



Minnesota Department of **Human Services**

Managed Care Guide to Health Plan Enrollment for Seniors

**Including Notice about
Your Rights and Responsibilities**



Civil Rights Notice

Discrimination is against the law.

The Minnesota Department of Human Services (DHS), does not discriminate on the basis of 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, medical condition, health status, receipt of health care services, claims experience, medical history or genetic information.

Free Auxiliary Aids and Services: DHS provides aids and services, including qualified interpreters and information in accessible formats, in a timely manner to ensure that people with disabilities have an equal opportunity to participate in its health care programs.

To ask for these aids and services, contact: DHS Member HelpDesk at DHS.info@state.mn.us; or call 651-431-2670 or 800-657-3739; or use your preferred relay service.

Free Language Assistance Services. DHS also provides language assistance services, including translated documents and spoken language interpreting, in a timely manner to ensure that people with limited English proficiency have meaningful access to information and services.

To ask for language assistance services, contact: DHS Member HelpDesk at DHS.info@state.mn.us; or call 651-431-2670 or 800-657-3739; or use your preferred relay service.

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by a human services agency. You may contact any of the following three agencies directly to file a civil rights complaint.

U.S. Department of Health and Human Services' Office for Civil Rights (OCR)

You have a right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of race, color, national origin, age, disability or sex, including sex stereotypes and gender identity. Contact the OCR directly to file a complaint:

Director

U.S. Department of Health and Human Services' Office for Civil Rights
200 Independence Avenue SW, Room 509F
HHH Building
Washington, DC 20201
800-368-1019 (voice) 800-537-7697 (TDD)
Complaint Portal:
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the MDHR if you believe you have been discriminated against because of race, color, national origin, religion, creed, sex, sexual orientation, marital status, public assistance status or disability. Contact MDHR directly to file a complaint:

Minnesota Department of Human Rights

Freeman Building, 625 North Robert Street
St. Paul, MN 55155
651-539-1100 (voice) 800-657-3704 (toll free)
711 or 800-627-3529 (MN Relay) 651-296-9042 (Fax)
Info.MDHR@state.mn.us (Email)

Minnesota Department of Human Services (DHS)

You have a right to file a complaint with the DHS if you believe you have been discriminated against because of 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, medical condition, health status, receipt of health care services, claims experience, medical history or genetic information in its managed care programs.

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 receive your complaint, DHS will review it and notify you in writing about whether it has authority to investigate. If it does, DHS will investigate the complaint.

The DHS will notify you in writing of the outcome of the investigation. You have the right to appeal the outcome of the investigation 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 under this process, 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 using this complaint procedure does not stop you from seeking out other legal or administrative action.

DHS will make arrangements so that people with disabilities or limited English proficiency have the aids and services they need to participate in the complaint process.

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
MC(8-23-16)

Table of Contents

Definition of terms.....	2
Medical Assistance Estate Recovery and Liens	3
Before you begin	4
Managed care.....	4
Summary of MA covered services through managed care	5
Important information for seniors 65+	5
How do I join?	5
Minnesota Senior Care Plus (MSC+).....	6
What is Minnesota Senior Care Plus?	6
Minnesota Senior Health Options (MSHO)	6
What is Minnesota Senior Health Options (MSHO)?	6
Why join MSHO?	6
MSHO Supports Improved Outcomes for Seniors	6
Comparison of Managed Care Programs for Seniors 65+	7
Step 1: Choosing a health plan	8
Step 2: Choosing your primary care provider or clinic	8
Step 3: Fill out and return your enrollment form	9
Enrollment Form Examples.....	10-12
What will happen after I enroll in a health plan?.....	13
When should I use the emergency room?	13
What if I have questions about my health plan?	13
What should I do if I have a problem with my health plan?.....	13
Work sheet — Calling my health plan with a complaint.....	14
Notice about Your Responsibilities and Rights for the Minnesota Managed Health Care Programs	14
Your responsibilities.....	14
Your rights	14
Summary of 2015 Satisfaction Survey Results for Care Providers and Systems	16
What should I do if I move to another county?	17
Are Indian Health Service or tribal clinics part of a health plan network?.....	17

Definition of terms

Annual Health Plan Selection (formerly Open Enrollment). A time period during which health plan enrollees can select a different health plan.

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

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

Deductible. An amount that an enrollee must pay toward their health care costs: there usually is a maximum deductible for each plan year.

Emergency. A condition that needs treatment right away. It is a condition that, without immediate care, could cause: serious physical or mental harm; continuing severe pain; serious damage to body functions, organs or parts; or death.

Evidence of Coverage. If you are in the Minnesota Senior Care Plus (MSC+) program, this is a document sent to you by your health plan explaining your coverage in detail. If you are in the Minnesota Senior Health Options (MSHO) program, you receive a Member Handbook instead of an Evidence of Coverage.

