

MinnesotaCare:

Follow §0914.03.07 (Health Plan Changes) when MinnesotaCare enrollees move to another county.

MA/GAMC:

When managed care enrollees move between counties, the new county of residence determines whether health plan enrollment is mandatory. See §0906.07 (County Residence).

Remind enrollees that if they seek non-emergency services outside the health plan service area, the health plans may require providers to request authorization from the plan. Enrollees who do not follow health plan provisions may be responsible to pay for medical services received.

See TEMP Manual TE02.07.413 and TE02.07.414 (Managed Care Health Plans) for a list of plans available in each managed care county.

When an enrollee moves from a managed care to a non-managed care county, it is not necessary for the transferring county to update the RPPH screen. The MMIS system will close the enrollment span on RPPH at the next capitation. A worker in a non-managed care county may receive an edit on MMIS which prevents updates. If this occurs, update RPPH by entering an end date in the PPHP Managed Health Care Enrollment span for the next available month.

When an enrollee moves from a managed care county to another managed care county in which the enrollee's health plan is not available, it is not necessary to update RPPH before transferring the case on SPEC/XFER in MAXIS. MMIS will close the enrollment span on RPPH at the next capitation run. These clients will be reported on the county's Potential Enrollee Report. Refer the client to a managed care presentation or mail a managed care education packet as soon as possible. (In **managed care** counties, after receiving a transferred case, refer the recipient for a managed care presentation as soon as possible. Every effort should be made to avoid a gap in managed care coverage. If this is not possible, MA or GAMC fee-for-service will cover intervening months).

When an enrollee moves from a managed care county to another managed care county and the same health plan is available, continue enrollment in the same health plan at the time of the transfer. The enrollment span on RPPH remains open, and there will be one continuous span for both counties. The receiving (servicing) county does not have to make a referral for a managed care presentation.

If an enrollee requests a change in health plan when moving to another county, allow

the change if the enrollee makes the request within 60 days of the move date. Refer clients requesting changes to a managed care presentation or mail a managed care education packet. The enrollee must complete and return a new enrollment form. See §0914.03.07 (Health Plan Changes).

When an MA or GAMC enrollee moves from a non-managed care county to a managed care county, refer the person for a managed care presentation as soon as possible. Follow the same procedures as for other new enrollees. See §0914.03.05.01 (Managed Care Enrollment Process--MA/GAMC) and §0914.03.05.03 (Managed Care Enrollment Presentations).