



MSHO and Medical Spenddowns

You are enrolled in a health care program called Minnesota Senior Health Options (MSHO). While enrolled in MSHO, people who have a monthly medical spenddown must pay that spenddown.

What is a spenddown?

Having a spenddown means that you must “spend down,” or pay, a part of your income each month to stay eligible for Medical Assistance and MSHO. (You must be eligible for Medical Assistance to be in MSHO.)

Because you are enrolled in MSHO, the spenddown you pay each month provides your health care coverage for the next month (for example, your January payment keeps you in MSHO in February).

How do I know whether I have a spenddown?

Your county worker will tell you whether you have a spenddown and how the spenddown was calculated.

How much will my medical spenddown be?

The amount of your spenddown depends on your income and other factors. The Minnesota Department of Human Services (DHS) will send you a bill each month. The bill will tell you the amount of the spenddown that you owe and when it is due. The bill does not show amounts owed from previous months or whether you have already paid the amount due that month.

If you have questions about the amount you currently owe, contact the Premium Billing unit at 651-431-3205.

To whom do I pay my spenddown?

While on MSHO, you must pay your spenddown directly to DHS.

How do I pay, and where do I send my payment?

You can:

- pay by mail with a personal check, cashier’s check or money order or
- pay online at the DHS Payments website at <http://payments.dhs.state.mn.us>. This website allows you to set up payments to be one time or recurring. Payments that are set up to be recurring will continue until you stop them or change the amount.

If you lose the envelope that comes with your bill, send your payment to this address:

DHS – MSHO
P.O. Box 64835
St. Paul, Minnesota 55164-0835

If you have questions about the amount you currently owe or whether an amount paid was credited to your account, contact the DHS Premium Billing Unit at 651-431-3205.

What if I can't pay the full amount when it's due?

You must pay the full amount of the spenddown each month to stay enrolled in MSHO. If you do not, DHS will disenroll you from the MSHO health plan. If you are disenrolled, you must pay DHS any medical spenddown amounts you still owe within 90 days to enroll in MSHO again. You will not be able to re-enroll in MSHO if you owe DHS for past-due amounts.

What happens with my spenddown if I return to regular Medical Assistance?

If you disenroll from MSHO, you will get your health care through regular Medical Assistance instead of the MSHO health plan. You will still have a spenddown, and you will pay your spenddown directly to providers. Each month, providers will bill you until you have paid your full spenddown.

If you don't think you can afford to pay your spenddown to DHS each month, you can disenroll from MSHO. Call your health plan's member services line to disenroll from MSHO.

What if I have questions?

If you have questions about your spenddown amount, or if your income changes, call your county financial worker. If you do not know the number, call the Minnesota Health Care Programs (MHCP) Member Help Desk at 651-431-2670 or 800-657-3739 (TTY: use your preferred relay service) for help.

651-431-2670 and 800-657-3739

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

ያስተውሉ፡ ካለምንም ክፍያ ይህንን ደክመንት የሚተረጉምሎ አስተርጓሚ ከፈለጉ ከላይ ወደተጻፈው የስልክ ቁጥር ይደውሉ።

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

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

අំណတ်အား ၁ ဖြစ်ပေါ်စေရန်အတွက် ကျွန်ုပ်တို့က ဤစာရွက်စာတမ်းကို ပြန်လည်အသုံးပြုရန်အတွက် အကူအညီပေးခြင်းကို မလိုအပ်ပါ။

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.

ဖတ်သူတို့သည် သဘောတူညီချက်အရ အခမဲ့အကူအညီပေးခြင်းကို လိုအပ်ပါက အထက်ဖော်ပြပါဖုန်းနံပါတ်ကို ခေါ်ဆိုနိုင်ပါသည်။

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

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພໍ, ຈົ່ງໂທໂປຣດຊາບເລກຂ້າງເທິງນີ້.

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, call 651-431-2670 and 800-657-3739 or use your preferred relay service.