



## Network Information

### How your health plan works

HealthPartners® Minnesota Senior Health Options (MSHO) (HMO SNP) has a network. When you join the plan, you agree to use physicians and hospitals that are in the plan's network. In order to receive your full benefits for medical services, they must be provided or arranged by a physician in the MSHO plan network except for emergencies, out-of-area urgently needed care, or renal dialysis. If you obtain routine care from out-of-network providers, neither Medicare nor HealthPartners will be responsible for the costs.

### Your personal physician

A personal relationship with a primary care physician is at the heart of good care and good health. Most people want a physician who gets to know them and their health history. That's why we encourage you to choose a primary care physician who can provide most of your care and work with specialists. Primary care is the general health care practice provided by family practice and internal medicine. With a primary care physician, you'll have greater continuity of care and can avoid duplicate exams, tests, medications and medical records. Most of all, you will have an ongoing relationship with a physician who has earned your confidence and trust. You may change to a different primary care physician whenever you wish.

### Emergency care

In an emergency, go to the nearest hospital or emergency medical center, or call 911. If you receive emergency care that results in an admission to an out of-network hospital, if possible, call the CareCheck<sup>SM</sup> program at **952-883-5800** or **800-942-4872** within two working days or as soon as reasonably possible. This will help us manage your care effectively and ensure that you get the maximum coverage possible under your contract. A situation is a "medical emergency" if you reasonably believe that your health is in serious danger. It means that every second counts. Some examples of "medical emergencies" are severe pain, a bad injury, a serious illness, or a medical condition that is getting worse.

### Prior Approval

Urgently needed services are also covered wherever you need them. "Urgently needed care" is a non-emergency situation when you are out of the service area and you need medical attention right away for an unforeseen illness or injury, and it is not reasonable given the situation for you to wait to get medical care from a plan provider. You can still get urgently needed care even if you knew about your illness or injury ahead of time, but you had an unforeseen complication. If you need urgent care while you are in the service area, go to your clinic or any of the network's urgent care centers. Most medical procedures are eligible for payment under your health plan without prior approval. For a few medical procedures or services, doctors need to get prior approval. This process was created to safeguard your health and protect you from undue risks from some medical procedures. Your physician will request prior approval on your behalf. Call Member Services if you have questions about prior approval.