

Telephone Numbers

980399

To apply for MA or GAMC or to receive other pamphlets with information about MA or GAMC, contact your local county human service agency

For more information about health services covered by MA or GAMC, call 296-7675 or 1-800-657-3739

To apply for MinnesotaCare or receive information about coverage, call 297-3862 or 1-800-657-3672

Minnesota's

Health Care

Programs

If you ask, we will give you this information in another form, such as Braille, large print or audio tape. For TTY service call 1-800-627-3529.

This is important information. If you do not understand it have someone translate it for you now.

Información importante. Si no la entiende, haga que alguien se la traduzca ahora.

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Nov yog ntaub ntawv tseem ceeb. Yog koj ts to taub, nrhiav neeg pab txhais rau koj kom sai sai.

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Đây là tin tức quan trọng, nếu bạn không hiểu, hãy tìm người thông dịch giúp ngay

Это важная информация. Если Вы её не понимаете, обратитесь за помощью немедленно.

A summary of medical programs...

Medical Assistance

General Assistance Medical Care

MinnesotaCare

State of Minnesota



Minnesota Department of Human Services

DHS 3182 (7/97)

This brochure explains the three publicly funded health care programs administered by the Minnesota Department of Human Services:

- **Medical Assistance (MA)**
- **General Assistance Medical Care (GAMC)**
- **MinnesotaCare**

If you are eligible for one of these programs, the State will pay all or part of your medical bills. Health care for Minnesota's programs is provided by *fee-for-service medical providers* or *prepaid health plans*.

Fee-for-service providers

Fee-for-service providers enroll with the Minnesota Department of Human Services to provide you with health care. They include doctors, clinics, hospitals, dentists, pharmacies, eye doctors, chiropractors, and many others.

Prepaid health plans

In some counties, and in MinnesotaCare, prepaid health plans provide the health care. If you are enrolled in a health plan they will send you a member card and information on how to get health care. You must present both the prepaid health plan card and your Minnesota Health Care Program card when you get medical services.

Once you enroll in a prepaid health plan, you must get all your medical care from that health plan, except in a life-threatening emergency. Unless it is an emergency, you will have to pay for care you get from a doctor who is not part of your health plan.

Covered Services

Some services require prior authorization

SERVICES	MA	GAMC	MinnesotaCare
Chemical dependency services	x 1	x 1	x 1
Chiropractic services	x	x	x
Dental services	x	x	x 2
Diagnostic, screening, preventive services	x	x	x
Family planning services	x	x	x
Hearing aids	x	x	x
Home health care services	x		x
Hospice care services	x		x
IEP/Special education services	x		x 4
Immunizations	x	x	x
Inpatient hospital services	x	x	x 3
Medical equipment and supplies	x	x	x
Nurse practitioner services	x	x	x
Nursing homes	x		x 4
Orthodontic services	x	x	x 4
Outpatient hospital services	x	x	x
Outpatient laboratory and x-rays	x	x	x
Outpatient mental health services	x	x	x
Personal care attendant and case management services	x		x 4
Physical, occupational, and speech therapy, audiology	x		x
Physician and health clinic visits	x	x	x
Pregnancy and related services	x		x
Prescription drugs	x	x	x 5
Private duty nursing services	x		x 4
Public health nursing clinic services	x	x	x
Rehabilitation agency (Medicare certified)	x	x	x
Transportation: emergency	x	x	x
Transportation: special 6	x		x 4
Vision care, including eyeglasses	x	x	x 7

1. Assessment and placement must be made by a local agency or through your managed care health plan.
2. Nonpregnant adults: limited to exams, teeth cleaning, x-rays.
3. Nonpregnant adults: copay and \$10,000 annual benefit limit; must apply for MA. Adults with children whose income is at or less than 175% of federal poverty guidelines have no \$10,000 inpatient limit.
4. Children and pregnant women only.
5. \$3 copay, nonpregnant adults only.
6. For individuals who are unable to use common carrier.
7. \$25 copay for eyeglasses, nonpregnant adults only.

Your Minnesota Health Care Programs Membership Card

If you are covered by MA, GAMC or MinnesotaCare you will get a membership card that contains a unique identification number to be used by you only. Do not throw this card away. You will no longer get a new paper card each month.

