



HealthPartners
Member Services
MS 21103R
8170 33rd Avenue South
P.O. Box 9463
Minneapolis, MN 55440-9463

Telephone: 952-967-7998 or 1-866-885-8880 (toll free)
TDD/Hearing Impaired: 952-883-6060 or 1-800-443-0156 (toll free)
Hours of Service: 8:00 a.m. – 6:00 p.m., Monday – Friday

2017 ADDENDUM
TO THE MEMBER HANDBOOK (formerly known as Evidence of Coverage (EOC)) FOR
PREPAID MEDICAL ASSISTANCE PROGRAM (PMAP)

This Addendum describes changes to your 2016 HealthPartners Care Prepaid Medical Assistance Program (PMAP) Member Handbook. Keep this Addendum with your 2016 HealthPartners Care Prepaid Medical Assistance Program (PMAP) Member Handbook. The changes in this Addendum are effective January 1, 2017, unless noted otherwise.

If you have questions about your health care benefits or need to request a copy of your 2016 HealthPartners Care Prepaid Medical Assistance Program (PMAP) Member Handbook, call HealthPartners Member Services at 952-967-7998 or 1-866-885-8880 (toll free).

In compliance with Section 1557 of the Patient Protection and Affordable Care Act (ACA), this document includes a revised language block that adds five (5) additional languages, updates the discrimination language, includes information on where discrimination complaints can be filed, and provides information on free language assistance and auxiliary aids and services.

1-866-885-8880 (TTY: 711)

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

ያስተውሉ፡ ካለዎንም ከፍቻ ይህንን ደኩመንት የሚተረጎም ለሌሎች አስተርጓሚ ክፍል ከላይ ወደተጻፈው የስልክ ቁጥር ይደውሉ።

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

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

ကံဂုဏ်ဆိုင်ရာ ၂။ ပြီးနောက်ကမ္ဘာ့ကျန်းမာရေးအဖွဲ့အစည်းများကပေးသော အထောက်အကူများကို လိုက်နာရန် လိုအပ်ပါသည်။

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.

Thov 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.

ဟိုသည့်ဟိုသးဘၣ်တက့ၢ်. ဝဲနမ့ၢ်လိၣ်ဘၣ်တၢ်မၤစၢၤကလီၤလၢတၢ်ကကျိးထံဝဲဒၣ်လိၣ် တီၤလိၣ်စီတခါအံၤန့ၣ်, ကိးဘၣ်လိၣ်တဲစီနီၢ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

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

ໂປຣຄຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພໍ, ຈົ່ງໂທໂປຣໂພຍເລກຂ້າງເທິງນີ້.

Hubachiisa. 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 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.

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Civil Rights Notice

Discrimination is against the law. HealthPartners does not discriminate on the basis of any of the following:

- Race
- Color
- National Origin
- Creed
- Religion
- Sexual Orientation
- Public Assistance Status
- Age
- Disability (including physical or mental impairment)
- Sex (including sex stereotypes and gender identity)

- Marital Status
- Political Beliefs
- Medical Condition
- Health Status
- Receipt of Health Care Services
- Claims Experience
- Medical History
- Genetic Information

Auxiliary Aids and Services. HealthPartners provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner, to ensure an equal opportunity to participate in our health care programs. **Contact Member Services at 952-967-7998 or 1-866-885-8880.**

Language Assistance Services. HealthPartners provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. **Contact Member Services at 952-967-7998 or 1-866-885-8880.**

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by HealthPartners. You may contact any of the following four agencies directly to file a discrimination complaint.

U.S. Department of Health and Human Services’ Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- Race
- Color
- National Origin
- Age
- Disability
- Sex (including sex stereotypes and gender identity)

Contact the OCR directly to file a complaint:

Director
 U.S. Department of Health and Human Services’ Office for Civil Rights
 200 Independence Avenue SW
 Room 509F
 HHH Building
 Washington, DC 20201
 800-368-1019 (Voice)
 800-537-7697 (TDD)
 Complaint Portal – <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the MDHR if you believe you have been discriminated against because of any of the following:

