

Guide to Special Needs BasicCare (SNBC) Enrollment

Managed Care for People with Disabilities

Including
Your Rights and Responsibilities

This information is effective as of January 1, 2019.



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

Disability Hub MN™ - 866-333-2466

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။

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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.

ဟ်သုဂ်ဟ်သးဘၣ်တက့ၢ်. ဝဲန့ၣ်လိၣ်ဘၣ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တိလံာ်မိတခါအံၤန့ၣ်.ကိးဘၣ်လိဝဲစီနီၢ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

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

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງໂທໂປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

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 800-657-3739, or use your preferred relay service.

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Glossary

Annual health plan selection (AHPS): If you are a Minnesota Health Care Programs (MHCP) member who gets health care through a health plan, this is the time when you have the chance to choose a new plan each fall, for the next year, if more than one option is available in your area.

Appeal: A request from an enrollee for a health plan to review an action such as reduction, denial or termination of service.

Care coordinator: A nurse or social worker who is available to help you with your health care and social services needs.

Certified disability: A person **gets** certified as disabled by Social Security Administration (SSA), State Medical Review Team (SMRT) or a county determination for eligibility for the Developmental Disability (DD) waiver.

Copay: A portion of a medical bill that the patient must pay to the provider.

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

Disability Hub MN™: A free statewide resource network that helps people with disabilities understand their health care options including enrollment into SNBC. Disability Hub MN™ can be contacted toll free at 866-333-2466.

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.

Evidence of Coverage (EOC) or Member Handbook: Information from the health plan that explains what is covered, what the health plan must do, what your rights are, and what you must do as a member of the health plan.

Fee-for-service: The health care service delivery system pays health care providers for each service delivered. Some services are still paid by DHS even when you are enrolled in a health plan for SNBC.

Formulary: A list of prescription and over-the-counter drugs that a health plan will pay for.

Grievance: A complaint to the health plan regarding dissatisfaction such as quality of care or failure to respect enrollee's rights.

Health plan: Health maintenance organizations 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 or care coordinator will work with you to coordinate your health care.

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

Medicare: Medicare is the federal health insurance program for people who are 65 years old or older, certain younger people with disabilities, and people with End Stage Renal Disease.

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

Primary care clinic: The clinic you may 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 may manage your health care.

Prior authorization or service authorization: Approval by the health plan before you receive services that confirm the services are medically necessary.

Referral: Written consent from your primary care provider or health plan to see certain providers, such as those not in the health plan network.

Special enrollment period: Most people enrolled in a health plan that covers Medicare Part D can end their membership in their current health plan and start a new health plan during certain times of the year. People enrolled in SNBC for Medical Assistance AND Medicare may be able to end their membership in the SNBC plan or switch to a different plan one time during each of the following special enrollment periods (SEP):

- January 1 to March 31
- April 1 to June 30
- July 1 to September 30

In addition to these three special enrollment periods, you may end your membership in the SNBC plan during the following periods:

- Annual enrollment period: From October 15 to December 7. If you choose a new plan during this period, your membership in your current plan will end December 31 and your membership in the new plan will start January 1.
- The Medicare Advantage open enrollment period: From January 1 to March 31. If you choose a new plan during this period, your membership in the new plan will start the first day of the next month.

Special enrollment periods do not apply for people in SNBC for Medical Assistance only. Refer to the comparison of managed care programs for people with disabilities chart on page 4 for more information about the differences between programs. For help understanding your election period options, contact Disability Hub MN™ toll free at 866-333-2466.

State appeal: A hearing with a Minnesota Department of Human Services judge to review a decision made by a health plan. You must appeal to your health plan first, then you can request a state appeal.

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.

SNBC managed care

If you are covered by Medical Assistance, 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 and 18 through 64 years old is **Special Needs BasicCare (SNBC)**.

SNBC is available in all counties in Minnesota. Different health plans are available depending upon the county you live in. SNBC is open to people with all types of disabilities who have Medical Assistance. If you also have Medicare, you must have Parts A and B to enroll in SNBC. If you want to receive your Medicare benefits through SNBC, see page 5 for more information.

