

**Managed Care for People With Disabilities
Health Plan Grid – 2019**

In this grid, “we” refers to the health plan listed in the first row of the column. This document describes services provided by health plans in the Special Needs BasicCare (SNBC) program. Some services are not available under fee-for-service Medical Assistance.

	South Country Health Alliance SNBC	Medica SNBC	HealthPartners SNBC	Hennepin Health SNBC	PrimeWest Health SNBC	UCare SNBC
SNBC name	<p>AbilityCare (HMO¹ SNP²) Fully integrated, dual- eligible Medicare and Medicaid product</p> <p>SingleCare Nondual, Medicaid-only product</p> <p>SharedCare Dual nonintegrated Medicaid product</p>	<p>Medica AccessAbility Solution Nondual, Medicaid-only product and dual nonintegrated Medicaid product</p> <p>Medica AccessAbility Solution Enhanced Fully integrated Medicare and Medicaid coverage for dual-eligible SNBC enrollees</p>	<p>HealthPartners® Inspire Nonintegrated, Medicaid-only product serving dual-eligible and nondual-eligible SNBC enrollees</p>	<p>Hennepin Health SNBC Nonintegrated, Medicaid-only product serving dual-eligible and nondual-eligible SNBC enrollees</p>	<p>Prime Health Complete (HMO-SNP) Fully integrated, dual- eligible Medicare and Medicaid product</p> <p>Special Needs BasicCare Nondual, Medicaid-only product and dual nonintegrated Medicaid product</p>	<p>UCare Connect Nonintegrated, Medicaid-only product serving dual-eligible and nondual-eligible SNBC enrollees</p> <p>UCare Connect + Medicare Fully integrated Medicare and Medicaid coverage for dual-eligible SNBC enrollees</p>

¹Health maintenance organization

²Special needs plan

	South Country Health Alliance SNBC	Medica SNBC	HealthPartners SNBC	Hennepin Health SNBC	PrimeWest Health SNBC	UCare SNBC
Counties served	Brown, Dodge, Freeborn, Kanabec, Goodhue, Morrison, Sibley, Steele, Todd, Wabasha, Wadena, Waseca	AccessAbility Solution: Anoka, Carver, Dakota, Hennepin, Kandiyohi, Rice, Ramsey, Scott, Sherburne, Washington, Wright AccessAbility Solution Enhanced: Carver, Dakota, Hennepin, Ramsey, Scott	Aitkin, Anoka, Becker, Benton, Carlton, Carver, Cass, Chisago, Clay, Cook, Crow Wing, Dakota, Hennepin, Kittson, Koochiching, Lake, Mahnomen, Marshall, Mille Lacs, Norman, Otter Tail, Pennington, Pine, Polk, Ramsey, Red Lake, Roseau, Scott, Sherburne, St. Louis, Stearns, Washington, Wilkin, Wright	Hennepin	Beltrami, Big Stone, Clearwater, Douglas, Grant, Hubbard, McLeod, Meeker, Pipestone, Pope, Renville, Stevens, Traverse	UCare Connect Aitkin, Anoka, Becker, Benton, Blue Earth, Carlton, Carver, Cass, Chippewa, Chisago, Clay, Cook, Cottonwood, Crow Wing, Dakota, Faribault, Fillmore, Hennepin, Houston, Isanti, Itasca, Jackson, Kandiyohi, Kittson, Koochiching, Lac Qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahnomen, Marshall, Martin, Mille Lacs, Mower, Murray, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Pine, Polk, Ramsey, Red Lake, Redwood, Rice, Rock, Roseau, Scott, Sherburne, St. Louis, Stearns, Swift, Washington, Watonwan, Wilkin, Winona, Wright, Yellow

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						Medicine UCare Connect + Medicare Anoka, Carver, Dakota, Hennepin, Olmsted, Ramsey, Scott, Sherburne, Stearns, Wright, Washington
Member Services phone numbers	866-567-7242 TTY: 711 or 800-627-3529 8 a.m.–8 p.m. Monday – Friday All calls are answered by Member Services staff	952-992-2580 or 888-347-3630 TTY users, please call 711. 8 a.m. – 6 p.m. Monday – Thursday 9 a.m. – 6 p.m., Friday Calls are answered by Customer Service staff	952-967-7998 or 866-885-8880 TTY 8 a.m. to 6 p.m. Monday - Friday All calls are answered by Member Services staff	612-596-1036 or 800-647-0550 (toll free) TTY, Voice, ASCII, hearing carry over, please call: 800-627-3529 (TDD) or 7-1-1 For Speech-to-Speech relay services, please call: 877-627-3848 8 a.m. – 4:30 p.m. Monday – Friday	866-431-0801 (toll free) is your direct line to a member contact specialist. All calls are answered by Member Services staff	UCare Connect 612-676-3395 or 877-903-0061 (toll free) TTY 612-656-6810 or 800-688-2534 8 a.m. to 5 p.m. Monday - Friday Walk-in hours, 8 a.m. – 4 p.m. Monday – Friday UCare Connect + Medicare 612-676-3310 or 855-260-9707 (toll free) TTY 612-676-6810 or 800-688-2534 8 a.m. - 8 p.m. –seven days a week Walk-in hours, 8 a.m. – 4 p.m. Monday - Friday UCare Customer Services can direct you to your care navigator. Or you can

	South Country Health Alliance SNBC	Medica SNBC	HealthPartners SNBC	Hennepin Health SNBC	PrimeWest Health SNBC	UCare SNBC
						call the Main Care Navigator Line: 612-676-6502 or 877-903-0062. 8 am – 4:30 pm. Monday–Friday
Do I need to pick a primary care clinic or primary care provider?	<p>We encourage you to pick a primary care clinic, but do not require it.</p> <p>Primary care is important for your health, but we know that sometimes a specialty provider can make sure you get the care you need.</p> <p>A specialty provider may act as your primary care provider.</p> <p>Your care coordinator will provide support to the specialty provider to ensure access to preventive care, disease management and chronic care management.</p>	<p>We encourage you to pick a primary care clinic or provider but do not require it.</p> <p>Your care coordinator can help you find a primary care clinic or provider.</p> <p>You can also change clinics or providers at any time by calling Medica Customer Service.</p> <p>A specialty provider may act as your primary care provider.</p>	<p>We encourage you to have a primary care clinic, but do not require it.</p> <p>We can help you find an in-network primary care clinic.</p> <p>Primary care is important for your health but we know that sometimes a specialty provider can make sure you get the care you need.</p> <p>You can call Member Services for help with finding the right provider to meet your needs at 952-967-7998 or 866-885-8880 (TTY 711).</p>	<p>We encourage you to pick a primary care clinic or provider but do not require it.</p> <p>You can also choose or change clinics or providers at any time by calling Member Services at 612-596-1036 or 800-647-0550 toll-free. TTY, Voice, ASCII, hearing carry over, please call: 800-627-3529 (TDD) or 7-1-1.</p> <p>You may identify a primary care clinic on the enrollment form. If you do not identify one on the enrollment form, your care guide will help you choose one.</p>	<p>We encourage you to pick a primary care clinic or provider, but do not require it</p> <p>We can help you find a primary care provider or clinic.</p> <p>Call Member Services at 866-431-0801 (toll free). TTY users call 800-627-3529 or 711.</p> <p>You may have a specialist as your primary care provider.</p> <p>If you do not choose a primary care clinic or provider, PrimeWestHealth will work with you to find one that meets your needs.</p>	<p>No, but if you do not choose a primary care clinic or provider, we will assign the one closest to you.</p> <p>You are not required to use the clinic or provider chosen for you and can go to any clinic or provider that is in the UCare network.</p> <p>You can change your primary care clinic or provider by calling Customer Services. Customer Services phone numbers are listed in the third section of this document or call your care navigator at 612-6766502 or 887-903-0061 (toll free) (TTY: 612-676-6810 or 800-688-2534).</p> <p>UCare has a “Find a Doctor” search feature at www.ucare.org. It</p>

