

Bulletin

August 14, 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
- Case Managers
- MinnesotaCare Managers, Supervisors and Enrollment Reps

ACTION/DUE DATE

September 1, 2006.

Expiration Date

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

New Eligibility Requirements for the GAMC Program and Introduction of a New Transitional MinnesotaCare Program

TOPIC

New eligibility requirements for the implementation of new General Assistance Medical Care (GAMC) Program and introducing the new Transitional MinnesotaCare Program effective September 1, 2006.

PURPOSE

Provide policy information and systems instructions to implement new GAMC eligibility requirements and the new Transitional MinnesotaCare Program.

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

Minnesota offers two primary health care programs that may help adults without dependent children pay for current and future medical costs:

- General Assistance Medical Care (GAMC) provides health care coverage for low-income adults, ages 21-64, who have no dependent children. Enrollees must have lived in Minnesota for at least 30 days and intend to stay.
- MinnesotaCare is a subsidized health insurance program providing coverage to adults without children who have lived in Minnesota for at least six months and who do not have access to affordable health care coverage.

Information about GAMC and MinnesotaCare is available on the DHS website at:

http://www.dhs.state.mn.us/main/groups/healthcare/documents/pub/dhs_id_006250.hcsp.

Information is also available throughout the Health Care Programs Manual (Eligibility Policy) on County Link.

II. Introduction

The 2005 Minnesota Legislature, First Special session, passed a law that requires certain GAMC applicants and enrollees to transition into the MinnesotaCare Program upon approval of GAMC. Applicants and enrollees who meet certain additional eligibility requirements may remain enrolled in GAMC, and are not subject to this transition. The 2006 Minnesota Legislature amended the law to include additional qualifying requirements that preserve GAMC eligibility for applicants and enrollees who are unlikely to transition successfully to MinnesotaCare.

The 2006 Minnesota Legislature also enacted law to clarify that Medical Assistance (MA) applicants and enrollees who are otherwise eligible for MA but who fail to verify their assets are not eligible for GAMC.

Note: DHS is redesigning the Health Care Programs Manual (HCPM) and it will be released soon. When the redesigned HCPM is effective, see Attachment A for updated manual references for those included in this bulletin.

III. Action required

A. New GAMC Eligibility Requirements

1. Policy prior to September 1, 2006

Before September 1, 2006, applicants and enrollees were eligible for General Assistance Medical Care (GAMC) if they met program eligibility criteria, including:

- a. Countable income at or below 75 percent of the Federal Poverty Guidelines (FPG);
- b. Assets not exceeding \$1,000 per household;
- c. Minnesota Residency of not less than 30 days, with some exceptions; and

- d. Citizenship or lawful immigrant status.

2. Policy starting on September 1, 2006

- a. Effective with applications and renewals processed on or after September 1, 2006, to be eligible for GAMC an applicant or enrollee must also meet one or more of the following additional eligibility requirements, called "GAMC Qualifiers:"

- Receive General Assistance (GA);
- Have a payment made under Group Residential Housing (GRH);
- Have applied for and be awaiting a determination of eligibility for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) by the Social Security Administration (SSA);
- Be appealing a determination of disability from SSA;
- Have applied for and be awaiting a determination of blindness or disability by the State Medical Review Team (SMRT);
- Be entitled to Medicare due to End-Stage Renal Disease;
- Are currently enrolled in other private health insurance;
- Be incarcerated and meet criteria for continued GAMC;
- Receive treatment through the Consolidated Chemical Dependency Treatment Fund (CCDTF);
- Are homeless or live in a shelter, hotel or other place of public accommodation; or
- Have lived in Minnesota for less than 180 days.

- b. The additional GAMC qualifiers apply only to applicants and enrollees of comprehensive GAMC coverage. There is no change to GAMC Hospital Only (GHO) eligibility criteria or coverage.

3. Applying the GAMC qualifier requirement

Beginning September 1, 2006, apply the new GAMC qualifier requirement when processing all applications and all six-month and 12-month GAMC renewals, regardless of the date the application or renewal was received by the county agency.

Apply the new requirements when processing GAMC applications or renewals that were received prior to September 1, 2006, but were pending for additional information or verifications.

- a. Approve GAMC for applicants and enrollees who meet all eligibility criteria and have one or more GAMC qualifiers.
- b. Applicants and enrollees who meet all eligibility criteria but do not have a GAMC qualifier are not eligible for GAMC. Redetermine eligibility for other programs.
- c. Applicants and enrollees who do not meet GAMC eligibility criteria, such as income or asset requirements (regardless of whether they have a GAMC qualifier), are not eligible for GAMC. Redetermine eligibility for other programs.

