MinnesotaCare:

Newborns born on or after 10/1/04, to a mother who was enrolled in a health plan at the time of birth will be retroactively enrolled in the same health plan back to the birth month, unless the newborn meets an exclusion (see §0914.03.03 Managed Care Exclusions).

If eligibility for the newborn is added within 90 days from the birth, the newborn should be retroactively enrolled in the health plan for the birth month and all succeeding months unless a health plan change is requested.

If the newborn is added to the case more than 90 days from the birth, an adjustment to pay the health plan for birth month ONLY must be requested. Add the newborn to the same health plan for the next available month based on managed care cut-off, unless a health plan change is requested. There will be a break in health plan enrollment, covered by fee-for-service, between the birth month and the next available month.

Disenroll people who are removed from coverage in an active household effective the first day of the next available month. If a capitation has already been made, coverage cannot be canceled until the next available month and the enrollee will be responsible for the premium payment. See §0914.03.11 (Managed Care Disenrollment).

Terminate coverage when an enrollee dies effective the date of death. DHS identifies and recovers any capitation claims after the date of death.

Minnesota Rule 9506.0030 subp. 4

MA/GAMC:

Newborns born on or after 10/1/04, to a mother who was enrolled in a health plan at the time of birth will be retroactively enrolled in the same health plan back to the birth month, unless the newborn meets an exclusion (see §0914.03.03 Managed Care Exclusions).

If eligibility for the newborn is added within 90 days from the birth, the newborn should be retroactively enrolled in the health plan for the birth month and all succeeding months unless a health plan change is requested.

If the newborn is added to the case more than 90 days from the birth, an adjustment to pay the health plan for birth month ONLY must be requested. Add the newborn to the same health plan for the next available month based on managed care cut-off, unless a health plan change is requested. There will be a break in health plan

enrollment, covered by fee-for-service, between the birth month and the next available month.

When adding a non-excluded person, enroll the person in the same health plan as the rest of the household. See §0914.03.05 (Managed Care Enrollment Process).

When adding a person to a household in which no other members are receiving MA or GAMC or are excluded from managed care, refer the applicant for a managed care presentation or provide a managed care education packet. When you approve eligibility, code the RENR screen with either an exclusion reason or a health plan contract number. If the person fails to choose a health plan within 30 days, MMIS will assign a default plan. Review RPPH to verify that the exclusion or enrollment is correct.

See MAXIS/MMIS Calendar in the TEMP Manual index for managed care enrollment cutoff dates. MA fee-for-service may cover medical services the client receives in the initial months before the enrollment effective date.