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						lists clinics and other service providers. You can also contact your care navigator for information and changes.
What is the number for the 24-hour nurse line?	Available 24 hours a day, 7 days a week. 866-538-1226 TTY 877-777-6534	<u>NurseLine™ by HealthAdvocate™</u> 866-715-0915 TTY users call 711 available 24 hours a day, 7 days a week.	CareLine SM 612-339-3663 or 800-551-0859, TTY 711 CareLine nurses are available 24 hours a day, 7 days a week, and 365 days a year.	<i>HealthConnection</i> : 888-859-0202 Member Services: 612-596-1036 or 800-647-0550 (toll free) TTY, Voice, ASCII, hearing carry over, please call: 800-627-3529 (TDD) or 7-1-1 <i>HealthConnection</i> is available 24 hours per day, 7 days per week.	24-hour nurse line: 866-201-4601 (toll free). Please call 711 or 800-955-8771 using a TTY to take advantage of the relay service. Voice communication is available at 800-955 8770.	UCare 24/7 Nurse Line: 800-942-7858 (TTY: 855-307-6976) This number is on the back of your UCare member ID card.
How do I reach my care coordinator?	We will assign you a care coordinator within the first 10 days of enrollment. Your care coordinator will send you a letter with his or her contact information. You can also call Member Services at 866-567-7242	Within 10 days of enrollment, you will receive a letter telling you the name and phone number of the care coordination entity that will work with you. Your care coordinator will send a letter or call you with his or her individual contact	Within 10 days of enrollment, you will receive a letter with the contact information for HealthPartners SNBC care navigation team. Upon assignment to a care coordinator, you will receive a letter and a phone call providing you with the name and contact information	Your care coordinator, called a care guide, will call you within 10 days of enrollment, typically the first of the month. If we cannot reach you, we will send you a welcome letter and include the name and phone number of your assigned care	PrimeWestHealth contracts with county social services and public health agencies for case management and provides care coordination for its members. Your county case manager or PrimeWest care coordinator will contact you by phone or through a home visit.	Within 10 days of enrollment, UCare will mail you a letter with your care navigator's name and phone number. Upon enrollment, UCare will contact you to offer an in-home health risk assessment to determine care coordination

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	(TTY: 711 or 800-627-3529) for this information before receiving the letter. You may also contact the Community Care Connector in your local county.	information. If you do not know who your care coordinator is, contact Medica Customer Service at 952-992-2580 or 888-347-3630. TTY users call 711.	of your assigned care coordinator. For assistance in reaching your assigned care coordinator or care navigator, contact the Case Management Intake Line at 952-883-6983 or toll free at 800-255-1866. TTY users call 711.	guide. You can also call Member Services and ask who your assigned care guide is during regular business hours at 612-596-1036 or 800-647-0550 (TTY: 800-627-3529).	You can also call PrimeWest Health Member Services at 866-431-0801 (toll free).	needs. Contact UCare's Care Navigator for help contacting your care coordinator. Care Navigator line at 612-676-6502 or 877-903-0062 (toll free).
<i>When do I need a service authorization?</i>	Authorization is needed to receive some services. Providers are responsible for obtaining the appropriate prior service authorization. Member Services can help identify services that require authorization. For help, call Member Services at 866-567- 7242 (TTY: 711 or 800-627-3529). More information is available in the evidence of coverage mailed to you on enrollment	Prior authorization from your primary care provider is needed for visits to out-of-network providers and for certain medical procedures, such as organ transplants and cervical spine surgeries. A complete list of services that require authorization is available at www.medicacom.com . Medica Customer Service can help to identify services that require authorization. You can contact Medica Customer Service at	A limited number of services require a service authorization. In most instances, your provider will obtain the service authorization on your behalf if one is needed. Please refer to the Member Handbook for specifics. We mail a member handbook (previously known as Evidence of Coverage) to you annually or when you enroll with HealthPartners. It is also on our website at www.healthpartners.com You may also call	Authorization is needed for certain drugs. See the Hennepin Health formulary at www.hennepinhealth.org for a list of those medications. Authorization is needed for out-of-network home care and durable medical equipment providers and when durable medical equipment exceeds certain dollar amount thresholds. Authorization is needed to place people 18–21 years old in a nursing home. Other benefit limits may apply. Member Services	You will not need a service authorization to see an out-of-network specialist. You will need a service authorization to see other out-of-network providers. Certain specific services require a service a authorization. Please refer to the Evidence of Coverage/Member Handbook for specifics. We mail an Evidence of Coverage/Member Handbook to you on enrollment and annually. It is also on our website at www.primewest.org	UCare lists services requiring authorization on the Authorization Grid located on the UCare website at www.ucare.org . More information is in the Evidence of Coverage mailed to you on enrollment. UCare Customer Services can also answer questions about service authorization requirements. Customer Services phone numbers are listed on page 3 of this document

