

Bulletin

August 11, 2006

Minnesota Department of Human Services □ P.O. Box 64941 □ St. Paul, MN 55164-0941

OF INTEREST TO

- County Directors
- Financial Assistance Supervisors and Financial Workers
- Social Services Supervisors and Staff
- Mille Lacs Tribal TANF
- MinnesotaCare Managers, Supervisors, and Enrollment Reps

ACTION/DUE DATE

Immediately.

EXPIRATION DATE

The policies in this bulletin are effective through January 1, 2007. Refer to the Health Care Programs Manual after that date.

Failure to Verify Assets for Medical Assistance Results in Ineligibility for MinnesotaCare and GAMC

TOPIC

Implement policy not allowing eligibility for MinnesotaCare for adults without children or GAMC when an applicant or enrollee fails to verify assets for Medical Assistance eligibility.

PURPOSE

Provide policy information and instruction to deny or terminate eligibility for MinnesotaCare for adults without children or GAMC when an applicant or enrollee fails to verify assets for Medical Assistance eligibility.

CONTACT

MinnesotaCare Operations, Counties and Tribal Agencies, submit policy questions to HealthQuest.

Direct all other questions to:

Health Care Eligibility and Access (HCEA)
PO Box 64989
540 Cedar Street
St. Paul, MN 55164-0989

SIGNED

BRIAN J. OSBERG
Assistant Commissioner
Health Care Administration

I. Background Information

DHS implemented increased asset verification for Medical Assistance applicants and enrollees effective October 1, 2005, in accordance with a change in Minnesota law enacted during the 2005 legislative session. Bulletin #05-21-09 issued October 1, 2005 is available online at:

http://www.dhs.state.mn.us/main/groups/publications/documents/pub/DHS_id_052784.pdf

II. Introduction

The 2006 Minnesota legislature codified current policy that requires enrollees of state-funded programs to be enrolled in federally-funded programs when they become eligible.

The legislature also amended state law to prevent applicants and enrollees who are otherwise eligible for Medical Assistance (MA) but who fail to verify their assets, from enrolling in MinnesotaCare for adults without children or General Assistance Medical Care (GAMC).

III. Action Required

A. Applicants and enrollees eligible for federally-funded programs

Enroll all applicants and enrollees in a federally-funded program when they meet all eligibility criteria. They cannot be enrolled in a state-funded program when they meet a basis of eligibility for the federally-funded program.

When an enrollee becomes eligible for a federally-funded program, terminate eligibility for the state-funded program and enroll them in the federally-funded program. (Allow sufficient time for the enrollee to submit any verifications needed to qualify for the federal program before terminating the state program.)

See HCPM §0915.15 (Change in MinnesotaCare Eligibility Group), § 0915.13 (Enrollee Becomes Pregnant), and §0915.15.01 (Change in MA/GAMC Basis of Eligibility).

Enroll adults without children who become eligible for federally-funded MinnesotaCare or MA (without a spenddown) in MinnesotaCare for families and children or MA and terminate their eligibility from state-funded program.

Close GAMC for enrollees who gain a MA basis of eligibility and approve MA eligibility when all eligibility criteria are met.

B. MinnesotaCare applicants and enrollees

Applicants and enrollees are not eligible for MinnesotaCare for adults without children when MA is denied or terminated on or after July 1, 2006, solely for failure to verify assets.

Do not transfer the application or renewal to MinnesotaCare Operations.

For MinnesotaCare determinations, deny MinnesotaCare for adults without children.

This change affects MinnesotaCare eligibility for adults without children only. It does not affect MinnesotaCare eligibility for parents. There is no barrier to MinnesotaCare for parents who are denied MA for failure to verify assets.

Example

Johan applies for MA on August 15. He has a disability but does not yet have Medicare. Johan is otherwise eligible for MA but his application is denied on October 1 for failure to verify his assets. Do not approve MinnesotaCare eligibility or transfer his application to MinnesotaCare Operations.

1. Check MAXIS to determine whether applicants and enrollees who are adults without children were denied or cancelled from MA on or after July 1, 2006, for failure to verify their assets.
2. Use MMIS code "25" to deny or cancel MinnesotaCare for applicants or enrollees who were denied or cancelled from MA for failure to verify their assets.
3. Fill out and mail a manual notice to the applicant or enrollee. DHS created a specific notice to mail to the applicant or enrollee when denying or canceling coverage because they failed to verify their assets for MA. (See Attachment A.)

Example

Trish applies for MinnesotaCare on October 17. She is an adult with no children. MAXIS shows that Trish was enrolled in MA for Employed Persons with Disabilities (MA-EPD) and was cancelled for failure to provide verification of her assets at her last renewal. Her MA coverage ended July 31, 2006. Deny MinnesotaCare with MMIS code "25" and mail the notice (Attachment A) to Trish.

