MinnesotaCare:
   There are no exclusions. All MinnesotaCare enrollees must receive services through
   managed care. People may be enrolled in fee-for-service for a limited period in
   certain circumstances. See §0914.05 (Fee-for-Service).

M.S. 256L.12 subd. 3

MA/GAMC:
   Exclude the following groups from managed care enrollment in MA and GAMC:

   > People who receive Refugee Cash Assistance or Refugee Medical Assistance.

   > Residents of state institutions, including Regional Treatment Centers (RTC),
      Institutions for Mental Disease (IMD), and state-operated long term care
      facilities who reside in the institution at the time of initial enrollment. People
      already enrolled in managed care who enter state institutions will remain
      enrolled their health plans if the placement has been approved by the health
      plan. This includes court-ordered placements for which the health plan is
      responsible. See §0906.09.01 (Institutional Residence--MA/GAMC) and
      §0907.27 (MA/GAMC Basis: IMD Residents).

      NOTE: Do not exclude residents of Ah Gwah Ching Nursing Facility and
      Woodhaven Senior Community under this basis.

   > People who have private health insurance through the following HMOs
      certified by the Department of Health. These people may voluntarily enroll in
      managed care IF THE PRIVATE HMO IS THE SAME AS THE HEALTH
      PLAN THE CONSUMER WILL SELECT UNDER PMAP. See
      §0914.03.03.03 (Managed Care Voluntary Enrollment).

      Avera Health Plan of Minnesota
      Blue Plus
      First Plan of Minnesota
      Group Health, Inc.
      HealthPartners, Inc.
      Itasca Medical Care
      Medica Health Plans
      Metropolitan Health Plan
      PreferredOne Community Health Plan
      Sioux Valley Health System
People eligible with all spenddown types except institutional spenddowns.

Note: People that are on Long Term Care (LTC) spenddown are not excluded from managed care. For enrollees with a waiver obligation refer to the SIS EW criteria below. Existing MSHO enrollees who acquire an automated monthly medical spenddown or a combination LTC/medical spenddown while enrolled in MSHO may remain voluntarily enrolled in MSHO. MSHO enrollees with medical spenddowns will be required to pay their spenddown amount to MSHO on a monthly basis. See §0914.03.25 (Minnesota Senior Health Option - MSHO) or §0914.03.27 (Minnesota Disability Health Options – MnDHO) for information on people with spenddowns who may voluntarily enroll.

Undocumented and non-immigrant non-citizen recipients who only receive emergency MA (EMA). See §0907.29 (Medical Emergency Programs).

People under age 65 who are eligible for MA due to blindness or disability as determined by SSA or the State Medical Review Team (SMRT). See §0907.21.05 (MA/Medicare Supplement Basis: Blindness) and §0907.21.07 (MA/Medicare Supplement Basis: Disability). This includes people with blindness or disabilities who receive services under the CAC, CADI, MR/RC and TBI waivers who meet the above criteria. See §0907.23 (MA Waiver Programs). Blind or disabled individuals under 65 who have a Method A basis of eligibility may choose to voluntarily enroll in managed care.

People who are terminally ill with a medical prognosis of 6 MONTHS OR LESS to live and who, at the time of notification of mandatory health plan enrollment, have a permanent relationship with a primary physician who is not part of any available managed care health plan.

People who are enrolled in the SIS EW program with gross incomes greater than the maintenance needs allowance but less than or equal to the Special Income Standard. These people may enroll in managed care voluntarily. SIS EW enrollees with incomes less than the maintenance needs allowance must enroll in managed care.

People eligible for QMB, SLMB, QWD, or QI only (eligibility types BQ, BS,
People who, at the time of notification of mandatory enrollment in managed care, meet ALL the following:

- Have a communicable disease.
- Have a prognosis of a terminal illness (may exceed 6 months) because of the communicable disease.
- The disease and prognosis are verified by a written statement from a licensed physician based on a current medical examination.
- Currently have a primary physician who is not a participating provider in an available managed care health plan.
- The physician certifies that disruption of the existing physician-patient relationship is likely to result in the patient stopping recommended medication or other health services.

Children who are identified to DHS as having severe emotional disturbance (SED) and who are eligible to receive MA-covered mental health case management services.

Children receiving IV-E or state adoption assistance.

SED and adoption assistance children may enroll voluntarily. See §0914.03.03.03 (Managed Care Voluntary Enrollment).

Adults who are identified to DHS as having serious and persistent mental illness (SPMI) and who are eligible to receive MA-covered mental health case management services.

These adults may enroll voluntarily if they have a Method A basis of eligibility. See §0914.03.03.03 (Managed Care Voluntary Enrollment).

American Indians living on an Indian reservation, if the tribal government of that reservation chooses to exclude these people.


Enrollees receiving care and rehabilitation services from the Center for Victims of Torture (CVT). See §0907.25.07 (State-Funded MA Basis:...
Victims of Torture).

> People with cost-effective employer-sponsored health insurance or people enrolled in an individual non-Medicare health plan determined to be cost-effective.

Also exclude the following groups from enrollment in GAMC managed care:

> GAMC recipients eligible for Medicare benefits.
> GAMC recipients living in nursing facilities.
> GAMC recipients in the GAMC Hospital Only (GHO) Program.