Fee-for-service. This health care service delivery system pays health care providers for each service delivered. This health care service delivery system is used when a person in MA is not in managed care.

Health plan. Health maintenance organizations (HMOs) and other plans like county based purchasing entities that cover health care services.

Managed care. When someone enrolls in managed care, they enroll with a health plan, which has a designated network of providers the person may access and a primary care provider is responsible for managing and coordinating all of your health care.

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

Medicare. Medicare is the federal health insurance program for people who are 65 or over, certain younger people with disabilities, and people with End Stage Renal Disease. In contrast to MA, Medicare is not only accessed

by people with low-income. Minnesota works with health plans to offer Medicare Advantage plans which include all parts of Medicare and MA in one plan. These plans are part of the Minnesota Senior Health Options (MSHO) program.

Member Handbook. If you are in the Minnesota Senior Health Options (MSHO) program, this is a document sent to you by your health plan explaining your coverage in detail. If you are in the Minnesota Senior Care Plus (MSC+) program, you receive an Evidence of Coverage instead of a Member Handbook.

MinnesotaCare is a health care program for Minnesota residents who do not have access to affordable health care coverage. People eligible for this program have incomes which make them not eligible for MA.

Mixed household. Families where some members have Medical Assistance (MA) and others have MinnesotaCare on the same health care case.

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

Primary care clinic. The clinic you choose for your routine care. Most of your care will be provided or approved by this clinic.

Primary Care Network Listing. A listing of the primary care providers covered by a health plan and provides information about how to find other types of providers such as specialists.

Primary care provider. The doctor or other health professional you see at your primary care clinic. This person will coordinate all of your health care.

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

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

Medical Assistance Estate Recovery and Liens

You received information about the services eligible for estate recovery and liens when you first applied for Medical Assistance (MA). The following is not an initial notice of estate recovery and liens, it is a reminder these provisions still apply, even though you are enrolling in a health plan for managed care. For more information about estate recovery and liens, visit <http://mn.gov/dhs/ma-estate-recovery>

Estate Recovery

MA estate recovery is a program that the federal government requires the State of Minnesota to administer to receive federal MA funds. County agencies, on behalf of the state, must assert MA claims against the estate of a deceased MA enrollee, or the estate of a deceased enrollee's surviving spouse, to recover the amount MA paid for certain services listed in federal and state law. Counties can recover the costs of the following MA services an enrollee received at age 55 or older:

- Before Jan. 1, 2014: All services
- On or after Jan. 1, 2014: Nursing facility services, home and community-based services, and 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.

Before you begin

Make sure the following things are included in your enrollment packet:

- Health plan Primary Care Network Listing(s) that tells you the primary care providers, clinics and other providers that are in the health plan(s) network. You should get a Primary Care Network listing for all of the health plans available in your county.
- A health plan Enrollment Form
- A return envelope for the enrollment form
- A Pre-enrollment Questionnaire. You do not need to return the questionnaire, but if you answer yes to any of the questions for any household member, call your county managed care contact.

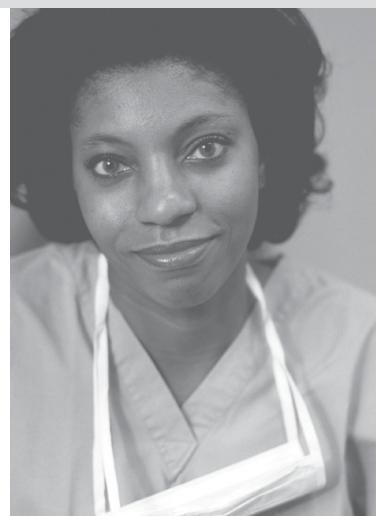
If any of the items listed are missing, call your county managed care contact which is found on the letter in your enrollment packet.

Managed care

While you and your family members have Medical Assistance (MA), you will be enrolled in managed care. Managed care means the health care that you get through your health plan is coordinated. In mixed households all members may not have the same health plan choices available to them.

Your health services will not change. Your health plan will cover most of your health care needs and provide a network of providers for you. If you need help finding a doctor, you can call your health plan. When you are done reading this booklet you will:

- Know more about managed care
- Be able to choose a health plan
- Be able to choose a primary care clinic
- Be ready to fill out and send back your health plan Enrollment Form.



Fee-for-service or managed care?

Fee-for-service	Managed care programs for seniors 65+
<ul style="list-style-type: none"> ■ You can go to any Minnesota Health Care Programs provider. ■ You don't need a referral to see specialists. ■ You need to find a dentist and other health care provider who will accept MA fee-for-service. 	<p>There are two managed care programs for seniors explained in more detail on the next page.</p> <ul style="list-style-type: none"> ■ You can go to doctors, clinics, hospitals, pharmacies, and specialists in your health plan's network. ■ Your doctor or care coordinator can help you find a specialist. ■ You can call your health plan's 24-hour nurse line and they will refer you to the best place for care. ■ You can go to a dentist in the health plan's network. ■ Your health plan may offer additional benefits beyond the MA benefit set. ■ You have one contact through your health plan for Personal Care Assistant (PCA) services, home care nurses, and other waiver services.