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	and annually thereafter. The evidence of coverage is also available on our website: https://mnscha.org A list of specific services needing authorization is on our website at https://mnscha.org	952- 992-2580 or 888-347-3630. TTY users call 711. The evidence of coverage and other member documents are available at: AccessAbility	HealthPartners Member Services at 952-967-7998 or 866-885-8880 (TTY 711).	can help identify other services that require authorization. You can contact Member Services at 612-596-1036 or 800-647-0550 (TTY: 800-627-3529).	You may also call PrimeWest Health Member Services at 866-431-0801 (toll free). Providers should call the Provider Services line at 866-431-0802 (toll free) with questions.	
Whom do I contact for help with pharmacy issues and questions? What about after hours?	Member Services: 866-567-7242 (TTY: 711 or 800-627-3529) 8 a.m.–8 p.m. Monday–Friday You can also call your local county care coordinator for assistance. If after-hours, general pharmacy questions can contact the nurse line available 24 hours a day, 7 days a week. 1-866-538-1226 TTY 1-877-777-6534 Information about network pharmacies and formularies is available on our website:	AccessAbility Solution Enhanced Care coordinator or Medica Customer Service: 952-992-2580 888-347-3630 After-hours nurse line: 866-715-0915, TTY users call 711.	You can call Member Services at 952-967-7998 or 866-885-8880 (TTY 711). Monday through Friday 8 a.m. to 6 p.m. After hours, contact the CareLine, 612-339-3663 or 800-551-0859, TTY 711	Call your care guide or Member Services at 612-596-1036 or 800-647-0550 (toll free), TTY, Voice, ASCIL, hearing carry over, please call 800-627-3529 (TDD) or 711. After hours, contact HealthConnections: 888-859-0202 (TTY: 800-627-3529). You must present your Hennepin Health SNBC ID at the pharmacy. Hennepin Health’s formulary is available at www.hennepinhealth.org	You can call Member Services at 866-431-0801 (toll free). After hours, call MedImpact Pharmacy Help Desk at 800-788-2949 (toll free).	You can call your care navigator or UCare Customer Services. Customer Services phone numbers are listed on page 3 of this document. UCare Connect For authorization, providers can call Express Scripts Inc. at 877-558-7523. UCare Connect + Medicare For authorization, providers can call Express Scripts Inc. at 877- 558-7521. Pharmacy search: www.ucare.org

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	Pharmacy Search: https://mnscha.org Drug search: For AbilityCare, SingleCare, and SharedCare: https://mnscha.org					
Where can I find your List of Covered Drugs (formulary)?”	You can find our formulary on our website: https://mnscha.org You also receive a copy of our comprehensive formulary upon enrollment.	You can find our formulary on Medica.com: Go to one of the following: AccessAbility SolutionAccessAbility Solution Enhanced Scroll down and click Pharmacies and Prescriptions. You can also request a printed formulary from Medica Customer Service at 952-992-2580 or 888-347-3630. TTY users call 711.	You can find our formulary on our website: www.healthpartners.com/inspire and scroll down to Find Your Medications. Or visit: https://www.healthpartners.com/hp/pharmacy/druglist/medicaid/formulary/index.html If you have questions or would like to request a printed formulary, please contact Member Services at 952-967-7998 or 866-885-8880 (TTY 711).	Go to www.hennepinhealth.org Under Plan options, find SNBC. Click Learn more, and scroll down to find the formulary. If you have questions, call Member Services at 612-596-1036 or 800-647-0550 (toll free). TTY, Voice, ASCIL, hearing carry over, please call 800-627-3529 (TDD) or 711.	Go to our website at http://www.primewest.org/home . In the Search For box on the right side of the page, click Drugs. Choose your program name to access our online formulary search.	UCare Connect https://home.ucar.e.org/en-us/health-plans/mhcp/formulary/ UCare Connect + Medicare https://home.ucar.e.org/en-us/health-plans/medicare/msho/dsnp-formulary/ If you have formulary questions, call UCare Customer Services. Customer Services phone numbers are listed on page 3 of this document.
How do I enroll?	You can get an enrollment application by calling Member Services at 866-567-7242 (TTY: 711 or	Contact Medica’s sales line at 952-992-2030 or 800-266-2157. Enrollment forms and information are also available	You can get enrollment information and materials by calling HealthPartners sales at 952-967-7264 or 888-347-7264	Call Hennepin Health Member Services at 612-596-1036 or 800-647-0550 (toll free). TTY, Voice,	Call PrimeWest Health Member Services at 866-431-0801 (toll free).	UCare Connect + Medicare: You can get plan information and enroll over the phone by calling UCare Sales at 612-676-3554 or 800-707-

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	<p>800-627-3529).</p> <p>You can also visit our website to download an enrollment form you can print: https://mnscha.org</p> <p>Then click Programs and chose either AbilityCare (HMO-SNP) SingleCare SharedCare, and click “how to enroll.”</p>	<p>on our website: https://www.medicare.com/shop-plans/medicaid-plans</p>	<p>(TTY 711).</p> <p>You can print an enrollment form from our website at www.healthpartners.com/inspire</p>	<p>ASCIL, hearing carry over, please call 800-627-3529 (TDD) or 711.</p> <p>You can also go to our website at www.hennepinhealth.org.</p> <p>Under Plan options, find SNBC.</p> <p>Click Learn more, and scroll down to the Member materials section. Enrollment materials are listed under Member materials.</p>		<p>1711 (toll free) (TTY: 612-676-6810 or 800-688-2534 [toll free]).</p> <p>You can also get plan information and enroll online by visiting our website at www.ucare.org</p> <p>UCare Connect: You can get plan information enrollment materials mailed to you at your request by calling UCare Sales at 612-676-3554 or 800-707-1711 (toll free) (TTY: 612-676-6810 or 800-688-2534 [toll free]).</p> <p>You can get plan information and enroll online by visiting our website at www.ucare.org.</p>
How do I disenroll?	<p>Send a letter stating that you want to disenroll to: South Country Health Alliance, 2300 Park Drive, Suite 100, Owatonna, MN 55060</p> <p>Or call Member Services at 866-567-7242</p>	<p>Call Medica Customer Service at 952-992-2580 or 888-347-3630. TTY users call 711. You can also send a written disenrollment request to: Medica Mail Route CP340 P.O. Box 9310</p>	<p>Call HealthPartners Member Services at 952-967-7998 or 866-885-8880 (TTY 711).</p> <p>You can also disenroll by calling the Disability Hub MN.</p>	<p>Call the Hennepin Health SNBC care guide or Member Services at 612-596-1036 or 800-647-0550 (toll free). TTY, Voice, ASCIL, hearing carry over, please call 800-627-3529 (TDD) or 711.</p>	<p>Call PrimeWest Health Member Services at 866-431-0801 (toll free).</p> <p>Or send your request in writing to: 3905 Dakota St. Alexandria, MN 56308</p>	<p>Call UCare Customer Services. Customer Services phone numbers are listed on page 3 of this document. You can send a written disenrollment request with a desired effective date</p>