4. Applicants who are going to obtain a GAMC qualifier

Applicants are eligible for GAMC if they have a GAMC qualifier, or if they are going to have at least one qualifier.

- a. Consider applicants as going to have a qualifier if they:
 - Will have a qualifier within 30 days;
 - Are currently working through a process to gain a qualifier; or
 - Will be required to pursue a qualifier as a result of the application process.
- b. Examples of potential qualifiers include applicants who:
 - Have applied for GA or GRH and are pending;
 - Have End Stage Renal Disease and have applied for Medicare;
 - Will be referred to SMRT or SSA due to potential disability, as part of the application process;
 - Will be pursuing cost-effective insurance based on the application;
 - Have private health insurance beginning within 30 days;
 - Are required to report for incarceration within 30 days;
 - Will have a Rule 25 chemical use assessment within the next 30 days; or
 - Will start treatment within the next 30 days through the Consolidated Chemical Dependency Treatment Fund.

Example

Brian applies for MHCP and meets GAMC eligibility criteria. He has End Stage Renal Disease and states that he has applied for Medicare. Require verification, such as a copy of correspondence he has received from the Social Security Administration, to confirm he is pursuing Medicare. If his application for Medicare is verified, Brian is eligible for GAMC.

- c. Follow up with the applicant to ensure he/she is complying or pursuing the program or referral within the required time periods for that program or referral. Once enrolled in GAMC, if the individual fails to obtain the qualifier, cancel GAMC with 10-day notice and redetermine for other programs.

Example

Hannah applies for MHCP in October 2006. She meets GAMC eligibility criteria but she does not have a GAMC qualifier. Hannah indicates on her application that she is disabled. Hannah has Multiple Sclerosis and recently left her job due to her condition. Refer Hannah for a disability determination through the SMRT. Also refer her to the Social Security Administration to apply for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI). See Health Care Programs Manual §0906.15 (Disability Determinations) and §0911.03.03 (Applying for Other Benefits). Hannah is eligible for GAMC because she is going to obtain a qualifier. If Hannah fails to cooperate with the SMRT disability determination, or fails to apply for disability benefits through the Social Security Administration within 30 days, cancel GAMC with 10-day notice.

Example

Thomas applies for MHCP in November 2006. He is pending for Group Residential Housing (GRH) and meets all GAMC eligibility criteria. Approve GAMC for Thomas since he is expected to obtain a GAMC qualifier. Cancel GAMC with 10-day notice if GRH is later denied,

Example

Jody applies for MHCP in December 2006. She is referred to SMRT and SSA for disability determinations. Jody does not cooperate with gathering the medical documents needed for SMRT, and ignores the referral to SSA. Jody reports a new job that causes her income to exceed the GAMC limit. Cancel GAMC with 10-day notice.

5. Verification of GAMC Qualifiers

Require verification of GAMC qualifiers that cannot be verified internally through county systems or processes.

- a. Do not require applicants to provide verification of the following:
 - Receipt of General Assistance;

- Receipt of Group Residential Housing;
- SMRT determination pending;
- Medicare;
- Incarceration;
- Treatment through the CCDTF; or
- Homelessness or residence in Minnesota for less than 180 days.

b. Require verification for applicants who state they are pursuing or will have a GAMC qualifier but it cannot be verified internally through county computer systems or processes. Require verification of the following:

- Current other health insurance;
- Application for SSI or SSDI if the applicant has been referred to SSA previously and failed to follow through with the process;
- Any claim to a GAMC qualifier that conflicts with information previously provided by the applicant or enrollee or that cannot be otherwise verified internally through county computer systems or processes.

6. GAMC enrollees who lose their GAMC qualifier between renewals

GAMC enrollees who lose their GAMC qualifier before the end of the current six month budget period are no longer eligible for GAMC.

- a. Enrollees who do not have one or more GAMC qualifiers at the time of their next six- or 12-month renewal are no longer eligible for GAMC. To remain eligible for GAMC, enrollees must have a GAMC qualifier and must continue to meet all other GAMC eligibility criteria.

Example

Sonny receives General Assistance and is enrolled in GAMC. In the third month of the budget period, Sonny reports a change that makes him ineligible for GA. Sonny continues to meet all other GAMC eligibility criteria, but he no longer has a GAMC qualifier. Sonny is no longer eligible for GAMC.

