

# Blue Advantage/MinnesotaCare Member Information



## About your health plan

Here is some information about your health plan and how it works. Call member services at the phone number on the back of your member ID card when you:

- have questions about this information
- want to receive information in your first language

## Rights and responsibilities

You have rights as a health plan member. You also have responsibilities. Visit [bluecrossmn.com](http://bluecrossmn.com) to learn more.

## About you

We cannot release personal information without your signed "OK." This includes health records, claims information or anything that identifies you.

You have the right to approve or deny any request to release your information. If you approve release of your information, we will describe what will be shared. We will tell you how it will be used and how long your consent is valid.

By law, there are cases where your OK is not required to release personal medical information:

Your OK is not required to release personal medical information to health care providers if they need to confirm your benefits or if we need to review their performance. (We have strict privacy rules with all of our providers.)

Your OK is not required to release personal medical information to health researchers or people doing insurance studies. Researchers have access only to data that does not identify you. However, if we take part in a research study that requires individual information, we write to you and explain the study. Then you choose whether you want to be included.

Your OK is not required to release personal medical information to Blue Plus employees or contractors that we hire to process applications and claims.

If you are unable to sign an approval to release personal information, Blue Plus will request approval from your legally authorized representative (parent, guardian or

conservator who holds your power of attorney). Proof of identity is required.

If you think your privacy rights were violated, or you disagree with a decision regarding your personal health information, you may:

1. Call us at the number on the back of your member ID card.
2. Send your written concerns to our privacy officer at the address on the back of your member ID card.
3. Call the Minnesota Department of Commerce at **(651) 296-2488** or **1-800-657-3602**.
4. Notify the Minnesota Department of Health. Send your complaint to:

Minnesota Department of Health  
Managed Care Systems  
85 East Seventh Place, Suite 400  
P.O. Box 64882  
St. Paul, MN 55164-0882

Our privacy rules protect your personal health information. We obey federal and state laws that protect your information, whether on paper, the Internet, by phone or orally. When state laws do more to protect your privacy, we will follow that law. All Blue Plus employees, providers and vendors must follow our strict rules and procedures.

You can request in writing a copy of your personal health information. However, if your doctor believes that your records are sensitive, we may not share them with you.

To learn more about our privacy procedures, privacy and legal information, call member services.

## Medical decisions

Decisions about health care services are based on what care is appropriate and what is included in your coverage at the time of care. Some services and supplies are not covered. All health services and supplies must be medically necessary for them to be covered. We do not reward doctors for making decisions that would result in less than appropriate care.

## Benefits

More information about your plan's benefits and services is in your Blue Plus member materials. These were sent to you when you joined Blue Plus.

### Covered benefits and services

All health care services must be medically necessary (with the exception of elderly waiver services). Some covered services have limits or first need special permission. Other services are called open access services. You can choose any doctor, clinic, hospital, pharmacy, or family planning agency to get these services. You can receive open access services from providers not in the Blue Plus network.

Below are the types of services covered. This is only a summary. See your Certificate of Coverage for more details:

- Drug and alcohol treatment
- Chiropractic care
- Dental services
- Services like X-rays
- Doctor and other health services
- Eye care and eyeglasses
- Family planning services
- Hearing services
- Hospital (inpatient)
- Hospital (outpatient)
- Interpreter services
- Medical equipment and supplies
- Mental health services
- OB/GYN service
- Out-of-area services
- Out-of-network services
- Prescription drugs for people who do not have Medicare
- Therapy and rehab
- Surgery
- Transplants
- Urgent care

## Benefits not covered

You may have to pay for services and supplies that are not covered. Some are listed below. This is not a complete list.

- Health care services and supplies that are not medically necessary (with the exception of elderly waiver services)
- Supplies not used to treat a medical condition
- TV, telephone, barber and salon services in hospitals
- Cosmetic surgery and treatment
- Services that are very new, untried or exploratory
- Emergency care or other services outside the United States and Canada
- Autopsies
- Undoing a voluntary sterilization
- Personal grooming items
- Contact lens supplies
- Weight loss products
- Infertility treatments, including drugs
- Ear/body piercing
- Sex change operations
- Drugs to treat impotence
- Prescriptions covered by Medicare Part D

### If you get sick while traveling

If you can't wait for treatment, call the toll-free 24-Hour Nurse Advice Line, seven days a week. The number is **1-800-622-9524**. A nurse will help you decide if you should get care right away or if you can safely care for yourself. If you are told to go to a clinic, call the member services number on the back of your member ID card.

