

MinnesotaCare:

The managed care enrollment process is done through the mail and is completely automated on MMIS. When MinnesotaCare coverage is approved as pending awaiting payment, MMIS automatically chooses a default health plan and generates a health plan enrollment form. The default plan is the plan the household will be enrolled in if they fail to choose a health plan. The default plan is determined by the following criteria:

- ▶ If anyone in the household is enrolled in managed care through MA or GAMC, the default plan is the plan the MA or GAMC person is enrolled in unless that plan is not available through MinnesotaCare.

If more than 1 household member is enrolled on MA or GAMC in different health plans, the system will select the 1st plan that is available to MinnesotaCare as the default plan.
- ▶ If no one in the household is enrolled in managed care through MA or GAMC but anyone in the household has previously been enrolled in managed care through MinnesotaCare, the default plan is the plan in which they were previously enrolled if that plan is still available.
- ▶ If neither of the above circumstances applies, MMIS assigns a default plan based on the plans available in the household's county of residence.

DHS sends the household a health plan enrollment packet and a premium notice packet. The health plan enrollment packet includes:

- ▶ Mailing envelope (DHS 3254A)
- ▶ MinnesotaCare Health Plan Enrollment Information (DHS 3272B)
- ▶ **Health Plan Enrollment Form**
- ▶ **Guide to Managed Care Enrollment Including Notice about Your Rights and Responsibilities (DHS 3303)**
- ▶ MinnesotaCare Health Plan Enrollment Return Envelope (**DHS 3253**)
- ▶ Network lists for each health plan available in the enrollee's county of residence, known as PCNLs.

The household must choose the same health plan for all household members. However, the household may choose different primary care clinics within the health plan for different household members.

If the household returns the enrollment form before the date that capitation payments are made to the health plans for the next month, MMIS is updated to show the household's health plan choice. The capitation date is usually 6 business days before the end of the month. However, if the household returns the form after the 15th of the month, there may not be time to enter the enrollment information before capitation. Refer the household to their MinnesotaCare enrollment representative or financial worker to complete a manual enrollment form to ensure enrollment in the plan of their choice for the next month. If the household has been found eligible but there is no enrollment information entered as of the capitation date, either because the household has not returned the form or returned it after the 15th and did not use the manual enrollment process, MMIS will enroll the household in the default plan. If new enrollment information is entered before the next capitation date, MMIS will enroll the household in the plan of their choice beginning the following month. See §0914.03.07 (Health Plan Changes).

EXAMPLE:

John is approved for coverage awaiting payment on October 3. MMIS mails John a premium notice packet and a health plan enrollment packet on October 5. MMIS also selects UCare as John's default plan. John returns his premium payment and enrollment form on October 22 indicating HealthPartners as his choice of plan. There is not time to process his enrollment form before capitation on October 23, and John does not use the manual enrollment process. He will be enrolled in UCare for November and will be switched to HealthPartners beginning December 1.

If MinnesotaCare is approved after the capitation date but before reinstatement (usually the last business day of the month), the household must choose a health plan by the reinstatement date. Otherwise, MMIS will enroll the household in the default plan.

M.S. 256L.12 subd 3

Minnesota Rule 9506.0200 subp 3, 4, 5, 6

MA/GAMC:

See §0914.03.05.01 (Managed Care Enrollment Process--MA/GAMC).