

Hennepin Health
Minneapolis Grain Exchange
400 South Fourth Street, Suite 201
Minneapolis, MN 55415

www.hennepinhealth.org

Member Services: 612-596-1036 or 1-800-647-0550 (toll-free)
8 a.m. to 4:30 p.m., Monday through Friday
TTY: 1-800-627-3529 or 711

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.

Hennepin Health Member Services 612-596-1036 Monday–Friday, 8 a.m.–4:30 p.m.

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

ያስተውሉ፡ ካለምንም ክፍያ ይህንን ዶክመንት የሚተረጎም ለ አስተርጓሚ ከፈለጉ ከላይ ወደተጻፈው የስልክ ቁጥር ይደውሉ።

ي الرقم أعلاه لة، اتصفده الوثيئه مر جتنية لاجمة عداسم تدرا أنلاحة: إم.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

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.

ဟ်သုတ်ဟ်သးဘတ်တကုာ်. ဖဲနမုာ်လိာ်ဘတ်တကုာ်မၤတၢ်ကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လိာ် တီလိာ်မိတခါအံၤန့ၣ်, ကိးဘတ်လိတဲစိနီၣ်ဂံၢ်လၢထးအံၤန့ၣ်တကုာ်. 알 려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호 로 연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງໂທໂປຣໂປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

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.

LB2 (8-16)

Civil Rights Notice

Discrimination is against the law. Hennepin Health 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. Hennepin Health 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: Hennepin Health Member Services at hennepinhealth@hennepin.us, or call Hennepin Health Member Services at 612-596-1036 (voice) or 1-800-647-0550 (toll-free), or your preferred relay service.

Language Assistance Services. Hennepin Health 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: Hennepin Health Member Services at hennepinhealth@hennepin.us, or call Hennepin Health Member Services at 612-596-1036 (voice) or 1-800-647-0550 (toll-free), or your preferred relay service.

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by Hennepin Health. 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

Hennepin Health Complaint Notice

If you believe that Hennepin Health 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, 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:

Hennepin Health
Minneapolis Grain Exchange Building
400 South Fourth Street, Suite 201
Minneapolis, MN 55415
Toll Free: 1-800-657-3778 (voice)
1-800-627-3529 (MN Relay)
612-632-8815 (Fax)
hennepinhealth@hennepin.us (Email)

American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require approval or impose any condition 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.

2017 ADDENDUM
TO THE MEMBER HANDBOOK (formerly known as Evidence of Coverage (EOC)) FOR
SPECIAL NEEDS BASICCARE MEDICAID ONLY PRODUCT (SNBC)

This Addendum describes changes to your 2016 SNBC Hennepin Health Member Handbook. Keep this Addendum with your 2016 SNBC Hennepin Health 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 SNBC Hennepin Health Member Handbook, call Hennepin Health Member Services at 612-596-1036 or 1-800-647-0550 (toll-free).

Introduction

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

Section 7. Covered Services

A service marked with an asterisk (*) means a service authorization is 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 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*

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 Hennepin County Economic Assistance at 612-596-1300 for more information.