Only urgent care and emergency services for an illness or injury needing treatment right away are covered.

### Prescription drugs are covered

You can get the medicine your doctor prescribes by going to a Blue Plus network pharmacy or drug store. There are about 58,000 network drug stores in the United States. That's nearly every drug store in Minnesota, including most large chains. Call **1-800-509-0545** to find one near you.

### *Filling a prescription is easy*

- Bring your prescription to any network drug store
- Show your member ID card to get the lowest price, check to see that the drug is on our covered drug list or formulary and have your claim filed right away
- You may have to pay a copay

If you have Medicare, you must be in a Medicare Part D Prescription Drug Plan to get Part D covered drugs. Call your Medicare prescription drug plan if you have questions about finding a drug store. Call member services to learn more about your prescription drug benefits.

### **Copays and other charges**

Some services require you to pay a copay. A copay is an amount that you must pay your provider. Most providers make you pay the copay right away. For non-preventive visits, eyeglasses and nonemergency visits to a hospital emergency room, you will not have to pay more than one copay per day per provider. If you can't pay the copay, you will still receive services. There are exceptions to this policy. For more detail, please read the member Certificate of Coverage.

### **Participating providers**

We have a large network of health care providers. Each is an independent contractor and is not our agent. You can find a provider in your area in your Blue Plus Provider Directory. Or visit [bluecrossmn.com](http://bluecrossmn.com) and select "find a doctor." Enrolling in this health plan does not guarantee that you can see any provider. To make sure, first call the provider and ask if he or she is still part of this health plan. Also ask if they take new patients.

### **Your primary care clinic — the first place to go for care**

By having a primary care clinic, your clinic and doctor will get to know you and your family. And you will know them. They have your health history and keep all your medical records in one safe place.

### *Making an appointment is easy*

1. Call your clinic ahead of time
2. Make an appointment for each person in your family
3. Tell your clinic that you are a Blue Plus member
4. Write down the appointment date and time. Always call if you must cancel.
5. Show your member ID card when you arrive

If you need an interpreter for your appointment, call member services. To change clinics for any reason, call member services.

### **To see a specialist or get hospital care**

Surgeons and doctors who treat allergies and cancer are examples of specialists. You don't need a referral from Blue Plus to see a specialist. You can see any specialist in our large provider network.

If you need to see a specialist, ask your primary care clinic for help. Or choose a specialist listed in the back of the Blue Plus Provider Directory. You can also visit [bluecrossmn.com](http://bluecrossmn.com) and click on "Find a doctor." Or call the member services number on the back of your member ID card. Call a clinic directly to make sure it is still in the network.

Some services require a special review between your doctor and health plan. This is called prior authorization. It helps make sure some medical services and treatments are necessary and covered by your plan.

You can choose any doctor, clinic, hospital or family planning agency for services such as family planning, testing for infertility, testing and treatment of sexually transmitted diseases and testing for AIDS and HIV.

### **Behavioral care**

Mental health is important. With Blue Plus, behavioral health care is covered by your plan. Behavioral health care includes mental health care and treatment of drug and alcohol problems, autism and eating disorders.

Call the member services number on the back of your member ID card if you or your children (covered by Blue Plus) need mental health or drug or alcohol treatment. We will help you find the right care and give you a list of doctors and counselors to choose. You do not need a referral. Some services require review between your health plan and your doctor.

### **How to get care after normal office hours**

#### *Call the 24-Hour Nurse Advice Line*

Nurses will help you 24 hours a day, seven days a week. They will answer your health questions and help you decide what to do if you are sick or injured. Nurses will not share information about your call with your doctor or anyone.

#### *Urgent care*

A fever, sprained ankle or stomachache is not an emergency, but you still may need to see a doctor. This is called "urgent care." Call your clinic if you need urgent care. They will help you decide what to do next.

## How to get care outside the service area

Urgent care, emergency services for an injury or illness that needs treatment right away, covered services not available in the Blue Plus service area, and non-emergency medical services that you need when you are temporarily out of the Blue Plus service area that have been authorized are covered.

## In an emergency

Call 911 or go to the nearest emergency room. If you go to an emergency room, call your primary clinic for follow-up care within two days. Here are some types of emergencies:

- Possible heart attack
- Bleeding that won't stop
- Trouble breathing
- Poisoning
- Unconscious or "knocked out"
- Sometimes labor and childbirth

You may have a hospital copay. Call Blue Plus member services to learn more.

