Notice about your Rights and Responsibilities for the Minnesota Managed Health Care Programs Special Needs BasicCare (SNBC)

Your responsibilities

ID cards – Show your health plan ID card and your MHCP card at every appointment.

Providers – Make sure the providers you see are covered by your health plan.

Copays – If you have Medicare, you may have a copay for your Part D covered medications.

Questions – Call your health plan member services. The number is on the back of your health plan ID card and in this brochure.

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 refuse treatment.
- 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.
- Get care coordination
  - A care coordinator is a nurse or social worker who is available to help you with your health care and social service needs.
  - If you accept care coordination, it is your responsibility to work with your care coordinator or case manager.
  - You also have the right to refuse care coordination. If you do not want care coordination from a care coordinator or you want to limit how much contact you get, call your health plan to let them know.
- Change your health plan at any time (if there is more than one health plan in your county). Your health plan will change on the first day of the next available month.
Disenroll from SNBC. You may choose to disenroll from your SNBC health plan at any time.
- To disenroll, call your health plan member services or Disability Hub MN at 866-333-2466.
- Your enrollment will end on the first day of the next available month.
- If you have Medicare through your SNBC health plan and you disenroll from your SNBC health plan, you will need to choose a Medicare Part D prescription drug plan.
- Medical Assistance will not pay for most prescription drugs for people with Medicare.

File 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.

Get notice of health plan decisions. If your health plan denies, reduces or stops a service, or denies payment for a health service, the health plan must tell you in writing:
- What action the health plan is taking.
- The reason for not giving you the service or paying the bill, including state and federal laws and health plan policies that apply to the action.
- Your right to file an appeal with the health plan or request a state appeal (state fair hearing) with the Minnesota Department of Human Services.

File a health plan appeal. If the health plan denies, reduces or stops a service, or denies payment for services you need, you can appeal.
- You must appeal to your health plan first before you file a state appeal.
- You must file your health plan appeal within 60 days after the date on the notice. You can have more time if you have a good reason for missing the deadline.
- If you want to keep getting your services during the health plan appeal, you must file your appeal within 10 days after the date of the health plan notice or before the service is stopped or reduced, whichever is later.
- Your provider must agree that the service should continue.
- To file your health plan appeal, call, write, or fax your health plan 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.
  - This may take up to 14 more days if they tell you they need time to gather more information.
  - If your appeal is about an urgently needed service, you can ask for a fast appeal. If the health plan agrees that you need a fast appeal, they will give you a decision within 72 hours.
- You must appeal to your health plan first but if your health plan takes more than 30 days to decide your appeal, you can request a state appeal (state fair hearing).
- File a state appeal. If you disagree with the health plan’s decision, you can request a hearing with the state.
  - Write to the state appeals office within 120 days from the date of the health plan appeal decision. Your request must be in writing. If a health care provider is appealing on your behalf, you must provide written consent.
  - If you have been getting your services during the health plan appeal and want to keep getting your services during the state appeal, you must file your appeal within 10 days of the health plan decision.
Your provider must agree that the service should continue.

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

Minnesota Department of Human Services
Appeals Division
PO Box 64941
St. Paul, MN 55164-0941
Fax: 651-431-7523
https://edocs.dhs.state.mn.us/lfserver/Public/DHS-0033-ENG

[ ] If your state appeal (state fair hearing) is about an urgently needed service, you can request a fast hearing.

[ ] If your hearing is about the denial of a medically necessary service, you can ask for an expert medical opinion from an outside reviewer not connected to the state or your health plan.

[ ] The state appeal (state fair hearing) process generally takes between 30 and 90 days unless you request a fast hearing.

[ ] If you lose the health plan appeal or state appeal (state fair hearing), you may be billed for the service but only if state policy allows it.

[ ] You can ask a friend, advocate, provider, agency or lawyer to help with your health plan appeal or state appeal (state fair hearing).

  [ ] You must give written consent for someone else to appeal for you.

  [ ] There is no cost to you for filing a health plan appeal or a state appeal (state fair hearing).

Health plan member services phone numbers

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<thead>
<tr>
<th>Health Plan</th>
<th>Phone Numbers</th>
<th>TTY:</th>
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<tbody>
<tr>
<td>HealthPartners Aspire</td>
<td>952-967-7998 or 866-885-8880</td>
<td>952-883-6060 or 800-443-0156</td>
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<tr>
<td>Hennepin Health SNBC</td>
<td>888-562-8000</td>
<td>800-627-3529</td>
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<tr>
<td>Medica AccessAbility Solution</td>
<td>952-992-2580 or 888-347-3630</td>
<td>952-992-2300</td>
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<tr>
<td>Prime Health Complete</td>
<td>877-600-4913</td>
<td>800-627-3529</td>
</tr>
<tr>
<td>South Country Health Alliance Ability Care</td>
<td>866-567-7242</td>
<td>800-627-3529</td>
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<td>South Country Health Alliance SharedCare</td>
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<tr>
<td>South Country Health Alliance SingleCare</td>
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<tr>
<td>UCare Connect</td>
<td>612-676-3395 or 877-903-0061</td>
<td>612-676-6810</td>
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A state ombudsman can help with a grievance, health plan appeal or state appeal (state fair hearing). The ombudsman is neutral and not part of the health plan. You can call, write or fax:

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

Minnesota Department of Human Services
Ombudsman for State Managed Health Care Programs
PO Box 64249
St. Paul, MN 55164-0249
Fax: 651-431-7472

http://tinyurl.com/MN-MDH-HMO-Complaint-Form

You may have additional rights.
Please refer to your Member Handbook or 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.

_instruction_ 1-844-217-3547

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

_instruction_ 1-844-217-3547

Attention. Si vous avez besoin d’une aide gratuite pour interpréter le présent document, demandez à votre agent chargé du traitement de cas ou appelez le 1-844-217-3548.

Thov ua twb zoo yeeem. 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.

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Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, hojjettoo ka geeafaadhu ykn afaan ati dubbattuuf bilbili 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, hawladeenkaaga weydiiso ama wax lambarka 1-888-547-8829.

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For accessible formats of this information or assistance with additional equal access to human services, write to DHS.info@state.mn.us, call 800-657-3729, or use your preferred relay service.