

RESOURCE LIST 2012

This is not intended to be a comprehensive list of resources for Minnesota. For the most comprehensive statewide Minnesota resource information visit www.MinnesotaHelp.info.

MinnesotaHelp Network™

- 1. Minnesota Senior LinkAge Line®**
1-800-333-2433
- 2. Minnesota Disability Linkage Line®**
1-866-333-2466
- 3. Minnesota Veterans Linkage Line™**
1-888-LinkVet (546-5838)
- 4. www.MinnesotaHelp.info®**

Minnesota Ombudsman Offices

Office of the Ombudsman for Long-term Care

651-431-2555 or 1-800-657-3591

- Investigates and works to resolve complaints about nursing homes, other long term care residential services, home care services and hospitals relating to health, safety, welfare, rights and government benefits.
- Provides information and educational programs to enable consumers to advocate for their own quality of care and quality of life within the health and long term care system.

Office of the Ombudsman for Mental Health and Developmental Disabilities

651-757-1800 or 1-800-657-3507

- Promotes the highest attainable standards of treatment for persons receiving services for mental illness, developmental disabilities and related conditions, chemical dependency and emotional disturbance.
- Receives and investigates complaints, and provides advocacy and mediation on behalf of individual clients, as well as the review and investigation of broad systemic issues, serious injuries and deaths.

Ombudsman for State Managed Health Care

651-431-2660 or 1-800-657-3729 ext. 61256

- Assists persons enrolled in a health plan for their Medical Assistance, General Assistance Medical Care, and MinnesotaCare health benefits in resolving service related problems, to ensure that medically appropriate services are provided.
- Provides information about the managed health care complaint and appeal process available through the

health plan and the State.

Ombudsman for Crime Victims

651-201-7310 or 1-800-247-0390

- Investigates reports of victim rights violations or mistreatment of crime victims or witnesses by any element of the criminal justice system or victim/witness service provider.
- Provides information and assistance to crime victims and provides county specific referrals throughout the State of Minnesota.

MEDICARE RELATED

Minnesota SHIP

Senior LinkAge Line®

1-800-333-2433

- Statewide service that provides free, comprehensive, objective Medicare information and assistance expertise by phone and in person.
- Federally designated State Health Insurance Assistance Program (SHIP) for Minnesota.

Minnesota QIO – Quality Improvement Organization

Stratis Health

952-854-3306; 1-800-444-3423

- Protects Minnesota Medicare consumers and the Medicare Trust Fund.

Minnesota Insurance Regulator

MN Dept. of Commerce

651-296-2488; 1-800-657-3602

- Oversight and regulation of companies selling Medicare supplements, Medicare SELECT plans, and long term care insurance policies.

Minnesota Managed Care Plan Regulator

MN Dept. of Health

651-201-5100; 1-800-657-3916

- Licenses and regulates health plans at the state level.
- Handles complaints from consumers about health plans.

Medicare (national)

1-800-633-4227; www.medicare.gov

Social Security (national)

1-800-772-1213; www.ssa.gov

Railroad Retirees Medicare Carrier (national)

1-800-833-4455

OTHER IMPORTANT RESOURCES

Minnesota Department of Health Office of Health Facility Complaints

651-201-4201; 1-800-369-7994

- Acts upon complaints about services in hospitals, nursing homes, home health agencies and other supervised living facilities.

Minnesota Attorney General's Citizens' Assistance Line

651-296-3353; 1-800-657-3787

- Accepts complaints from citizens on a large variety of consumer matters, such as insurance, cars, health care, banking, credit, utilities, debt collection, mortgages, charities, scams, and more.

Minnesota Department of Veterans Affairs

888-546-5838 Veterans Linkage Line™

- Assists Minnesota veterans and their dependents to obtain the benefits and services provided by the U.S. Department of Veterans Affairs.
- Connects Veterans and their dependents to County Veterans Service Officers available in all 87 counties of Minnesota.

