**Chapter 2: Important phone numbers and resources**

**Introduction**

This chapter gives you contact information for important resources that can help you answer your questions about <plan name> and your health care benefits. You can also use this chapter to get information about how to contact your care coordinator and others that can advocate on your behalf. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

[*If applicable, plans should modify this chapter to include contact information for other health services.*]

[*Plans should refer members to other parts of the handbook using the appropriate chapter number, section, and/or page number. For example, “refer to Chapter 9, Section A, page 1.” An instruction* [*plans may insert reference, as applicable*] *is listed next to each cross reference throughout the handbook.*]

[*Plans must update the Table of Contents to this document to accurately reflect where the information is found on each page after plan adds plan-customized information to this template.*]

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# How to contact <plan name> Member Services

| **Contact Type** |  |
| --- | --- |
| **CALL** | <Phone number(s)> The call is free.  <Days and hours of operation> [*Include information on the use of alternative technologies.*]  We have free interpreter services for people who do not speak English. |
| **TTY** | <TTY phone number> The call is free.  [*Insert if the plan uses a direct TTY number:* You need special telephone equipment to call this number.]  <Days and hours of operation> |
| **FAX** | [*Fax number is optional.*] |
| **WRITE** | <Mailing address> |
| **EMAIL** | [*Email address is optional.*] |
| **WEBSITE** | [*Internet address is optional.*] |

## A1. Contact Member Services

* With questions about the plan
* With questions about claims, billing or Member ID Cards

[*If plans have different numbers for the functions listed below, plans should insert separate charts with the additional contact information.*]

* For information about coverage decisions about your health care
* A coverage decision about your health care is a decision about:
* your benefits and covered services, **or**
* the amount we will pay for your health care services.
* Call us if you have questions about a coverage decision about your health care.
* To learn more about coverage decisions, refer to Chapter 9 [*plans may insert reference, as applicable*].
* To make an appeal about your health care
* An appeal is a formal way of asking us to review a decision we made about your coverage and asking us to change it if you think we made a mistake.
* To learn more about making an appeal, refer to Chapter 9 [*plans may insert reference, as applicable*].
* With complaints about your health care
* You can make a complaint about us or any provider (including a non-network or network provider). A network provider is a provider who works with the health plan. You can also make a complaint about the quality of the care you got to us or to the Quality Improvement Organization (refer to Section F below [*plans may insert reference, as applicable*]).
* If your complaint is about a coverage decision about your health care, you can make an appeal (refer to the section above [*plans may insert reference, as applicable*]).
* You can send a complaint about <plan name> right to Medicare. You can use an online form at [www.medicare.gov/MedicareComplaintForm/home.aspx](https://www.medicare.gov/my/medicare-complaint). Or you can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, to ask for help. TTY users should call 1-877-486-2048.
* To learn more about making a complaint about your health care, refer to Chapter 9 [*plans may insert reference, as applicable*].
* For information about coverage decisions about your drugs
* A coverage decision about your drugs is a decision about:
* your benefits and covered drugs, **or**
* the amount we will pay for your drugs.
* This applies to your Medicare Part D drugs, Medical Assistance (Medicaid) prescription drugs, and Medical Assistance (Medicaid) over-the-counter drugs.
* For more on coverage decisions about your prescription drugs, refer to Chapter 9 [*plans may insert reference, as applicable*].
* To make an appeal about your drugs
* An appeal is a way to ask us to change a coverage decision.

[*Plans should include contact information for appealing Medicaid drugs and Medicare Part D drugs. If the contact information is the same, plans should modify the information so only one number is given to appeal all drugs. If applicable, explain how Medicaid drugs are labeled in the Drug List.*]

