

---

**MinnesotaCare:**

See §0914.03.05 (Managed Care Enrollment Process).

**MA/GAMC:**

Follow your county's procedures for informing clients about managed care. Refer people to a managed care presentation or give them a managed care education packet in the following situations:

- > During an initial intake interview for MA or GAMC.
- > During an intake interview for an MA or GAMC reapplication when the period of MA or GAMC ineligibility is 2 full calendar months or more. See §0914.03.09 (Managed Care Re-Enrollments & Reinstatements).  

People who are applying for MA or GAMC in conjunction with cash or Food Stamps are required to have a face-to-face interview. People who are requesting only MA or GAMC are not required to have a face-to-face interview but may request one. See §0904 (Applications). When people who apply or reapply for MA or GAMC do not have an interview, you may refer them to a managed care presentation or mail them an education packet. Do not require people to attend a managed care presentation.
- > When adding a person to a case which has no other people in managed care, if the person being added is required to enroll or volunteers to enroll in managed care.
- > When adding a managed care eligible person to a case which has at least one other person in managed care, **add the recipient to the same health plan as the rest of the case. Effective 6/1/04, all household members will need to choose the same health plan. Current households with multiple health plans will be grandfathered in and will not be required to change.**
- > When an MA or GAMC enrollee from a non-managed care county moves to a managed care county.
- > When an enrollee moves from a managed care county to another managed care county and the enrollee's health plan is not available in the new county.
- > When a managed care enrollee requests a change in health plan when moving between managed care counties. See §0914.03.17 (Managed Care County Transfers) for more information on enrollees who move between counties.

- > When an MA or GAMC enrollee is no longer in an excluded group. **If there are other family members enrolled in managed care, add them to the same health plan.**
- > When an enrollee changes from one health care program to another program and the health plan is not available for the new program.

Allow applicants and enrollees 30 days after attending presentations or receiving education packets to return the enrollment forms.

All managed care counties must enter tracking information directly on the MMIS Recipient Tracking (RTRK) screen. Be sure to update tracking information for all case members at the same time to reduce enrollee confusion. The RTRK screen generates a case-based notice for each enrollee which lists the health plan options available in the enrollee's county of residence and the health plan the client will be enrolled in if a choice is not made. The system also generates a 10-day reminder letter. If the client does not choose a health plan within 30 working days, the tracking system automatically creates an enrollment span on the RPPH panel for the assigned health plan.

Also see §0914.03.05.03 (Managed Care Enrollment Presentations).