

## Health Plan Changes

**Minnesota Prepaid Minnesota Health Care Programs Manual:** Changing Managed Health Care Organizations in Chapter three: [http://www.dhs.state.mn.us/dhs16\\_145399](http://www.dhs.state.mn.us/dhs16_145399)

**Request to change your health plan at the following times** (if there is more than one health plan available in your county):**For Cause** as determined by the state (including, but not limited to):Lack of access to services and providers

Amount of travel to get to primary care  
Poor quality of care  
Continuity of care.

**First Year Change.** You can change your health plan once during the first year you are enrolled in managed care.

**Open Enrollment.** There is an open enrollment time each year. During this time the state will explain your right to change health plans.

**Other:** Within 90 days from the date you are first enrolled in the health plan.

If you were not eligible at the time of open enrollment

If a health plan stops being part of the Minnesota Managed Health Care Program, you must choose a new health plan. If you do not like your new health plan, you will have 60 days to change your health plan again.

## Health Plan Change Codes

AP Appeal

- FY First Year
- HP Health Plan Ended
- MV Move
- NT Ninety-Day
- OE Open Enrollment
- OT Other (updated at DHS)
- PM PMI Merge (updated at DHS)
- RE Reenrollment
- RS Reinstatement (updated at DHS)
- SE Service Ended (updated at DHS)
- VL Voluntary (updated at DHS)

## **Denying a MCO Change Request**

County financial workers, managed care advocates, and MinnesotaCare Reps. must send the recipient and/or their authorized representative a written denial notice and a Rights and Responsibilities brochure anytime a request to change MCO is denied 42 CFR 438.56 (4). The denial notice should be sent within 10 days after receiving the request. [Use form DHS-4008](#), “Health Plan Change Request Denied” which is available through e-docs. The worker must add the following information to the notice: the date of denial, case number, and recipient information. If the county or MinnesotaCare is unable to make a determination, refer the request to your DHS Enrollment Coordinator. DHS will then send a denial notice, if required. If the State fails to make a determination by the end of the month after the month the request was received the request will be considered approved.

## **Health Plan Change for Good Cause**

Good cause. In addition to the specific instances above, federal law allows an enrollee to change MCOs at any time for “good cause” 42CFR 434.27(e)(2)(1998). This is a highly subjective exception and decisions are determined on a case by case basis. Issues involved could be, but are not limited to, poor quality of care, lack of access to providers experienced in dealing with the enrollee’s health care needs, continuity of care, or other reasons satisfactory to the State agency. The request for a MCO change based on “good cause” must be made to the Ombudsman for Managed Care. For “continuity of care” change requests the county may first contact their DHS Enrollment Coordinator. The state agency must make a determination and take final action on the recipient’s request so that disenrollment occurs no later than the first day of the second month after the month the request was made 42CFR 434.27(e)(3)(f). If the request to change is denied the managed care operations unit will send a written notice of denial to the enrollee, along with the enrollee’s right to a State fair hearing.

### **42CFR 434.27(e)(2)(1998):**

(e) An agency choosing to restrict enrollee disenrollment rights under paragraph (b)(2) of this section in its contract with the organization—

- (1) Must permit the enrollee to request disenrollment without cause during the first month of any enrollment period (an enrollment period may not exceed 6 months);
- (2) Must permit an enrollee to disenroll during the remainder of any period of enrollment following the first month, if (in accordance with the organization's contract with the State

agency) the organization approves the enrollee's request to disenroll, or if all of the following requirements are met—

- (i) An enrollee requests in writing to the State agency and the organization disenrollment for good cause;
- (ii) The request cites the reason(s) why he or she wishes to disenroll, such as poor quality care, lack of access to necessary specialty services covered under the State plan, or other reasons satisfactory to the State agency;
- (iii) The organization provides information that the agency may require; and
- (iv) The agency determines that good cause for disenrollment exists.

**42CFR 434.27(e)(3)(f):**

(3) May require that the recipient seek to redress the problem through use of the organization's grievance process prior to a State agency determination in a disenrollment for cause request, except in cases in which immediate risk of permanent damage to the recipient's health is alleged. The grievance process, when utilized, must be completed in time to permit the enrollee to disenroll no later than the first day of the second month after the month the disenrollment request was made. If the organization, as a result of the grievance process, approves an enrollee's request to disenroll, the State agency is not required to make a determination in the case.

(f) The State agency must make a determination and take final action on the recipient's request so that disenrollment occurs no later than the first day of the second month after the month the request was made. If the agency fails to act within the specified timeframe, the recipient's request to disenroll is deemed to be approved as of the date that agency action was required.

## **Resources**

**DHS 3354 page 17– Managed Care Guide to Health Plan Enrollment**

<https://edocs.dhs.state.mn.us/lfsrserver/Public/DHS-3354-ENG>

**DHS 3214 Notice about your Rights and Responsibilities for Minnesota Managed Health Care Programs for MA and MNCare.**

<https://edocs.dhs.state.mn.us/lfsrserver/Legacy/DHS-3214-ENG>

**DHS 3214A MSHO Rights and Responsibilities**

<https://edocs.dhs.state.mn.us/lfsrserver/Legacy/DHS-3214A-ENG>

**DHS 3214D SNBC Rights and Responsibilities**

<https://edocs.dhs.state.mn.us/lfsrserver/Legacy/DHS-3214D-ENG> (revision in progress)

**DHS 4173 Notice of Rights (at open enrollment)**

<http://edocs.dhs.state.mn.us/lfsrserver/Public/DHS-4173-ENG>