* For more on making an appeal about your prescription drugs, refer to Chapter 9 [*plans may insert reference, as applicable*].
* With complaints about your drugs
* You can make a complaint about us or any pharmacy. This includes a complaint about your prescription drugs.
* If your complaint is about a coverage decision about your prescription drugs, you can make an appeal. (Refer to the section above[*plans may insert reference, as applicable*].)
* You can send a complaint about <plan name> right to Medicare. You can use an online form at [www.medicare.gov/MedicareComplaintForm/home.aspx](http://www.medicare.gov/MedicareComplaintForm/home.aspx). Or you can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, to ask for help. TTY users should call 1-877-486-2048.
* For more on making a complaint about your prescription drugs, refer to Chapter 9 [*plans may insert reference, as applicable*].
* To ask for payment for health care or drugs you already paid for
* For more on how to ask us to pay you back, or to pay a bill you got, refer to Chapter 7 [*plans may insert reference, as applicable*].
* We do not allow <plan name> providers to bill you for services. We pay our providers directly, and we protect you from any charges. The exception is if you pay for Medicare Part D prescription drugs. If you paid for a service that you think we should have covered, contact Member Services at the phone number printed at the bottom of this page.
* If we deny any part of your request, you can appeal our decision. Refer to Chapter 9 [*plans may insert reference, as applicable*] for more on appeals.

# How to contact your Care Coordinator

[*Plans should replace “care coordinator” with the term used by the plan/state. Plans should include information explaining what a care coordinator is, how members can get a care coordinator, how they can contact the care coordinator, and how they can change their care coordinator. If plans do not offer a care coordinator, they should instruct members to contact the Nurse Advice Call Line or other appropriate number.*]

| Contact Type |  |
| --- | --- |
| **CALL** | <Phone number(s)> The call is free.  <Days and hours of operation> [*Include information on the use of alternative technologies.*]  We have free interpreter services for people who do not speak English. |
| **TTY** | <TTY phone number> The call is free.  [*Insert if the plan uses a direct TTY number*: You need special telephone equipment to call this number.]  <Days and hours of operation> |
| **FAX** | [*Fax number is optional.*] |
| **WRITE** | <Mailing address> |
| **EMAIL** | [*Email address is optional.*] |
| **WEBSITE** | [*Internet address is optional.*] |

## B1. Contact your Care Coordinator

* With questions about your health care
* With questions about getting behavioral health services, transportation, and long-term services and supports (LTSS)
* You must have a Long-Term Care Consultation (LTCC) done and be found to be eligible to get additional services or support. You can ask to have this assessment in your home, apartment, facility where you live, or another agreed-upon location.
* Your care coordinator will meet with you and your family to talk about your care needs if you call to ask for a visit.
* Your care coordinator will give you information about community services, help you find services to stay in your home or community, and help you find services to move out of a nursing home or other facility.
* Sometimes you can get help with your daily health care and living needs. You might be able to get these services if you need them:
* Skilled nursing care
* Physical therapy
* Occupational therapy
* Speech therapy
* Medical social services
* Home health care

# How to contact the <Nurse Advice Call Line or term used by plan>

[*Plans should include a brief description and information about what the Nurse Advice Call Line (or term used by plan) is.*]

| Contact Type |  |
| --- | --- |
| **CALL** | <Phone number(s)> The call is free.  <Days and hours of operation> [*Include information on the use of alternative technologies.*]  We have free interpreter services for people who do not speak English. |
| **TTY** | <TTY phone number> The call is [*insert if applicable:* not] free.  [*Insert if the plan uses a direct TTY number:* You need special telephone equipment to call this number.]  <Days and hours of operation> |

## C1. Contact the <Nurse Advice Call Line or term used by plan>

[*Plans may include additional reasons or situations for contacting the Nurse Line or term used by the plan.*]

* With questions about your health or health care treatment options

# How to contact the <Behavioral Health Crisis Line or term used by plan>

[*Plans should only include the Behavioral Health Crisis Line (or term used by plan) if it is applicable. If plans include a Behavioral Health Crisis Line, they should also briefly describe what it is.*]

| Contact Type |  |
| --- | --- |
| **CALL** | <Phone number(s)> The call is free.  <Days and hours of operation> [*Include information on the use of alternative technologies.*]  We have free interpreter services for people who do not speak English. |
| **TTY** | <TTY phone number> The call is [*insert if applicable:* not] free.  [*Insert if the plan uses a direct TTY number:* You need special telephone equipment to call this number.]  <Days and hours of operation> |

## D1. Contact the <Behavioral Health Crisis Line or term used by health plan>

[*Plans may include additional reasons or situations for contacting the Behavioral Health Crisis Line or term used by the plan.*]

* With questions about your health or health care treatment options
* [*Insert when applicable:* With questions about substance use disorder services]

# How to contact the State Health Insurance Assistance Program (SHIP)

The State Health Insurance Assistance Program (SHIP) gives free health insurance counseling to people with Medicare. In Minnesota, the SHIP is called the Senior LinkAge Line®.

