MinnesotaCare:

Reinstatements are enrollments or re-enrollments completed between capitation and the last business day of the month. Reinstatements occur when:

- A renewal is completed after capitation.
- A household is canceled from MinnesotaCare or disenrolled from a managed care plan and reinstated before the effective date of disenrollment.

EXAMPLE:
Bob calls on October 9 to request to have his MinnesotaCare canceled. He expects to have other insurance in November. On October 23 he calls to report that the other insurance is no longer available. He requests reinstatement. He mails his premium the same day and it is received on October 26. Bob is reinstated into his health plan for November.

When an initial enrollment is completed after capitation, it will be processed the same way as initial enrollments completed before capitation but will appear on the health plan’s reinstatement record. See §0914.03.05 (Managed Care Enrollment Process).

Re-enrollments occur when a household is reopened on MinnesotaCare and re-enrolled in managed care after the effective date of cancellation. If the household has been terminated for 12 months or less, MMIS will re-enroll them in the same health plan unless they have moved to a county where the old plan is unavailable. If the case has been canceled for more than 12 months, MMIS will send a new health plan enrollment packet when the case is pended awaiting payment.

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MA/GAMC:

Reinstatements for MA and GAMC occur when:

- An individual or household is reinstated between capitation and the last working day of the month. If you enter the GAMC or MA reinstatement on the MMIS RELG screen on or before the last working day of the month in which the case closed, the managed care enrollment will be active the 1st day of the next month. There will be no break in health plan coverage.
EXAMPLE:
Marcia’s annual recertification is due for October. She has not returned her recertification forms by the September cutoff date. MA is canceled. She submits a new application and all required verification on October 27. She remains eligible for MA and is reopened effective October 1. Reinstate MA with the same health plan effective November 1.

An individual or household is reinstated after the effective date of closing with no break in MA or GAMC eligibility. If you enter the MA or GAMC reinstatement on the MMIS RELG screen after the last working day of the month in which the case was closed, reopen managed care the 1st day of the next available month. Create a new enrollment span on the MMIS RPPH screen with the new enrollment begin date and an exclusion span for the current month. Fee-for-service may cover medical needs during the interim month(s). See MAXIS/MMIS Calendar in the TEMP Manual index for managed care enrollment cutoff dates. Also see §0914.03.19 (Managed Care: 1-Month Rolling Eligibility).

Follow MinnesotaCare for re-enrollments. Re-enroll MA and GAMC applicants who have been terminated from MA or GAMC with less than a 12 full calendar month break in eligibility in the same health plans they had before the termination. The effective date of the re-enrollment will be the next available month on MMIS. See MAXIS/MMIS Calendar in the TEMP Manual for enrollment cutoff dates. Fee-for-service may cover the interim month(s).

EXAMPLE:
Louis is canceled from GAMC effective March 1 because he has excess income and is unable to meet a spenddown. He reapplies on April 10 because his income has dropped. He is found eligible without a spenddown effective April 1. Re-enroll Louis in his previous health plan. If the required information is entered on MMIS before the cutoff date in April, his managed care enrollment will be effective May 1. If the information is entered after April cutoff but before May cutoff, managed care enrollment will be effective June 1. He will be eligible on a fee-for-service basis for the month(s) before managed care enrollment.