



Minnesota Department of **Human Services**

Minnesota Health Care Programs (MHCP)

Effective June 1, 2010

If you have questions, you can:

- call your worker
- call your health plan
- ask your 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 health care services before you get them. The services must be medically necessary.

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
- \$6 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
- \$6 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
- \$6 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.

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
- Immunizations
- Inpatient hospital
- Lab and X-ray
- Medical equipment
- Medical transportation (access, ambulance and special)
- Medication Therapy Management Services
- Mental health care
- Outpatient surgery
- Prescription drugs
- Rehabilitative therapy

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. People on Refugee MA do not 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
- Immunizations
- Inpatient hospital
- Lab and X-ray
- Medical equipment
- Medical transportation (access, ambulance and special)
- Medication Therapy Management Services
- Mental health care
- Nursing homes and ICF-MR facilities
- Outpatient surgery
- Prescription drugs
- Rehabilitative therapy

Copays:

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

- \$6 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. There may be different copays for prescriptions through Part D.

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). Services available at all CCDSs include:

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

Additional services may vary by CCDS. For a list of CCDSs that you can choose from, ask your worker or look online at www.dhs.state.mn.us/GAMC.

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 covers only short-term, emergency or ongoing chronic conditions.* People who have EMA do not enroll in health plans.

- Alcohol and drug treatment
- Care of chronic conditions
- Chiropractic care
- Dental care (limited)
- Doctor/clinic visits
- Emergency room care (ER)
- Inpatient hospital
- 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:

- \$6 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.