- b. Applicants and enrollees who meet GAMC eligibility criteria but who do not have a GAMC qualifier are not eligible for GAMC, but may be eligible for a new health care program called “Transitional MinnesotaCare.”

B. Transitional MinnesotaCare

1. Policy prior to September 1, 2006

Before September 1, 2006, applicants and enrollees who were ineligible for MA or GAMC were denied or cancelled and their applications and renewal forms were transferred to MinnesotaCare Operations for a MinnesotaCare determination, or eligibility was determined at the county agency in counties that administer MinnesotaCare.

2. Policy starting on September 1, 2006

Effective with applications and renewals processed on or after September 1, 2006, applicants and enrollees who are not eligible for MA or GAMC may be eligible for the new Transitional MinnesotaCare Program.

a. To be eligible for Transitional MinnesotaCare, an applicant or enrollee must:

- Be an adult over age 21 with no children under age 21 in the household;
- Meet GAMC income and asset requirements;
- Meet GAMC residency, citizenship and immigration status requirements; and
- Meet all other GAMC eligibility criteria except having a GAMC qualifier.

b. Transitional MinnesotaCare is available only to applicants and enrollees who are adults without children as defined by MinnesotaCare (See HCPM 0907.15 MinnesotaCare Adults Without Children).

- GAMC enrollees who are adults with children, (i.e. stepparents and parents of children ages 19-20), are not eligible for Transitional MinnesotaCare.
- Applicants and enrollees who are adults with children and who are or become ineligible for GAMC because they do not have a GAMC qualifier must be redetermined for MinnesotaCare.

c. Transitional MinnesotaCare is available for one six-month budget period at a time. Transitional MinnesotaCare cannot be extended or renewed. At the end of the six-month budget period, Transitional MinnesotaCare enrollees move to regular MinnesotaCare. See Attachment B.

3. Processing Transitional MinnesotaCare applications and renewals

For applications and renewals processed on or after September 1, 2006, applicants and enrollees who are not eligible for MA or GAMC may be eligible for Transitional MinnesotaCare.

- a. Approve Transitional MinnesotaCare for applicants and enrollees who are adults without children and who meet all GAMC eligibility criteria, but do not have a GAMC qualifier.

Example

Janice is a single adult, age 32. She applies for Minnesota Health Care Programs and meets GAMC eligibility criteria. Janice does not have a GAMC qualifier. Approve Transitional MinnesotaCare.

Example

Daniel is a single adult, age 40. He is enrolled in GAMC. When his six-month renewal is processed in October, he is no longer eligible for GAMC. He continues to meet GAMC eligibility criteria, but he does not have a GAMC qualifier. Approve Transitional MinnesotaCare.

Example

Matea is a parent enrolled in MA. She reports that her daughter has left the household permanently. Matea no longer has a basis of eligibility for MA. She meets GAMC eligibility criteria, but she does not have a GAMC qualifier. Approve Transitional MinnesotaCare.

- b. Do not approve Transitional MinnesotaCare for applicants or enrollees who are adults with dependent children who meet GAMC eligibility criteria but do not have a GAMC qualifier. Deny GAMC and transfer the application to MinnesotaCare Operations for a MinnesotaCare determination, or if the county agency administers MinnesotaCare, determine MinnesotaCare eligibility.

Example

Kevin is a married adult, age 40, who is a stepparent to his wife's children. Kevin applies for MHCP and meets GAMC eligibility criteria but does not have a GAMC qualifier. Deny GAMC and redetermine for MinnesotaCare eligibility or refer Kevin's application to MinnesotaCare Operations.

- c. Transitional MinnesotaCare enrollees are not required to pursue potential cost effective insurance or apply for other benefits that may be available to them. They are required to cooperate with the Benefit Recovery Section (BRS) for potential third party liability. See HCPM 09103.13 (Third Party Liability). Notify the BRS of all health coverage policies in effect for Transitional MinnesotaCare enrollees, by recording the applicable information in the TPL subsystem on MMIS.

4. Changes in circumstances for Transitional MinnesotaCare enrollees

To be initially eligible for Transitional MinnesotaCare, applicants and enrollees must meet GAMC eligibility criteria at application or renewal. However, once approved for Transitional MinnesotaCare, enrollees remain eligible even if they report a change in income or assets that would make them ineligible.

- a. Do not cancel Transitional MinnesotaCare for enrollees who report:
 - Increases in income;
 - Increases in assets; or
 - Changes in household composition that affect income or assets.
- b. Redetermine eligibility for Transitional MinnesotaCare enrollees who report a change that makes them eligible for Medical Assistance or GAMC. This includes gaining a basis of eligibility for MA, or obtaining a GAMC qualifier.