## Concerns about your plan

If you have questions about your health plan, call Blue Plus at the number on the back of your member ID card. If you do not agree about a decision, you may write to Blue Plus to appeal the decision. You can also call member services at the number on the back of your member ID card. If you have a concern about your care, call your clinic or Blue Plus.

A State Ombudsman may be able to help with your problem. They can also help you file a grievance or appeal to Blue Plus or request a State Fair Hearing. You can write to the Ombudsman Office, P. O. Box 64249, St. Paul, MN 55164-0249 or call **(651) 431-2660** or toll free at **1-800-657-3729**.

You can also ask for a State Fair Hearing with the Minnesota Department of Human Services. Mail your request to: Minnesota Department of Human Services Appeals Office, P.O. Box 64249, St. Paul, MN 55164-0249. Or send a fax to: **(651) 201-5186**. You may also make a complaint with the Minnesota Department of Health at **(651) 201-5100** or **1-800-657-3916**.

## Denial of coverage

Only medical professionals can deny medical and behavioral health coverage based on medical needs. You have the right to get a copy of the information used to make the decision. This request is at no cost to you.

If you do not agree, you can appeal the decision. If you appeal, it will not change your right to medical benefits. There is no cost to make an appeal or a State Fair Hearing. You or anyone acting for you can send a written request for a State Fair Hearing. A provider can appeal for you with your written consent. Your attending health care provider may appeal a service authorization decision without your consent. You can present your case in person. Or you can call or write a letter. You can ask for a quick decision for urgently needed care.

## How health coverage is decided

Who decides if new treatment or technology is covered by your health plan? Our Medical and Behavioral Health Policy Committee and their research staff. The members of this group are doctors from different specialties. There is also one person from Blue Plus. The goal is to provide better care and protect members against unsafe or unproven treatments.

## Better care

The Blue Plus clinical quality improvement program has many projects to improve members' health. The program has goals to improve the rates of preventive health services. The goals include shots to prevent disease and mammograms to find cancer early. Another goal is to lower the number of people who get diseases like the flu. Another is to improve the health of people with problems like diabetes or heart disease.

## Clinical practice guidelines

Each year the Blue Plus Quality Council adopts guidelines that are used to support various programs and initiatives. The guidelines do not substitute for sound clinical judgment; however, they are intended to assist clinicians in understanding key processes for improvement efforts. The Institute for Clinical Systems Improvement (ICSI) is a well-recognized name in developing quality evidence-based clinical practice guidelines. ICSI has developed approximately 50 guidelines, all of which are available on its website at [www.icsi.org](http://www.icsi.org) for free. Blue Plus has also adopted guidelines from sources other than ICSI.

Blue Plus Blue Advantage/MinnesotaCare, **(651) 662-5545** or toll free **1-800-711-9862**

8 a.m. – 5 p.m. Monday through Thursday

9 a.m. – 5 p.m. Friday

TTY users call **(651) 662-8700** or toll free **1-888-878-0137**

Attention. If you want free help translating this information, call the above number.

ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاتصل على الرقم الموجود أعلاه.

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Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, nazovite gornji broj.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no dawb, thov hu rau tus xov tooj saud.

ໂປຼດຊາບ. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ຟຣີ, ຈົ່ງໂທຕາມເລກໂທທີ່ຢູ່ຂ້າງເທິງນີ້.

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Внимание. Если вам нужна бесплатная помощь в переводе этой информации, позвоните по указанному выше телефону.

Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjama dda macluumaadkani oo lacag la'aan ah, wac lambarka kore.

Atención. Si desea recibir asistencia gratuita para traducir esta información, llame al número que aparece más arriba.

Chú Ý. Nếu quý vị cần dịch thông tin này miễn phí, xin gọi số nêu trên.

This information is available in other forms to people with disabilities by calling Blue Plus member services at **(651) 662-5545** (voice), **1-800-711-9862** (toll free), or **(651) 662-8700** or **1-888-878-0137** (TDD), or **711**, or through the Minnesota Relay direct access numbers at **1-800-627-3529** (TTY, voice, ASCII, hearing carryover), or **1-877-627-3848** (speech-to-speech relay service).

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, including Elderly Waiver services managed by a tribe at these clinics. 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 health plan primary care provider prior to the referral.



**BlueCross BlueShield  
BluePlus  
of Minnesota**

Independent licensees of the Blue Cross and Blue Shield Association