The Senior LinkAge Line® is not connected with any insurance company or health plan.

| Contact Type |  |
| --- | --- |
| **CALL** | 1-800-333-2433  The call is free. |
| **TTY** | Call the Minnesota Relay Service at 711 or use your preferred relay service. The call is free. |
| **WRITE** | Minnesota Board on Aging  PO Box 64976  St. Paul, MN 55164-0976 |
| **WEBSITE** | [www.seniorlinkageline.com](https://www.seniorlinkageline.com/) |

## E1. Contact the Senior LinkAge Line®

* With questions about your Medicare health insurance
* Senior LinkAge Line® counselors can answer your questions about changing to a new plan and help you:
* understand your rights,
* understand your plan choices,
* make complaints about your health care or treatment, **and**
* straighten out problems with your bills.

# How to contact the Quality Improvement Organization (QIO)

Our state has a Quality Improvement Organization called Livanta. This is a group of doctors and other health care professionals who help improve the quality of care for people with Medicare.Livanta is not connected with our plan.

| Contact Type |  |
| --- | --- |
| **CALL** | 1-888-524-9900  Monday through Friday, 9:00 a.m. - 5:00 p.m.  Weekend and Holidays, 11:00 a.m. - 3:00 p.m.  24-hour voicemail is available |
| **TTY** | 1-888-985-8775  This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it. |
| **WRITE** | 10820 Guilford Road, Suite 202  Annapolis Junction, MD 20701 |
| **EMAIL** | [*Email address is optional.*] |
| **WEBSITE** | [www.livantaqio.com](http://www.livantaqio.com) |

## F1. Contact Livanta

* With questions about your health care
* You can make a complaint about the care you got if you:
* have a problem with the quality of care,
* think your hospital stay is ending too soon, **or**
* think your home health care, skilled nursing facility care, or comprehensive outpatient rehabilitation facility (CORF) services are ending too soon.

# How to contact Medicare

Medicare is the federal health insurance program for people 65 years of age or older, some people under age 65 with disabilities, and people with end-stage renal disease (permanent kidney failure requiring dialysis or a kidney transplant).

The federal agency in charge of Medicare is the Centers for Medicare & Medicaid Services, or CMS.

| Contact Type |  |
| --- | --- |
| **CALL** | 1-800-MEDICARE (1-800-633-4227)  Calls to this number are free, 24 hours a day, 7 days a week. |
| **TTY** | 1-877-486-2048 This call is free.  This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it. |
| **WEBSITE** | [www.medicare.gov](http://www.medicare.gov)  This is the official website for Medicare. It gives you up-to-date information about Medicare. It also has information about hospitals, nursing homes, doctors, home health agencies, dialysis facilities, inpatient rehabilitation facilities, and hospices.  It includes helpful websites and phone numbers. It also has booklets you can print right from your computer. If you don’t have a computer, your local library or senior center may be able to help you visit this website using their computer. Or, you can call Medicare at the number above and tell them what you are looking for. They will find the information on the website, print it out, and send it to you. |

# How to contact Medical Assistance (Medicaid)

Medicaid is a joint Federal and state government program that helps with medical costs for certain people with limited incomes and resources. In Minnesota, the Medicaid program is called Medical Assistance. To find out more about Medical Assistance (Medicaid) and its programs, contact the Minnesota Department of Human Services.

