

MinnesotaCare:

MinnesotaCare enrollees may direct complaints to the health plan or to the DHS Managed Care Ombudsman at 651-296-1256 or 1-800-657-3729. They may file appeals directly with the DHS Appeals Office. See §0917 (Appeals).

Minnesota Rule 9506.0400 subp. 13**MA/GAMC:**

Each managed care county has staff designated as advocates to help enrollees resolve problems with health plans. County advocates may be able to resolve problems with the plans or help enrollees file appeals. Health plans must give each enrollee a Certificate of Coverage. This certificate includes the health plan complaint and appeal procedures.

Managed care enrollees may appeal the following issues to the State Appeals Office. See §0917 (Appeals).

- Mandatory participation in MA managed care. Pending the appeal decision, the person must either select or be assigned a plan. There is no provision for appealing mandatory participation in MinnesotaCare or GAMC managed care.
- Denial, reduction, or termination of services by the health plan.
- Payment of bills for services already provided.
- The health plan's resolution of a complaint.
- Whether travel time to the primary care provider is considered excessive. In the Twin Cities metropolitan area, travel time over 30 minutes from the enrollee's residence is considered excessive. In the rest of the state, travel time is considered excessive by community standards.
- Request to change health plans when travel time is less than 30 minutes, but the enrollee considers the travel time excessive.
- The county entered the wrong health plan or primary care provider.

Enrollees may contact the DHS Managed Care Ombudsman at 651-296-1256 or 1-800-657-3729. Enrollees are not required to resolve complaints through the county advocates or health plan complaint processes before filing an appeal with DHS.