

2024 Summary of Benefits

HealthPartners® Minnesota Senior Health Options

(MSHO) (HMO SNP)

January 1, 2024 – December 31, 2024

MedicareRx
Prescription Drug Coverage 



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INTRODUCTION

This document is a brief summary of the benefits and services covered by HealthPartners MSHO. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of HealthPartners MSHO. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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A. DISCLAIMERS

This is a summary of health services covered by HealthPartners MSHO for 2024. This is only a summary. Please read the *Member Handbook* for the full list of benefits. You can view the *Member Handbook* on our website at healthpartners.com/msho. If you would like a print copy, call HealthPartners MSHO Member Services at the number on the bottom of this page.

- HealthPartners is a health plan that contracts with both Medicare and the Minnesota Medical Assistance (Medicaid) program to provide benefits of both programs to enrollees. Enrollment in HealthPartners depends on contract renewal.
- HealthPartners MSHO is for people age 65 and over who live in the service area and have both Medicare Part A and Part B and have Medical Assistance (Medicaid).
- Under HealthPartners MSHO you can get your Medicare and Medical Assistance (Medicaid) services in one health plan. A HealthPartners MSHO Care Coordinator will help manage your health care needs.
- For information about choice counseling services, call the Minnesota Department of Human Services Health Care Consumer Support (HCCS) line at **651-297-3862** or **800-657-3672**.
- For more information about **Medicare**, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (**www.medicare.gov**) or by calling **800-MEDICARE (800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **877-486-2048**.
- You can get this document for free in other formats, such as large print, braille, or audio. Call Member Services at the number at the bottom of this page. The call is free.
- To make or change a standing request to get this document, now and in the future, in a language other than English or in an alternate format, call Member Services at the number at the bottom of this page.

B. FREQUENTLY ASKED QUESTIONS

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
<p>What is a Minnesota Senior Health Options (MSHO) plan?</p>	<p>Our plan is part of the Minnesota Senior Health Options (MSHO) program. This program was designed by the Minnesota Department of Human Services (DHS) to provide special care for seniors age 65 and over. Our plan combines your Medicare and Medical Assistance services. It combines your doctors, hospital, pharmacies, home care, nursing home care, and other health care providers into one coordinated care system. It also has Care Coordinators to help you manage all your providers and services. They all work together to provide the care you need.</p> <p>Our MSHO program is called HealthPartners Minnesota Senior Health Options.</p>
<p>Will I get the same Medicare and Medical Assistance benefits in HealthPartners MSHO that I get now?</p>	<p>You will get most of your covered Medicare and Medical Assistance benefits directly from HealthPartners MSHO. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care team assessment. You may also get other benefits outside of your health plan the same way you do now, directly from another source, such as the State, county, Federal government, or Tribal nation.</p> <p>When you enroll in HealthPartners MSHO, you and your care team will work together to develop an Individualized Care Plan to address your health and support needs, reflecting your personal preferences and goals.</p> <p>If you are taking any Medicare Part D prescription drugs that HealthPartners MSHO does not normally cover, you can get a temporary supply and we will help you to transition to another drug or get an exception for HealthPartners MSHO to cover your drug, if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page.</p>

Frequently Asked Questions	Answers
<p>Can I go to the same doctors I use now?</p>	<p>This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with HealthPartners MSHO and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"> • Providers with an agreement with us are “in-network.” Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. You must use the providers in HealthPartners MSHO’s network. If you use providers or pharmacies that are not in our network, the plan may not pay for these services or drugs. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of HealthPartners MSHO’s plan. You may also use out-of-network providers when HealthPartners MSHO authorizes the use of out-of-network providers. • If you are currently under treatment with a provider that is out of HealthPartners MSHO’s network, or have an established relationship with a provider that is out of HealthPartners MSHO’s network, call Member Services to check about staying connected. <p>To find out if your providers are in the plan’s network, call Member Services at the numbers listed at the bottom of this page or read HealthPartners MSHO’s <i>Provider and Pharmacy Directory</i> on our website at healthpartners.com/msho. If HealthPartners MSHO is new for you, we will work with you to develop a care plan to address your needs.</p>
<p>What is a HealthPartners MSHO Care Coordinator?</p>	<p>A HealthPartners MSHO Care Coordinator is one main person for you to contact. This person helps to manage all your providers and services and makes sure you get what you need, including the following:</p> <ul style="list-style-type: none"> • Assisting you in arranging for, getting, and coordinating assessments, tests, and health and long-term care supports and services • Working with you to develop and update your care plan • Supporting you and communicating with a variety of agencies and persons • Coordinating other services as outlined in your care plan
<p>What are Long-Term Services and Supports?</p>	<p>Long-Term Services and Supports are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, a county or other agency may administer these services, and your care coordinator or care team will work with that agency.</p>
<p>What happens if I need a service but no one in HealthPartners MSHO’s network can provide it?</p>	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, HealthPartners MSHO will pay for the cost of an out-of-network provider. A prior authorization may be required before getting services from out-of-network providers.</p>