Key differences between fee-for-service coverage and managed care through a health plan are listed in the table. Your benefit set for Medical Assistance will not change if you enroll in an SNBC health plan. Your health plan will take care of most of your health care needs and provide a network of providers for you. They also may have a care coordinator or navigator available to help you get the care that you need.

When you are done reading this booklet you will:

- Know the difference between Medical Assistance fee-for-service (FFS) and the two SNBC managed care programs
- Be able to choose a health plan or primary clinic
- Be ready to fill out and send back your health plan enrollment form if you wish to enroll, or know how to opt out of enrollment in SNBC

What is the difference?

Medical Assistance fee-for-service (FFS)	Special Needs BasicCare (SNBC) Medical Assistance
<ul style="list-style-type: none">■ You can go to any Minnesota Health Care Programs provider that accepts Medical Assistance FFS.■ You do not need a referral to see a specialist.■ You need to find a dentist who accepts Medical Assistance FFS.■ You will have to pay copays for some services (see copays on page 5).■ If you have a medical spenddown, your provider(s) will bill you for it.	<p>There may be two managed care programs for people with disabilities. This is explained on the next page.</p> <ul style="list-style-type: none">■ You go to your health plan's doctors, clinics, hospitals, pharmacies and specialists.■ Your doctor or care coordinator can help you find a specialist.■ You can call the health plan's 24-hour nurse line and they will refer you to the best place for care.■ You go to the health plan's dentists.■ There are no Medical Assistance copays.■ Your health plan may offer additional benefits beyond the Medical Assistance benefit set.■ If you enroll and later have a medical spenddown, you must pay your spenddown each month (see spenddowns on page 6).

If you have Medicare, please see page 9 for more information.

Comparison of managed care programs for people with disabilities

Comparison of SNBC Programs and Covered Services – All benefits are subject to eligibility and program limitations. *In addition to MA covered benefits, some SNBC plans cover your Medicare benefits, which could include prescription drugs, inpatient hospital care and other Medicare benefits. Please refer to the SNBC Member Handbook (Evidence of Coverage) for a complete list of covered services.

	SNBC for Medical Assistance	SNBC for Medical Assistance AND Medicare*
Enrollment and disenrollment	Enrollment is voluntary for those with Medicare Parts A and B or those without Medicare. You can disenroll or switch to a different plan each month.	Enrollment is voluntary for those with Medicare Parts A and B. You can only disenroll or switch to a different Medicare plan during the Medicare special enrollment periods. The special enrollment period is a new policy effective January 1, 2019, per the Center for Medicare and Medicaid Services (CMS). Please see glossary for more information. For help understanding your election period options, contact Disability Hub MN™ toll free at 866-333-2466.
Health care cards	You will have: <ul style="list-style-type: none"> ■ SNBC card through health plan for MA ■ Medicare card for Parts A and B ■ Medicare Part D card for prescription drugs 	Your SNBC card gives access to MA and Medicare services.
Medical Assistance basic care services (see page 7 for more information)	Covered	Covered
Medicare services	Medicare Parts A, B and D are not included in SNBC. Instead, enrollees get Medicare Parts A and B services through Original Medicare and prescription drugs through a separate Medicare Part D plan.	SNBC health plan covers all Medicare services including Part D drugs.
Medicare Part D prescription drug coverage	Prescriptions provided by separate Part D plan.	Prescription drugs are covered through the SNBC health plan.
Care coordination	Receive a care coordinator to plan care, help connect with providers and reduce confusion.	Receive a care coordinator to plan care, help connect with providers and reduce confusion.
Medical Assistance long-term care services	SNBC health plan covers 100 days of nursing home care. After 100 days, nursing home care is covered by MA fee-for-service.	SNBC health plan covers 100 days of nursing home care. After 100 days, nursing home care is covered by MA fee-for-service.

Comparison of copays and other costs

Some members have to pay copays for some services. This chart shows services that have copays. There are some exceptions to copays. The exceptions are the same in each health plan. Your health plan will send you information on when copays apply.

