

Minnesota Department of **Human Services**

Summary of Coverage, Cost Sharing and Limits

Call your health plan for details about a specific benefit

If you have questions about your health care program, covered services or copays, you can:

- call your worker
- call your health plan
- ask your provider

Your provider must get approval for some health care services before you get them. The services must be medically necessary.

MinnesotaCare (Child)

Children under 21

There are no copays, deductibles or inpatient limits.

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| ■ Alcohol and drug treatment | ■ Lab and X-ray |
| ■ Chiropractic care | ■ Licensed birth center services |
| ■ Dental care | ■ Medical equipment and supplies |
| ■ Doctor or clinic visits | ■ Medical transportation (access, ambulance and special) |
| ■ Emergency room care (ER) | ■ Mental health care |
| ■ Eyeglasses | ■ Nursing homes and ICF/DD facilities |
| ■ Family planning services | ■ Outpatient surgery |
| ■ Hearing aids | ■ Personal care assistance (PCA) services |
| ■ Home care | ■ Prescriptions and medication therapy management |
| ■ Hospice care | ■ Rehabilitative therapy |
| ■ Hospital services (inpatient and outpatient) | ■ Urgent Care |
| ■ Immunizations and vaccines | |
| ■ Interpreter services | |

MinnesotaCare

Parents, caretakers and adults without children

Coverage is the same as MinnesotaCare (Child) except for these limited services:

- Dental care (limited for non-pregnant adults)
- Medical transportation (emergency only)

Services Not Covered

- Intermediate care facilities
- Nursing homes
- Orthodontic services
- Personal care assistance (PCA)
- Private duty nursing

Cost Sharing and Limits

Cost sharing means amounts you pay toward your medical costs. Cost sharing amounts are subject to adjustment by state legislation.

- \$2.95 monthly deductible
- \$50 copay for ER¹ visits
- \$15 copay for nonpreventive visits; no copay for mental health visits
- \$150 per inpatient hospital admission
- \$25 for outpatient hospital visits
- \$50 Ambulatory Surgery
- \$25 copay for eyeglasses
- \$6 or \$20 copay for prescription drugs up to \$60 per month; no copay on some mental health drugs
- \$25 per visit for radiology services

¹Emergency Room 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.

Health Plan Providers

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



For accessible formats of this publication or assistance with additional equal access to human services, write to DHS.info@state.mn.us, call 651-431-2660, 800-657-3729, or use your preferred relay service. (ADA1 [9-15])

Managed Care for American Indians

Are Indian Health Services or tribal clinics part of a health plan network?

- In some cases, yes. If the Indian Health Service (IHS) or tribal clinic is in a health plan network, you may pick it as your primary care provider. If your IHS or tribal clinic is not part of the health plan you choose, you will need to pick a primary care doctor or clinic that is part of your health plan.

- You can continue or begin to use tribal and IHS clinics at any time. The health plan will not require prior approval or impose any conditions for you to get services at these clinics. If a doctor or other provider in a tribal or IHS clinic refers you to a health plan provider, you will not have to see your primary care provider for a referral.

IHS and tribal clinics

If you are an American Indian and have any questions or need help, you can call your local Indian Health Service or tribal clinic.

Summary 2016 Consumer Assessment of Health Plans Study (CAHPS) Satisfaction Survey Results

	Rating of health plan	Customer service % answering "No Problem"	Getting needed care % answering "No Problem"	How well doctors communicate % answering "Always"	Getting care quickly % answering "Always"
MinnesotaCare – Responses from 18- to 64-year-olds					
Blue Plus	50%	59%	53%	78%	53%
HealthPartners	50%	68%	56%	81%	50%
Medica	55%	59%	57%	77%	58%
Itasca Medical Care (IM Care) PrimeWest Health (PWH) South Country Health Alliance (SCHA)	53%	62%	58%	79%	62%
UCare	52%	56%	63%	83%	53%
Average of all health plans	52%	61%	57%	79%	56%

Notice About Your Rights

for people enrolled in a health plan for their Medical Assistance or MinnesotaCare benefits

You have the right to change your health plan at certain times, if there is more than one health plan available in your county.

- You may change your health plan once during the first year you are enrolled in managed care.
- There is an annual health plan selection time each year. During this time the state will explain your right to change your health plan.
- You may change your health plan within 90 days from the date you are first enrolled in the health plan.

- You may ask to change your health plan for cause (including but not limited to: lack of access to services or providers, poor quality of care or continuity of care).
- If you want to change your health plan at another time, you may need to request a state fair hearing.
- Minnesota Senior Health Options (MSHO) enrollees may disenroll at any time. If you have Medicare and disenroll from MSHO, you will have to pick a Medicare Part D plan. Medical Assistance will not pay for most prescription drugs if you have Medicare.
- You may change your primary care clinic every 30 days by contacting your health plan.

You have the right to necessary medical care.