This is what the
Minnesota Health Care Programs
membership card
looks like



Using Your Minnesota Health Care Programs Membership Card

- Your card does not show dates of eligibility. Check the approval notice mailed to you to find out when your coverage starts. In some cases, coverage may begin as early as three months before you applied. This is called retroactive eligibility. For MinnesotaCare enrollees, coverage begins the first day of the month after you pay your first premium.
- *Show your membership card each time you get a service. If you are enrolled in a prepaid health plan, your health plan will send you a member card. You must use that card along with your Minnesota Health Care Programs membership card.*
- When you call to make a medical appointment, tell the office that you have MA, GAMC or MinnesotaCare, and make sure that the office serves Minnesota Health Care Program members. If you are enrolled in a prepaid health plan, give the doctor's office the name of your health plan.
- *Keep all appointments that you schedule* with your medical provider. If you cannot keep an appointment, call your providers and tell them. Try to give 24 hours notice if you must cancel an appointment.
- If you cannot find a doctor or dentist, ask your county worker for a list of medical providers who will serve Minnesota Health Care Program members. If you are enrolled in a prepaid health plan, call the member services number listed on the back of your health plan card.
- If you need transportation to a medical appointment, contact your financial worker or the MinnesotaCare access services coordinator. Find out what your county's transportation requirements are before you make an appointment. If you are enrolled in a prepaid health plan, contact your health plan for transportation to medical appointments.

Emergencies

Go to the emergency room for medical emergencies only, not for routine care. If you have a routine or urgent medical need, call your doctor first, describe the problem, and get the advice and help you need. *If you think the emergency is life-threatening call 911 or go to the nearest hospital.*

Payment for Medical Care

Payment for your fee-for-service medical care goes directly to your health care provider. Each month you will receive an "Explanation of Medical Benefits." It lists the medical bills that the State paid on your behalf. Look it over carefully. If you did not receive the services listed, call 296-7675 or 1-800-657-3739.

If you get bills from medical providers, contact them right away. Find out why you got a bill. Work with your medical provider to solve the billing problem. **If you don't have a spenddown or copay requirement, you do not have to pay for covered services.**

If you are enrolled in a prepaid health plan, the State will send payment for your medical care directly to your health plan. If you get billed for medical services, contact your health plan or call your managed care advocate right away.

Authorization

The Minnesota Department of Human Services or your prepaid health plan must approve some health care services and equipment before payment. This is called "authorization."

Your providers know when they must get authorization. They will contact the appropriate agency or your prepaid health plan for this decision.

To Apply for MA or GAMC

To apply for health care assistance, call or go to the human services agency in the county where you live. You can apply even if you are not sure that you are eligible.

When you apply, you will fill out an application form and be asked for proof of some of the information you give. You also will talk with a person who works for the county agency. That person is a financial worker. This financial worker can help you fill out the application form.

Your county agency will let you know if you are eligible for assistance in 45 days, or 60 days if they need a disability certification. If a decision is not made in that time, the county agency will explain why in writing.

Privacy of Information

The information that you give to your county agency is private. No one other than you and certain government agencies may see this information. You have the right to examine your file to see if the information is correct.

If other county agency programs can help you, the information you provide may be shared with that agency.

The State Quality Control Unit may pick your case at random for review. This review makes sure that the county agency acted correctly in your case. If the unit picks your case, a quality control reviewer may ask you for more information or your permission to contact other sources for information. You must cooperate with the reviewer. If you do not, you could lose your program benefits.

To Apply for MinnesotaCare

Apply for MinnesotaCare by mail. Call 297-3862 (Twin Cities metro) or 1-800-657-3672 (toll free) for an application. Many medical providers, schools, and social service agencies also have applications.

Eligibility requirements for MinnesotaCare:

- Permanent Minnesota resident.
- Not currently insured (includes Medicare) or covered by other health insurance in last four months (some exemptions for low-income children and people coming from MA).
- No access to employer-paid insurance (50 percent or more) for last 18 months (does not apply to low-income children; some exceptions also for adults).
- Meet income guidelines.

Enrollees pay a monthly premium based on family size and income. Low-income children under age 21 pay a fixed premium of \$4 a month. Coverage starts the first of the month after premium payment is received. Continued coverage depends on timely payment of premium.

Applications require proof of income, such as a federal 1040 tax form, W-2 forms, wage statements, or pay stubs.

MinnesotaCare follows MA rules about the membership card, emergencies, prior authorization, data privacy, appeals, and program abuse.

MinnesotaCare enrollees receive their health care from prepaid health plans.



Minnesota's Health Care Programs

What is Medical Assistance (MA)?

MA helps people pay for their medical care. Federal and state tax dollars pay for MA. MA is different from Medicare. Medicare is a federal health insurance program for people over 65 and for certain people with disabilities.

What is General Assistance Medical Care (GAMC)?

GAMC helps people who are not eligible for other state or federal programs to pay for their medical care. State tax dollars pay for GAMC.

What is MinnesotaCare?