You are enrolled in Medicare and in Medical Assistance (Medicaid). If you have questions about the help you get from Medical Assistance (Medicaid), call the Minnesota Department of Human Services.

| Contact Type |  |
| --- | --- |
| **CALL** | 1-651-431-2670 (Twin Cities Metro area)  Or  1-800-657-3739 (Outside the Twin Cities Metro area) The call is free. |
| **TTY** | 1-800-627-3529 (You need special telephone equipment to call this number.)  Or  711 or use your preferred relay service (You do **not** need special telephone equipment to call this number.)  These calls are free. |
| **WRITE** | Department of Human Services of Minnesota  444 Lafayette Road North  St. Paul, MN 55155 |
| **WEBSITE** | [www.mn.gov/dhs/people-we-serve/adults/health-care/health-care-programs/programs-and-services/medical-assistance.jsp](https://mn.gov/dhs/people-we-serve/adults/health-care/health-care-programs/programs-and-services/medical-assistance.jsp) |

# How to contact the Ombudsperson for Public Managed Health Care Programs

The Ombudsperson for Public Managed Health Care Programs works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do. The Ombudsperson for Public Managed Health Care Programs also helps people enrolled in Medical Assistance (Medicaid) with service or billing problems. They are not connected with our plan or with any insurance company or health plan. Their services are free. **The Ombudsperson can also help you ask for a state appeal (Medicaid fair hearing with the State).**

| Contact Type |  |
| --- | --- |
| **CALL** | 1-651-431-2660 (Twin Cities Metro area)  Or  1-800-657-3729 (Outside Twin Cities Metro area) The call is free. |
| **TTY** | 1-800-627-3529 (You need special telephone equipment to call this number.)  Or  711 or use your preferred relay service (You do **not** need special telephone equipment to call this number.)  These calls are free. |
| **FAX** | 1-651-431-7472 |
| **WRITE** | MN Department of Human Services  Ombudsperson for Public Managed Health Care Programs  PO Box 64249  St. Paul, MN 55164-0249 |
| **EMAIL** | [dhsombudsman.smhcp@state.mn.us](mailto:dhsombudsman.smhcp@state.mn.us) |
| **WEBSITE** | [www.mn.gov/dhs/managedcareombudsman](https://mn.gov/dhs/managedcareombudsman) |

# How to contact the Minnesota Office of Ombudsman for Long Term Care

The Minnesota Office of Ombudsman for Long Term Care is an ombudsman program that helps people learn about nursing homes and other long-term care settings. It also helps solve problems between these settings and residents or their families.

| Contact Type |  |
| --- | --- |
| **CALL** | 1-651-431-2555 (Twin Cities Metro area)  Or  1-800-657-3591 (Outside Twin Cities Metro area) The call is free. |
| **TTY** | 1-800-627-3529 (You need special telephone equipment to call this number.)  Or  711 or use your preferred relay service (You do **not** need special telephone equipment to call this number.)  These calls are free. |
| **WRITE** | Minnesota Office of Ombudsman for Long Term Care  PO Box 64971  St. Paul, MN 55164-0971 |
| **EMAIL** | [mba.ooltc@state.mn.us](mailto:mba.ooltc@state.mn.us) |
| **WEBSITE** | [www.mn.gov/board-on-aging](http://www.mn.gov/board-on-aging) |

# Other resources

[*Plans may insert this section to provide additional information resources, such as county aging and disability resource centers, choice counselors, enrollment brokers, or area agencies on aging. Plans should format consistently with other sections and include a brief description and information about any other resources they add.*]

## K1. Contact the Railroad Retirement Board (RRB)

The Railroad Retirement Board (RRB) is an independent Federal agency that administers comprehensive benefit programs for the nation’s railroad workers and their families. If you have questions about your benefits from the RRB, contact the agency.

If you get your Medicare through the RRB, it is important that you let them know if you move or change your mailing address.

| Contact Type |  |
| --- | --- |
| **CALL** | 1-877-772-5772  Calls to this number are free.  If you press “0,” you may speak with an RRB representative:   * from 9:00 am to 3:30 pm, Monday, Tuesday, Thursday, and Friday **and** * from 9:00 am to noon on Wednesday.   If you press “1,” you may access the automated RRB HelpLine and recorded information 24 hours a day, including weekends and holidays. |
| **TTY** | 1-312-751-4701  This number requires special telephone equipment and is only for people who have hearing or speaking problems.  Calls to this number are **not free.** |
| **WEBSITE** | [rrb.gov](https://rrb.gov/) |