

# Managed Care Guide to Health Plan Enrollment

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Including Notice about  
Your Rights and Responsibilities



# 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 800-657-3739

**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 651-431-2670 or 800-657-3739

## 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 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

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 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  
 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)

## 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
- 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

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 get your complaint, 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 the outcome 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

800-657-3729

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

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟံ့သုတ်ဟံ့သးဘတ်တက့ၢ်. ဝဲန့ၢ်လိၣ်ဘတ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်,ကိးဘတ်လိတဲာ်နီၢ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ. ຖ້າທ່ານ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງໂທໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la' aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

LB2 (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](mailto:DHS.info@state.mn.us), call 800-657-3729, or use your preferred relay service.

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## Definitions

**Annual health plan selection (formerly open enrollment).** A time period during which health plan enrollees can select a different health plan.

**Capitation.** The monthly premium the state pays to the health plan for an enrollee's health care coverage.

**Copay.** A copay is an amount you pay at the time you receive health care services; your copays count toward your deductible.

**Cost sharing.** Term of a health plan that require enrollees to share the cost of health services, such as through copays and deductibles.

**Deductible.** An amount that an enrollee must pay toward his or her health care costs. There usually is a maximum deductible for each plan year.

**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.** This health care service delivery system pays health care providers for each service delivered. When a person is on MA and is not enrolled in a managed care health plan, the person gets fee-for-service coverage.

**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 of your health care.

**Medical Assistance (MA).** MA is Minnesota's Medicaid program for people with low income.

**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.

**Mixed household.** Some family members may have Medical Assistance and others may have MinnesotaCare on the same health care case.

**Network.** A group of health care providers who offer services to members of a health plan.

**Primary care clinic.** The clinic you 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 see at your primary care clinic. This person will coordinate all of your health care.

**Referral.** Written consent from your primary care provider or clinic that you may need to get before you can see certain providers, such as some specialists or doctors outside of your health plan network.

**Urgent Care.** Care for a condition that needs prompt treatment to stop the condition from getting worse. An urgent condition is not as serious as an emergency. Urgent care is available 24 hours a day.

## 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 the following MA long-term services and supports an enrollee received at age 55 or older:

- Nursing facility services
- Home and community-based services
- Related hospital and prescription drug costs

**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.

## Before you begin

Make sure the following things are included in your packet:

- A Health Plan Enrollment form
- A return envelope for the enrollment form
- A pre-enrollment questionnaire. You do not need to return the questionnaire, but if you answer yes to any of the questions for any household member, call your county managed care contact.

If any of the items listed are missing, call your county managed care contact which is found on the letter in your enrollment packet.

## Managed care

While you and your family members have Medical Assistance (MA), you will be enrolled in a health plan, which is referred to as managed care. In mixed households, all members may not have the same health plan choices available to them.

Your health services will not change from the services you are receiving now. Your health plan will take care of most of your health care needs and provide a network of providers for you and your family. 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 booklet you will:

- Know more about managed care
- Be able to choose a health plan or a primary care clinic for you and your family
- Be ready to fill out and send back your Health Plan Enrollment form.



### What is different?

Fee-for-service (before)	Managed care (now)
<ul style="list-style-type: none"><li>■ You could go to any Minnesota Health Care Programs provider.</li><li>■ You don't need a referral to see specialists.</li><li>■ You need to find a dentist and other health care providers who take your card.</li></ul>	<ul style="list-style-type: none"><li>■ You go to your health plan's doctors, clinics, hospitals, pharmacies and specialists.</li><li>■ Your primary health plan doctor can help you find a specialist.</li><li>■ You go to the health plan's dentist.</li><li>■ You can call your health plan's 24-hour nurse line and they will refer you to the best place for care.</li></ul>

## Step one: Choosing a health plan

The work sheet that is included may help you choose a health plan and primary care clinic.

**Remember:** All health plans must cover the same basic services.

- Some counties have only one health plan choice.
- The enrollment form has your health plan choices and which health plan you will be enrolled in if you don't make a choice.
- Each family member may choose a different clinic within the same health plan.
- 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 part of the health plan. You should also ask if the provider is accepting new patients.
- The health plan may not cover all of your health care costs. Read your member handbook (formerly known as Evidence of Coverage [EOC]) carefully to find out what is covered. You can also call the health plan's member services.

You can change your primary care clinic every 30 days upon request to the health plan. American Indians may not have to enroll in a health plan. Please see the pre-enrollment questionnaire in your packet of information.

### How much time do I have to pick a health plan or a primary care clinic?

You have about 30 days to pick your health plan. At the same time you pick your health plan, you may need to pick a primary care clinic. Your primary care clinic will be the first place you go to for your health care.