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	(TTY: 711 or 800-627-3529).	Minneapolis, MN 55440- 9745				to: UCare, Attn: Enrollment P.O. Box 52 Minneapolis, MN 55440- 0052 Or you can fax the request to 612-676-6501.
What phone number do I call to file an appeal or grievance?	Call Member Services at 866-567-7242 (TTY: 711 or 800-627-3529).	Call Medica Customer Service at 952-992-2580 or 888-347-3630. TTY users please call 711.	Call Member Services: 952-967-7998 or 866-885-8880 (TTY 711).	Call Member Services at 612-596-1036 or 800-647-0550 (toll free). TTY, Voice, ASCIL, hearing carry over, please call 800-627-3529 (TDD) or 711. Or call the Hennepin Health grievance and appeals coordinator at 800-657-3778 (TTY: 800-627-3529).	Call PrimeWest Health Member Services at 866-431-0801 (toll free).	Call UCare Customer Services. Customer Services phone numbers are listed on page 3 of this document. Send a written appeal or grievance to: UCare Attn: Member Appeals and Grievances P.O. Box 52 Minneapolis, MN 55440- 0052 Or Send an email message to cag@ucare.org . Or call UCare Member Appeals and Grievances at 612-676-6841 or 877-523-1517 (toll free). Fax: 612-884-2021 or 866-283-8015

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						(toll free).
How far do I have to travel to get to see a dentist within 30 days?	<p>How far you need to travel depends on the dental providers in your area and the openings that are available when it works for you.</p> <p>Your care coordinator will actively work with you to discuss your dental needs, locate a dentist, help you schedule an appointment if needed, and help you arrange transportation if eligible and needed. Please call your care coordinator for more details. If you don't know how to reach your care coordinator, please call South Country's Member Services at 866-567-7242, TTY users should call 711 or 800-627-3529. They will help you get in touch with your care coordinator.</p>	<p>For assistance finding a dentist, contact your care coordinator or Medica Customer Services: 952-992-2580 or 888-347-3630 TTY users, please call 711.</p> <p>Delta Dental has hired staff members specifically to address issues for SNBC care coordinators and expedite services. Your care coordinator will work with you and Delta Dental to arrange appointments that are convenient and timely.</p> <p>Medica allows up to 4 cleanings per year if medically necessary. Please contact your care coordinator or Delta Dental for more information.</p> <p>AccessAbility Solution Enhanced product offers enhanced dental benefits in 2019</p>	<p>How far you need to travel depends on a variety of factors including the number of providers in your area, if you have a regular dentist you prefer to see and openings that are available at dental providers.</p> <p>As a HealthPartners member, you have access to our dental navigators who can help you arrange an appointment. Please call Member Services at 952-967-7998 or 866-885-8880 (TTY 711).</p>	<p>How far you need to travel depends upon the providers available in your area and the openings they have. Hennepin Health is invested in ensuring quick access to a dentist of your choosing. Care guides and Delta Dental navigators are available to assist.</p> <p>You can call Delta Dental at 800-774-9049 (TTY users, please call 711) for help locating a dentist nearest to you.</p>	<p>How far you need to travel depends on several variables, such as whether you have a regular dentist, what your current dental needs are, where you live and other factors that affect access and timeframe.</p> <p>As a member, you have access to a care coordinator (case manager) who will help you arrange appointments.</p>	<p>The distance you need to travel depends on several things, including where you live, the status of the providers located in your area, and your current dental needs.</p> <p>To find a dentist servicing UCare members, please visit www.ucare.org and click Find a Dentist</p> <p>UCare contracts with Delta Dental of Minnesota to manage your dental benefits. For more information on UCare's dental services, you can go online to www.dentalcareforu.org or call the UCare Dental Connection at 651-768-1415 or 855-648-1415 (toll free).</p> <p>The UCare Dental Connection can help you find a dental provider or dental home, schedule dental appointments,</p>

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		such as one porcelain fused metal crown per year and oral health education by dental expert at Delta Dental.				coordinate transportation to dental appointments, coordinate interpreter services for dental appointments and answer dental benefit and claims questions.
What additional benefits – especially fitness benefits – are available?	<p>Community Education South Country Health Alliance will cover up to \$15 of the registration fee for most community education classes (up to five classes per calendar year). Call your local community education program or Member Services at 866-567-7242 (TTY users should call 711 or 800-627-3529) for more information.</p> <p>Be Active Program If you are an AbilityCare member, you can receive up to \$20 off your monthly health club</p>	<p>Smoking Cessation Program One-on-one telephonic support with a trained tobacco cessation coach. Members will choose the level of support they want to make the program work for them. If they are not sure if they are ready to quit, we will provide information and tools to help them determine when the time is right. Use of over the counter Nicotine Replacement Therapy (NRT) may also be indicated and provided at no charge.</p> <p>Healthy Pregnancy Program A program that can</p>	<p>Fitness Benefit You have the option of an annual gym membership or two home exercise kits at no cost.</p> <p>Primary Care Incentive Program SNBC members who have a primary care appointment will receive a \$25 gift card.</p> <p>Cervical Care Incentive Program SNBC members who receive a cervical cancer screening will receive a \$25 gift card.</p> <p>New Mom Incentive Program</p>	<p>Fitness Benefit: As a member, you have access to the Twin Cities metro area YMCAs, a fitness assessment, full use of fitness equipment and all group exercise classes.</p> <p>Show your Hennepin Health SNBC ID. Go as little or as much as you like. Branch locations and phone numbers are available at www.ymca.twincities.org.</p> <p>Transportation to medical and dental appointments.</p> <p>You may be eligible to receive a bus pass for transportation to the YMCA.</p>	<p>Tobacco Cessation Program One-on-one telephonic support with a trained tobacco cessation coach.</p> <p>Disease Management Programs: We provide disease management programs for members with asthma, diabetes, depression, heart disease and chronic obstructive pulmonary disease (COPD). These are educational and supportive programs provided over the phone and through the mail to help you manage chronic diseases.</p> <p>Free health and</p>	<p>UCare offers programs to improve member health and wellness. We offer the following to eligible members:</p> <p>SilverSneakers® Fitness Program</p> <ul style="list-style-type: none"> • No cost for a basic membership at participating locations statewide. • SilverSneakers FLEX™ gives options outside of traditional fitness locations with classes such as tai chi, yoga and walking groups. • Online member website with