Summary of MA covered services through managed care

- Adult mental health rehabilitation services: Crisis services, Assertive Community Treatment (ACT), Adult Rehabilitative Services (ARMHS), Intensive Residential Treatment Services (IRTS)
- Advanced practical nurse services
- Cancer clinical trials
- Care management services (acute medical)
- Chemical dependency treatment
- Chiropractic services
- Clinic services
- Dental services (limited)
- Disease management (such as diabetic care)
- Elderly Waiver services
- Family planning services, including treatment for sexually transmitted infections
- Gynecological services
- Hearing aids
- Home care services: personal care Physical Therapy (PT), Occupational Therapy (OT), Respiratory Therapy (RT), Speech Therapy (ST), private duty Registered Nurse (RN)
- Hospice services
- Inpatient hospital services
- Interpreter services
- Laboratory, diagnostic and radiological services
- Medical emergency, post-stabilization care and urgent care services
- Medical supplies and equipment
- Medical transportation services
- Mental health services, including diagnostic assessment and testing; crisis assessment and intervention; day treatment/partial hospitalization; individual and family group therapy; inpatient and outpatient treatment; neuropsychological assessment and rehabilitation; medication management; targeted case management
- Nursing home services (180 days for people admitted from the community; nursing home care beyond 180 days is covered by the State)
- Outpatient hospital services
- Physician services
- Podiatric services
- Prescription and over-the-counter drugs
- Prosthetic and orthotic devices
- Public health services
- Reconstructive surgery
- Regional Treatment Centers (under certain circumstances)
- Rehabilitation and therapeutic services – PT, OT, RT, ST
- Transplants
- Tuberculosis-related services
- Vaccines and immunizations
- Vision care services

The health plan may not cover all of your health care costs. Read your Evidence of Coverage or Member Handbook carefully to find out what is covered. You can also call the health plan's member services.

Important information for seniors 65+

If you are age 65 or older, you may have a choice of two managed care programs.

- 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. Medical services and drugs are covered by your MSHO health plan, which also coordinates all of your care and services.

How do I join?

Joining MSHO is voluntary. You can choose to enroll in MSHO by selecting the MSHO option on the enrollment form and choosing an MSHO health plan. There is no added cost to you. You also have the choice to leave the program whenever you want, effective the first day of the following month.

You will be automatically enrolled into MSC+ if you don't choose a health care program.

Minnesota Senior Care Plus (MSC+)

What is Minnesota Senior Care Plus?

MSC+ is a managed care program that provides MA benefits. It is a program designed for seniors, but it does not include Medicare benefits. MSC+ covers:

- State plan service benefits, such as Personal Care Assistance (PCA) and Home Care Nursing (HCN)
- The first 180 days of your nursing home stay
- May include Elderly waiver services through the managed care organization
- Some physician and preventive care services

- Refer to page 5 “Summary of Covered MA Services for more details about services the MSC+ program covers. MSHO also covers these services, in addition to Medicare covered services.

- Routine dental coverage

People may be able to continue to receive waiver services for people with disabilities on this program, if there are no breaks in waiver coverage.

Minnesota Senior Health Options (MSHO)

What is Minnesota Senior Health Options (MSHO)?

MSHO is a managed care program that provides MA and Medicare benefits. It is designed for seniors. It covers a variety of preventive, medical, long-term care, and social services. It also provides care coordinators, who help you get the care you need. MSHO covers:

- All services listed under MSC+
- All services covered by Medicare parts A, B, and D
- Care coordination to help you get the care you need

Why join MSHO?

If you join MSHO, you will have:

- Only one card for all MA and Medicare covered services, including medical, dental, long-term care, and prescription drugs.
- Coordination of your MA and Medicare, which helps you get the care you need, where it is best for you to get it- at home, at the hospital, at your doctor’s office or in a nursing home.

- A care coordinator who will help you plan your care and whom you can call to answer questions. The care coordinator will work with all of your providers to set up services, reduce confusion, and prevent duplication.

- A Health Risk Assessment (HRA) conducted within the first 30 days of enrollment, which means you could be connected to the services you need sooner.

- Less paperwork, because the health plan covers and coordinates your Medicare and MA services.

- Additional benefits covered by your health plan, which are not available to MSC+ members. Some examples of additional benefits may include fitness plans, home safety kits, and additional dental benefits. Contact the health plan for specific details on additional benefits, as these will differ between plans.

- Assistance with transitioning from a nursing home to the community.