	SNBC for Medical Assistance	SNBC for Medical Assistance and Medicare	Medical Assistance fee-for-service (FFS)
Emergency room (ER) care	No copay	No copay	\$3.50 copay for non-emergency ER visits
Prescriptions	No copay for Medical Assistance covered prescriptions	Copays on Medicare Part D prescriptions only	Copays on Medicare Part D prescriptions Copays on prescriptions paid by Medical Assistance: \$3 copay on brand name \$1 copay on generic \$12 maximum monthly copay No copay for some mental health medications
Non-preventive office visits	No copay	No copay	\$3 copay per visit; no copay on mental health visits
Dental services	No copay	No copay	No copay
Mental health services	No copay	No copay	No copay
Substance use disorder services	No copay	No copay	No copay
Deductible	No deductible	No deductible	\$3.10 per month A deductible is separate from copays. Pregnant women and children under 21 years old do not have deductibles
American Indians receiving services from an Indian Health Care Provider (IHCP) and IHS Contract Health Service (IHS-CHS)	No copay	No copay	No copay

Spenddowns

If you live in the community and have a medical spenddown, you cannot enroll in SNBC. If you enroll in SNBC and later have a medical spenddown, you can stay in SNBC. You must pay your medical spenddown in advance to the Minnesota Department of Human Service (DHS).

Having a spenddown means that you must “spend down” or pay a part of your income each month to be or stay eligible for Medical Assistance. You cannot be enrolled in SNBC if you do not have Medical Assistance.

You may enroll in SNBC with an institutional spenddown. You will pay your institutional spenddown to the facility, whether you are on Medical Assistance FFS or enrolled in SNBC.

DHS will bill you monthly for your medical spenddown. You must pay the spenddown to get next month’s Medical Assistance coverage through SNBC. If you do not pay the spenddown for three months, you will be disenrolled from SNBC and returned to Medical Assistance FFS.

For example:

- If you are on Medical Assistance FFS and have a \$100 monthly medical spenddown, Medical Assistance will pay for your medical bills after the first \$100 in charges.
- If you are enrolled in SNBC and have a \$100 monthly medical spenddown, you must pay the spenddown each month to DHS to get the next month’s Medical Assistance coverage through SNBC.

Medical Assistance for Employed Persons with Disabilities (MA-EPD)

If you are eligible for the Medical Assistance through the MA-EPD program, you may enroll in SNBC. If you are certified disabled and have a job, contact your financial worker to see if you could be eligible for MA-EPD. MA-EPD enrollees pay a monthly premium, depending on their income. If you do not pay a required MA-EPD premium, you will lose your Medical Assistance coverage and will be disenrolled from SNBC.

Special Needs BasicCare (SNBC) categories of basic covered services

Medical Assistance (MA) Through SNBC

MA covers the services listed here. These services are covered through your health plan. Not all covered services are listed. Please see your evidence of coverage or member handbook for detailed information.

- Care coordination
- Child and Teen Checkups (C&TC)
- Chiropractic care
- Dental services (limited for nonpregnant adults)
- Diagnostic services – lab tests and X-rays
- Doctor and other health services
- Emergency medical services and post-stabilization care
- Eye care services
- Family planning services
- Hearing aids
- Home care services
- Hospice
- Hospital services, inpatient and outpatient
- Interpreter services
- Medical equipment and supplies
- Mental and behavioral health services
- Nursing home services
- Obstetrics and gynecology (OB/GYN) services
- Prescription drugs
- Preventive care and screening tests
- Rehabilitation therapies
- Substance use disorder services
- Surgery
- Telemedicine services
- Transportation to and from medical services
- Urgent care

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

For people with Medicare: Medical Assistance (MA) cannot pay for any drugs or copays 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. MA does not cover Part D copays. Check with your SNBC plan to find out whether your Medicare drug coverage is through SNBC or through another prescription drug plan.

SNBC services continued under fee-for-service

Contact your county about these services:

- Community Access for Disability Inclusion waiver (CADI)
- Community Alternative Care waiver (CAC)
- Brain Injury waiver (BI-NF, BI-NB)
- Developmental Disabilities waiver (DD)
- Waiver case management
- Long-term care consultation (LTCC)
- Relocation service coordination (RSC)
- Personal care assistance (PCA) services
- Vulnerable adult – developmental disability (VADD) targeted case management
- ICF-DD services

Contact a local home care agency about Home care nursing (HCN) services.