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	<p>membership fee. No minimum number of visits is required.</p> <p>BeBuckled Program South Country provides an infant car seat or booster seat along with proper use and installation training at no charge for members with eligible children. Contact South Country’s Member Services or your local county public health department for more information.</p> <p>Prenatal & Post-Partum Services South Country members can take pregnancy and childbirth classes at a clinic, hospital, public health agency, or through Community Education at no charge.</p> <p><i>Embracing Life, a prenatal</i></p>	<p>help you and your baby achieve optimal health throughout your pregnancy and during the first six weeks after delivery. Online resources available as well as telephonic support.</p> <p>Website Resources Available for members on the Medica website is an extensive eyewear catalog of frames available under the eyewear benefit. Link: https://www.medica.com/members/medica-aid/medica-accessibility-solution/benefits-and-coverage</p> <p>under Plan Features, “Eyewear.”</p> <p>Member Portal A member portal is available to members where they can get information about their individual health benefits to include looking up pharmacy claims</p>	<p>Pregnant members who complete the Healthy Pregnancy Program assessment will receive a \$25 gift card and an additional \$25 gift card upon completion of the program.</p> <p>Car Seat Member with eligible children covered by HealthPartners PMAP and MinnesotaCare can receive a car seat for these children upon the completion of a car seat education session.</p> <p>virtuwell® Members can get unlimited visits to virtuwell HealthPartners online clinic that can treat everyday illnesses.</p> <p>Disease Management Program HealthPartners disease management program provides</p>	<p>Care Guides are assigned to all SNBC members. Care guides are social workers or nurses skilled at navigating the health plan and community resources that enhance independence and health of all members.</p> <p>Complex Care case management as well as care guides who specialize in serving people with mental illnesses and complex physical illness.</p> <p>Walk-In Services Center Hennepin Health is centrally located in Downtown Minneapolis. Lobby hours are 8-4:30 M-F. Members can walk in during these hours and request assistance from a Community Health Worker or meet with their care guide</p>	<p>wellness information is available on the PrimeWest Health member portal.</p>	<p>wellness resources.</p> <ul style="list-style-type: none"> • SilverSneakers Steps Kit for options to help get fit at home or on the go. <p>Connect to Wellness Kits</p> <ul style="list-style-type: none"> • Wellness Kit with engaging tools to help improve health and wellness, such as tai chi, dance and stress relief tools. <p>Community Education</p> <ul style="list-style-type: none"> • Get up to a \$15 discount on most community education classes offered in Minnesota. <p>Healthy Savings</p> <ul style="list-style-type: none"> • Food discount program to save on pre-qualified healthy foods including milk, whole-grain bread, lean meat, eggs, yogurt, fruits, vegetables and more.

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	<p>guidebook, is provided to eligible pregnant members.</p> <p>Breast Pump Program: The cost of most breast pumps is covered when prescribed by a network provider.</p> <p>Be Rewarded Program Pregnancy Care: \$50.00 reward (gift card) to eligible members for having any five of your prenatal visits in addition to your postpartum visit within 21 and 56 days after delivery. You must be enrolled with South Country at the time of all six visits</p> <p>Young Adult Well-Care SCHA members ages 18 through 21 who complete an annual well-care visit are eligible for a \$10 gift card. An additional \$10 bonus gift card will be added for choosing to</p>	<p>information, view prior authorizations and ordering member ID cards.</p> <p>Disease Management Driven by our knowledge of the member's clinical situation, the Disease Management program offers personalized components that link the member to the best service intervention provided by an external condition management resource. Focus areas of this program are members with asthma, diabetes and cardiac conditions.</p> <p>Personal Health Advocacy Available through our Nurse Line, a personal health advocate is available to assist you in understanding Medica mail</p>	<p>support for members with certain chronic health conditions that can help you achieve your personal health goals. For more information, contact Member Services.</p>	<p>Dental Incentive Program: Receive a \$15 gift card for completing an annual dental visit</p> <p>Hennepin Health Rewards Program: Prenatal Care is rewarded with a gift cards for \$50.00 for the first visit and another \$50.00 when you complete a series of nine prenatal care visits. You receive an additional \$50.00 for completing a postpartum visit soon after giving birth</p> <p>Car Seat Program provides free car seats for pregnant women, babies and children up until their 8th birthday upon completion of a car seat education class.</p> <p>Child and Teen Checkups earn</p>		<p>WholeHealth Living™ Choices</p> <ul style="list-style-type: none"> • Discounts for brand-name health products and services not covered by our plan. <p>Tobacco Cessation</p> <ul style="list-style-type: none"> • Help quitting tobacco with our tobacco quit line. Members receive nine one-on-one coaching sessions with a counselor and NRT (Nicotine Replacement Therapy) resources at no charge while enrolled in the program to help quit tobacco. <p>Rewards and incentives</p> <ul style="list-style-type: none"> • Members are eligible when they complete certain medical visits or tests such as breast cancer screenings, preventative

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	<p>complete a chlamydia (sexual health) screening during the exam. This reward is available for one visit per calendar. You must be enrolled with South Country at the time of visit. Year</p> <p>Dental Care Incentive \$25.00 reward (gift card) to eligible members for completing one dental visit during the calendar year. Two dental cleaning, exam and fluoride treatment appointments are covered each calendar year. If your dentist informs South Country that you need extra dental care, you may qualify for up to four dental cleanings per calendar year. Call Member Services at 866-567-7242 (TTY: 711 or 800-627-3529) for</p>	<p>received, general benefits or assisting in locating providers. This does not take the place of assigned care coordinator or Medica customer services.</p> <p>AccessAbility Solution Enhanced includes all of the previously mentioned benefits as well as the following:</p> <p>One porcelain fused to metal crown on any tooth per year.</p> <p>Oral health education by dental expert.</p> <p>Silver Sneakers membership with transportation.</p> <p>Additional eyewear upgrade of an anti-glare coating on one pair of glasses every 24 months.</p>		<p>\$50.00 gift cards for Hennepin Health members 0-14 who attend 6 child checkups before 15 months of age and \$25.00 for each checkup completed annually up to 21 years of age</p>		<p>checks, prenatal and postpartum visits.</p> <p>Management of Maternity Services (MOMS)</p> <ul style="list-style-type: none"> • Breast pump for new mothers. • Childbirth, breastfeeding and pregnancy education classes. • Pregnancy Advisor nurses who can offer expert advice, support, answers to pregnancy questions. • Materials to support expecting mothers. • Car seats provided to pregnant members with education on how to properly use the seat at no charge. <p>Disease Management Programs We provide these programs for</p>

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	<p>more information about any of these benefits or talk to your Care Coordinator.</p> <p>Disease Management Programs for members with diabetes, heart disease or asthma are available. On-staff nurses help with the management of these chronic conditions.</p>					<p>qualifying members with asthma, heart failure and diabetes. Telephonic health coaching, interactive-voice response call and text message programs are available. Members receiving health coaching receive a program book covering a variety of health topics and have access to additional tools to assist with behavior changes.</p> <p>To participate in these programs, contact your care navigator or call the UCare Disease Management phone line at 866-863-8303.</p> <p>Tivity Health and WholeHealth Living and SilverSneakers and SilverSneakers FLEX are registered trademarks or trademarks of Tivity Health, Inc., or its subsidiaries or affiliates in the USA or other</p>