6 **If you have questions**, please call HealthPartners MSHO at **952-967-7029** or **888-820-4285** (TTY: **711**), **Oct. 1 through March 31**, 8 a.m. to 8 p.m. Central Time (CT), **seven days a week**. From **April 1 through Sept. 30**, call us 8 a.m. to 8 p.m. CT, **Monday through Friday**. The call is free. For more information, visit healthpartners.com/msho.

Frequently Asked Questions	Answers
<p>Where is HealthPartners MSHO available?</p>	<p>The service area for this plan includes these Minnesota counties: Anoka, Benton, Carver, Chisago, Dakota, Hennepin, Ramsey, Scott, Sherburne, Stearns, Washington and Wright counties. You must live in one of these counties to join the plan. Call Member Services at the numbers listed at the bottom of this page for more information about whether the plan is available where you live.</p>
<p>What is prior authorization?</p>	<p>Prior authorization means an approval from HealthPartners MSHO to get services outside of our network or to get services not routinely covered by our network before you get the services. HealthPartners MSHO may not cover the service, procedure, item, or drug if you don't get prior authorization.</p> <p>If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first. HealthPartners MSHO can provide you or your provider with a list of services or procedures that require you to get prior authorization from HealthPartners MSHO before the service is provided.</p> <p>Refer to Chapter 3, of the <i>Member Handbook</i> to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the <i>Member Handbook</i> to learn which services require a prior authorization.</p> <p>If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the numbers listed at the bottom of this page for help.</p>
<p>What is a referral?</p>	<p>A referral means that your primary care provider (PCP) must give you approval to go to someone that is not your PCP. A referral is different than a prior authorization. If you don't get referral from your care team, HealthPartners MSHO may not cover the services.</p> <p>You don't need a referral to use certain specialists, such as women's health specialists.</p> <p>Refer to the <i>Member Handbook</i> to learn more about when you will need to get a referral from your care team.</p>
<p>Do I pay a monthly amount (also called a premium) under HealthPartners MSHO?</p>	<p>No. Because you have Medical Assistance, you will not pay any monthly premiums, including your Medicare Part B premium, for your health coverage.</p>
<p>Do I pay a deductible as a member of HealthPartners MSHO?</p>	<p>No. You do not pay deductibles in HealthPartners MSHO.</p>
<p>What is the maximum out-of-pocket amount that I will pay for medical services as a member of HealthPartners MSHO?</p>	<p>There is no cost-sharing for medical services in HealthPartners MSHO, so your annual out-of-pocket costs will be \$0.</p>
<p>Do I have a coverage gap for drugs?</p>	<p>No. Because you have Medical Assistance, you will not have a coverage gap stage for your drugs.</p>

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C. OVERVIEW OF SERVICES

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or concern	Services you may need	Your costs for <i>in-network</i> providers
You need hospital care	Inpatient hospital stay	\$0
	Outpatient hospital services, including observation	\$0
	Ambulatory surgical center (ASC) services	\$0
	Doctor or surgeon care	\$0
You want a doctor	Visits to treat an injury or illness	\$0
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	\$0
	Wellness visits, such as a physical	\$0
	"Welcome to Medicare" preventive visit (one time only)	\$0
	Specialist care	\$0
You need emergency care	Emergency room services	\$0
	Urgent care	\$0
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	\$0
	Lab tests and diagnostic procedures, such as blood work	\$0
You need hearing/auditory services	Hearing screenings	\$0
	Hearing aids	\$0
You need dental care	Dental check-ups and preventive care	\$0
	Restorative and emergency dental care	\$0

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Limitations, exceptions, & benefit information (rules about benefits)

Except in an emergency, your health care provider must tell the plan of your hospital admission.