Contact your clinic about these services:

- Abortion services, as allowed by state and federal law
- Circumcision for newborns, as allowed by state law

Contact your school about individual education plan (IEP) services.

Questions about waiver or PCA services

If you enroll in SNBC, your local county or tribal agency will still coordinate your waiver services. The county or tribe will continue to do assessments for PCA services. If you have questions or concerns about your waiver services, contact your case manager at the county or tribe. If you have questions or concerns about your PCA, contact the PCA agency.

Step one: Choose a health plan

You can complete the following questions if you need help to choose a health plan.

Remember:

- All health plans must cover the same basic services. Some counties have only one health plan choice.
- You can change your primary care clinic every 30 days by contacting your health plan.
- Family members may choose different health plans or different clinics in the same health plan.
- If you do not want to enroll in SNBC, you may sign and return an “opt out” form and remain in Medical Assistance fee-for-service.

Questions to ask yourself before enrolling in an SNBC plan.

When enrolling in a health plan, consider what medical providers are important to you.

Who is your primary care provider? Name:

Who is your dentist? Name:

Who are your specialists? Name:

Who are your durable medical equipment (DME) providers? Name:

Who are your transportation providers? Name:

Which pharmacy do you use? Name:

What medication(s) am I on? Name:

Who is paying for my medications now? Medicare Part D or Medical Assistance?

If you are considering enrolling into SNBC for Medical Assistance AND Medicare, check to see if your medications are covered under the plan.

Please have these questions filled out before you call Disability Hub MN™ for help enrolling in a health plan. The Disability Hub MN™ and Senior LinkAge Line® (SLL) are available to assist people with disabilities to make an informed choice about their health plan options.

Disability Hub MN™ 866-333-2466 toll free

Senior LinkAge Line® 800-333-2433 toll free

How much time do I have to pick a health plan or opt out of SNBC?

You have about 30 days to pick your health plan. You will be enrolled in a plan for the next available month if you do not fill out the SNBC Choice form to opt out.

Remember: You do not need to enroll in SNBC. If you return your “opt out” form, you will stay on Medical Assistance FFS.

What is a primary care clinic?

The primary care clinic you pick is usually the first place you go for your health care. This is where you would go for preventive care and vaccinations. Call your health plan within the first 30 days to pick your clinic. If you do not pick a primary care clinic, your health plan may pick one for you. Call your health plan if you want to change your primary care clinic.

Seeing a specialist

Your primary care provider 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. Your health plan can provide a provider listing that includes specialists. A specialist may be your primary care provider.

If you would like a list of providers you can see, call Member Services at your health plan. You can ask them to mail you a copy. This list is also available online on your plan's website.

What do I need to do to enroll in an SNBC health plan for Medical Assistance?

- Do nothing and DHS will automatically enroll you in an SNBC health plan that we choose for you or
- Choose a plan using the SNBC Choice form. Return the form to DHS as described on the form within 30 days from the date of your enrollment letter.

What do I need to do to enroll in an SNBC health plan for Medical Assistance AND Medicare?

Contact the health plan you want to enroll in and request an enrollment packet. Make sure you:

- Fill out the enrollment form
- Sign and date the enrollment form
- Return the enrollment form to the health plan in the envelope they sent you

You can enroll or disenroll into a different Medicare plan only during the Medicare special enrollment periods.

The special enrollment period is a new policy effective January 1, 2019, per the Centers for Medicare & Medicaid Services (CMS). Please see glossary for more information.

For help understanding your election period options, contact Disability Hub MN™ toll free at 866-333-2466.

What will happen after I enroll in a health plan?

You will get a letter from the Department of Human Services telling you which health plan you are 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.

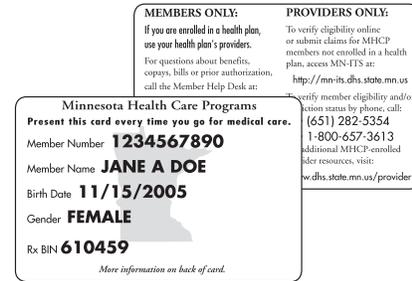
If the health plan **is not** the one you picked, call Disability Hub MN™ at 866-333-2466 as soon as possible.