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						countries. © 2019 Tivity Health, Inc. All rights reserved. Healthy Savings is a registered trademark of Solutran, Inc.
What transitional pharmacy services are available for newly enrolled members?	<p>The transition period is 90 days from your enrollment date. The transition process or period is automated at the point of sale. The claims system allows for a one-time temporary fill and tracks when you have received the fill.</p> <p>All new SNBC enrollees are eligible for the temporary fill for a 30-day prescription unless the prescription is written for fewer days.</p> <p>If you are in a long-term-care (LTC) setting, multiple fills are allowed. In a LTC setting, the temporary fill is up to 31 days unless the prescription is written for fewer</p>	<p>Medications covered by Medical Assistance are eligible for a one-time continuity-of-care transition fill by calling Medica Member Customer Service.</p> <p>At any time, you can call Medica Customer Service or work with your care coordinator for special circumstances.</p>	<p>We provide coverage for new members the first time they fill a prescription for a non-preferred medication (either non-formulary, or that typically requires prior authorization or step therapy) during their first three months with HealthPartners.</p> <p>We then send a letter advising the member of Preferred Drug List alternatives that might be available. In addition, any step-therapy medications filled within the transition period are allowed to continue without the need for member or doctor intervention.</p>	<p>If the medications you are currently taking are not on our formulary, we will cover a 90-day supply (unless your prescription is written for fewer days) when you go to a network pharmacy. The care guide is available to help during your transition period.</p> <p>Continuity of your care is our primary focus as you transition to our health plan.</p>	<p>We grant you a transitional supply of non-formulary medication if you were taking the medication before enrollment. The transitional quantity is a month-long supply (or less if less was prescribed). Transitional supplies are available to all new enrollees who tell us they need this benefit. If subsequent fills are needed, we will grant them on a case-by-case basis during the transition period. The transition period will not exceed 90 days.</p> <p>During the transition period, we expect the prescribing physician to submit</p>	<p>UCare Connect If you are new to UCare, within your first 90 days of enrollment, you are allowed up to three 30-day fills of a non-formulary or service-authorization required drug if you were taking the medication before enrollment with UCare.</p> <p>UCare Connect + Medicare If you are new to UCare, within your first 90 days of enrollment you are allowed up to a one month supply of a non-formulary or service-authorization required drug if you were taking the medication before enrollment with UCare.</p> <p>We notify you and your physicians of</p>

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	<p>days.</p> <p>Details about the transition process are available on our website at http://mnscha.org/ or by calling Member Services at 866-567-7242 (TTY: 711 or 800-627-3529).</p>				<p>a formulary exception form to MedImpact Health Systems Inc. The form is available on our website at https://www.primewest.org/formularyexceptionprocess.</p> <p>If you are a member, call Member Services at 866-431-0801 to start this process.</p>	<p>the transition fill and advise you and your physicians about switching medications or the need to request a formulary exception or service authorization.</p> <p>Extensions of the transition period are also available on a case-by-case basis, as are transition fills that are needed because of a change in your level of care.</p>
<p>Care coordination model: How does case management work at the health plan?</p> <p>How does the health plan's case management work with other types of case management?</p>	<p>You receive access to a care coordinator upon enrollment. We notify you of the name and phone number of your care coordinator within 10 days of enrollment.</p> <p>Care coordination delivery is based on a partnership between South Country Health Alliance and twelve local county human services and public health agencies.</p> <p>The care coordinator is the</p>	<p>We assign you a care coordinator when you enroll in Medica's SNBC product.</p> <p>Care coordinator assignment is based on health plan care systems and your needs.</p> <p>Care coordinators serve as an advocate and a resource for you.</p> <p>Your care coordinator coordinates with the county case manager, if you have one. The care coordinator also works with others</p>	<p>Upon enrollment, all members have access to care navigation services and this information is provided within 10 days of enrollment. The care navigator is able to assist you with making clinic appointments, providing you with education about preventive care, ordering DME and linking you to health plan benefits. Assignment to care coordination services is determined following</p>	<p>Upon enrollment, you are assigned a care guide to work with you.</p> <p>The care guide is your central point of contact. The care guide will help coordinate services for you. A care guide is familiar with the health plan benefits, Hennepin County social services and community resources.</p> <p>The care guide will work with other care providers you may already have, such as a waiver</p>	<p>If you choose to have a county case manager or PrimeWest Health care coordinator, we assign you one when you enroll.</p> <p>Our care management delivery is based on collaborative partnerships between you, the provider, the county case manager (if applicable) and the PrimeWest Health care coordinator.</p> <p>PrimeWest Health contracts for case management with</p>	<p>As a member, you will receive a welcome call from UCare Customer Services to help us better understand your health care needs and to promote your engagement in your care.</p> <p>Upon enrollment, all members have access to a care navigator.</p> <p>You will receive a welcome letter from your care navigator, who is available to help you access health care services.</p> <p>The care navigator</p>

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	<p>central point of contact at the health plan and will help you coordinate services from the health plan and local agency.</p> <p>The care coordinator will coordinate an interdisciplinary care team (public health nurse, social worker, primary care provider, specialty care provider, home care nurse, waiver case manager, licensed psychologist, etc.) based on your needs and wishes.</p> <p>Care coordination is member-centered and includes developing an individualized care plan driven by you and your interdisciplinary care team based on information from your health risk assessment, county service plan (if applicable),</p>	<p>important to you as part of the interdisciplinary care team.</p> <p>Coordinators can attend your clinic visits with your primary provider at your request.</p> <p>Comprehensive person-centered care planning includes screening, risk assessment, advance directives, a preventive focus, facilitating self-monitoring and self-management intervention, and ongoing evaluation.</p> <p>After assessment and development of a care plan, both you and your primary doctor will receive a summary of the care plan.</p> <p>Medica care coordinators are familiar with the community you live in and are available to help you locate community resources as needed.</p>	<p>completion of the health risk assessment.</p> <p>Within 10 days of assignment, you will receive a letter with the name and phone number of the care coordinator assigned to you.</p> <p>Care coordination consists of getting to know you and what matters most to you; helping each individual navigate health care & social service systems, and providing care transition support.</p> <p>We work with care coordination agencies that are located in your geographic area and are aware of local resources. Based on your needs, a care coordinator from one of these agencies may be assigned to work with you.</p> <p>Your care coordinator will work with you and your care team (doctor, specialist, psychologist, etc.) to</p>	<p>case manager; providers of other county-based case management services; or in-home service providers, such as providers of adult rehabilitative mental health services (ARMHS) or personal care assistance (PCA).</p> <p>Care guides do not replace existing provider support but enhance and add value to that support, such as improved communication and care coordination among multiple providers.</p> <p>Interdisciplinary care teams review your case at least annually and make referrals based on best practices and your needs.</p>	<p>13 county partner public health and human services agencies.</p> <p>PrimeWestHealth collaborates with counties for a team approach to case management that includes coordination of your pharmacy, dental, chronic disease (asthma, diabetes, depression, vascular care) management, maternal and child health and behavioral health needs.</p> <p>We assign the county case manager or PrimeWest Health care coordinator based on your geographic location and your needs and preferences.</p> <p>The county case manager or PrimeWest Health care coordinator may be either a social worker or a registered nurse depending on your needs and</p>	<p>can promote access to preventive care, refer you to our disease management programs as appropriate, and provide access to our health promotion programs. The care navigator can also serve as a resource for case coordinators.</p> <p>You will be offered a health risk assessment (HRA) within 30 days of enrollment and annually thereafter. We review the HRA and other available information to identify your needs.</p> <p>We offer you case management services based on your needs and current services in place.</p> <p>The care coordinator will develop a care plan with the member and interdisciplinary care team.</p> <p>UCare partners with</p>