Minnesota Area Agencies on Aging

- Provide assistance to seniors, local agencies and communities across the state, including providing the Senior LinkAge Line® service at the local level.
 - ▶ Arrowhead Area Agency on Aging (Duluth)
218-722-5545
 - Counties served: *Aitkin, Carlton, Cook, Itasca, Koochiching, Lake, & St. Louis*
 - ▶ Central MN Council on Aging (St. Cloud)
320-253-9349
 - Counties served: *Benton, Cass, Chisago, Crow Wing, Isanti, Kanabec, Mille Lac, Morrison, Pine, Sherburne, Stearns, Todd, Wadena, & Wright.*
 - ▶ Land of Dancing Sky Area Agency on Aging (Warren and Fergus Falls)
218-745-6733 (Warren)
218-739-4617 (Fergus Falls)
 - Counties served: *Becker, Clay, Douglas, Grant, Otter Tail, Pope, Stevens, Traverse, Wilkin Beltrami, Clearwater, Hubbard, Kittson, Lake of the Woods, Polk, Mahnommen, Marshall, Norman, Pennington, Red Lake, & Roseau*
 - ▶ Metropolitan Area Agency on Aging (North St. Paul) 651-641-8612

- Counties served: *Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, & Washington*
- ▶ Minnesota Chippewa Tribe Area Agency on Aging (Cass Lake) 888-231-7886
 - Reservations Served: *Bois Forte, Grand Portage, Leech Lake, & White Earth*
- ▶ Minnesota River Area Agency on Aging (Mankato) 507-389-8876
 - Counties served: *Big Stone, Blue Earth, Brown, Chippewa, Cottonwood, Faribault, Jackson, Kandiyohi, Lac qui Parle, Le Sueur, Lincoln, Lyon, Martin, McLeod, Meeker, Murray, Nicollet, Nobles, Pipestone, Redwood, Renville, Rock, Sibley, Swift, Waseca, Watonwan, & Yellow Medicine.*
- ▶ Southeastern MN Area Agency on Aging (Rochester) 507-288-6944
 - Counties served: *Dodge, Fillmore, Freeborn, Goodhue, Houston, Mower, Olmsted, Rice, Steele, Wabasha, & Winona.*

Minnesota Association of Centers for Independent Living

507-285-1815

- Advocate for the independent living needs of people with disabilities so they may live independently in the situation and community of their choice
 - ▶ Rochester Southeastern MN Center for Independent Living 507-285-1815
 - Provides the Disability LinkAge Line® service (1-866-333-2466)
 - ▶ Metropolitan Center for Independent Living – Minneapolis and St. Paul 651-646-8342
 - Provides the Disability LinkAge Line® service (1-866-333-2466)
 - ▶ St. Cloud Independent Lifestyles
320-529-9000
 - ▶ Moorhead FREEDOM 701-478-0459
 - ▶ East Grand Forks OPTIONS 218-773-6100
 - ▶ Center for Independent Living of Northeastern MN Hibbing 218-262-6675
 - ▶ Mankato Southern MN Independent Living Enterprises and Services 507-345-7139
 - ▶ Southwestern Center for Independent Living Marshall 507-532-2221

Minnesota Board on Aging

651-431-2500; 1-800-882-6262

- Provide objective information and promote public education on ways to meet the changing needs of Minnesota's older population to age well and live well.
 - ▶ Senior LinkAge Line®, Office of Ombudsman for Long-term Care, and www.MinnesotaHelp.info® are services of the Minnesota Board on Aging.
- Partner with Area Agencies and others to administer and oversee the effective use of Older Americans Act and state funds to support older Minnesotans.
- Promote policies to the State Legislature, Governor and State Agencies that fairly reflect the needs and interests of older Minnesotans.
- Publish the 2012 edition of Health Care Choices for Minnesotans on Medicare.

Health Care Choices Glossary

Advance Beneficiary Notice (ABN): Also known as a "waiver of liability." A notice health care providers and suppliers are required to give a person with Original Medicare when they believe that Medicare will not cover their services or items and the person has no reason to know that Medicare will not cover these services or items. If your provider does not give you an ABN to sign and you have no reason to know the procedure is not covered, then you do not have to pay. If you sign an ABN before you get the service or item and Medicare does not pay for it, you generally pay for it (although there are a few exceptions). Providers are not required to give you an ABN for services or items Medicare never covers.

Advance Coverage Decision: A Private Fee-For-Service (PFFS) plan's determination about whether or not it will pay for a certain service. **Note:** this is completely unrelated to an advance beneficiary notice (ABN), which only applies to people with Original Medicare.

