

MinnesotaCare:

All managed care education is done by mail. See §0914.03.05 (Managed Care Enrollment Process).

Minnesota Rule 9506.0200 subp. 3a, c, 4a, c

Minnesota Rule 9506.0400 subp. 2

MA/GAMC:

Managed care county agencies may conduct in-person presentations as part of the eligibility interview for people who are required to have a face-to-face interview or who request one. See §0904 (Applications).

Include the following information in managed care presentations:

- > How a health plan works.
- > The exclusion groups.
- > The enrollment form.
- > The requirement to choose a health plan and to return the enrollment form within 30 days of the presentation date.
- > Random assignment.
- > Each health plan and network available in the county.
- > Covered and non-covered services.
- > Enrollment effective dates.
- > A description and instructions on use of the health plan ID card and the Minnesota Health Care Programs card.
- > How to receive emergency care outside of the health plan service area.
- > Benefit coordination with primary insurance, Medicare, or private HMO coverage.
- > Transportation cost reimbursement procedures.
- > **Inform the recipient they may change for cause at any time including:**
 - **Lack of access to services and providers**
 - **Amount of travel to get primary care**
 - **Poor quality of care.**
- > **Or without cause at the following times:**
 - **Within 90 days from the date they were initially enrolled in the Health plan**
 - **At least once every 12 months during open enrollment**
 - **If they were not eligible at the time of open enrollment**
 - **If the health plan no longer provides services in their county.**

To change health plans call their county worker.

-
- > Enrollee rights to services provided by health plan patient representatives, county advocates, and state ombudsmen.
 - > Enrollee right to file an appeal with the state agency.
 - > Multi-language notification.

Clients may choose health plans and complete the enrollment forms at the time of the presentation. They may also take the forms with them and return them within 30 days.

If a client who is scheduled for a managed care presentation fails to attend, mail an enrollment packet as soon as possible after the missed presentation.

Include the following information in managed care education packets:

- > Guide to Health Plan Enrollment (DHS 3354)
- > Pre-Enrollment Questionnaire (DHS 3354C) **available through eDocs only**
- > **Automated MA/GAMC Enrollment Form (DM-0084A eDocs version is DHS -4106A)**
- > Health plan primary care network listing (PCNL) for each available health plan in the county.
- > The following county-specific information. Materials other than the return envelope must be approved by DHS:
 - A county contact sheet listing where to call with questions.
 - A prepaid return envelope.

For MSHO enrollees:

- > **DM-0084B: Automated MA Enrollment Form for MSHO (e-Docs version is DHS-4106B)**
- > **DHS-3214A: Rights & Responsibilities brochure**
- > **DHS-3540: MSHO Information Sheet (e-Docs only)**
- > **DHS-4098: Health Plan Option Sheet (e-Docs only)**

Note: DM-0084B: This version of the enrollment form will print automatically if anyone in the household is potentially eligible for MSHO (e-Docs version is DHS-4106B).

County-Based Purchasing (CBP) Packet:

- > DM-0084A: Automated MA/GAMC Enrollment Form (e-Docs version is DHS-4106A)
- > DHS-3320: Window Envelope for County Mailing
- > DHS-3354: Guide to Health Plan Enrollment
- > DHS-3354C: Pre-Enrollment Questionnaire (e-Docs only)
Postage paid return envelope

MAXIS interfaces the following information with MMIS for managed care purposes:

- > Address.
- > Date of birth.
- > Sex.
- > Medicare Part A and Part B coverage.
- > Servicing and financially responsible counties.

Enter the following information on MMIS. MMIS uses this information and the MAXIS information above to determine the health plan capitation rate.

- > Living arrangement.
- > Spenddown type.
- > Eligibility type and major program.

Managed care counties must complete the appropriate MMIS screens with either an exclusion span or an enrollment span. Contract numbers are the provider numbers of the health plans which serve the managed care counties. Each county will have a list of the health plan provider numbers for that county. See the [MMIS User Manual](#), [MMIS Screens](#), [RPPH](#), and the [Managed Care Manual](#), section 4.02.01, both listed under manuals in CountyLink on the DHS web site.

If a client has not chosen a health plan when MA or GAMC is approved, code RENR with exclusion reason YY (Delayed Decision). Complete the RTRK panel. Follow your county's procedures for entering enrollment information on MMIS when people choose a health plan.

If you receive the enrollment form and can enter the information on MMIS on or before the managed care enrollment cutoff date, the enrollment will be effective the first day of the next month. If you cannot enter the information on MMIS until after the managed care enrollment cutoff date, the enrollment will become effective the first day of the next available (or 2nd) month.

If a client has not chosen a health plan before the counter on the RTRK panel reaches

30 days, MMIS will assign a default plan.

Delay initial enrollment of a hospitalized recipient into managed care until the first of the next available month after discharge.

See MAXIS/MMIS CALENDAR in the TEMP Manual index for the monthly calendar of managed care cutoff dates.

People who are found eligible for MA or GAMC will receive medical care through fee-for-service for any months before health plan enrollment. See §0914.05 (Fee-for-Service).