

Health plans that have contracted with the DHS to provide services to MinnesotaCare, MA, or GAMC enrollees must provide most medical and dental services covered by those programs. Health plans are not responsible for case management services for people with serious and persistent mental illnesses or severe emotional disturbances.

See the Prepaid Minnesota Health Care Programs Manual, section 9.03.01 for a list of other non-covered services.

Health plans may provide services in addition to those available under MinnesotaCare, MA, or GAMC.

If an MA enrollee resides in a nursing facility on the effective date of enrollment in Minnesota Senior Health Options (MSHO), the nursing facility per diem is not a health plan covered service. If a person covered by MA enrolls in MSHO while living in the community and later enters a nursing facility, the health plan is responsible for payment of the nursing facility services for 180 days.

A person enrolled in a health plan must obtain all health care services through the health plan's network of providers unless:

- ▶ The enrollee receives services from a provider who is not a health plan provider because of a medical emergency.
- ▶ The enrollee is outside the health plan service area and requires urgent or emergency medical care.
- ▶ A health plan physician or provider has prescribed or recommended non-emergency services outside of the health plan network.
- ▶ The enrollee moves out of the health plan service area, and MMIS has not been updated to disenroll the client from the health plan. Except for emergency services, the health plan may require prior authorization for out-of-plan services. Providers must contact the health plan to receive payment from the plan. Inform enrollees who report a move out of county that they may be responsible for bills incurred without health plan authorization.
- ▶ An MA enrollee enrolls in a health plan while in her 3rd trimester of a high-risk pregnancy. The enrollee must contact the health plan to approve out-of-network services. There are no special provisions for pregnant PGAMC recipients.

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- ▶ A person enrolled in a health plan through MA resides in a long term care facility, and a health plan physician or dentist orders covered services from a non-plan provider. There are no special provisions for MinnesotaCare or GAMC recipients in long term care facilities.
 - ▶ A person who is enrolled in a health plan through GAMC who is certified disabled must be disenrolled for the next available month. The health plan will remain responsible for all GAMC covered services until the date of disenrollment. If the enrollee receives MA services not covered under GAMC, the provider rendering the MA service should bill DHS directly as fee-for-service.

When an enrollee obtains services outside the health plan provider network and does not meet 1 of the exceptions above, the provider may bill the enrollee directly. In such cases, the provider must notify the enrollee in writing before the service is delivered that payment may be required.

When required by contract, health plans provide common carrier transportation to their enrollees for the purpose of obtaining health care services.

The county is responsible for reimbursing the MA/GAMC enrollee for private automobile transportation to a non-emergency covered service, and meals and lodging as necessary, in accordance with the county's health care access plan.

Advise people who are enrolled in health plans through MinnesotaCare, MA, or GAMC who also have private coverage or Medicare that they must get medical services through the managed care health plans. The health plans are responsible for coordination of benefits for managed care enrollees. The enrollee must inform the MinnesotaCare representative or MA/GAMC financial worker of changes in coverage.

The cost effective coverage provisions for MA and GAMC enrollees described in §0910.05.03 (Health Insurance Premium Payment) apply to managed care clients. Enrollment in a managed care health plan is not a criterion used in determining cost effectiveness. **Enrollees for whom the county pays cost effective health insurance premiums are excluded from managed care. See §0914.03.03 (Managed Care Exclusions).**

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