- Race
- Color
- National Origin
- Religion
- Creed
- Sex
- Sexual Orientation
- Marital Status
- Public Assistance Status
- Disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights
Freeman Building, 625 North Robert Street
St. Paul, MN 55155
651-539-1100 (voice)
800-657-3704 (toll free)
711 or 800-627-3529 (MN Relay)
651-296-9042 (Fax)
Info.MDHR@state.mn.us (Email)

Minnesota Department of Human Services (DHS)

You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- Race
- Color
- National Origin
- Creed
- Religion
- Sexual Orientation
- Public Assistance Status
- Age
- Disability (including physical or mental impairment)
- Sex (including sex stereotypes and gender identity)
- Marital Status
- Political Beliefs
- Medical Condition
- Health Status
- Receipt of Health Care Services
- Claims Experience
- Medical History
- Genetic Information

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. After we get your complaint, we will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation's outcome. You have a right to appeal the outcome if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome period. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administration actions.

Contact **DHS** directly to file a discrimination complaint:

ATTN: Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3040 (voice) or use your preferred relay service

MCO Complaint Notice

HealthPartners: If you believe that HealthPartners has failed to provide these services or discriminated in another way on the basis of medical condition, health status, receipt of health care services, claims experience, medical history, genetic information, disability (including mental or physical impairment), marital status, age, sex (including sex stereotypes and gender identity), sexual orientation, political beliefs, national origin, race, color, religion, creed, or public assistance status, you can file a complaint and ask for help in filing a complaint in person or by mail, phone, fax, or email at:

Civil Rights Coordinator
Office of Integrity and Compliance, MS 21103K
HealthPartners
P.O. Box 1309
Minneapolis, MN 55440-1309
1-844-363-8732 (phone)
952-883-5522 (fax), or
integrityandcompliance@healthpartners.com

American Indians: American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For enrollees age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your primary care provider prior to the referral.

Introduction

The Evidence of Coverage (EOC) or Enrollee Handbook is now referred to as the Member Handbook.

Section 7. Covered Services

A service marked with an asterisk (*) means a service authorization is required or may be required.

Chemical Dependency Services

Covered Services:

- Detoxification (Only when inpatient hospitalization is medically necessary because of conditions resulting from injury or accident or medical complications during detoxification) *

Dental Services (for adults except pregnant women)

The following service is updated as follows:

Covered Services:

- Oral or IV sedation – Only if covered dental service cannot be performed safely without it or would otherwise require the service to be performed under general anesthesia in a hospital or surgical center*

Dental Services (for children and pregnant women)

The following service is updated as follows:

Covered Services:

- Oral or IV sedation – Only if covered dental service cannot be performed safely without it or would otherwise require the service to be performed under general anesthesia in a hospital or surgical center*

Doctor and Other Health Services

Covered Services:

- Community Emergency Medical Technician (CEMT) services
 - Post-hospital discharge visits by ordering provider
 - Safety evaluation visits ordered by Primary Care Provider (PCP) along with an enrollee's care plan

The following service is updated as follows:

- Community Paramedic Services: certain services provided by a community paramedic for some members. The services must be a part of a care plan by your primary care provider. The services may include:
 - health assessments
 - chronic disease monitoring and education
 - help with medications
 - immunizations and vaccinations
 - collecting lab specimens
 - follow-up care after being treated at a hospital
 - other minor medical procedures

Mental Health /Behavioral Health Services

Covered Services:

- Psychiatric Residential Treatment Facility (PRTF) for children, effective July 1, 2017 and upon federal approval*

Out-of-Network Services

The following services are updated as follows:

Covered Services:

- A non-emergency medical service you need when temporarily out of the network or out of the service area that is or was prescribed, recommended, or is currently provided by a network provider*

Surgery

Covered Services:

- Gender Confirmation Surgery*

Not Covered Services:

- ~~Sex Reassignment Surgery~~

Transportation to/from Medical Services

Special transportation and Common Carrier transportation is now referred to as Non-emergency transportation (NEMT)

Covered Services:

- Emergency ambulance (air or ground)*
- Non-emergency ambulance
- Volunteer driver transport
- Unassisted transport (taxicab or public transit)
- Assisted transport
- Lift-equipped/ramp transport
- Protected transport
- Stretcher transport

Not Covered Services:

- Mileage reimbursement (for example, when you use your own car), meals, lodging, and parking. These services are not covered under the Plan, but may be available through another source. Call your county for more information.