

Managed Care Exclusion Cheat Sheet

Managed Care Exclusions:

- AA** Adoption Assistance (voluntary enroll)
- BB** Blind or Disabled under 65 (enroll unless Opt Out)
- AB** Medicare Part A or Part B only (under 65 disabled ONLY)
- DD** Terminal Communicable Disease (at initial enrollment ONLY)
- DO** Disabled Opt Out (DHS use only/SNBC)
- EE** Severe Emotional Disturbance (SED child) – voluntary enroll
Serious & Persistent Mental Illness (SPMI adult) -voluntary enroll
- HH** Private HMO Coverage - *see list below (voluntary enroll)
Cost Effective Private Health Insurance (mandatory exclude) – inc. Champva and TriCare
- II** Breast and Cervical Cancer Control Program - eligibility type BC
- JJ** GAMC – eligibility types GS, 06 (no longer valid)
- CV** MA or NM elig receiving services at Center for Victims of Torture (CVT)
- KK** EW or LTC with periodic combination spenddown – DHS entry only (request via HPEN)
- MM** American Indian Living on the Reservation – (individuals may voluntarily enroll)
- PC** Payment County (DHS use only)
- QQ** QMB/SLMB/QWD/QI Eligible Only (no longer valid)
- RR** Refugee Eligibility or Undocumented Emergency MA (EMA) (no longer needed/valid)
- SS** Medical Spenddown (NOT institutional, NOT waiver obligation)
- TT** Terminal Illness (at initial enrollment ONLY)
- UU** Limited Disability (requires Stat/Disa panel and MMIS case note)
- WW** Delayed Enrollment (requires Enrollment Coordinator’s approval)
- YY** Pending Client Decision
- ZZ** RTC/IMD Resident at initial enroll – Program IM or RLVA 47, 49, 50, 51, 52, 53, & 54

*HMOs licensed by the MN Department of Health. **These people may voluntarily enroll in PMAP, if their private HMO is the same as the health plan they select under PMAP.**

Blue Plus
Group Health, Inc.
HealthPartners
Medica

Sandford Health Plan of MN
Preferred One
UCare MN
Metropolitan Health Plan (MHP)