You may use any emergency room if you reasonably believe you need emergency care. You do not need prior authorization and you do not have to be in-network. Emergency room services are NOT covered outside of the U.S. and its territories. Contact the plan for details.

Urgently needed care is NOT emergency care. You do not need prior authorization and you do not have to be in-network. Urgently needed care services are NOT covered outside the U.S. and its territories. Contact the plan for details.

Health need or concern	Services you may need	Your costs for <i>in-network</i> providers
You need eye care	Eye exams	\$0
	Glasses or contact lenses	\$0
	Other vision care	\$0
You need mental health services	Mental health services	\$0
	Inpatient and outpatient care and community-based services for people who need mental health services	\$0
You need substance use disorder services	Substance use disorder services	\$0
You need a place to live with people available to help you	Customized Living (services provided in an assisted living setting)	\$0
	Skilled nursing care	\$0
	Nursing home care	\$0
	Adult Foster Care and Group Adult Foster Care	\$0
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0
You need help getting to health services	Ambulance services	\$0
	Emergency transportation	\$0
	Transportation to medical appointments and services	\$0
	Transportation to other health services	\$0
You need drugs to treat your illness or condition	Medicare Part B prescription drugs	\$0

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Limitations, exceptions, & benefit information (rules about benefits)

State eligibility requirements may apply.

Medically necessary skilled nursing care is covered.

State eligibility requirements may apply.

There may be limits on physical therapy, occupational therapy, and speech therapy services. If so, there may be exceptions to these limits.

Ambulance services must be medically necessary. You do not need prior authorization for ambulance services and you do not have to be in-network.

HealthPartners MSHO is not required to provide transportation to your primary care clinic (PCC) if it is over 30 miles from your home.

HealthPartners MSHO is not required to provide transportation to your specialty care clinic if it is over 60 miles from your home

Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the *Member Handbook* for more information on these drugs.

Health need or concern	Services you may need	Your costs for <i>in-network</i> providers
<p>You need drugs to treat your illness or condition (continued)</p>	Tier 1 generic drugs (no brand name)	\$0 for a 30-day supply.
	Tier 1 Brand name drugs	\$0 for a 30-day supply.
	Over-the-counter (OTC) drugs	\$0
	Diabetes medications	\$0 for 30-day supply.

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Limitations, exceptions, & benefit information (rules about benefits)

There may be limitations on the types of drugs covered. Please refer to HealthPartners MSHO's *List of Covered Drugs* (Drug List) at www.healthpartners.com/msho for more information.

HealthPartners MSHO may require you to first try one drug to treat your condition before it will cover another drug for that condition.

Some drugs have quantity limits.

Your provider must get prior authorization from HealthPartners MSHO for certain drugs.

You must use certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, *List of Covered Drugs* (Drug List), and printed materials, as well as on the Medicare Prescription Drug Plan Finder on www.medicare.gov.

You can get up to a 100-day supply of your prescription drugs at select pharmacies or sent directly to your home through a mail order pharmacy. A 100-day supply has the same copay as a 30-day supply.

Important Message About What You Pay for Vaccines – Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. You can find these vaccines listed in the plan's *List of Covered Drugs* (Drug List). Our plan covers most Part D vaccines at no cost to you.

