

9500.1453 MANDATORY PARTICIPATION; FREE CHOICE OF HEALTH PLAN.

Subpart 1. **Local agency enrollment of PMAP consumers.** Each local agency shall enroll recipients to participate as PMAP consumers in the prepaid medical assistance program. Health services may be provided to PMAP consumers under a multiple health plan model or a primary care provider health plan model.

Subp. 2. **Counties using a multiple health plan model, choice.** In a county that uses a multiple health plan model, the local agency shall notify each PMAP consumer, in writing, of the health plan choices available. The PMAP consumer shall be given 30 days after receiving the notification to select a health plan and to inform the local agency of the health plan choice. If a PMAP consumer fails to select a health plan within 30 days, the local agency must randomly assign the PMAP consumer to a health plan at the end of the 30-day period. The commissioner shall notify each PMAP consumer in writing before the effective date of enrollment, of the health plan in which the PMAP consumer will be enrolled.

Subp. 3. **Counties using primary care provider health plan model, provider choice.** In a county that uses a primary care provider health plan model, the local agency shall notify each PMAP consumer, in writing, of the primary care physicians and dentists available. The PMAP consumer shall be given 30 days after receiving the notification to select a primary care physician and dentist and to inform the local agency of the choice. If a PMAP consumer fails to select a primary care physician or dentist within 30 days, the local agency must randomly assign the PMAP consumer to a primary care physician and dentist at the end of the 30-day period. The local agency shall notify each PMAP consumer in writing of the assigned primary care physician or dentist before the effective date of enrollment.

Subp. 4. **Designation of prepayment coordinator.** To carry out its responsibilities under this part, each local agency shall designate a prepayment coordinator. The prepayment coordinator shall perform the duties set forth under Minnesota Statutes, section 256B.69, subdivision 21. The commissioner shall monitor the tasks performed by the prepayment coordinator.

Subp. 5. **Enrollment period in counties using a multiple health plan model; change.** In a county that uses a multiple health plan model, a PMAP consumer shall be enrolled in a health plan for up to one year from the date of enrollment but shall have the right to change to another health plan once within the first year of initial enrollment in PMAP. In addition, when a PMAP consumer is enrolled in a health plan whose participation in PMAP is subsequently terminated for any reason, the PMAP consumer shall be provided an opportunity to select a new health plan and shall have the right to change health plans within the first 60 days of enrollment in the second health plan. An enrollee shall also have the opportunity to change to another health plan during the annual 30-day open enrollment period. The local agency shall notify enrollees of the opportunity to change to another health plan before the start of each annual open enrollment period.

Subp. 6. **Enrollment period in counties using primary care provider health plan model; change.** In a county that uses a primary care provider health plan model, an enrollee shall select a primary care physician or dentist for a period up to one year from the date of enrollment but shall have the right to select a new primary care physician or dentist during the first year of initial

enrollment. An enrollee shall also have the opportunity to change primary care physicians and dentists on an annual basis. The local agency shall notify an enrollee of this change option.

Subp. 7. **Enrollment changes without a hearing, substantial travel time.** An enrollee in a multiple health plan model may change a health plan and an enrollee in a primary care provider health plan model may change a primary care provider without a hearing if the travel time to the enrollee's primary care provider is over 30 minutes from the enrollee's residence. The county shall notify the commissioner, in writing, prior to making a change under this subpart.

Subp. 8. **Enrollment changes without a hearing when agency error.** Upon an enrollee's request, the county shall change an enrollee's health plan or primary care physician or dentist without a hearing when the enrollee's health plan or primary care physician or dentist choice was incorrectly designated due to local agency error.

The county shall notify the commissioner, in writing, prior to making a change under this subpart.

Subp. 9. **Authorized representative.** A PMAP consumer may designate an authorized representative to act on the PMAP consumer's behalf in matters involving the PMAP.

Statutory Authority: *MS s 256.045; 256B.031; 256B.69*

History: *11 SR 1107; 16 SR 1086*

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