### 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's why it is important for you to pick a plan. If you do not pick a primary care clinic, the health plan may pick one for you based on where you live.

**Use this worksheet to help you pick a plan. Ask yourself these questions for each member of your family. Look at each plan's provider directory to see if your primary care clinic is part of the health plan. To view a plan's provider directory, go to [Resources for MHCP members who get care through a health plan](#) and click the link for the health plan provider directory:**

1. If you want to keep the doctor you have now, find out which health plan he or she is with.  
 Yes  No Do I have a doctor now?  
 Yes  No Do I want to keep this doctor?  
Which health plan(s) is my doctor with? .....
2. It may be important for you to pick the health plan your specialist is with.  
 Yes  No Do I see a specialist more often than a regular doctor?  
 Yes  No Do I want to keep this specialist?  
Which health plan(s) is my specialist with? .....
3. If you want to keep the dentist you have now, find out which health plans he or she is with.  
 Yes  No Do I have a dentist?  
 Yes  No Do I want to keep this dentist?  
Which health plan(s) is my dentist with? .....
4. It may be important to choose a health plan that has a clinic near your home, work or school.  
What is the name of the clinic? .....  
What are the clinic hours? .....  
 Yes  No Is the clinic open on Saturdays or Sundays?  
Which health plan(s) is my clinic with? .....
5. If you want to use a particular pharmacy, call the pharmacy and ask which health plans it accepts.  
Which health plan(s) is my pharmacy with? .....

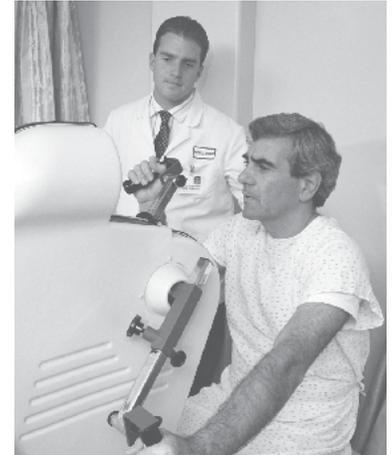
## Step two: Choosing your primary care provider

Your primary care provider is your personal doctor whom you see first when you are sick or in need of medical care. You go to your primary care doctor for:

- Check ups
- Shots
- Prescriptions
- Illness

Each health plan has a group of providers. You must use the providers that are in your health plan, which include:

- Primary care doctors
- Pharmacies
- Clinics
- Dentists
- Hospitals



### Seeing a specialist

Your primary care doctor may send you to see a specialist. A specialist is a doctor who is an expert on a specific part of your body. For example, a cardiologist will look at your heart and a dermatologist will look at skin problems. Some specialists do not require a referral from your primary care provider. Specialists are also listed in the health plan provider directory.

## Step three: Fill out and return your enrollment form

Choose a health plan and primary care clinic. Fill out the enrollment form. Make sure you do the following:

- List the primary care clinic code from the health plan provider directory for each family member
- Answer the three questions for each family member.
- Sign and date the form.
- Mail the form back in the envelope we sent to you within 30 days

## What will happen once I choose a health plan?

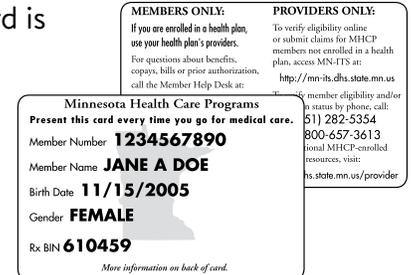
You will get a letter from the Department of Human Services telling you which health plan you are enrolled in. The letter will also tell you when you can begin getting services through your health plan. Before that date, you can get your care through fee-for-service.

If the health plan **is not** the one you picked, call the number on the letter as soon as possible.

Once you are enrolled in a health plan, you will have two cards. One card is from the state, the other card is from your health plan. **You will need both cards to get health care services.**

The health plan will send you:

- A member handbook
- A health plan member card



## Services covered by your health plan

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

- Call your health plan
- Ask your provider
- Call your worker

The following lists some of the services you can get under Medical Assistance. Your provider must get approval for some health care services before you get them. The services must be medically necessary. Some services below may have a copay.