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Health need or concern	Services you may need	Your costs for <i>in-network</i> providers
You need help getting better or have special health needs	Rehabilitation services	\$0
	Medical equipment for home care	\$0
	Dialysis services	\$0
You need foot care	Podiatry services	\$0
	Orthotic services	\$0
You need durable medical equipment (DME)	Wheelchairs, crutches and walkers	\$0
	Nebulizers	
	Oxygen equipment and supplies	
You need help living at home	Home care	\$0
	Personal care assistant	\$0
	Changes to your home, such as ramps and wheelchair access	\$0
	Home services, such as cleaning or housekeeping	\$0
	Meals brought to your home	\$0
	Adult day services or other support services	\$0
	Services to help you live on your own	\$0
Your caregiver needs some time off	Respite care	\$0
You need interpreter services	Spoken language interpreter	\$0
	Sign language interpreter	\$0

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Limitations, exceptions, & benefit information (rules about benefits)

Medically necessary rehabilitation services are covered.

Podiatry visits are for medically necessary foot care.

State eligibility requirements may apply.

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Health need or concern	Services you may need	Your costs for <i>in-network</i> providers
Additional services	Acupuncture	\$0
	Care coordination	\$0
	Chiropractic services	\$0
	Diabetes supplies and services	\$0
	Family planning	\$0
	Housing stabilization services	\$0
	Prosthetic services	\$0
	Radiation therapy	\$0
	Services to help manage your disease	\$0
	Activity Tracker	\$0
	Animatronic Support Pet	\$0
	Dental	\$0
	Electric Toothbrush	\$0
	Family Caregiver Services for members with dementia diagnosis	\$0
	First Aid Kit	\$0
	Fresh Produce Box (FarmboxRx)	\$0
	Foot Care Visits	\$0
	Health Education classes – • Healthy Aging classes • PowerUp cooking classes	\$0
	Home Delivery Meals	\$0
	In-Home Bathroom Safety Devices and Installation	\$0
	Night Light	\$0
	Pedaler	\$0
Pocket Hearing Amplifier	\$0	
Personal Emergency Response System	\$0	

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Limitations, exceptions, & benefit information (rules about benefits)

One activity tracker per member per year. The device tracks steps and calculates calories burned.

One animatronic support pet per member, per year. Member must have specific diagnoses to qualify. Health plan will identify members who qualify for this benefit. Life-like pet provides companionship, reduces isolation, and can improve well-being and emotional function.

Additional coverage for adult fluoride, periodic exams, root canals on molars, and up to \$2,500 per year for porcelain crowns.

One electric toothbrush and three additional brush heads per member per year.

Services provided includes training, education, coaching, counseling, and Family Memory Care program. Available to members not on the Elderly Waiver. Care Coordinator identifies members with diagnosis and coordinates services. If identified, up to 20 hours per year of Family Memory Care and up to 12 hours per year for training, education counseling and coaching are covered.

One first aid kit per member per year. Kit includes ointments, various size bandages, pad, gauze, tape, sanitizing wipes, cold compress, CPR face shield, and a one-time use thermometer.

Up to two fresh produce boxes with nutrition education each month. Member must have specific diagnoses to qualify. Health plan will identify members who qualify for this benefit. Member has the option to choose their preferred produce box type.

Services include soaking, filing, nail clipping, debridement and education around prevention and management.

Healthy Aging classes include, but are not limited to, Matter of Balance, Tai Ji Quan and the Living Well Series.

Members can participate in up to six PowerUp cooking classes per year. Classes provide tools and guidance in a group setting for better eating, activity and thinking.

Up to 28 meals within a maximum window of 28 days after each hospitalization immediately following surgery or an inpatient hospital stay.

Up to \$1,000 for In-Home Bathroom Safety Devices and Installation. Available to members not on the Elderly Waiver.

Two motion-activated night light per member per year to aid the prevention of falls at night or in the dark.

One pedaler that can be used to strengthen and tone leg and arm muscles and increase joint range of motion. One per member, per year.

One pocket hearing amplifier to amplify sound, enhance independent living skills and improve ability to hear and understand. One per member per year.

One in-home device used to notify appropriate personnel of an emergency. Available to members not on the Elderly Waiver.