MSHO Supports Improved Outcomes for Seniors

A federal study found that seniors enrolled in the MSHO program experience improved outcomes compared to seniors who were eligible for MSHO but did not enroll.¹ The study found MSHO enrollees were:

- 48 percent less likely to have a hospital stay, and those who were hospitalized had 26 percent fewer stays;
- 6 percent less likely to have an outpatient emergency department visit, and those who did visit an emergency department had 38 percent fewer visits; and

- 13 percent more likely to receive home and community-based long-term-care services

It is believed that MSHO supports these improved health outcomes because all MSHO members get a care coordinator and a team of providers who work together to help the member access and utilize the services the member needs to help them live their best life.

¹ The CMS summary and a link to the study can be found here : <https://blog.cms.gov/2016/06/16/better-outcomes-for-dually-eligible-older-adults-through-integrated-care/>

Comparison of Managed Care Programs for Seniors 65+

If you are 65 or older and do not choose to enroll in MSHO, you will be enrolled in MSC+.

Minnesota Senior Health Options (MSHO)		Minnesota SeniorCare Plus (MSC+)
Comparison of Programs and Covered Services – all benefits are subject to eligibility and program limitations. *In addition to MA covered benefits MA benefits, MSHO covers your Medicare benefits, which could include prescription drugs, inpatient hospital care, and diabetic testing supplies.		
Enrollment	Voluntary for those with Medicare Parts A and B	If you aren't eligible for MSHO or don't choose to enroll in MSHO, you will be enrolled in MSC+
Health care cards	MSHO card gives access to MA and Medicare services	Will have a MSC+ card through health plan for MA and will have a Medicare card for Parts A and B, as well as a card for Medicare Part D prescription drugs
Medical Assistance basic care services	Covered	Covered
Medicare services	MSHO health plan covers all Medicare services including Part D drugs	Medicare Parts A, B, and D are not included in MSC+. Enrollee get Medicare Part A and B services through Medicare fee-for-service and gets prescription drugs through a separate Medicare Part D plan.
Medicare part D prescription drug coverage	Prescription drugs are covered through the MSHO health plan	Prescriptions provided by separate part D plan.
Care Coordination	Receive a care coordinator to plan care and help connect with providers and reduce confusion	A care coordinator may or may not be assigned
Medical Assistance long-term care services	MSHO health plan covers Elderly Waiver services and 180 days of nursing home care– includes relocation service coordination to help you from the nursing home to the community.	MSC+ health plan covers Elderly Waiver services and 180 days of nursing home care– includes relocation service coordination to help you from the nursing home to the community.

Comparison of MA cost sharing – copays and deductibles – Some members have cost sharing. Cost sharing means amounts you pay toward your MA covered medical costs. This chart shows MA cost-sharing deductibles and copays. There are some exceptions to cost sharing. The exceptions are the same in each health plan. Your health plan will send you information on when cost sharing applies.		
Monthly family deductible	\$0	\$0
Emergency room care	\$0 for non-emergency ER visits	\$3.50 copay for non-emergency ER visits
MA prescriptions	\$0	\$3 copay for brand name \$1 copay for generic No copay for some mental health medications
Nonpreventive office visits	\$0	\$3 copay per visit
American Indians receiving services from an Indian Health Care Provider (IHCP) and IHS Contract Health Service (IHS-CHS)	Exempt from cost sharing	Exempt from cost sharing

All benefits are subject to eligibility and program limitations.

Step 1: Choosing a health plan

As a senior, you have two health care program options, MSHO and MSC+. In these programs you will also enroll in a health plan. Below are some steps to help you choose and enroll in a health care program and health plan of your choice.

The work sheet at the bottom of the page may help you choose a health plan.

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

- Decide if you want to enroll in MSHO or MSC+ and then choose a health plan. Note: Some counties have only one health plan choice.
- The enrollment form has your health plan choices and which health plan and health care program you will be enrolled into if you don't make a choice.
- Enrolling in a health plan does not guarantee you can see a particular provider. If you want to make sure you can see a specific provider, you should call that provider to ask whether he or she is part of the health plan network. You should also ask if they are accepting new patients.

How much time do I have to pick a health plan?

You have about 30 days to pick your health plan. At the same time that you pick your health plan, you may need to pick a primary care clinic.

What if I don't pick a health plan or a primary care clinic?

If you do not pick a health plan, we will pick one for you. That's why it is important for you to pick a plan. We do not know your health care needs and may not pick the best health plan for you.

Step 2: Choosing your primary care provider or clinic

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

- Check ups
- Shots
- Prescriptions
- Illness

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

- Primary care doctors
- Pharmacies
- Clinics
- Dentists
- Specialists

Once you have joined a plan, you will get a full list of all providers in its network.

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 will send you a provider listing that includes specialists.

Step 3: Fill out and return your enrollment form

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

- List a primary care clinic code
- Answer the two questions in the middle of the form
- If you want to enroll in MSHO, check the box
- Sign and date the form
- Mail the form back in the envelope we sent to you within 30 days.

The next three pages have pictures of two different enrollment forms.

