito, tawagan ang numero sa kahon sa itaas. Filipino (Tagalog)

Attention. Si vous avez besoin d'aide gratuite pour interpréter ce document, appelez le numéro indiqué dans la case ci-dessus. French

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

NO ENGLISH



651-297-3862 or 800-657-3672

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 ကကျိးထံလံာ်တီလံာ်မိတဖၣ်အဃိ, 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 پەیوەندی بەو ژمارەیەوه بکە که له بۆکسه‌که‌ی سه‌ره‌ه‌دایه. 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

注意！如果您需要免费的口译帮助，请拨打上方方框中的电话号码。
Mandarin (Simplified Chinese)

P̄alɛ rɔ piny: Mi gööri luäk lɔrä ke luɔc kä mɛmɛ, yɔtni nämbär ɛmɔ tēē 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

NO ENGLISH



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

Atenção. Se você precisar de ajuda gratuita para interpretar este documento, ligue para o número na caixa acima. Portuguese

Внимание! Если Вам нужна бесплатная помощь в переводе этого документа, позвоните по телефону, указанному в рамке выше. Russian

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 ተቐጣጢ ዘሎ ቁጽሪ ይደውሉ። Tigrinya

Увага! Якщо Вам потрібна безкоштовна допомога в перекладі цього документа, зателефонуйте за номером, вказаним у рамці вище. Ukrainian

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 nọ̀mbà 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, call 651-297-3862, or use your preferred relay service. ADA1 (3-24)

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 Health Care Consumer Support – 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

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 (email)

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.

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.

Cost sharing or 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 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.

MinnesotaCare child. A child who meets MinnesotaCare requirements and is younger than 19 years of age.

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 go to 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 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 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 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. When you are done reading this guide, you will:

- Be able to choose a health plan and a primary care clinic or provider 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.

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. As indicated on the image below, the health care notice will show the coverage type as Medical Assistance or MinnesotaCare. If you do not have a copy of the letter, you can call DHS Health Care Consumer Support at 651-297-3862 or 800-657-3672 (TTY 711). It is possible that not all family members are on the same MHCP program and will receive different notices.

Health Care Notice		
Health Care Results		
Client Name 1 - MNSure ID Number:		
Effective date	Action	Coverage Type
01/01/2024	Approved	Medical Assistance

Managed care pre-enrollment questionnaire

NOTE: For Medical Assistance only

Before you send back your health plan enrollment form, review the following questions. If you answer yes to any of the questions for any family member, call your worker and provide the information below. It may mean that person will not be enrolled in a health plan. NOTE: This questionnaire does not apply to MinnesotaCare.

Do not mail this questionnaire back with your enrollment form.

Are you or any household members blind or disabled AND 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
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
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 cover the same basic services.
- The enrollment form lists your health plan choice(s) based on the county that you live in and the MHCP program you are eligible for.
- If you don't make a choice, we will pick a health plan for you.
- Each family member may choose a different clinic within the same health plan.
- 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
 - pharmacies
 - clinics
 - dentists
 - hospitals
 - 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 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 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 for each family member.

Name of 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 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 14) 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.

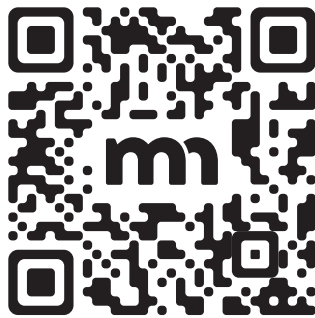
Completing your enrollment form

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

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. For all other health plans leave the primary care clinic code blank. 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	NE IA Shing Health Center	Andover
Aitkin, MN	East Lake Health Center	Fairvie
Riverwood Aitkin Clinic	36666 State Highway 65	Andover Health
200 Bunker Hill Dr	McGregor, MN 55760	13819 H
Aitkin, MN 56431	(218) 768-3311	Andover
PCC#R122050	PCC#N302203	(763) 39
Specialties:	Specialties:	PCC#F2
Adult Nurse Practitioner	Family Nurse Practitioner	Specialt
Family Nurse Practitioner	Physician Assistant	Adult Nu
	Hospital Affiliation(s):	Family N
		Practicio

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."
4. Indicate if any person is pregnant.
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 a health plan that you did not choose and does not meet your specific needs. To complete an enrollment form over the phone for Medical Assistance, call your county or tribal agency. To complete an enrollment form over the phone for MinnesotaCare, call DHS Health Care Consumer Support. You will find the phone numbers online at <https://mn.gov/dhs/health-care/county-tribal-offices> or by scanning the following QR code.



9. Call your county or tribal agency or MinnesotaCare to report any changes, such as where you live, who lives with you, income, whether you are pregnant or have a new baby, starting or stopping other health insurance, etc.

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, please call your health plan. Health plan member services phone numbers are listed on page 20 in this document.