Health need or concern	Services you may need	Your costs for <i>in-network</i> providers
Additional services (continued)	Psychotherapy for Caregivers of members with dementia diagnosis	\$0
	Respite Care	\$0
	SilverSneakers®	\$0
	Tablet	\$0
	Coatings for eyeglasses	\$0
	Progressive lenses for eyeglasses	\$0
	Transportation to/from Supplemental Benefit covered services	\$0
	Transportation for Caregivers to Attend Covered Caregiver Support Services	\$0
	Virtuwell	\$0
Weight Management Program	\$0	

The above summary of benefits is provided for informational purposes only and is not a complete list of benefits. For a complete list and more information about your benefits, you can read the *HealthPartners MSHO Member Handbook*. If you don't have a *Member Handbook*, call HealthPartners MSHO Member Services at **952-967-7029** or **888-820-4285** (TTY: **711**) or at the numbers listed at the bottom of this page or at the numbers in the footer of this document to get one. If you have questions, you can also call Member Services or visit healthpartners.com/msho.

Limitations, exceptions, & benefit information (rules about benefits)

Up to six visits per year. Available to members not on the Elderly Waiver. Care Coordinator identifies members with diagnosis and coordinates services.

Short-term services for members with a dementia diagnosis when the primary caregiver is absent. Available to members not on the Elderly Waiver. Care Coordinator identifies members with diagnosis and coordinates services. Up to six visits per year.

A basic fitness membership that includes access to a nationwide network of participating fitness locations that include exercise equipment and other amenities, plus group fitness classes led by trained instructors.

Tablet for members with diabetes, heart disease, dementia or depression. The Tablet will:

- Be preloaded with health education, health engagement and wellness applications relevant for the member's conditions.
- Be preloaded with the HealthPartners application that transfers data/health information to the care team that may result in action needing to be taken by the physician or other health care professionals involved.
- Support engagement with the care team.
- Limited to one tablet per member every two years.

Upgrade includes protective coatings for plastic lenses on eyeglasses.

Members can receive one pair of progressive lenses each year.

Roundtrip transportation to locations of covered supplemental benefits including:

- SilverSneakers
- Health Education Classes
- Alcoholics Anonymous or Narcotics Anonymous meetings.

Transportation must be coordinated through RideCare.

Roundtrip transportation for caregivers to support services for caregivers of members with a dementia diagnosis.

Transportation must be coordinated through RideCare. Care Coordinator identifies members with diagnosis and coordinates services.

24/7 online medical clinic. Certified nurse practitioners make a diagnosis, create a personalized treatment and send members a prescription if needed.

Up to 13 weeks of in-person workshops and 14 weeks of digital coaching sessions.

D. SERVICES COVERED OUTSIDE OF HEALTHPARTNERS MSHO

There are some services that you can get that are not covered by HealthPartners MSHO but are covered by Medicare, Medical Assistance, or a State or county agency. This is not a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about these services.

Other services covered by Medicare, Medical Assistance, or a State agency	Your costs
Some hospice care services	\$0
Except Elderly Waiver services, other waiver services provided under Home and Community-Based Services waivers	\$0

E. SERVICES THAT HEALTHPARTNERS MSHO, MEDICARE OR MEDICAL ASSISTANCE do not cover

This is not a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about other excluded services.

Services HealthPartners MSHO, Medicare and Medicaid do not cover
Services not considered "reasonable and necessary" according to the standards of Medicare and Medical Assistance.
Experimental medical and surgical treatments, items, or drugs unless covered by Medicare or under a Medicare-approved clinical study.
Surgical treatment for morbid obesity except when medically necessary.
Elective or voluntary enhancement procedures.
Cosmetic surgery or other cosmetic work unless criteria is met.
Lasik surgery

F. YOUR RIGHTS AS A MEMBER OF THE PLAN

As a member of HealthPartners MSHO, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
 - » Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity), sexual orientation, national origin, race, color, religion, creed or public assistance
 - » Get information in other languages and formats (for example, large print, braille, or audio) free of charge
 - » Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
 - » Description of the services we cover
 - » How to get services
 - » How much services will cost you
 - » Names of health care providers and care coordinator
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - » Choose a primary care provider (PCP) and change your PCP at any time during the year
 - » Use a women's health care provider without a referral
 - » Get your covered services and drugs quickly
 - » Know about all treatment options, no matter what they cost or whether they are covered
 - » Refuse treatment, even if your health care provider advises against it
 - » Stop taking medicine, even if your health care provider advises against it
 - » Ask for a second opinion. HealthPartners MSHO will pay for the cost of your second opinion visit.
 - » Make your health care wishes known in an advance directive
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
 - » Get timely medical care
 - » Get in and out of a health care provider's office. This means barrier free access for people with disabilities, in accordance with the Americans with Disabilities Act.
 - » Have interpreters to help with communication with your health care providers and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - » Get emergency services without prior authorization in an emergency
 - » Use an out-of-network urgent or emergency care provider, when necessary

