



Minnesota Health Care Programs (MHCP)

Effective January 1, 2011



This is only a summary. For details about covered services, you can:

- call your worker
- call your health plan or provider
- call your CCDS if you have GAMC.

If you are not in a health plan, call the MHCP Member Help Desk at (651) 431-2670 or (800) 657-3739.

Your provider must get approval for some services before you get them. They must be medically necessary.

MinnesotaCare Expanded

Pregnant women and children under 21

There are no copays or coverage limits.

- Alcohol and drug treatment
- Chiropractic care
- Dental care
- Doctor/clinic visits
- Emergency room care (ER)
- Eyeglasses
- Family planning services
- Hearing aids
- Home care
- Hospice care
- Hospital services (inpatient and outpatient)
- Immunizations and vaccines
- Interpreter services
- Lab and X-ray
- Licensed birth center services (upon federal approval)
- Medical equipment and supplies
- Medical transportation (access, ambulance and special)
- Mental health care
- Outpatient surgery
- Prescriptions and Medication Therapy Management
- Rehabilitative therapy

MinnesotaCare Basic Plus

Parents (income limits apply)

Same as MinnesotaCare Expanded except:

- Medical transportation (emergency only)
- Limited dental care

Copays and limits:

- \$3 copay on nonpreventive visits; no copay for mental health visits
- \$3.50 copay on nonemergency ER visits
- \$25 copay on eyeglasses
- \$3 copay on prescription drugs
- Inpatient hospital stays
 - \$10,000 yearly limit
 - You are responsible for any costs over \$10,000.

If you are unable to pay the copay, your provider still has to serve you. Providers must take your word that you cannot pay the copay. Providers cannot ask for proof that you cannot pay.

MinnesotaCare Basic Plus Two

Parents (income limits apply)

Same as MinnesotaCare Expanded except:

- Medical transportation (emergency only)
- Limited dental care

Copays:

- \$3 copay on nonpreventive visits; no copay for mental health visits

- \$3.50 copay on nonemergency ER visits
- \$25 copay on eyeglasses
- \$3 copay on prescription drugs

If you are unable to pay the copay, your provider still has to serve you. Providers must take your word that you cannot pay the copay. Providers cannot ask for proof that you cannot pay.

MinnesotaCare Basic Plus One

Adults without children

Same as MinnesotaCare Expanded except:

- Medical transportation (emergency only)
- Limited dental care

Copays and limits:

- \$3 copay on nonpreventive visits; no copay for mental health visits
- \$3.50 copay on nonemergency ER visits
- \$25 copay on eyeglasses
- \$3 copay on prescription drugs
- Inpatient hospital stays
 - \$10,000 yearly limit with 10% copay (up to \$1,000)
 - You are responsible for your copay and any costs over \$10,000.

The first time you are not able to pay a copay, your provider still has to serve you. Providers must take your word that you cannot pay the copay. Providers cannot ask for proof that you cannot pay. However, that provider does not have to serve you again if your copay is still not paid.

If you get MinnesotaCare, you will enroll in a health plan. The plan will mail you information about covered services. If you are in the hospital on the day your MinnesotaCare begins, MinnesotaCare will not pay the hospital bill or for any services related to the hospital stay.

Medical Assistance (MA)

Some people on MA enroll in health plans.

- Alcohol and drug treatment
- Chiropractic care
- Dental care (limited for non-pregnant adults)
- Doctor/clinic visits
- Emergency room care (ER)
- Eyeglasses
- Family planning services
- Hearing aids
- Home care
- Hospice care
- Hospital services (inpatient and outpatient)
- Immunizations and vaccines
- Interpreter services
- Lab and X-ray
- Licensed birth center services (upon federal approval)
- Medical equipment and supplies
- Medical transportation (access, ambulance and special)
- Mental health care
- Nursing homes and ICF-MR facilities
- Outpatient surgery
- Prescriptions and Medication Therapy Management
- Rehabilitative therapy
- Urgent care

Coverage for some long-term care services, including nursing homes, may require a separate application to determine if MA can pay for it. Ask your worker for more information.

Copays:

Adults age 21 or older (except pregnant women, people in hospice care, Refugee MA enrollees and people in nursing homes or ICF-MRs) have:

- \$3.50 copay on nonemergency ER visits
- \$3 or \$1 copay on prescription drugs up to \$7 per month; no copay on some mental health drugs

Monthly copays are limited to 5 percent of family income for adults with income at or below 100 percent of federal poverty guidelines.

If you are not able to pay a copay, your provider still has to serve you. Providers must take your word that you cannot pay the copay. Providers cannot ask for proof that you cannot pay.

