

Arc Guide to Medical Assistance Managed Care Options

Managed care allows healthcare benefits through a health plan. In Minnesota, managed care is one way people on [Medical Assistance](#) (MA) receive healthcare services.

The Minnesota Department of Human Services (DHS) is in charge of healthcare programs like MA. DHS works with different [Managed Care Organizations](#) (MCOs) across the state. Some MCOs are Blue Plus, Health Partners, Medica and UCare. The MCO option you choose depends on where you live.

Your income, household size, citizenship, age, and disability determine MA program eligibility. The county where you live may request proofs (like paystubs) before approving MA.

MA healthcare options

Managed care allows you to access services not available through [“Fee-for-Service” MA](#). See the chart below for more information. Examples include gym membership discounts or wellness incentive programs. Managed care can save the state money. If you have Managed Care MA, contact your health plan to get a list of services provided and where to receive them.

After you apply, you will be mailed an approval notice with [managed care information](#). This will be within a few weeks of submitting your application.

There is a managed care program called Special Needs Basic Care ([SNBC](#)). SNBC is an optional managed care program for people with certified disabilities ages 18 through 64 who have MA. Members on SNBC have a care coordinator who can help them get healthcare and support services. Only a few MCOs offer SNBC. People with SNBC can benefit from services in MCO’s and Fee-for-Service MA.

There is a difference between Managed Care MA and “Fee-for-Service” or “straight” MA. The main differences are the types of services and who provides them.

| Managed Care MA | Fee-for-Service MA |
|---|--|
| MCO pays for covered services | Providers bill the state directly for services |
| Enrollees go to MCO’s doctors, clinics, hospitals, specialists & pharmacies | Enrollees have a choice of providers, and must find providers who take this type of MA |

Refer to [Minnesota Healthcare Programs Summary of Coverage, Cost Sharing and Limits \(DHS-3860\)](#) for more information.

Why does this matter for people with disabilities?

The kind of MA a person with a disability has impacts what services they can access. For many people with disabilities, it can be important to qualify for MA based on disability to have access to waived services and consumer-directed programs ([Arc Guide to DD Waiver](#), [Arc Guide to Consumer Directed Community Supports](#)). Some people with disabilities do not need or want waived services.

Managed Care MA covers basic MA services such as Personal Care Assistance (PCA) services. Managed Care MA does not allow access to waivers.

How do I switch from Managed Care to Fee-for-Service? Managed Care enrollees can switch to Fee-for-Service MA a few different ways.

- Talk with a county managed care worker and ask to go through the [State Medical Review Team \(SMRT\)](#) process
- Apply for Social Security disability benefits and when approved, report the change to the county. Refer to the [Arc Guide to Supplemental Security Income \(SSI\)](#) for more information.

Resources

[Medical Assistance Arc Guide](#)

[Medical Assistance Renewals Arc Guide](#)

[State Medical Review Team \(SMRT\) Arc Guide](#)

For more information or advocacy services, contact The Arc Minnesota at 833.450.1494 or visit www.arcminnesota.org. (Please note: *This document is not legal advice. No information should replace the advice of an attorney.*)

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