

MSHO and Medical Spenddowns

You are enrolled in a managed care program called Minnesota Senior Health Options (MSHO). While enrolled in MSHO, if you have a monthly medical spenddown you must pay that spenddown every month.

What is a spenddown?

- Some people have too much income to qualify for Medical Assistance (MA). If your income is too high, you may be able to get coverage by using a spenddown.
- A spenddown is like an insurance deductible. You are paying a share of the cost of medical bills before your MSHO plan begins to pay for them.

How do I know whether I have a spenddown?

• Your county or Tribal Nation worker will tell you whether you have a spenddown and how it was calculated.

How much will my spenddown be?

- Your spenddown amount depends on many factors, such as your income or family size.
- If you have questions about the amount of your spenddown or how it was decided, contact your county or
 Tribal Nation worker. If you do not know the number, call the Minnesota Department of Human Services
 (DHS) Health Care Consumer Support at 651-297-3862 or 800-657-3672 for help. This call is free.

When do I pay my spenddown?

- DHS will send you an invoice each month when you are enrolled in MSHO.
- The invoice will tell you the amount of the spenddown that you owe for the current billing period and when it is due.
- The invoice does not show amounts owed from previous months or whether you have already paid the amount due that month.
- If you have questions about your MSHO billing account, contact DHS Health Care Recipient Billing at 651-431-3205 or 800-657-3762.

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

Here is an example of the invoicing process:

- January 4th: DHS mails you the invoice for March coverage.
- February 15th: Your March spenddown payment is due to DHS.
- March 1st: Your MSHO health insurance coverage continues after timely payment is received.

How do I pay my spenddown to DHS?

You can pay in one of the following ways:

By mail with a personal check, cashier's check or money order with the return envelope and invoice stub. If
you lose the envelope that comes with your invoice, write your customer number and program name on
your check or money order and send the check or money order to the following address:

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

Online using the DHS Payments website at http://payments.dhs.state.mn.us. You can make a one-time payment or set up automatic recurring monthly payments by creating an online account. You will need your customer number, located on your monthly spenddown invoice. You will need to also select your program name: MSHO. Payments that are set up to be automatic recurring will continue until you log into your account to stop. To change an amount, your automatic recurring payment must be stopped.

What happens if I don't pay the full amount of my spenddown when it's due?

DHS will automatically disenroll you from the MSHO health plan if you have not paid your spenddown for a total of three months while enrolled in MSHO. The three months do not need to be consecutive. If you are disenrolled, you must pay DHS the entire medical spenddown amount you owe DHS within 90 days to enroll in MSHO again. You will not be able to reenroll in MSHO if you owe DHS for past-due amounts.

If you are unable to pay your spenddown, you can voluntarily disenroll from the MSHO program and return to Fee-for-Service (FFS) MA (also known as MA). However, you will still have your spenddown. You will pay your spenddown directly to your providers. Each month, they will bill you until your full spenddown is paid.

If you are disenrolled from MSHO for not paying your spenddown or you choose to disenroll from MSHO, you will have to choose a new Medicare Part D plan to cover your Medicare Part D covered prescription drugs. You can call the Senior LinkAge Line® at 800-333-2433 (this call is free) or use your preferred relay service.



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

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

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ် ဆိုပါ။

ုန္စအဒုန္မုုင္း ၃ နဘ္န္က္အနာအလူမေဃန္မည၌ပ္စုုရမဘုန္အနာဘ ျိုမေနညံနိပေႋအျငအ်ကြာျွာန္နြ/ ြု့မျရွဥ္စအတ်ေနထထဓါန္- ၃

請注意,如果您需要免費協助傳譯這份文件,請撥打上面的電話號碼。

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

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

ဟ်သူဉ်ဟ်သးဘဉ်တက္နာ်. ဖဲနမ္နာ်လိဉ်ဘဉ်တာ်မာစားကလီလာတာ်ကကျိုးထံဝဲဒဉ်လာ တီလံာ်မီတခါအုံးနှဉ်,ကိုးဘဉ်လီတဲစိနှိုက်ုံလာထးအုံးနှဉ်တက္နာ်.

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

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼື ອໃນການແປເອກະສານນີ້ ຟຣີ , ຈົ່ ງໂທຣໄປທີ່ ໝາຍເລກຂ້າງເທື ງນີ້ .

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

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

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda

(afcelinta) qoraalkan, lambarka kore wac.

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

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

LB2 (03-24)



For accessible formats of this information or assistance with additional equal access to human services, email us at DHS.info@state.mn.us, call 651-431-2670, or toll free at 800-657-3739. ADA1 (3-24)

Upon request, this material will be made available in an alternative format such as large print, Braille, or audio recording. Printed on recycled paper.