



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.

Medical Assistance (MA)

The following are some of the services you can get under MA. Some people will get their MA services through a health plan.

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

Coverage for some long-term care services, including nursing homes, may require a separate application to determine if MA can pay for it. Ask your worker for more information.

Cost sharing

People enrolled in Special Needs Basic Care (SNBC) do not pay cost sharing for MA services received through a SNBC health plan.

Cost sharing means the amount you pay toward your medical costs. Cost sharing amounts are subject to adjustment by state legislation¹. Cost sharing for adults 21 years old or older is as follows:

- \$2.95 monthly deductible
- \$3 copay for nonpreventative visits; no copay for mental health visits
- \$3.50 copay for nonemergency ER visits
- \$3 or \$1 copay for prescription drugs up to \$12 per month; no copay on some mental health drugs

¹Exempt from cost sharing: American Indians who have received care from Indian Health Services, pregnant women, people in hospice care, people enrolled in the Medical Assistance Breast and Cervical Cancer program, Refugee MA program enrollees and people in nursing homes or ICF-DDs.

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

Monthly copays and deductibles are limited to five percent of family income for adults with income at or below 100 percent of federal poverty guidelines.

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, you should call that provider to ask whether he or she is still part of the health plan. You should 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 people with Medicare: Medical Assistance cannot pay for any drugs in the Medicare prescription drug benefit. If you have Medicare coverage through your SNBC plan, you will get your Part D drug coverage through the plan. There may be different copays for prescriptions through Part D. Medical Assistance does not cover Part D copays. Check with your SNBC plan to find out if your Medicare coverage is through SNBC or original Medicare.



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. For enrollees 65 years old and older, this includes 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.

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"
Special Needs BasicCare (SNBC) – Responses from 18- to 64 year olds					
Medica	64%	71%	52%	75%	54%
Hennepin Health (formerly Metropolitan Health Plan)	53%	61%	50%	75%	56%
PrimeWest Health (PWH) South Country Health Alliance (SCHA)	58%	73%	57%	75%	57%
UCare	56%	60%	52%	69%	55%
HealthPartners (see note below)	*	*	*	*	*
Average of all health plans	58%	66%	53%	73%	56%

*HealthPartners Inspire (SNBC) has not received a score because it is a new SNBC plan offering as of July 1, 2016. Other HealthPartners products score highly in quality measures and member satisfaction. HealthPartners is committed to providing high-quality care and member experience.

When individual health plans did not have enough enrollees to warrant an individual sample, they were combined and treated as a single reporting unit.

Health plan member service phone numbers

HealthPartners.....	952-967-7998 or 866-885-8880	TTY: 952-883-6060 or 800-443-0156
Hennepin Health SNBC.....	612-596-1507	TTY: 800-627-3529
Medica.....	952-992-2580 or 888-347-3630	TTY: 711
PrimeWest Health.....	866-431-0801	TTY: 800-627-3529
South Country Health Alliance	866-567-7242	TTY: 711
UCare	612-676-3395 or 877-903-0061	TTY: 612-676-6810

Notice About Your Rights for people enrolled in Special Needs BasicCare (SNBC)

You may enroll, disenroll or change your health plan or clinic at any time.

- You may enroll or disenroll from Special Needs BasicCare (SNBC) at any time. Your enrollment will begin or end on the first day of the next available month.
- If you disenroll from your SNBC health plan, you may need to choose a Medicare Part D prescription drug plan.
- You may change to a different SNBC health plan if there is more than one choice in your county.
- Call the Disability Linkage Line® at 866-333-2466 for help with any changes listed above.
- If you want to change your primary care clinic, call your health plan.

You will receive notice of health plan decisions.

- Your health plan must tell you in writing if it denies, reduces or stops services you asked for or services your doctor ordered.
- If the health plan is stopping or reducing an ongoing service, you may be able to keep getting the service. 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 provider must agree the service should be continued. If you lose the appeal you may be billed for the service.

You can get a second opinion.

- You may ask your health plan for a second opinion. The health plan will give you the name of a doctor you can see.

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

- Call your health plan member services. The phone number is on your health plan ID card.
- File a **grievance**. If you are unhappy with things like quality of care or failure to respect your rights, you can contact your health plan within 90 days of the event. Tell them what happened. You will get a response from the health plan within 30 days.
- File a **health plan appeal**. If you have services that are being denied, reduced or stopped, or if the health plan is denying payment for services, call or write your health plan **within 90 days** of the date on the notice. Explain why you do not agree with the health plan decision. You can ask a relative, friend, provider or lawyer to help with your appeal.
- Request a **state fair hearing**. If you have services that are being denied, reduced or stopped, or you are getting bills that you think your health plan should pay, send a written request for a state fair hearing **within 30 days** after the date on the health plan notice. You have up to 90 days if you have a good reason for filing late. You may bring an attorney, relative, friend or advocate to the hearing.

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 may file an appeal online at:

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

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 have additional rights.
Please refer to your health plan
Evidence of Coverage for more information.

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. ຖ້າທາກ ທ່ານຕ້ອງການ ການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງຖາມ ພະນັກງານກຳກັບການຊ່ວຍເຫຼືອຂອງທ່ານ ຫຼື ໂທໂທ 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