If you have Medicare: Minnesota Health Care Programs cannot pay for any drugs in the Medicare prescription drug benefit. If you have Medicare, you can get Part D drug coverage. Prescriptions under Part D may have different copays.

General Assistance Medical Care (GAMC)

Services that are covered for everyone on GAMC:

- Outpatient prescription drugs
- Medication Therapy Management Services
- Alcohol and drug treatment through your county

For more services, you can enroll in a coordinated care delivery system (CCDS). All CCDSs provide:

- Inpatient and outpatient hospital
- Doctor/clinic visits
- Emergency room care (ER)
- Medical transportation (ambulance)
- Mental health services

Additional services may vary by CCDS. You can choose any CCDS that is taking new patients. Some or all CCDSs may not be taking new patients. For a list of CCDSs that you can choose from, look online at www.dhs.state.mn.us/GAMC or ask your worker.

If you do not enroll in a CCDS, you may be able to get care at your local hospital or community clinic.

Copays:

- \$25 copay on nonemergency ER visits
- \$3 or \$1 copay on prescription drugs up to \$7 per month; no copay on some mental health drugs

If you are not able to pay a copay, your provider still has to serve you. Providers must take your word that you cannot pay the copay. Providers cannot ask for proof that you cannot pay.

Emergency Medical Assistance (EMA)

EMA is fee-for-service and covers only short-term, emergency or ongoing chronic conditions.*

- Alcohol and drug treatment
- Care of chronic conditions
- Chiropractic care
- Dental care (limited)
- Doctor/clinic visits
- Emergency room care (ER)
- Inpatient hospital
- Interpreter services
- Lab and X-ray
- Labor and delivery
- Medical equipment
- Medical transportation (access, ambulance and special)
- Mental health care
- Nursing home
- Outpatient surgery
- Some prescription drugs
- Rehabilitative therapy

Copays:

- \$3.50 copay on nonemergency ER visits
- \$3 or \$1 copay on prescription drugs up to \$7 per month; no copay on some mental health drugs

Monthly copays are limited to 5 percent of family income for adults with income at or below 100 percent of federal poverty guidelines.

If you are not able to pay a copay, your provider still has to serve you. Providers must take your word that you cannot pay the copay. Providers cannot ask for proof that you cannot pay.

*EMA does not cover preventive care, family planning, immunizations, prenatal services, certain prescription drugs, eyeglasses, hearing aids, organ transplants or waiver services.

This information is available in alternative formats to individuals with disabilities by calling (651) 431-2670 or (800) 657-3739. TTY users can call through Minnesota Relay at (800) 627-3529. For Speech-to-Speech, call (877) 627-3848. For additional assistance with legal rights and protections for equal access to human services programs, contact your agency's ADA coordinator.

Attention. If you want free help translating this information, ask your worker or call the number below for your language.

ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاسأْل مساعدك في مكتب الخدمة الاجتماعية أو اتصل على الرقم
1-800-358-0377

ກົດຄຕໍລຳຕາລ່ ເບີ້ມູກອື່ນໆຕານີ້ແມ່ຍບກໍປະຕິບັນດາເຮັດວຽກມີຄືດີ່ເຊີ້ງ ລູ່ມະນູວໜູກການລົ່ມຖື່ນີ້ນະບສ່ມູກ ບຸ ມູນສົ່ງເຫຼືອເລັດ
1-888-468-3787 ၏

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, pitajte vašeg radnika ili nazovite
1-888-234-3785.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, nug koj tus neeg lis dej num (worker)
lossis hu 1-888-486-8377.

ໂປ່ດຊາບ. ຖ້າທາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ຟຣີ, ຈຶ່ງຖາມນຳພນັກງານຊ່ວຍໄວ້ກ
ຂອງທ່ານນີ້ໂທຮ້າຫາຕາມເລກໂທນີ້ 1-888-487-8251.

Hubaddhu. Yoo akka odeeffannoон kun sii hiikamu gargaarsa tolaa feeta ta'e, hojjataa kee gaafaddhu ykn
lakkoofsa kana bilbili 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в переводе этой информации, обратитесь к своему
социальному работнику или позвоните по следующему телефону: 1-888-562-5877.

Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjamadda macluumaadkani oo lacag la'aan ah, weydii hawl-
wadeenkaaga ama wac lambarkan 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para traducir esta información, consulte a su trabajador o llame al
1-888-428-3438.

Chú Ý. Nếu quý vị cần dịch thông tin này miễn phí, xin gọi nhân-viên xã-hội của quý vị hoặc gọi số
1-888-554-8759.