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 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
■ Child and Teen Checkups (C&TC)	■ Interpreter services
■ Chiropractic care	■ Medical equipment and supplies
■ Dental services	■ Medical transportation
■ Diagnostic services – lab tests and X-rays	■ Mental health services
■ Doctor and other health services	■ Obstetrics and gynecology (OB/ GYN) services
■ Early Intensive Developmental and Behavioral Intervention (EIDBI) services (<i>for children under age 21</i>)	■ 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 services
■ Hospital services, inpatient and outpatient	■ Urgent care

MinnesotaCare	
■ Acupuncture	■ Interpreter services
■ Child and Teen Checkups (C&TC)	■ Medical equipment and supplies

■ Chiropractic care	■ Medical transportation services (covered only for MinnesotaCare members under age 19 and pregnant adults)
■ Dental services (limited for nonpregnant adults)	■ Mental health services
■ Diagnostic services – lab tests and X-rays	■ Obstetrics and gynecology (OB/ GYN) services
■ Doctor and other health services	■ Optical services
■ Early Intensive Developmental and Behavioral Intervention (EIDBI) services (<i>for children under age 21</i>)	■ Prescription drugs
■ Emergency medical services and post-stabilization care	■ Rehabilitation therapies
■ Family planning services	■ Substance use disorder services
■ Hearing aids	■ Surgery
■ Home care services	■ Telehealth
■ Hospice	■ Urgent care
■ Hospital services, inpatient and outpatient	

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.

- 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 DHS Health Care Consumer Support at 651-297-3862 or 800-657-3672 (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 or tribe 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 or tribe 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.

Differences between Medical Assistance and MinnesotaCare benefits

Medical transportation for non-pregnant adults and children who are 19 or 20 years old is limited to only emergency medical transportation for MinnesotaCare members.

These services are not covered for MinnesotaCare members:

- Home care nursing
- Housing stabilization services
- Nursing home care
- Personal care assistance services, Community First Services and Supports, and case management services

Cost sharing

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

Medical Assistance

- The MA benefit has no cost sharing or deductibles.

MinnesotaCare

There is no cost sharing for the following members:

- Children younger than 21 years old
- Pregnant adults
- American Indians who receive services from an Indian health care provider or through a referral from the Indian Health Services (IHS) Contract Health Services
- American Indians enrolled in a federally recognized tribe

Some people 21 years old and older with MinnesotaCare pay cost sharing. Cost sharing means the amount you pay toward your medical costs. The following cost sharing amounts are effective January 1, 2025.

- \$100 copay for ER¹ visits
- \$28 copay for nonpreventive visits; no copays for mental health or substance use disorder services.
- \$250 per inpatient hospital admission
- \$10 copay for eyeglasses
- \$25 (brand) or \$10 (generic and some brand) copay for prescription drugs up to \$70 per month; no copay for some mental health drugs
- \$45 per visit for radiology services
- No copay per non-routine dental visit
- No copay for ambulatory surgery
- No copay for outpatient hospital visit
- No copay for durable medical equipment

¹ER 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. MinnesotaCare enrollees pay no family deductible. If you are not able to pay a copay, your provider still has to serve you. Providers must take your word that you cannot pay. Providers cannot ask for proof that you cannot pay.

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 provider within the same health 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):

- 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 annual health plan selection 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 2023 Consumer Assessment of Health Care Providers and Systems (CAHPS®) Satisfaction Survey Results

Families and Children—Medical Assistance (F&C-MA) Program: Responses from 18 through 64 years of age									
CAHPS Composite Score - How members felt about their health plan	Blue Plus	Health Partners	Hennepin Health	IMCare	Medica	PrimeWest	SCHA	UCare	MCO
Rating of Health Plan - % who felt their health plan was the best health plan possible	62.1%	59.1%	48.2%	59.7%	62.2%	60.6%	61.6%	58.0%	59.0%
Getting Needed Care - % who said that it was always, or usually easy to get the care they needed	80.6%	76.5	69.7%	82.0%	80.0%	85.4%	78.8%	73.3%	76.7%
Getting Care Quickly - % who said that they always, or usually got the care as soon as needed	80.7%	79.4%	75.2%	75.5%	75.9%	90.3%	86.8%	78.7%	79.8%
How Well Doctors Communicate - % who said their doctor always, or usually communicated well	93.9%	96.2	91.0%	96.0%	93.0%	94.03%	96.6%	92.8%	93.9%
Customer Service - % who said customer service always, or usually treated them with respect and gave them the information they needed	89.8%	91.9%	87.3%	90.8%	88.7%	92.6%	90.6%	83.9%	87.9%
Coordination of Care - % who said personal doctor was always, or usually informed about the care they got from other health providers	87.2%	85.7%	85.2%	84.1%	78.0%	92.3%	82.1%	78.7%	83.5%

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 go to 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

■ Medica

- Medica's Families and Children member services: Medica Choice Care PMAP and Medica MinnesotaCare: 800-373-8335, TTY 711
- Delta Dental: 651-406-5919 or 800-459-8574

■ 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

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: 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 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 he or she is alive unless he or she is permanently residing in a medical institution.