Benefit period: This pertains to any hospital or skilled nursing facility stays within a year. A benefit period ends in 60 days after leaving the hospital or facility. If you go back after the benefit period ends, a new benefit period starts, and you are subject to the Part A deductible again.

Brand-Name Drug: A drug marketed under a proprietary, trademark-protected name.

Benchmark Plan: Part D plan with basic coverage with premiums equal to or lower than the regional low-income premium subsidy. In 2012 this amount is \$36.02 in Minnesota.

Capped Rental Item: Durable medical equipment (DME) (such as a wheelchair) that Medicare covers initially for rental, rather than for purchase, often because of its high cost. Medicare pays the rental fees for these items in monthly installments. You can keep a capped rental item as long as it is medically necessary and elect to buy it. After you rent for 13 months, ownership will automatically transfer to you. (**Note:** If you have been renting an item of DME since before January 1, 2006, you can continue to rent that item without purchasing if you choose.)

Catastrophic coverage (Part D): This is the much higher level of coverage (95% or more) you receive for all covered drugs after you have paid more than \$4,700 for your prescriptions in 2012.

Certificate of Medical Necessity (CMN): Documentation from a doctor which Medicare requires before it will cover certain durable medical equipment (DME). The CMN states the patient's diagnosis, prognosis, reason for the equipment, and estimated duration of need.

COBRA (Consolidated Omnibus Budget Reconciliation Act): A federal law guaranteeing employees and their families at risk of losing health insurance—due to termination of employment, death, divorce, or other circumstances—the right to purchase continued coverage under the employer's group health plan for limited periods of time.

Cost Plan: A private health plan sponsored by a Health Maintenance Organization (HMO), through which you can get your Medicare benefits. A cost plan is not a "Medicare Advantage" (Part C) plan. It allows you to go out of network to get care. If you get out-of-network care from a provider that accepts Medicare as payment, your costs will be covered by Original Medicare.

Cost Tiers: A system that Medicare drug plans use to price prescription drugs. Generic drugs are generally on the first, least expensive tier (Tier 1), followed by brand-name drugs (Tier 2), and then specialty drugs (Tiers 3 and above), with each subsequent tier requiring higher out-of-pocket costs.

Creditable Coverage:

- Any health insurance coverage you had within 63 days of securing a new insurance policy that can be used to shorten the waiting period for pre-existing conditions.
- Prescription drug coverage that is considered to be as good as or better than the Medicare prescription drug benefit (Part D) in monetary value.

Deductible: The amount you must pay before Medicare or insurance benefits are paid.

Detailed Notice of Discharge: A notice given to you by a hospital after you have requested a Quality Improvement Organization (QIO) review of the hospital's decision that you be discharged. (You would have been notified that the hospital wanted to discharge you in the "Important Message from Medicare" Notice). The Detailed Notice of Discharge explains why services will no longer be covered, provides a description of Medicare coverage restrictions, and explains how those rules apply to your case. Once you request QIO review of a discharge decision, the hospital must provide you this notice in all cases (whether you are in Original Medicare or in a Medicare Advantage health plan).

Donut hole (Part D coverage gap): A gap in coverage that begins once the combined payment of you AND your plan reaches \$2,930 in total drug costs. You pay all of your drug costs in full while you are in the donut hole. In 2012, while in the donut hole, brand name drugs are discounted by 50% and 14% for generics.

Durable Medical Equipment (DME): DME, such as walkers, commodes, home oxygen, hospital beds, scooters, seat lifts, prosthetics, orthotics and other supplies are covered under Medicare Part B. Call Medicare or visit www.medicare.gov and select "Find Suppliers of Medical Equipment in Your Area."

Extra Help (or Low Income Subsidy-LIS): A federal subsidy for people with limited income and assets to help pay for Part D. People that have Extra Help do not have a donut hole.

Formulary: A list of specific prescription drugs that an insurance company will cover, though some prescription drugs may be subject to limits and conditions.

Medical Assistance: Also referred to as Medicaid, a state-run program that covers medical expenses for people with low or limited incomes.

Medical Assistance Spend-Down: Medical Assistance available to people whose income is higher than would normally qualify for Medical Assistance, but they have high medical expenses that reduce their incomes to the Medical Assistance eligibility level.

Medicare-approved amount: In Original Medicare, this is the amount a doctor or supplier can be paid, including what Medicare pays and any deductible, co-insurance or co-pay that you pay. It may be less than the actual amount charged by the doctor or supplier.