Services covered under managed care are:

- Alcohol and drug treatment
- Chiropractic care
- Dental care (limited)
- Doctor and clinic visits
- Emergency room care
- Eyeglasses
- Family planning services
- Hearing aids
- Home care
- Hospice care
- Hospital services (inpatient and outpatient)
- Immunization and vaccines
- Interpreter services
- Lab and x-ray services
- Licensed birth center services
- Medical equipment and supplies
- Medical transportation (emergency and non-emergency)
- Mental health care
- Nursing homes and ICF-DD facilities
- Outpatient surgery
- Prescriptions and medication therapy management
- Rehabilitative therapy
- Urgent care

## Benefits that may be available outside of your health plan

- Child welfare-targeted case management
- Coverage for some long-term-care services, including nursing home
- Intermediate care facility for people with developmental disabilities (ICF-DD)
- Some waived services
- Services provided through a school district that are in an Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP)
- Abortion services

To find out more about these benefits, call your county worker or county managed care unit.

### Information about cost sharing

Some members have cost sharing. Cost sharing means the amount you pay toward your health care costs. For more information on cost sharing amounts, see the Summary of Coverage, Cost Sharing and Limits form included with your enrollment packet.

There are some exceptions to cost sharing. The exceptions are the same in each health plan. Your health plan will send you information on when cost sharing applies.

American Indians who are receiving services from an Indian Health Care provider (IHCP) and IHS Contract Health Service (IHS-CHS) through referral from an Indian Health Service (IHS) are exempt from cost sharing.

### Information about deductibles

Some members may have a deductible. A deductible is an amount that must be paid toward health care costs. A deductible is separate from copays. Children under 21 years old do not have deductibles.

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 MA who are not otherwise exempt from copays and deductible.

## When should I use the emergency room?

- Use the emergency room for a condition that needs treatment right away.
- An emergency is a condition that you believe needs prompt care, and without prompt care, it could cause: serious physical or mental harm; continuing severe pain; serious damage to body functions, organ or parts; or death. Call 911 first, or go to the nearest emergency room.
- Any time you need health care right away and the illness or injury is not life threatening, call your clinic even if it is closed. The clinic will have a recorded message giving you a phone number that you can call to find out what to do. This phone number could be for a nurse help line or for an urgent care center.



- If you go to the emergency room when it is not an emergency, the hospital may bill you for a copay after your visit to the emergency room. For more information, you should call the health plan's member services.
- If you go to a health care provider outside of your health plan when there is not an emergency, you may have to pay the bill. That's why it's important to call your health plan first.

**Remember to use your primary care clinic for all of your health care needs.**

## Questions about your health plan

Health plan member services can answer your questions. Their number will be on the back of your health plan member card.

## What should I do if I move to another county?

If you move to another county, talk to your new county 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 plan is still available, you may need to call your health plan to pick a new clinic.



## Are Indian Health Service 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 choose them as your primary care provider. If your IHS or tribal clinic is not part of the health plan you choose, you will need to select 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.

American Indians who are receiving services from an Indian Health Care Provider (IHCP) and IHS Contract Health Service (IHS-CHS) through referral from an Indian Health Service (IHS) are not charged copays.

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

**Aazhoomog Clinic**  
Sandstone, MN  
320-384-0149 or 877-884-0149

**Bois Forte Band**  
Bois Forte Medical Clinic  
Nett Lake, MN  
218-757-3650 or 800-223-1041

**Cass Lake PHS Indian Hospital**  
Cass Lake, MN  
218-335-3200 or 888-257-8067

**Center for American Indian Resources (CAIR)**  
Duluth, MN  
218-726-1370

**East Lake Health Services**  
East Lake, MN 877-768-3311

**Fond-du-Lac Band**  
Min-No-Aya-Win Clinic  
Cloquet, MN  
218-879-1227 or 888-888-6007

**Grand Portage Health Service**  
Grand Portage, MN 218-475-2235

**Leech Lake Band Clinics in:**  
Bemidji, Bena, Cass Lake, Deer River, Onigum  
218-335-4500 or 800-282-3389

**Mille Lacs Band**  
Ne-la-Shing Clinic  
Onamia, MN 320-532-4163

**Prairie Island Community Clinic Welch, MN**  
651-385-4148 or 800-554-5473

**Red Lake Service Unit IHS/PHS Hospital**  
Red Lake, MN  
218-679-3912

**Shakopee Dakota Clinic**  
Prior Lake, MN 952-496-6150

**White Earth Service Unit IHS/PHS Facility**  
White Earth, MN  
218-983-4300 or 800-477-0125

# Summary 2017 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”
<b>Medical Assistance – Responses from 18- to 64-year-olds</b>					
Blue Plus	58%	62%	50%	85%	58%
HealthPartners	64%	78%	53%	83%	60%
Hennepin Health	51%	66%	53%	78%	58%
Itasca Medical Care	55%	66%	60%	83%	61%
PrimeWest Health	54%	64%	53%	80%	58%
South Country Health Alliance	62%	66%	56%	82%	58%
UCare	63%	62%	57%	75%	54%
<b>Average of all health plans</b>	58%	66%	54%	81%	58%