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	<p>preventive care needs, self-management plans, personal wishes and goals.</p> <p>You and your care coordinator develop goals, interventions and self- management plans to help you achieve the best possible health outcomes. Your care coordinator will support you to establish needed services and navigate the health care system.</p> <p>Community care connectors are South Country staff located in all owner counties and are available locally to help you find community and county resources and connect you with staff at South Country or your care coordinator.</p>		<p>support achievement of your goals through a health risk assessment and an individualized, person-centered care plan. Additionally, care coordinators promote and facilitate linkage to primary care and other specialists, access to preventive care, refer you to behavioral health or disease management programs and can help you access our health promotion programs.</p> <p>Care coordinators can work more intensively with members who have complex medical, behavioral or psychosocial needs. Depending on your needs, you may work with a care coordinator via the phone or in person.</p> <p>The SNBC care management services do not replace your existing county case manager if you already have one but rather supplements the</p>		<p>preferences. You may have both a social worker and a registered nurse working with you to achieve your stated care plan goals.</p> <p>The SNBC county case manager or PrimeWest Health care coordinator does not replace your existing county case manager if you already have an assigned county case manager.</p> <p>The SNBC case manager or PrimeWest Health care coordinator supplements any already existing county case management.</p>	<p>several entities to provide case coordination at the local level. We assign case coordination based on identified need and county of residence.</p> <p>Contact UCare Customer Services to get more information about case coordination partners and the assignment process. Information about case coordination is also available on UCare's website.</p> <p>Customer Services phone numbers are listed on page 3 of this document</p> <p>The complex case manager helps you manage short-term, acute or episodic complex medical conditions or care needs. They can refer you to UCare's disease management program, as clinically appropriate, and to specialty providers as needed.</p> <p>If you receive home and community-</p>

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			existing county case management services and supports you are receiving.			based services, the waiver case manager provides case management.
Initial Health Risk Screening (HRA)	<p>Members are offered an individualized comprehensive health risk assessment within the first 30 days of enrollment, annually thereafter and when there is a change in health condition.</p> <p>You will be contacted via phone, in person, or by mail to participate in a health risk assessment. If you are enrolled in South Country's AbilityCare or SingleCare SNBC program, you will be asked to participate in a face-to-face health risk assessment. If you are enrolled in South Country's SharedCare SNBC program, you will be asked to participate in a health risk</p>	<p>Initial and annual in-person coordination assessment visits are conducted in person or telephonically within 30 days of enrollment.</p> <p>Subsequent meetings with individuals are conducted face-to-face or telephonic as preferred by the member.</p> <p>Members with other diagnosis will be offered appropriate risk screening.</p> <p>The Medica care coordinator will work with the member to identify the members' strengths as well as assist in areas the member would like to work on. A person-centered comprehensive care plan is developed through</p>	<p>Members are offered a comprehensive health risk assessment within the first 30 days of enrollment, annually thereafter, and when there is a significant change in your health.</p> <p>You may participate in the health risk assessment via phone, in person, or by mail.</p> <p>Together with your care coordinator, you will identify members of your care team (doctor, specialist, psychologist, etc.) that matter most to you.</p> <p>Your care coordinator will work with you and your care team to create an individualized, person-centered care plan based on</p>	<p>The care guide will assist each member to complete a health risk assessment within 30 days of enrollment. Additional assessment and screenings will be performed when indicated by the health risk assessment.</p> <p>Additional assessments:</p> <ol style="list-style-type: none"> 1) Members with severe mental illness can be referred to a combined care guide and targeted case management model of care. 2) Members with developmental disabilities (DD) will complete a DD screening if one has not been done. 3) Members with 	<p>Case management can be conducted by phone, mail or face-to-face. Care coordination will be conducted by phone or mail. The county case manager or care coordinator is responsible for conducting individualized health risk screening and other assessment as necessary. The goal is to have the initial health assessment conducted within 30 days of enrollment.</p> <p>The results of the appropriate assessment (based on disability) will help the member and case manager or care coordinator determine the needs for follow up and preventive care services. If a member is residing in a facility, the county case manager or care</p>	<p>UCare offers a comprehensive face-to-face assessment to each member upon enrollment, annually and when there is a change in health or condition.</p> <p>In addition, a specially designed health risk assessment (HRA) is sent to members within 30 days of enrollment and annually thereafter. The HRA is based on evidence-based research. For example, the HRA may identify a member who is in need of an annual physical or who has a history of emergency visits for diabetes and may benefit from preventive services or case management.</p> <p>The HRA can be completed by the member or by someone else</p>