Once you are enrolled in a health plan, you will have two ID cards. One is the Minnesota Health Care Programs card. It is your ID card from the state. The other card is your member card from the health plan. You will need both cards to get health care services.

The health plan will send you:

- An Evidence of Coverage or Member Handbook
- A health plan member card

If you would like a list of providers you can get services from, call member services at your health plan. You can ask them to mail you a list. This list is also available online on your plan's website.



What if I cannot get my prescription filled after I am enrolled in a health plan?

If a pharmacist says your health plan will not cover your prescription, call one of the following:

- Care coordinator
- Managed care ombudsman
- Health plan member services

A doctor must write the prescription and it must be filled at a pharmacy. Both the doctor and your pharmacy must be covered by your plan. Some drugs require prior authorization.

What if I cannot find a dentist that will take my insurance?

If you cannot find a dentist, contact your care coordinator or the health plan's member services for help.

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 or go to the emergency room first, then call your health plan.
- 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 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 start with your primary care clinic for all of your health care needs.

What if I have questions about my health plan?

The health plan's member services or your care coordinator can answer your questions. Their number is on the back of your health plan member card.

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

- Contact your care coordinator.
- 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.
- File a complaint with your health plan.
- 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 on page 13 to find out how to file an appeal or contact the Ombudsman Office for Public Managed Health Care Programs at 651-431-2660 (Twin Cities metro area) 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

Worksheet — 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 on the phone. It's also a good idea to have notes of whom you talked to and what you were told.

Date of your call: _____

Phone number you called: _____

1. The name of the person you are 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 a name of a person who will get back to you: _____

What should I do if I move to another county?

If you move to another county, report your new address to your county worker. Your care coordinator or navigator at the health plan or the Disability Hub MN™ will know if your health plan is available in that county. If you need help finding a health plan in your new county, contact the Disability Hub MN™ at 866-333-2466 toll free.

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

Important information for people turning 65 years old

When you turn 65 years old, you will be disenrolled from SNBC and asked to pick a senior plan. Members with a birthdate on the first of the month will be disenrolled from SNBC on the last day of the month before they turn age 65. All other members will be disenrolled from SNBC on the last day of the month they turn age 65.

There are two managed care senior programs to choose from:

- Minnesota SeniorCare Plus (MSC+) is a managed care program for people who have MA with or without Medicare. Those on Medicare must get their Medicare Part D through a separate drug plan. Medicare Parts A and B benefits are covered on a fee-for-service basis.
- Minnesota Senior Health Options (MSHO) is a managed care program for people who have MA and Medicare Parts A and B. All Medicare and MA medical services and drugs are covered by your MSHO health plan.

For more information on these managed care programs, contact the Senior LinkAge Line® at 800-333-2433 toll free.

Are Indian Health Services or tribal clinics part of a health plan network?

In some cases, yes. If the Indian Health Services (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 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.

Bois Forte Band

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

Fond-du-Lac Band

Min-No-Aya-Win Clinic
Cloquet, MN
218-879-1227 or 888-888-6007

Center for American Indian Resources (CAIR)

Duluth, MN
218-726-1370

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

East Lake Health Services

East Lake, MN
877-768-3311

Aazhoomog Clinic

Sandstone, MN
320-384-0149 or 877-884-0149

Prairie Island Community Clinic

Welch, MN
651-385-4148 or 800-554-5473

Shakopee Dakota Clinic

Prior Lake, MN
952-496-6150

Cass Lake PHS Indian Hospital

Cass Lake, MN
218-335-3200 or 888-257-8067

Red Lake Service Unit

IHS/PHS Hospital

Red Lake, MN
218-679-3912

White Earth Service Unit

IHS/PHS Facility

White Earth, MN
218-983-4300 or 800-477-0125

Notice about Your Rights and Responsibilities for the Special Needs BasicCare program

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.

- **Changing 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 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.
- **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/lfservlet/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.

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 services an enrollee received at 55 years old or older:

- Nursing facility services and 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.