## What should I do if I have a problem with my health plan?

- Contact member services at your health plan. The phone numbers are listed in the packet of information from your health plan and on your health plan card. Your health plan must respond to your problem within 10 days.
- Call your health plan and ask to get a second medical opinion. Your health plan will give you the name of a doctor who is part of the health plan. You may get a second medical opinion for mental health or chemical dependency from a provider outside of the health plan and the health plan will pay for it.
- Write a letter to your health plan. Include your name, address, telephone number and an explanation of your problem. Your health plan must answer your letter within 30 days.
- Read the Rights and Responsibilities section to find out how to file an appeal or call the Ombudsman for State Managed Health Care Programs at 651-431-2660 or 800-657-3729 (toll free).

The Rights and Responsibilities section includes important information about:

- What to do if you are having a problem with your health plan
- What to do if your health plan will not pay for something
- What to do if you have a problem that is not being resolved

### Work sheet — Calling my health plan with a complaint

Use this work sheet to make notes to yourself. It will help you remember what you want to say, who you talked to and what you were told.

**Date of your call:** \_\_\_\_\_

**Phone number you called:** \_\_\_\_\_

1. The name of the person you were talking to: \_\_\_\_\_

2. The problem you are having: \_\_\_\_\_

\_\_\_\_\_

3. Ask the health plan what they will do to help with your problem: \_\_\_\_\_

\_\_\_\_\_

4. Ask how long it will take them to get back to you: \_\_\_\_\_

5. Ask for the name of the person who will get back to you: \_\_\_\_\_

## Notice about Your Rights and Responsibilities for the Minnesota Managed Health Care Programs

### Your responsibilities

- **ID cards.** Show your health plan card AND your Minnesota Health Care Programs card every time you go for medical care.
- **Health care.** Know how to get emergency and other health care services in and out of your home area. Know which services are covered in your program or benefit set. This information is in your health plan's Member Handbook. If you receive a service that is not covered, you may have to pay for the service.
- **Each time you get health services.** Check to be sure that the provider is a health plan provider. If you receive service from a provider who is not in your health plan, you may have to pay for the service.
- **Copays.** Know which services require copays. A copay is an amount that you will be responsible to pay to your provider.
- **Limited benefit levels.** Know which services have limits. You will be responsible for any costs above the benefit limit.
- **Your questions.** Call your health plan member services number. It is listed on the back of your health plan ID card. You can also call the Ombudsman for State Managed Health Care Programs or your worker.

### Your rights

You have the right to:

- **Be treated with respect, dignity and consideration for privacy.**
- **Get the services you need 24 hours a day, seven days a week.**
- **Know that your health plan will keep your records private according to law.**
- **Request and receive a copy of your medical records.** You also have the right to ask for corrections to be made to the records.
- **Get a second opinion for medical, mental health and substance use disorder services.** For mental health or substance use disorder, you may receive the second opinion from a provider who is not part of the health plan.
- **Be told about your health problems.** Get information about treatments, your treatment choices and how they will help or harm you.
- **Refuse treatment.** Get information about what might happen if you refuse treatment. You also have the right to refuse care from specific providers.
- **Be free of restraints or seclusion used as a means of coercion, discipline, convenience or retaliation.**
- **Change your primary care clinic every 30 days upon request to the health plan**
- 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 covered services or providers experienced in dealing with your health care needs, the plan provided 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 appeal (state fair hearing).
  - You may change your primary care clinic every 30 days by contacting your health plan.
  - See your member handbook for more information.
- 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 **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. If you lose the appeal, you may be billed for the service, but only if state policy allows this.

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 the quality of care or failure to respect your rights, you can contact your health plan. Tell them what happened. You will get a response from the 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 60 days** of the date on the notice. You can have more time if you have a good reason. 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 appeal** (state fair hearing). You must appeal to the health plan first. After you get the health plan's determination, you have 120 days to request a state appeal. If you appeal to the health plan and the health plan takes more than 30 days to decide your appeal, you may request a state appeal without waiting any longer. You may bring a friend, relative, advocate or attorney to the hearing.

To request a state appeal, **mail or fax your request to:**

Minnesota Department of Human Services  
 Appeals Division  
 PO Box 64941  
 St. Paul, MN 55164-0941  
 Fax: 651-431-7523

**Or submit your request online with this form:**  
<https://edocs.dhs.state.mn.us/lfservlet/Public/DHS-0033-ENG>

**For help with a grievance or appeal, contact the state ombudsman:**

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