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	<p>assessment via phone or mail.</p> <p>Referrals for a face-to-face follow-up visit will be encouraged and are offered to all non-waiver SNBC enrollees and are coordinated with the local county agency (Human Services or Public Health) where you reside and as appropriate after the telephonic or mailed health risk assessment has been completed or if you refuse to participate in the health risk assessment.</p> <p>An individual care plan may be developed depending on which program you participate in at South Country and depending on your identified needs and wants in your health risk assessment.</p>	<p>collaboration with the member.</p> <p>Through the health risk assessment process, care coordinators will work with the members to identify services within the benefit set that are needed and coordinate these services. The care coordinator is also available to assist the member in accessing services outside of the benefit set such as county services or community services.</p>	<p>your needs after your health risk assessment is completed.</p> <p>Referrals to local agencies will be made if the results indicate a need for additional services through county or community agencies.</p>	<p>a physical disability will be referred to the county to have a long term care consultation (LTCC) completed to determine if there are other support services available.</p> <p>An individual treatment plan is completed based on needs identified at assessment, evaluation of the plan as necessary, and focus on early identification, intervention, prevention as well as integration of social and medical needs.</p>	<p>coordinator will work with the facility to review health care needs.</p> <p>A comprehensive care plan will be designed to accommodate the specific cultural, linguistic needs and disability condition of the member. It includes coordination and communication of a member's primary, acute, long-term care, mental health and social service needs as necessary, prevention focused, and advanced directive planning, and minimum annual review or revision of care plans with member. Other reviews or revisions may be conducted based on member's needs or change of status of member.</p> <p>Case management and care coordination contact is determined by the interdisciplinary care team.</p>	<p>involved in the member's life on his or her behalf. A member can also contact UCare for assistance in filling out the assessment. After the screening tool is reviewed by UCare, potential gaps in care are identified and addressed. For example, a member may be referred to a specific disease management program for diagnoses such as asthma, diabetes and heart failure or to a case manager if the member's health is determined to be high need or "at-risk".</p>

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How do I access providers inside and outside the plan's provider network?	<p>You have direct access to contracted medical providers in the network. Referrals to specialists in the network are not required.</p> <p>South Country Health Alliance has an extensive network of specialists, physicians, home care providers, pharmacies and durable medical equipment providers. You do not need a referral for stays at skilled nursing facilities.</p>	<p>You may self-refer for any covered service with any in-network provider.</p> <p>Medica's large provider network of primary, specialty, mental health, durable medical equipment and dental providers allows you the freedom to choose.</p> <p>Prior authorization may be required to seek care with an out-of-network provider. Members can contact Medica Customer Service or their care coordinator for more information on this process.</p>	<p>You have direct access to HealthPartners contracted primary care, specialty and dental providers in the network. Referral to specialists in the network are not required.</p> <p>In special instances, out-of-network authorization may be provided. Contact Member Services staff to learn more about options available to you if you are receiving care from an out-of-network provider.</p> <p>HealthPartners Member Services: 652-967-7998 or 866-885-8880 (TTY 711).</p>	<p>We offer open access to all contracted specialty providers or non-contracted providers as long as they accept Hennepin Health reimbursement and Medical Assistance rates</p>	<p>We offer direct access to all providers in network.</p> <p>Covered mental health services do not require service authorizations.</p> <p>We will lift all service authorization requirements for any request to see a nonparticipating specialist for both dual and non-dual enrollees. For us to do this, you must notify us of your request so that we can contact the nonparticipating provider to ensure that the provider will accept PrimeWest Health payment in full and not hold you responsible.</p>	<p>You have direct access to UCare's contracted medical providers (UCare network). Referrals to specialists are not required.</p> <p>UCare has an extensive network of physicians, including a full range of specialists, and a large network of providers of durable medical equipment.</p> <p>You have access to a network of dental providers through UCare's dental administrator, Delta Dental of Minnesota.</p>
How do I access assertive community treatment (ACT), intensive residential treatment	<p>The provider needs to be certified by the Minnesota Department of Human Services (DHS).</p> <p>Prior authorization is needed for ACT services.</p>	<p>No referral or service authorization is needed.</p> <p>Access services directly with contracted Medica behavioral health providers.</p> <p>For help finding providers, contact</p>	<p>HealthPartners does not prior authorize ACT or ARMHS services for in-network providers.</p> <p>Prior authorization is required for IRTS services and for out-of-network providers. Please</p>	<p>Providers must be certified by DHS.</p> <p>No referral is needed (open access).</p>	<p>Providers must be certified, licensed or approved by DHS.</p> <p>A mental health provider or other qualified professional needs to refer you to receive IRTS.</p> <p>Many providers can</p>	<p>For ACT, IRTS and ARMHS, the program must be certified by DHS.</p> <p>Authorization from UCare is required for IRTS. There is no notification or authorization requirement for</p>

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services (IRTS), adult rehabilitative mental health services (ARMHS) and mental health providers?	<p>A prior authorization is needed for ARMHS and IRTS after thresholds are met.</p> <p>A prior authorization is needed for all out-of-network providers.</p>	Medica Behavioral Health at 800-848-8327.	call Member Services at 952-967-7998 or 866-885-8880 TTY 711		<p>refer you to an ACT program, but the program decides whether the admission is appropriate.</p> <p>You do not need a referral or service authorization for mental health providers that are in the PrimeWest Health network. You may need a service authorization for out-of-network providers, with the exception of crisis or emergency care.</p>	<p>ACT.</p> <p>UCare requires authorization for ARMHS beyond certain threshold limits.</p> <p>For more information, contact the care navigator or Customer Services.</p> <p>Customer Services phone numbers are listed on page 3 of this document.</p>

Frequently Asked Questions

Question	Response
What does Member Services do?	<p>Member Services should always be your first point of contact. Member Services will help you:</p> <ul style="list-style-type: none"> • Connect with your care coordinator • Get answers to benefit questions • Verify whether providers are in network • Order ID cards • Get answers to questions about covered services or prescriptions • File grievances and appeals • Find out about clinic changes • Get transportation to medical-related appointments

Question	Response
<p>What is the difference between a notification, a referral and a service authorization?</p>	<p>Notification: Notification from a provider to the care coordinator or health plan of a service.</p> <p>Referral: Verbal or written direction from your primary care provider or clinic for you to see another provider.</p> <p>Service authorization: Communication from a provider to a health plan seeking approval in advance for you to obtain services.</p>
<p>How do I access Indian Health Services?</p>	<p>Call your Indian Health Board.</p>
<p>Whom can I call if I have questions about picking an SNBC plan?</p>	<p>The Disability Hub MN is available to help you make an informed choice about the health plan options. They can also help you complete enrollment forms, opt-out forms or disenrollment requests. The Disability Hub MN is open from 8:30 a.m. – 5:00 p.m., Monday – Friday. The Disability Hub MN is available toll free at 866-333-2466.</p>
<p>Whom can I call if I'm not satisfied with my health plan's services?</p>	<p>The state ombudsman can help with a grievance, health plan appeal or state appeal (state fair hearing). The ombudsman office is neutral and not part of the health plan. You can call, fax, email or write our office.</p> <ul style="list-style-type: none"> • Call: 800-657-3729 (TTY: 800-627-3529 or 711) • Fax: 651-431-7472 • Email: the Ombudsman office <p>OR</p> <ul style="list-style-type: none"> • Write to: Minnesota Department of Human Services Ombudsman for State Managed Health Care Programs P.O. Box 64249 St. Paul, MN 55164-0249