4. Do not deny MinnesotaCare if MA denial or cancellation occurred prior to July 1, 2006. Process as usual.
5. Do not deny MinnesotaCare if MA was denied or cancelled for more than one reason, even if verification of assets was one of the reasons for ineligibility.

Example

Bobbi applies for MinnesotaCare on October 23. She is an adult with no children. Bobbi was cancelled from MA at her last renewal for failure to verify assets and income. Bobbi was not otherwise eligible for MA because of failing to verify income as well as assets, so process MinnesotaCare eligibility as usual.

C. GAMC applicants or enrollees

Applicants and enrollees are not eligible for GAMC when MA eligibility is denied or terminated on or after September 1, 2006, solely for failure to verify their assets.

Applicants and enrollees who have a basis of eligibility for MA are not eligible for GAMC. Do not determine GAMC eligibility when an applicant or enrollee fails to verify assets for MA.

IV. Legal References

Laws of Minnesota 2006, Chapter 282, Article 16, Sections 11 and 14.

V. Attachments

Attachment A DHS 4856 - MinnesotaCare Explanation of Denial/Cancellation

VI. Special Needs

This information is available in other forms to people with disabilities by contacting us at (651) 431-2283 or toll free at (800) 938-3224 or through the Minnesota Relay Service at (800) 627-3529 (TDD), 711 or (877) 627-3848 (speech to speech relay service).



MinnesotaCare

MinnesotaCare Explanation of Denial or Cancellation

Attachment A

DHS-4856 8-06



Date: _____

Case Number: _____

Worker Name: _____

Worker Phone Number: _____

Fax Number: _____

Agency Name: _____

Agency Address: _____

Date: _____

To: _____

Address: _____

Coverage for MinnesotaCare was _____ on _____ because you did not give
(Denied or Cancelled) (Date)
proof of your assets to get Medical Assistance (MA) coverage.

If MA is denied because you did not give proof of your assets, you cannot get future coverage from MinnesotaCare.

If you have questions, please call your worker at the above phone number.

Over ➔

This information is available in other forms to people with disabilities by contacting us at (651) 297-3862 (voice), or toll free at (800) 657-3672. TTY/TDD users can call the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.

Appeal Rights: An appeal is when you ask in writing for a referee to review a decision made on your MinnesotaCare case. You can appeal if you disagree with an action we take. You can appeal an action about your coverage or your premium. You must appeal within 30 days from the date of the notice of Action by writing to:

Minnesota Department of Human Services
Appeals and Regulations
PO Box 64941
St. Paul, MN 55164-0941

You can appeal for up to 90 days, if you show good cause for not appealing sooner.

To continue your coverage during the appeal, you must both file an appeal and pay all due premiums before the date of the action, or within 10 days of the date of the notice, whichever is later. For cancellation of nonpayment, you must both file an appeal and pay all due and past due premiums within 10 days after the date of cancellation. You must keep paying premiums until the appeal is decided. (*Authority: Minnesota Statutes 256L.06 and 256L.10.*)

You may be able to get free legal advice or help with an appeal from your local legal aid office. To contact your local legal aid office, call:

Henepin County - (612) 334-5970
Ramsey County - (651) 222-4731
All other counties - 1-888-354-5511 (toll free)

You have the right to apply again any time your MinnesotaCare ends.

If you feel we treated you differently because of race, color, creed, national origin, marital status, religion, sex, sexual orientation, age, status of public aid or because of a physical, mental, or emotional disability (including access to buildings or programs), you may file a complaint with any of these agencies:

Minnesota Department of Human services
Office for Equal Opportunity
PO Box 64997
St. Paul, MN 55164-0997

Minnesota Department of Human Rights
190 E. Fifth Street, Suite 700
St. Paul, MN 55101

U.S. Department of Health and Human Services
Office of Civil Rights - Region V
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601

If you give us information you know is not true, you may be found guilty of fraud. If you are found guilty, you may receive penalties which may include losing benefits or having to pay back benefits you should not have received. Any information you give may be checked out by the county or state agency. To get information, we must have your signed permission. If you do not help the county or state get proof of your information, you might not get benefits. (*Authority: Minnesota Statute 256L.18.*)

Quality Control Review: The State Quality Control agency may randomly choose your case for review. They will review statements you have made on forms. They will check to see if your eligibility was correctly figured. If your eligibility was figured wrong, you may lose your benefits. The state agency may seek information from other sources. You will be told of any contacts they intend to make. The state agency does not need your permission for these contacts. If the state agency seeks your help in proving your eligibility and you do not help them, your benefits may stop. (*Authority: Minnesota Statute 256L.05, Subd. 2.*)