- You receive the first enrollment form if you are eligible for MA and Medicare Parts A and B.
 - Both the front and the back of the form are shown in the packet.
 - An arrow points to the box on the first page you would mark if you want to enroll in MSHO
 - An arrow points to where you need to sign.
- You receive the second enrollment form if you are not eligible for Medicare Parts A and B and you will be enrolled in MSC+.
- If you enroll in MSHO through the health plan, the enrollment form will look different, but you will need to fill out the same information.
- If you are eligible for MSHO, you can enroll in the program at any time and will get a letter confirming your enrollment.

Once we get your enrollment form, you will be enrolled in the health plan you chose as of the first day of the following month. You will get a letter that tells you the date you can start getting health care through the health plan.



ENROLLMENT FORM

(Please Print)

Office Use Only – Plan ID: Eff Dt: Approved By: Copay Level: LIS Eff Date:

ENROLLEE INFORMATION

(PLEASE CORRECT ANY INFORMATION THAT IS INCORRECT)

Last Name:	First Name:	MI	Birth Date:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Permanent street address: (where you live-PO Box not allowed)		Social Security no (optional):		Home phone no.: ()
City:		State:	ZIP Code:	County:
Mailing address (If different from where you live)		City	State	Zip Code:

Email Address (optional): _____

Do you live in a long term care facility such as a nursing home? YES NO

If Yes, name of facility: _____

Case Number: _____ PMI: _____

Is the Medicare information listed below correct? YES NO If no, write in the correct information

Medicare Claim (ID) #: _____ Hospital (Part A) Begin Date: _____ Medical (Part B) Begin Date: _____

Do you need an interpreter? NO YES, If yes check one of the boxes below

Spanish (01) Hmong (02) Vietnamese (03) Khmer (Cambodian) (04) Lao (05)
 Russian (06) Somali (07) American Sign Language (08) Arabic (10)
 Bosnian/Serbo Croatian (11) Oromo (12) (98) Other, explain _____

Please read and answer these important questions:

1. Do you have End Stage Renal Disease (ESRD): YES NO If Yes, date dialysis started: _____
 If you have answered "YES" to this question and you do not need regular dialysis any more or have had a successful kidney transplant, **please attach a note or records** from your doctor showing you do not need dialysis or have had a successful kidney transplant.

2. Some people have other health insurance or drug coverage through private insurance, TRICARE, Employers, Unions, Veterans Affairs, or State pharmaceutical assistance programs. Do you have other health coverage in addition to your health plan? YES NO
 If **YES**, please list your other coverage and your policy or identification (ID) number(s) for this coverage:
 Insurance company name: _____ Group # for this coverage _____
 Policy holder's name: _____

To choose MSHO, you must check this box!

If you have health coverage from an employer or union, you must choose that coverage when you join an MSHO plan. Your employer or union can give you more information about your coverage. If you have questions, talk with the person in your office who takes care of benefits.

CHOOSE A HEALTH PLAN

Select a plan by checking a box. The plan with the * will be your health plan if you do not pick a plan.

<input type="checkbox"/> Blue Plus	<input type="checkbox"/> HealthPartners	<input type="checkbox"/> Itasca Medical Care
<input type="checkbox"/> Medica	<input type="checkbox"/> PrimeWest Health	<input type="checkbox"/> South Country Health Alliance
<input type="checkbox"/> UCare		

If you are 65 or older **AND** you have Medicare Part A and B, you can enroll in Minnesota Senior Health Options (MSHO). MSHO combines your Medical Assistance (Medicaid) and your Medicare coverage in one health plan.
 If you want MSHO, check this box. YES

If you do not have Medicare or this box is not checked you will be enrolled in Minnesota Senior Care Plus.

Primary Care Clinic or Care System you are choosing:	Primary Care Clinic (PCC) #:
--	------------------------------

By completing this enrollment application, I agree to the following:

If I choose MSHO, the health plan I select is a Medicare Advantage plan and has a contract with the Federal government. This health plan will be providing my care covered by Medicare and Medical Assistance (Medicaid). I will need to keep my Medicare Parts A and B.

To be enrolled and stay enrolled in MSHO, I must be: at least 65, eligible for Medical Assistance (Medicaid), have Medicare Parts A and B and live in the plan’s service area. For MSHO, if I obtain a medical spenddown while enrolled in my health plan and do not pay DHS, I will be disenrolled from my health plan. If any of this information changes, I will notify my plan so I can disenroll and find a new plan.

I understand that I can be in only one Medicare Advantage plan at a time and that by enrolling in this plan it will automatically end my enrollment in another Medicare health plan or prescription drug plan. It is my responsibility to inform the plan of any prescription drug coverage that I have or may get in the future.

I understand that if I am getting assistance from a sales agent, broker or other individual employed by or contracted with the plan I am choosing, he/she may be paid based on my enrollment in the plan.

