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People obtain medical care through fee-for-service by presenting their Minnesota Health Care Programs Card to the provider. See §0914.07 (Minnesota Health Care Programs Card). DHS pays claims directly to the provider. Enrollees receive an Explanation of Medical Benefits (EOMB) each month showing what claims DHS has paid on their behalf.

To receive payment through fee-for-service, providers must be enrolled to receive payment from the Minnesota health care programs. Refer providers who request information about enrollment to the DHS Provider Help Desk at 651-282-5545 or 1-800-366-5411. The service must be covered by the program in which the person is enrolled. Providers receive detailed information about covered services in the Minnesota Health Care Programs Provider Manual. Information is also available through the Eligibility Verification System (EVS) or the Provider Help Desk.

#### MinnesotaCare:

DHS provides medical care to MinnesotaCare enrollees on a fee-for-service basis in the following instances:

- When adding a newborn or newly adopted child whose mother is not enrolled in a health plan. The child is covered on fee-for-service for the month of birth or adoption and any subsequent months pending health plan enrollment.

#### EXAMPLE:

Julie has 2 children enrolled in MinnesotaCare. She is not enrolled in MinnesotaCare. On October 2, she reports she had a baby on September 25. Enroll the baby in MinnesotaCare fee-for-service for September and October. Enroll the baby in the same health plan as the other children beginning in November.

- When an enrollee requests continued benefits pending the outcome of an appeal after cancellation. Re-enroll the person in the health plan for the next available month.

#### EXAMPLE:

Joan's MinnesotaCare is canceled effective March 1. On March 3 she appeals the action and requests continued benefits. No payment was made to the health plan for March because her coverage had been terminated before capitation. If Joan pays her premium, reinstate coverage on fee-for-service for March. Re-enroll Joan in the health plan for April if the appeal is still pending.

- When a case is reopened after the reinstatement date if the enrollee took all

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required action before the effective date of termination. Reopen the case on fee-for-service for the 1st month. Re-enroll the household in the health plan beginning the 2nd month.

**EXAMPLE:**

Andrew received a termination notice for October for failing to provide information. MinnesotaCare received the necessary information at the end of the month and determined that Andrew remains eligible. However, MinnesotaCare was not able to process the change before reinstatement ran on the last working day of September. Reopen the case on fee-for-service for October. Re-enroll Andrew in his health plan beginning in November.

- When enrollees canceled for nonpayment pay all billed premiums by the due date in the month following disenrollment and are reinstated back to the date of closing. These enrollees receive coverage through fee-for-service for the reinstatement month. They are reenrolled in their former health plans for the following month. See §0915.11.05 (Fail to Pay Premium/Reinstatement).

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**MA/GAMC:**

DHS provides medical care to MA and GAMC enrollees on a fee-for-service basis for:

- People who do not live in managed care counties. See §0914 (Service Delivery) for a list of managed care counties as of **September 2003**.
- People who live in managed care counties but are in excluded groups, and:
  - Are not in a group that may voluntarily enroll in managed care.

OR

  - Are in a group that may voluntarily enroll in managed care but choose not to enroll. See §0914.03.03 (Managed Care Exclusions) and §0914.03.03.03 (Managed Care Voluntary Enrollment).
- People who live in managed care counties and are required to enroll in managed care but who are not enrolled for a particular month because enrollment could not be completed in time for a capitation payment to be made for that month. Examples include:

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- People who are approved for MA or GAMC for any months before the first month they can be enrolled in managed care. See §0914.03.05 (Managed Care Enrollment Process) and §0914.03.05.03 (Managed Care Enrollment Presentations).

**EXAMPLE:**

Sheila applies for MA on November 12. She requests coverage retroactive to August. She attends a managed care presentation on November 15 and selects a health plan on December 7. MA is approved effective August 1. Sheila will be covered through fee-for-service for August through December. Enroll Sheila in the health plan she selects effective January 1.

- People who move from a managed care county to a non-managed care county. These people may continue to receive coverage through fee-for-service for one or more months after the move. See §0914.03.17 (Managed Care County Transfers).
- People who were in an excluded group who become mandatory managed care enrollees. These people will continue to receive coverage through fee-for-service until the first available month they can be enrolled in managed care.

**EXAMPLE:**

Doug lives in a managed care county. He is eligible for MA with a spenddown and is excluded from managed care. He submits his 6-month income report, due on March 8, on March 20. The worker determines that he no longer has a spenddown and he is required to enroll in managed care. Doug will continue to receive coverage through fee-for-service until he can attend a managed care presentation or receive an education packet and be enrolled in a health plan.

- People who are reinstated or re-enrolled after being terminated from MA or GAMC and disenrolled from their health plans. These people may be eligible under fee-for-service for the any month(s) in which they are eligible for MA or GAMC but have not been reinstated or re-enrolled in a health plan. See §0914.03.09 (Managed Care Re-Enrollments & Reinstatements).
- Certain people, including newborns, who are added to a managed care

household for one or more months before they can be enrolled in managed care. See §0914.03.13 (Adding/Removing People From Managed Care).