- **You have a right to confidentiality and privacy.**

This includes the right to:

- » Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
- » Have your personal health information kept private
- » Have privacy during treatment

- **You have the right to make complaints about your covered services or care.**

This includes the right to:

- » File a complaint or grievance against us or our providers
- » Ask for a State Appeal (Medicaid Fair Hearing with the state)
- » Get a detailed reason for why services were denied

For more information about your rights, you can read the HealthPartners MSHO *Member Handbook*. If you have questions, you can call HealthPartners MSHO Member Services at the numbers listed at the bottom of this page.

You can also call the Office of the Ombudsperson for Public Managed Health Care Programs at **800-657-3729**. The call is free.

G. HOW TO FILE A COMPLAINT OR APPEAL A DENIED SERVICE

If you have a complaint or think HealthPartners MSHO should cover something we denied, call Member Services at the numbers listed at the bottom of the page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the HealthPartners MSHO *Member Handbook*. You can also call HealthPartners MSHO Member Services at the numbers listed at the bottom of this page.

For information about filing a complaint, appeal or grievance, please call Member Services at **952-967-7029** or **888-820-4285**, TTY **711**.

H. WHAT TO DO IF YOU SUSPECT FRAUD

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or pharmacy is doing something wrong, please contact us.

- Call HealthPartners MSHO Member Services. Phone numbers are at the bottom of the page.
- Call HealthPartners Claims Fraud Hot Line **952-883-5099**
- Call Medicare at **800-MEDICARE (800-633-4227)**. TTY users may call **877-486-2048**. You can call these numbers for free, 24 hours a day, 7 days a week.
- Or, call the Minnesota Fraud Hotline at **800-627-9977** TTY users may call **711**. The call is free.

22 **If you have questions**, please call HealthPartners MSHO at **952-967-7029** or **888-820-4285** (TTY: **711**), **Oct. 1 through March 31**, 8 a.m. to 8 p.m. Central Time (CT), **seven days a week**. From **April 1 through Sept. 30**, call us 8 a.m. to 8 p.m. CT, **Monday through Friday**. The call is free. For more information, visit healthpartners.com/msho.

PRE-ENROLLMENT CHECKLIST

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a member service representative at **952-883-5050** or **877-713-8215** (TTY: **711**).

This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

Additional requirements are as follows:

- You live in our service area; and
- You have both Medicare Part A and Medicare Part B; and
- You are a United States citizen or are lawfully present in the United States; and
- You are age 65 or over.

Understanding the Benefits

The *Member Handbook* provides a complete list of all coverage and services.

- The *Member Handbook* provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit **healthpartners.com/msho** or call **952-883-5050** or **877-713-8215** (TTY: **711**) to view a copy of the *Member Handbook*.
- Review the Provider and Pharmacy Directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the Provider and Pharmacy Directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the Formulary (List of Covered Drugs) to make sure your drugs are covered.

Understanding Important Rules

- Benefits, premiums and/or copayments/coinsurance may change on January 1, 2025.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the Provider and Pharmacy Directory).
- Effect on Current Coverage. If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call HealthPartners MSHO Member Services:

952-967-7029 or 888-820-4285

This call is free.

Member Services also has free language interpreter services available for non-English speakers
TTY: **711**. This call is free.

From **Oct. 1 through March 31**, we take calls from 8 a.m. to 8 p.m. CT, **seven days a week**.
You'll speak with a representative.

From **April 1 to Sept. 30**, call us 8 a.m. to 8 p.m. CT, **Monday through Friday** to speak with a representative. On Saturdays, Sundays and Federal holidays, you can leave a message and we'll get back to you within one business day.

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