I can choose to leave my MSHO health plan at any time. I understand that I will be enrolled in my plan through the last day of the month. I understand that I will be automatically enrolled in a Minnesota Senior Care Plus (MSC+) plan, which will cover my Medical Assistance (Medicaid) benefits. If I request in writing, I will be enrolled in my previous MSC+ plan.

Once I am a member of the health plan, I have the right to appeal plan decisions about payment or services if I disagree. The health services I get with my new plan may be different than the services I had before.

I will be notified of the date my coverage will start. Beginning on that date, I must get my health care from the providers of the health plan except for emergency or urgently needed care, out-of-area dialysis or if I get approval from the plan to see other providers in some circumstances.

I will read the **Member Handbook** I get from my health plan; it will have the rules I must follow and more information about covered services authorized by my plan. Services authorized by my plan and other services contained in my plan Member Handbook will be covered. Without authorization, **NEITHER MEDICARE NOR MY PLAN WILL PAY FOR THE SERVICES.**

If I am now getting Elderly Waiver services through the county, I am aware that my case manager may be replaced by a different county case manager or a health plan care coordinator.

I understand that people with Medicare aren’t usually covered under Medicare while out of the country except under limited circumstances. If I move, I need to tell my county worker.

RELEASE OF INFORMATION: By joining this health plan, I agree to allow,

The State to give information about my Medicare and Medical Assistance (Medicaid) status and the information on this form to its representatives, the county where I live now and the health plan.

The health plan will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations.

The health plan will release my information, including my prescription drug event data, to Medicare who may release my information for research and other purposes which follow all applicable Federal statutes and regulations.

The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the State where I live) on this form means that I’ve read and understand the contents of this form. If signed by an authorized representative (as described above), this signature means that: 1) this person is authorized under State law to complete this enrollment form and 2) documentation of this authority is available upon request by the State, health plan or Medicare.

Signature of applicant or authorized representative:		Date:	
If you are the authorized representative, you must sign above and provide the following information:			
Name (Print):	Relationship to enrollee:	Phone no: ()	
Address			
City	State	Zip	

Please return this form in the enclosed return envelope.

<PMI>

Sign here!

Name of County/MinnesotaCare
Street Address 1
Atkin, MN 56431-1280

Case Number: 12345678 Type of enrollment: Initial
WKR ID: X123456 SVC LOC: 999
John Doe
1234 Case
Anytown, MN 55555

MAY 17, 2004

ENROLLMENT FORM

Choose a health plan for your household from the choices below. Place an "X" on the line next to the health plan you want. Choose only one Health Plan.

_____ Health Plan 1
(This will be your health plan if you do not pick one)
_____ Health Plan 2

_____ Health Plan 3

Household members: The following members of your household are eligible for Medical Assistance, or MinnesotaCare. Please PRINT the clinic number for each person in the space provided. Choose a dental clinic **only** if you want HealthPartners or Itasca Medical Care. Answer all three questions for each person in your household.

Recipient Id	Recipient Name	Primary Care Clinic or Care System Number	Dental Clinic for HealthPartners or Itasca Medical	If you have other health insurance, name of company	Are you pregnant?	If you need an Interpreter, enter code from below
12345678	(RECIPIENT NAME)	_____	_____	_____	Y N	_____
12345678	(RECIPIENT NAME)	_____	_____	_____	Y N	_____

Interpreter Code:

Spanish 01	Hmong 02	Vietnamese 03	Cambodian 04	Laotian 05	Russian 06	Somali 07	American Sign Language 08	Arabic 10	Serbo Croation 11	Oromo 12	Other 98
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You have the right to get the following information through email: your rights; benefits covered; cost sharing or copays; the names, addresses, phone numbers and languages spoken by providers in your area and health plan member materials. If you want to get this health care information by email in the future, please print your name and your email address below.

Signature: I understand that when I fill out and sign this form, I am choosing a health plan and the State will pay a premium to the health plan for each person listed above. The information on the form will be given to my health plan. When my health plan starts, I will receive information and member cards from my health plan.

Signature



Sign here!

Date

Relationship to Person listed at the top of this form

What will happen after I enroll in a health plan?

You will get a letter from the Minnesota 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 the number on the letter as soon as possible.

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

The health plan will send you:

- An Evidence of Coverage and Member Handbook
- A health plan member card
- A list of providers

Reminder: One benefit of the Minnesota Senior Health Options program is that all services can be accessed using one card.

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 nearest emergency room.
- Any time you need health care right away and the illness or injury is not life threatening, call your clinic even if it is closed. The clinic will have a recorded message giving you a phone number that you can call to find out what to do. This phone number could be for a nurse help line or for an urgent care center.
- If you go to the emergency room when it is not an emergency, the hospital may bill you for a copay after your visit to the emergency room. For more information you should call the health plan's member services.
- If you go to a health care provider outside of your health plan when there is not an emergency, you may have to pay the bill. That's why it's important to call your health plan first.