MinnesotaCare is like health insurance. It is for uninsured Minnesota residents who meet income and other eligibility guidelines. MinnesotaCare is paid for with state tax dollars, provider taxes and premiums paid by people who are enrolled. Premium amounts vary according to household income. MinnesotaCare does not pay for past medical bills.

For more information about these programs please refer to the telephone numbers listed on the back page of this brochure.

Appeal Process

You have appeal rights. You may not agree with a decision made by your county or state human services agency. You can ask the county to show you the rules, law or policy used in making a decision.

If you still do not like the decision, you may appeal. You must appeal within 30 days after you are notified of the decision. You may take up to 90 days to appeal if you have a good reason for not appealing within 30 days.

To start an appeal, write a short letter stating that you disagree with a decision and send it to:

Appeals and Regulations
Minnesota Department of Human Services
444 Lafayette Road
St. Paul, MN 55155-3813

Or call (612) 296-5764

A hearing will be set for you in your county or by phone. At the hearing, explain why you think the decision was wrong. You may represent yourself or ask someone else to help you at the hearing (ask your financial worker about free legal help).

An appeals referee will hear and decide your case. You will receive the decision in the mail, usually within a month or two of the hearing. If you are not satisfied, you have 30 days to appeal the decision to district court.

Health Care Program Abuse

It is wrong to:

- withhold information or give false information,
- allow someone else to use your health care card,
- misuse medical services.

If you knowingly abuse a health care program, you could be in legal trouble, or you may be limited to one provider.

Spenddown

If your income is more than the program income limit, you may still be eligible for health care assistance with a spenddown. A spenddown works like an insurance deductible. The spenddown is the amount of your income that is more than the MA or GAMC income limit for your household size. You must incur the amount of your spenddown to be eligible for MA or GAMC. You are responsible for the bills used to meet your spenddown. The State can pay for your bills once you have met your spenddown. Your spenddown may be based on one month or six months of income. Your financial worker will help you decide which spenddown method is best for you.

You can use most medical expenses that are not paid for by insurance, Medicare or another third party to meet your spenddown. You also can meet your spenddown with some expenses paid by MinnesotaCare, insurance premiums, transportation costs to get medical care, and unpaid medical bills that are more than three months old.

Will the State File a Claim Against My Estate After I Die?

The State will file a claim against your estate if MA payments were made on your behalf while you were under age 55 and resided in a nursing home for six months or more, or if you were over age 55; or if you received GAMC at any age.

The State will file a claim against the full value of your estate unless you are survived by:

- a spouse,
- a minor child,
- a disabled child of any age,
- a brother or sister who lived with you in your home for at least one year before you went into a nursing home and kept on living in your home after that,
- an adult child or grandchild who lived with you in your home and took care of you for at least two years before you entered a nursing home, and kept on living in your home after that.

Will the State File a Lien Against My Real Property?

If MA payments are made on your behalf for long-term care in a nursing home, inpatient hospital, or intermediate care facility for persons with mental retardation, the State may file a lien against any real property you own, unless you will be returning home.

The State will *not* file a lien against your homestead if any of the following apply:

- you will be returning to your home,
- your spouse is still living in your home,
- you have a child under the age of 21 living in your home,
- you have a child of any age living in your home who is blind or has a disability,
- you have a brother or sister living in your home who owns the house with you and who lived with you at least one year before you entered a long-term care facility,
- you have a child living in your home who provided care for you for at least two years before you entered a long-term care facility.

Continued Health Care Assistance for MA and GAMC

Every six months your county financial worker will review your situation to see if you are still eligible for health care assistance. You must complete, sign, date and return all forms sent to you by your county agency. If you do not you will lose your MA or GAMC.

Your financial worker may ask you to provide your:

- last checking account statement and/or to sign a release of information form for your bank,
- last savings account statement and/or to sign a release of information form for your bank,
- proof of ownership for stocks, bonds, savings certificates, trust funds or other financial assets,
- proof of current unearned income,
- pay stubs for the last six months and/or most recent income tax form.

MinnesotaCare enrollees must complete a new application annually.

Stopping Health Care Benefits

Your county agency or MinnesotaCare will give you written notice if your program benefits are going to stop. This notice will include the:

- action your county agency or MinnesotaCare plans to take,
- date that this action will occur,
- reasons for the action,
- appeal and fair hearing process.

Children in an Inpatient Hospital

In some cases, children are no longer eligible for public funded health care because they reach a certain age. If a child is in the hospital when this occurs the county agency will continue the health care assistance until the child leaves the hospital.

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State of Minnesota



Minnesota Department of Human Services

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