- You may ask your health plan for a second opinion. The health plan will give you the name of a doctor you can see.
- Your health plan must tell you in writing if it denies, reduces or stops services you asked for or services your health plan doctor ordered.
- If the health plan is stopping or reducing an ongoing service and you want to appeal the decision, you may be able to keep getting the service during the appeal. You must file a health plan appeal or request a state fair hearing within 10 days of the date on the notice from your health plan, or before the service is stopped or reduced, whichever is later. You must ask for the service to continue. Your treating provider must agree the service should be continued. If you lose the appeal, you may be billed for the services.

If you have a problem with your health plan, you can do any of these things:

- File an appeal with the health plan. You must appeal to the health plan within 90 days after the date of the notice that the health plan is decreasing or denying services or payment.
 - Call your health plan. The phone number is on your health plan ID card. The health plan must give you a decision in 30 days or less.
 - Write a letter to your health plan. Include your name, address and telephone number. The health plan must answer your letter within 30 days.
- Call your county Managed Health Care Unit, your MinnesotaCare worker or your Care Coordinator and ask for help.

If you have a complaint that needs a decision quickly, or for help with a grievance, appeal or state fair hearing a state ombudsman can help you. Call or write to:

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

St. Paul, MN 55164-0249

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

You may file an appeal online at: <https://edocs.dhs.state.mn.us/lfsrserver/Public/DHS-0033-ENG>

How to request a State fair hearing:

You must request a state fair hearing in writing within 30 days after the date of the notice that the health plan is decreasing or denying services or payment. You have up to 90 days if you have a good reason for filing late.

Mail or fax your request to:

Minnesota Department of Human Services

Appeals Office

PO Box 64941

St. Paul, MN 55164-0941

Fax: 651-431-7523

- You will get a letter telling you the date and time of the hearing.
- You may bring an attorney, relative, friend or advocate to the hearing.

A human services judge will make a decision about your case. The judge is not part of your health plan.

Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اطلب ذلك من مشرفك أو اتصل على الرقم 1-800-358-0377.

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿង របស់អ្នក ឬហៅទូរស័ព្ទមកលេខ 1-888-468-3787 ។

Pažnja. Ako vam treba besplatna pomoć za tumačenje ovog dokumenta, pitajte vašeg radnika ili nazovite 1-888-234-3785.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces nug koj tus neeg lis dej num los sis hu rau 1-888-486-8377.

ໂປຣດຊາບ. ຖ້າທ່ານ ທ່ານຕ້ອງການ ການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງຖາມ ພະນັກງານກຳກັບການຊ່ວຍເຫຼືອຂອງທ່ານ ຫຼື ໂທໂປທີ່ 1-888-487-8251.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, hojjettoota kee gaafadhu ykn afaan ati dubbattuuf bilbilli 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, обратитесь к своему социальному работнику или позвоните по телефону 1-888-562-5877.

Digniin. Haddii aad u baahantahay caawimaad lacag-la' aan ah ee tarjumaadda qoraalkan, hawlwadeenkaaga weydiiso ama wac lambarka 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, comuníquese con su trabajador o llame al 1-888-428-3438.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi nhân viên xã hội của quý vị hoặc gọi số 1-888-554-8759.

Civil Rights Notice

Discrimination is against the law.

The Minnesota Department of Human Services (DHS), does not discriminate on the basis of 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, medical condition, health status, receipt of health care services, claims experience, medical history or genetic information.

Free Auxiliary Aids and Services: DHS provides aids and services, including qualified interpreters and information in accessible formats, in a timely manner to ensure that people with disabilities have an equal opportunity to participate in its health care programs.

To ask for these aids and services, contact: DHS Member HelpDesk at DHS.info@state.mn.us; or call 651-431-2670 or 800-657-3739; or use your preferred relay service.

Free Language Assistance Services. DHS also provides language assistance services, including translated documents and spoken language interpreting, in a timely manner to ensure that people with limited English proficiency have meaningful access to information and services.

To ask for language assistance services, contact: DHS Member HelpDesk at DHS.info@state.mn.us; or call 651-431-2670 or 800-657-3739; or use your preferred relay service.

Civil Rights Complaints

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

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

You have a right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of race, color, national origin, age, disability or sex, including sex stereotypes and gender identity. Contact the OCR directly to file a complaint:

Director

U.S. Department of Health and Human Services' Office for Civil Rights
200 Independence Avenue SW, Room 509F
HHH Building
Washington, DC 20201
800-368-1019 (voice) 800-537-7697 (TDD)
Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the MDHR if you believe you have been discriminated against because of race, color, national origin, religion, creed, sex, sexual orientation, marital status, public assistance status or disability. Contact MDHR directly to file a complaint:

Minnesota Department of Human Rights

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

Minnesota Department of Human Services (DHS)

You have a right to file a complaint with the DHS if you believe you have been discriminated against because of 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, medical condition, health status, receipt of health care services, claims experience, medical history or genetic information in its managed care programs.

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

The DHS will notify you in writing of the outcome of the investigation. You have the right to appeal the outcome of the investigation 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 under this process, 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 using this complaint procedure does not stop you from seeking out other legal or administrative action.

DHS will make arrangements so that people with disabilities or limited English proficiency have the aids and services they need to participate in the complaint process.

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