

Notice about your

Rights and Responsibilities

for the

Minnesota Managed Health Care Programs

Special Needs BasicCare (SNBC)

What is SNBC?

If you are covered by Medical Assistance (MA), are 18 through 64 years old, and certified disabled, you can choose whether you want to get your care on a fee-for-service basis or enroll in managed care. The managed care program for people with disabilities who are 18 through 64 years old is Special Needs BasicCare (SNBC). SNBC has two programs:

- SNBC for Medical Assistance
- SNBC for Medical Assistance AND Medicare

Contact Disability Hub MN™ toll free at 866-333-2466 or online at disabilityhubmn.org to learn more about these options.

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:**

- If you enrolled in SNBC for MA only, you may leave SNBC any month. You must request to disenroll six business days before the end of the month for your SNBC coverage to end the last day of the month. You will then receive your MA on a fee-for-service basis. You can choose a different SNBC health plan or return to the MA fee-for-service program. Call your health plan or the Disability Hub MN™ toll free at 866-333-2466. Persons with hearing and speech disabilities may call the TTY number at 711. Office hours are Monday through Friday, 8:30 a.m. to 5:00 p.m.
- If you enrolled in SNBC for both MA and Medicare, you may be eligible to disenroll or switch to a different plan during **certain times of the year**. If you want to make a change, you must check with your health plan or Medicare to see if you may qualify

for a special enrollment period, which allows you to make changes to your enrollment in SNBC. Call 800-MEDICARE or go to www.medicare.gov to learn more about your special enrollment period options. Contact Disability Hub MN™ if you need help understanding your options or to contact Medicare.

- 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.
- **To file your health plan appeal, call, write, deliver to 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.

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).

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

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
 Health, Policy and Systems Compliance Division,
 Managed Care Systems
 PO Box 64882
 St. Paul, MN 55164-0882
 Phone: 651-201-5100 or 800-657-3916
 Fax: 651-201-5186

<https://www.health.state.mn.us/facilities/insurance/managedcare/docs/hmoform.pdf>

Health plan member services phone numbers

HealthPartners Aspire	952-967-7998 or 866-885-8880	TTY: 952-883-6060 or 800-443-0156
Hennepin Health SNBC	888-562-8000	TTY: 800-627-3529
Medica AccessAbility Solution	952-992-2580 or 888-347-3630	TTY: 952-992-2300
Prime Health Complete	877-600-4913	TTY: 800-627-3529
South Country Health Alliance Ability Care South Country Health Alliance SharedCare South Country Health Alliance SingleCare	866-567-7242	TTY: 800-627-3529
UCare Connect	612-676-3395 or 877-903-0061	TTY: 612-676-6810

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.

ያስተውሉ፡ ይህንን ዶኩመንት ለመተርጎም እርዳታ የሚፈልጉ ከሆነ፡ የጉዳዩን ስራተኛ ይጠይቁ ወይም በሰልክ ቁጥር 1-844-217-3547 ይደውሉ።

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

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ သင့်လူမှုရေးအလုပ်သမား အားမေးမြန်း ခြင်းသို့ မဟုတ် 1-844-217-3563 ကိုခေါ်ဆိုပါ။

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

請注意，如果您需要免費協助傳譯這份文件，請告訴您的工作人員或撥打1-844-217-3564。

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 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.

ဟ်သ့ဟ်သးဘဉ်တက့ၢ်. ဖဲန့ၢ်လိာ်ဘဉ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လိာ် တီလိာ်မိတၢ်အံၤန့ၢ်,သံက့ၢ်ဘဉ်ပုၤဂ့ၢ်မိအပုၤမၤစၢၤတၢ်လၢန့ၢ်မ့တ မ့ၢ်ကိးဘဉ် 1-844-217-3549 တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 담당자에게 문의하시거나 1-844-217-3565으로 연락하십시오.

ໂປຣດຊາບ. ຖ້າທ່ານ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງຖາມພະນັກງານກຳກັບການຊ່ວຍເຫຼືອຂອງທ່ານ ຫຼື ໂທໂທ 1-888-487-8251.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, hojjettoota kee gaafadhu 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, hawl wadeenkaaga 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.

LBT (8-16)

ADA1 (2-18)



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.