Medicare Savings Programs (MSP): Help pay your Medicare premiums and sometimes also co-insurance and deductibles. There are three main Medicare Savings Programs, with different eligibility limits: Qualified Medicare Beneficiary (QMB), Service Limited Medicare Beneficiary (SLMB), and Qualifying Individual (QI) program.

Medicare Summary Notice (MSN): A notice you get in the mail from Original Medicare that lists services you received over the previous three months from doctors, hospitals or other health care providers. It tells you what the provider billed Medicare, Medicare's approved amount for the service, the amount Medicare paid, and what you have to pay. The MSN is not a bill.

Medigap policy/Medicare supplement: Insurance sold by private companies to fill gaps in Original Medicare coverage. These policies work only with the Original Medicare plan.

Non-preferred drug: A drug that a plan discourages access to, typically by requiring a larger co-payment.

Original Medicare: Medicare Parts A and B let you go to any doctor, hospital or other health care provider who accepts Medicare and will take new Medicare patients. Unless you have a Medigap policy or other additional coverage or an Advantage plan, you must pay deductibles and co-insurance.

Out-of-pocket payments (Part D): Payments by you toward the total cost of covered prescriptions, including the annual deductible, co-insurance, co-payments and the full cost of discounted prescriptions during the donut hole.

POS (Point-of-Service) Option: Partial coverage for certain services you get outside the managed care plan's network of providers. People with Medicare can choose to get their Medicare benefits through a managed care plan; some of these plans offer the POS option.

PPO (Preferred Provider Organization): A type of managed care plan. To get full coverage, you must use providers in the plan's network, but you should also have partial coverage of care you get from out-of-network providers. People with Medicare can choose to get their Medicare benefits through a PPO.

Quantity limits: Part D plan limits specific drug dosages to a 30-day supply. More doses must be re-authorized every 30 days.

Service area: Where a health plan accepts members. For network plans, it is also where services are provided. Plans may dis-enroll you if you move out of the plan's service area.

SHIP (State Health Insurance Assistance Program): A federally-funded program in each state that provides objective, comprehensive assistance about Medicare and related issues. The Senior LinkAge Line® is the SHIP for Minnesota (1-800-333-2433).

Skilled nursing facility: A Medicare-approved facility that provides short-term post-hospital extended care services, at a lower level of care than provided in a hospital.

SSDI (Social Security Disability Insurance): Monthly benefits provided through the Social Security Administration for people who lose their ability to work because of a severe medical impairment (disability). People who receive SSDI for 24 months are eligible for Medicare.

SSI (Supplementary Security Income): Monthly benefits for people with low incomes and assets who are 65 or older, blind, or have a disability.

Step therapy: Before your Part D plan will cover your drug, you must first try less expensive drugs that were proven effective for most people with your condition. If you have tried other drugs that didn't work for you, your doctor must contact the plan to try to get an exception.

Therapy Caps: Limits on the dollar amount of physical therapy, occupational therapy and speech/language pathology that Medicare will cover in a given year.

Transition Policy: Also called a "temporary first-fill." Allows new members of Medicare drug plans (Part D) to get temporary coverage of drugs they were taking when they joined if those medications are not covered by their new plan.

TRICARE: The Department of Defense's health insurance program for active duty and retired military personnel and their family members. TRICARE consists of several different programs, including TRICARE for Life (TFL), a retiree benefit that acts as supplemental insurance to Medicare. TRICARE also offers coverage to reserve force members who are on active duty for 30 days or more.

Unearned Income: Money you get from sources other than current employment. Includes Social Security benefits, Veterans benefits, pensions, annuities and other regular payments you receive, such as alimony and workers' compensation.

Quick Tips

#2: Will Medicare pay for my long term care services?

Answer: Probably not.

- Most long-term care services provided in Minnesota are not covered by Medicare because the services are "custodial care" services.
- Custodial care services are very important but the services do not meet Medicare's strict coverage requirements.
- Medicare and most Medicare Supplemental Insurance policies do not cover custodial care.
- Examples of custodial care include:
 - Help with dressing, eating and toileting
 - Preparing food
 - Getting in and out of bed
 - Bathing or showering
 - Brushing teeth, combing hair and shaving
 - Dispensing of medications
 - Paying bills