

What is a managed care organization?

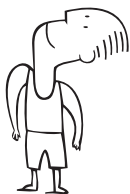
Managed care organizations are designed to provide quality health care while controlling the cost of that care. Preventive health services are provided in order to detect and treat illness early. Primary care physicians may coordinate and supervise care and arrange services of specialty physicians.

In Minnesota, the Department of Health regulates health maintenance organizations (HMOs). The Minnesota Department of Health maintains information about enrollment, financial, utilization of services, performance measures, and complaints for health maintenance organizations.

Other types of managed care organizations, including preferred provider organizations (PPOs), exist in Minnesota but are not regulated by the Department of Health.

Minnesota's HMOs

- Blue Plus
- Group Health Plan, Inc.
- HealthPartners, Inc.
- Medica Health Plan
- Metropolitan Health Plan
- Preferred One Community Health Plan
- Sanford Health Plan of Minnesota
- UCare Minnesota



What if I have problems with my HMO?

If there are disagreements between you and the HMO, you may use any or all of the following options:

- Complain to the HMO directly. All HMOs must maintain a system to handle complaints.
- Contact the Minnesota Department of Health to file a complaint or request external review.
- Seek resolution through conciliation court.
- Seek the advice of an attorney.

What if I am eligible for Medicare?

If you are eligible for Medicare you may still be able to join an HMO. You may call the Minnesota Department of Health for information about how Medicare benefits can be provided through an HMO. If you are 65 or older, you may call the Senior LinkAge Line® at 1-800-333-2433.



For more information on HMOs

Please contact the Minnesota Health Information Clearinghouse, Minnesota Department of Health at (651) 201-5178 or 1-800-657-3793, TTY: (651) 201-5797, or visit the Managed Care Systems Section at www.health.state.mn.us/hmo.

HMOs

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Minnesota
Health
Information
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How does an HMO work?

When you enroll in an HMO (health maintenance organization) you agree to pay a monthly fee and obtain all of your health care services through that plan. Your plan will provide you with a certificate of coverage that explains your benefits and a list of health care providers the HMO uses to provide health care services to you. You will also receive a membership card so that providers will know that you are enrolled in an HMO.

An HMO may not pay for health care services received from providers who are not on its list



unless it is an emergency or unless you get permission from the plan.

Some HMOs require you to choose a primary care clinic to manage your health care. This means that all of your health care services will be arranged by contacting your primary care clinic. Some HMOs require prior approval from the plan's administrative offices before you receive certain health care services as covered benefits. In some circumstances when an enrollee has special needs, the enrollee may see their former provider for up to 120 days.

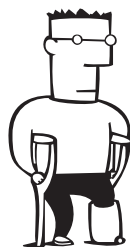
What can you expect from an HMO?

HMOs are required by law to provide certain benefits to every person who joins. At a minimum, benefits must include:

- preventive health services;
- visits to the office or clinic of health care professionals for medically necessary care;
- emergency health care services;
- hospital care;
- physician visits during hospital stays; and
- prescription drugs.



HMO benefits may differ from contract to contract or from plan to plan. Your benefits will be explained in your certificate of coverage. To receive information about benefits before you join,



ask your HMO. The plan will provide material that will summarize the health care services it offers. It may also have a sample contract. You may also see sample contracts at the Minnesota Department of Health. To do so, call (651) 201-5100 or 1-800-657-3916.

HMOs may charge reasonable copayments for some services. Copayments may be a percentage of the charge for the service or a set dollar amount. For example, you may have to pay a set dollar amount for prescription drugs. Your contract will list services and copayments.

HMOs may offer deductibles of up to \$3,000 per person per year and \$6,000 per family per year. This deductible, however, must not apply to preventive health services. Out-of-pocket expenses may not exceed \$3,000 per person per year or \$6,000 per family per year for the larger plans or \$4,500 per person per year or \$7,500 per family per year for the smaller plans.



Should I enroll in an HMO?

This is a personal decision that only you can make. You may want to ask yourself the following questions before deciding:

Can I stay with my current provider or clinic?

Find out if your current provider belongs to the HMO that you may join. If not, the HMO will not pay for you to continue to see that provider, except if you have special needs then you are covered up to 120 days.

How close do I live or work to the HMO's providers?

Because you will need to obtain your health services from providers who belong to your plan, you should consider provider location and how long it will take you to reach the plan's providers.

How important is it that I have free choice of providers?

An HMO may limit your access to health care providers. Ask the plan to explain its provider network.



How much traveling do I do? What if I live part of the year in a different state?

An HMO provides services within certain parts of Minnesota. If you are outside of the plan's service area, only needed emergency services may be paid for by the plan.

Will my spouse and children be able to join the HMO?

HMO contracts vary, but usually families can join. Ask your plan about dependent coverage.

What should I do after I enroll in an HMO?

Immediately read your entire contract. Ask questions if you don't understand the terms used in the contract.

Tell all covered family members that you have joined an HMO advising them of any contract restrictions. Explain your HMO to a family member or friend in the event of an accident or serious illness so they will know how to help.