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

What if I have questions about my health plan?

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

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

- Contact Member Services at your health plan. The phone number is listed in the packet of information from your health plan and on your health plan card. Your health plan must respond to your problem within 10 days.
- Call your health plan and ask to get a second medical opinion. Your health plan will give you the name of a doctor who is part of the health plan. You may get a second medical opinion for mental health or chemical dependency from a provider outside of the health plan and the health plan will pay for it.
- Write a letter to your health plan. Include your name, address, telephone number and an explanation of your problem. Your health plan must answer your letter within 30 days.
- Read the Rights and Responsibilities section on page 14 to find out how to file an appeal or call the Ombudsman for State Managed Health Care Programs at 651-431-2660 or 800-657-3729 (toll free).
The Rights and Responsibilities section includes important information about:
 - What to do if you are having a problem with your health plan.
 - What to do if your health plan will not pay for something.
 - What to do if you have a problem that is not being resolved.

Work sheet – Calling my health plan with a complaint

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

Date of your call: _____

Phone number you called: _____

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

2. The problem you are having: _____

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

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

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

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

Your responsibilities

IDcards. Be prepared to show your health plan card AND your Minnesota Health Care Programs card every time you go for medical care.

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

Your rights

You have the right to:

- **Be treated with respect, dignity and consideration for privacy.**
- **Get the services you need 24 hours a day, seven days a week.** This includes emergencies.
- **Know that your health plan will keep your records private according to law.**

- **Request and receive a copy of your medical records.** You also have the right to ask for corrections to be made to the record.
- **Get a second opinion for medical, mental health and chemical dependency services.** For mental health or chemical dependency, you may receive the second opinion from a provider who is not part of the health plan.
- **Be told about your health problems.** Get information about treatments, your treatment choices and how they will help or harm you.
- **Refuse treatment.** Get information about what might happen if you refuse treatment. You also have the right to refuse care from specific providers.
- **Be free of restraints or seclusion used as a means of coercion, discipline, convenience or retaliation.**
- **Change your primary care clinic no more than every 30 days upon request to the health plan.**
- **Request to change your health plan at the following times** (if there is more than one health plan available in your county).
 - **For Cause** as determined by the state, including, but not limited to
 - Lack of access to services and providers
 - Amount of travel to get to primary care
 - Poor quality of care
 - Continuity of care
 - **First-Year Change.** You can change your health plan once during the first year you are enrolled in managed care.
 - **Annual Health Plan Selection.** There is an annual health plan selection time each year. During this time the state will explain your right to change health plans.

- **Other:**

- Within 90 days from the date you are first enrolled in the health plan
- If you were not eligible at the time of the Annual Health Plan Selection period
- If a health plan stops being part of the Minnesota Managed Health Care Program, you must choose a new health plan. If you do not like your new health plan, you will again have 60 days to change your health plan

Note: If you are in the hospital on the day your health plan changes, your old health plan will cover you. Your new plan will not begin to cover you until the first of the month after you leave the hospital.

- **Receive notice of health plan decisions.**

If your health plan denies, reduces or stops a health service or denies payment for the 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
- How to file an appeal or request a state fair hearing

- **File a grievance or appeal with the health plan and/or request a state fair hearing.**

You can ask a friend, advocate, provider or lawyer to help. With your written consent, your provider may file a grievance or appeal or request a state fair hearing on your behalf. Your attending health care provider may appeal a service authorization decision *without* your consent. You can ask for a decision to be made quickly for urgently needed services. There are no costs to you for filing a health plan appeal or state fair hearing. It will not affect your eligibility for medical benefits. For more detailed information please read your health plan's Evidence of Coverage or Member Handbook.

- **File a grievance.**

To express discontent with matters like quality of care or failure to respect your rights, you can

- Call your health plan member services. The health plan will give you a decision within 10 days.
- Write to the health plan. You will get a written decision within 30 days.

- **File an appeal.**

You can appeal if you disagree with a health plan decision to deny, reduce, or stop health care services, or deny payment for services. ***You must appeal to the health plan within 90 days*** of the date on the notice that a health plan is decreasing or denying services or payment. To file an appeal, you can

- Call your health plan member services and tell why you disagree with the decision.
- Send a letter to the health plan explaining why you disagree with the decision.

- You, or your representative, may present your evidence in person, by telephone or in writing.
- The health plan will give you a written decision within 30 days.

- **Request a state fair hearing**

You may request a hearing at the state when

- You have services that are being denied, reduced or stopped.
- You are getting bills that you think your health plan should pay.
- You need to change your health plan at a time other than the first-year change, 90-day change, or open enrollment (for example, if you move too far from your primary clinic and your request to change plans has been denied).

