

## Appendix B2 Eligible and Excluded Populations

This document further describes the populations who are included or excluded from Attribution and Total Cost of Care (TCOC).

### Eligible Populations

The following persons who are recipients of Medical Assistance (MA) and MinnesotaCare are eligible for Attribution to the Integrated Health Partnership (IHP):

- Medical Assistance Enrollees: Including pregnant women, children under 21, adults without children, and state-funded Medical Assistance.
- MinnesotaCare Enrollees: Including children under 21, and adults without children. Individuals must belong to an eligible group under Minnesota Statutes, Chapter 256L, meet income criteria, satisfy all other eligibility requirements, and pay a premium to the State.
- Recipients receiving Medical Assistance due to blindness or disability as determined by the U.S. Social Security Administration (SSA) or the State Medical Review Team (SMRT) who are not dually eligible for Medicare.

### Excluded Populations from Attribution

The following persons are excluded from Attribution to the IHP:

- Recipients receiving Medical Assistance who are dually eligible for Medicare.
- Recipients receiving Medical Assistance under the Refugee Assistance Program pursuant to 8 U.S.C. 1522(e).
- Individuals who are Qualified Medicare Beneficiaries (QMB), as defined in Section 1905(p) of the Social Security Act, 42 U.S.C. 1396d (p), who are not otherwise receiving Medical Assistance.
- Individuals who are Service Limited Medicare Beneficiaries (SLMB), as defined in Section 1905(p) of the Social Security Act, 42 U.S.C. 1396a(a)(10)(E)(iii) and 1396d(p), and who are not otherwise receiving Medical Assistance.
- Non-citizen recipients who only receive emergency Medical Assistance under Minnesota Statutes, section 256B.06, subd. 4.
- Recipients receiving Medical Assistance on a medical spenddown basis.
- Medical Assistance recipients with cost-effective employer-sponsored private health care coverage, or who are enrolled in a non-Medicare individual health plan determined to be cost-effective according to Minnesota Statutes, section 256B.69, subd. 4, (b)(9).
- Medical Assistance recipients with private health care coverage through a Health Maintenance Organization (HMO) licensed under Minnesota Statutes, Chapter 62D.
- MinnesotaCare recipients who are enrolled in the Healthy Minnesota Contribution Program.
- The Commissioner may exclude recipients enrolled in Minnesota Senior Care Plus (MSC+).
- Recipients for whom DHS receives incomplete claims data due to third-party liability coverage.
- Recipients who are enrolled in the Minnesota Sex Offender Program (MSOP).