

SUMMARY

Medicaid State Plan Amendment
Draft MN-26-0001

Minnesota is changing the counties in which one plan will be available for managed care service delivery to the mandatory groups in Minnesota's Medical Assistance Program (MA).

In addition to the single plan in Itasca County, there will be a single plan in the following counties:

Prime West will be the single plan choice in these counties: Beltrami, Big Stone, Chippewa, Clearwater, Cottonwood, Douglas, Grant, Hubbard, Jackson, Kandiyohi, Lac Qui Parle, Lincoln, Lyon, McCleod, Meeker, Nobles, Pipestone, Pope, Redwood, Renville, Stevens, Swift, Traverse and Yellow Medicine.

South Country Health Alliance will be the single plan choice in these counties: Brown, Dodge, Goodhue, Sibley, Steele, Wabasha, and Waseca.

State: MINNESOTA

Citation	Condition or Requirement
	<ul style="list-style-type: none"> i. Medicaid beneficiaries with mandatory enrollment in an MCO will have a choice of at least two MCOs unless the area is considered rural as defined in 42 CFR 438.52(b)(3); ii. Medicaid beneficiaries with mandatory enrollment in a primary care case management system will have a choice of at least two primary care case managers employed by or contracted with the State; iii. Medicaid beneficiaries with mandatory enrollment in a PCCM entity may be limited to a single PCCM entity and will have a choice of at least two PCCMs employed by or contracted with the PCCM entity.
42 CFR 438.52	<ul style="list-style-type: none"> b. <input checked="" type="checkbox"/> The state plan program applies the rural exception to choice requirements of 42 CFR 438.52(a) for MCOs in accordance with 42 CFR 438.52(b). Please list the impacted rural counties: <u>Beltrami, Big Stone, Brown, Chippewa, Clearwater, Cottonwood, Dodge, Douglas, Goodhue, Grant, Hubbard, Itasca, Jackson, Kandiyohi, Lac Qui Parle, Lincoln, Lyon, McLeod, Meeker, Morrison, Nobles, Pipestone, Pope, Redwood, Renville, Sibley, Steele, Stevens, Todd, Traverse, Wabasha, Wadena, Waseca and Yellow Medicine.</u>
42 CFR 438.56(g)	<ul style="list-style-type: none"> <input type="checkbox"/> This provision is not applicable to this 1932 State Plan Amendment.
42 CFR 438.71	<ul style="list-style-type: none"> c. <input checked="" type="checkbox"/> The state applies the automatic reenrollment provision in accordance with 42 CFR 438.56(g) if the recipient is disenrolled solely because he or she loses Medicaid eligibility for a period of 2 months or less. <input type="checkbox"/> This provision is not applicable to this 1932 State Plan Amendment. d. <input checked="" type="checkbox"/> The state assures that all applicable requirements of 42 CFR 438.71 regarding developing and implementing a beneficiary support system that provides support to beneficiaries both prior to and after MCO, PCCM, or PCCM entity enrollment will be met.
1932(a)(4) 42 CFR 438.56	<p>G. <u>Disenrollment</u></p> <ul style="list-style-type: none"> 1. The state will <input checked="" type="checkbox"/>/ will not <input type="checkbox"/> limit disenrollment for managed care. 2. The disenrollment limitation will apply for 12 months (up to 12 months). 3. <input checked="" type="checkbox"/> The state assures that beneficiary requests for disenrollment (with and without cause) will be permitted in accordance with 42 CFR 438.56. 4. Describe the state's process for notifying the Medicaid beneficiaries of their right to disenroll without cause during the 90 days following the date of their initial enrollment into the MCO, PCCM, or PCCM entity. <i>(Examples: state generated correspondence, enrollment packets, etc.)</i>

All enrollee rights information is included in enrollment packets.