You can request a state fair hearing at any time during the health plan appeal process. You do not have to file an appeal with the health plan before you request a state fair hearing. ***You must request the state fair hearing in writing within 30 days*** of the date on the notice that a health plan is denying, reducing, or stopping services or denying payment for services. You have up to 90 days if you have a good reason for being late. If your hearing is about a medical necessity denial, you may ask for an expert medical opinion. This will be from an outside reviewer. To request a state fair hearing, write to

Minnesota Department of Human Services
Appeals Office
PO Box 64941
St. Paul, MN 55164-0941

Or fax to: 651-431-7523

A decision can take between 30-90 days to file an appeal electronically, use this form: <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-0033-ENG-eform>.

- **Continuing services while an appeal or state fair hearing is pending.**

If your health plan is stopping or reducing an **ongoing** service and you want to appeal the decision, you may be able to keep getting the service during the appeal. You must file a health plan appeal or request a state fair hearing **within 10 days** of the date on the notice from your health plan, or before the service is stopped or reduced, whichever is later. You must ask for the service to continue. Your treating provider must agree the service should continue. If you lose the appeal, you may be billed for the services.

- **For help with a grievance, appeal or state fair hearing, call or write to**

Minnesota Department of Human Services
Ombudsman for State Managed
Health Care Programs
PO Box 64249
St. Paul, MN 55164-0249
Phone: 651-431-2660 or 800-657-3729

- To file a complaint with the Minnesota Department of Health, call or write to
 Minnesota Department of Health
 Managed Care Section
 PO Box 64882
 St. Paul, MN 55164-0882
 Phone: 651-201-5100 or 800-657-3916

Summary of 2015 Satisfaction Survey Results for Care Providers and Systems

	Rating of health plan	Customer service % answering "No Problem"	Getting needed care % answering "No Problem"	How well doctors communicate % answering "Always"	Getting care quickly % answering "Always"	Shared Decision making % answering "Always"
0 = worst possible and 10 = best possible. Tables show the sum of the "9" and "10" ratings given by enrollees who answered the questions.						
Minnesota Senior Care Plus (MSC+)						
Blue Plus	74%	74%	60%	82%	66%	51%
HealthPartners	65%	70%	57%	78%	61%	49%
Medica	63%	62%	61%	82%	61%	55%
PrimeWest Health (PWH) / South County Health Alliance (SCHA)	73%	68%	63%	77%	72%	50%
Itasca Medical Care (IMCare)/ MHP (no longer offered)	69%	59%	60%	83%	50%	49%
UCare	65%	59%	50%	79%	64%	53%
Average of all health plans	69%	66%	59%	80%	64%	51%
Minnesota Senior Health Options (MSHO)						
Blue Plus	77%	77%	66%	76%	64%	47%
HealthPartners	69%	66%	55%	73%	60%	47%
Medica	75%	70%	57%	74%	60%	48%
PrimeWest Health (PWH)	77%	78%	67%	77%	75%	49%
South County Health Alliance (SCHA)	75%	67%	62%	76%	67%	58%
Itasca Medical Care (IMCare)/ MHP (no longer offered)	79%	76%	60%	80%	67%	48%
UCare	67%	59%	54%	70%	56%	46%
Average of all health plans	74%	70%	60%	75%	64%	49%

What should I do if I move to another county?

If you move to another county, talk to your new county worker. Your worker will know if your health plan is available in that county. If you need to pick a new health plan, your worker will help you do that.

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

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

In some cases, yes. If the Indian Health Service (IHS) or tribal clinic is in a health plan network, you may choose them as your primary care provider. If your IHS or tribal clinic is not part of the health plan you choose, you will need to select a primary care doctor or clinic that is part of your health plan.

You can continue or begin to use tribal and IHS clinics at any time. The health plan will not require prior approval or impose any conditions for you to get services at these clinics.

For enrollees age 65 years and older, this includes Elderly Waiver (EW) services accessed through the tribe. 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.

Enrolling in a health plan does not guarantee you can see a particular health plan provider.

If you want to make sure, you should call that provider to ask whether he or she is still part of the health plan. You should also ask if they are accepting new patients.

The health plan may not cover all of your health care costs. Read your Evidence of Coverage or Member Handbook carefully to find out what is covered. You can also call the health plan's member services.

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:

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



Attention. If you need free help interpreting this document, call 651-431-2670.

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم 651-431-2670.

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅតាមទូរស័ព្ទមកលេខ 651-431-2670 ។

Pažnja. Ako vam treba besplatna pomoć za tumačenje ovog dokumenta, nazovite 651-431-2670.

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 651-431-2670.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງໂທໄປທີ່ 651-431-2670.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, lakkoobsi bilbiltu 651-431-2670.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по телефону 651-431-2670.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, wac 651-431-2670.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al 651-431-2670.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số 651-431-2670.

LB2-0001B (3-13)



For accessible formats of this publication and additional equal access to human services, write to dhs.info@state.mn.us, call 651-431-2670, or use your preferred relay service. (ADA1 [9-15])



Minnesota Department of Human Services