

MinnesotaCare:

There are no exclusions. All MinnesotaCare enrollees must receive services through managed care. People may be enrolled in fee-for-service for a limited period in certain circumstances. See §0914.05 (Fee-for-Service).

M.S. 256L.12 subd. 3

MA/GAMC:

Exclude the following groups from managed care enrollment in MA and GAMC:

- > People who receive Refugee Cash Assistance or Refugee Medical Assistance. See §0907.21.13 (MA Basis: Refugee Medical Assistance - RMA).
- > Residents of state institutions, including Regional Treatment Centers (RTC), Institutions for Mental Disease (IMD), and state-operated long term care facilities who reside in the institution at the time of initial enrollment. People already enrolled in managed care who enter state institutions will remain enrolled their health plans if the placement has been approved by the health plan. This includes court-ordered placements for which the health plan is responsible. See §0906.09.01 (Institutional Residence--MA/GAMC) and §0907.27 (MA/GAMC Basis: IMD Residents).

NOTE: Do not exclude residents of Ah Gwah Ching Nursing Facility and Woodhaven Senior Community under this basis.

- > People who have private health insurance through the following HMOs certified by the Department of Health. These people may voluntarily enroll in managed care **IF THE PRIVATE HMO IS THE SAME AS THE HEALTH PLAN THE CONSUMER WILL SELECT UNDER PMAP**. See §0914.03.03.03 (Managed Care Voluntary Enrollment).

Avera Health Plan of Minnesota
Blue Plus
First Plan of Minnesota
Group Health, Inc.
HealthPartners, Inc.
Itasca Medical Care
Medica Health Plans
Metropolitan Health Plan
PreferredOne Community Health Plan
Sioux Valley Health System

UCare Minnesota

- > People eligible with all spenddown types except institutional spenddowns. See §0914.03.25 (Minnesota Senior Health Option - MSHO) for information on people with spenddowns who may voluntarily enroll.
- > People who receive EMA. See §0907.29 (Medical Emergency Programs).
- > People under age 65 who are eligible for MA due to blindness or disability. See §0907.21.05 (MA/Medicare Supplement Basis: Blindness) and §0907.21.07 (MA/Medicare Supplement Basis: Disability). This includes people with blindness or disabilities who receive services under the CAC, CADI, MR/RC and TBI waivers. See §0907.23 (MA Waiver Programs).
- > People who are terminally ill with a medical prognosis of 6 MONTHS OR LESS to live and who, at the time of notification of mandatory health plan enrollment, have a permanent relationship with a primary physician who is not part of any available managed care health plan.
- > People who are enrolled in the SIS EW program with gross incomes greater than the maintenance needs allowance but less than or equal to the Special Income Standard. These people may enroll in managed care voluntarily. SIS EW enrollees with incomes less than the maintenance needs allowance must enroll in managed care.
- > People eligible for QMB, SLMB, QWD, or QI only (eligibility types BQ, BS, BW, DS, DQ, DW, EQ, ES, 1B, 1D, 1E, 2B, 2D, and 2E). See §0907.21.09 (MA Basis: Medicare Supplement Programs).
- > People who, at the time of notification of mandatory enrollment in managed care, meet ALL the following:
 - Have a communicable disease.
 - Have a prognosis of a terminal illness (may exceed 6 months) because of the communicable disease.
 - The disease and prognosis are verified by a written statement from a licensed physician based on a current medical examination.
 - Currently have a primary physician who is not a participating provider in an available managed care health plan.
 - The physician certifies that disruption of the existing physician-patient relationship is likely to result in the patient stopping recommended

medication or other health services.

- > Children who are identified to DHS as having severe emotional disturbance (SED) and who are eligible to receive MA-covered mental health case management services.

Children receiving IV-E or state adoption assistance.

SED and adoption assistance children may enroll voluntarily. See §0914.03.03.03 (Managed Care Voluntary Enrollment).

- > Adults who are identified to DHS as having serious and persistent mental illness (SPMI) and who are eligible to receive MA-covered mental health case management services.

These adults may enroll voluntarily. See §0914.03.03.03 (Managed Care Voluntary Enrollment).

- > American Indians living on an Indian reservation, if the tribal government of that reservation chooses to exclude these people.
- > Women receiving MA under the MA-BC basis. See §0907.19.13 (MA for Breast/Cervical Cancer MA-BC).
- > Enrollees receiving care and rehabilitation services from the Center for Victims of Torture (CVT). See §0907.25.07 (State-Funded MA Basis: Victims of Torture).
- > People with cost-effective employer-sponsored health insurance or people enrolled in an individual health plan determined to be cost-effective.

Also exclude the following groups from enrollment in GAMC managed care:

- > GAMC recipients eligible for Medicare benefits.
- > GAMC recipients living in nursing facilities.
- > **GAMC recipients in the GAMC Hospital Only (GHO) Program.**