Example

Kasha is enrolled in Transitional MinnesotaCare. He is turning age 65 next month. Cancel Transitional MinnesotaCare and redetermine eligibility for MA.

- c. Transitional MinnesotaCare enrollees who obtain a GAMC qualifier are eligible for GAMC effective the first day of the month in which they have or report the qualifier, whichever is later. They must also meet all other GAMC eligibility criteria.
 - Transitional MinnesotaCare enrollees are not eligible for GAMC unless they actually have a GAMC qualifier.
 - Ten-day advance notice of the change from Transitional MinnesotaCare to GAMC is not needed since GAMC has greater benefits than Transitional MinnesotaCare.

Example

Xiong is enrolled in Transitional MinnesotaCare. He reports that he will have health insurance from his employer beginning next month. Xiong now meets all the requirements for GAMC. Approve GAMC effective the first day of next month. Cancel Transitional MinnesotaCare effective the last day of the current month.

Example

Carey is enrolled in Transitional MinnesotaCare. He reports a decrease in income and applies for GA. GA is pending for verifications. If GA is approved, Carey is eligible for GAMC effective the first day of the month of GA eligibility.

- d. Follow current MA/GAMC policies for adding a new person to the household, for enrollees who report a new spouse while enrolled in Transitional MinnesotaCare. See HCPM 0915.03.01 (Adding a Person to the Household – MA/GAMC).
 - New spouses who are eligible for Transitional MinnesotaCare are eligible for a full six-months, regardless of the current budget period.

Example

Carol is enrolled in Transitional MinnesotaCare effective in January through June. In February, Carol reports she got married. Her new spouse, Brad, meets all GAMC eligibility criteria, including income and assets with spousal deeming, but does not have a GAMC qualifier. He is eligible for Transitional MinnesotaCare starting in February through the month of July. Carol will begin regular MinnesotaCare coverage effective July 1, while Brad remains on Transitional MinnesotaCare for another month.

- Although the new spouse's income and assets do not affect the Transitional MinnesotaCare enrollee's eligibility, to be eligible for Transitional MinnesotaCare the new spouse must meet all GAMC eligibility criteria, including income and asset requirements with spousal deeming. See HCPM 0908.07 (Household Composition: Deeming).

Example

Poe is enrolled in Transitional MinnesotaCare. In the second month of the budget period, he reports he got married. His new wife, Tammy, requests health care coverage. Tammy's income, with income deemed from Poe, is over the GAMC income limit. She is not eligible for GAMC or Transitional MinnesotaCare. Process or transfer Tammy's paperwork for a MinnesotaCare determination. Tammy's income does not affect Poe's eligibility for Transitional MinnesotaCare.

5. Transitional MinnesotaCare renewals

Transitional MinnesotaCare is only available for one six-month period at a time, and cannot be extended or continued beyond the six-month renewal. At the end of the Transitional MinnesotaCare six-month budget period, enrollees are expected to move to regular MinnesotaCare. DHS mails a Minnesota Health Care Programs Renewal Form (DHS-3418) to Transitional MinnesotaCare enrollees 60 days prior to the end of the six-month budget period. The DHS-3418 is used to determine eligibility for MinnesotaCare.

a. Processing the renewal

Determine MinnesotaCare eligibility upon receipt of the renewal form.

- Determine eligibility for Medical Assistance prior to proceeding with MinnesotaCare if the renewal form indicates that the enrollee has obtained a MA basis of eligibility.
- Apply all MinnesotaCare eligibility criteria and program rules when determining eligibility and setting up the MinnesotaCare case. New family members must be added to comply with the MinnesotaCare All or Nothing rule. See HCPM 0908.11 (All or Nothing Rule).

- Approve coverage pending-awaiting payment if the enrollee is eligible for MinnesotaCare.
- Redetermine eligibility for GAMC or Transitional MinnesotaCare if the enrollee is not eligible for MinnesotaCare.

Example

Mike is enrolled in Transitional MinnesotaCare. He submits a completed renewal form and verifications at the end of the six-month budget period. Mike has access to employer-subsidized insurance through his job. He is not eligible for MinnesotaCare. If Mike enrolls in his employer's health plan he may be eligible for GAMC, since having private health insurance is a GAMC qualifier. (If the insurance is cost effective, GAMC will pay the premium.) If Mike does not enroll in his employer's health plan he may be eligible for a new six-month budget period of Transitional MinnesotaCare.

- b. Transitional MinnesotaCare enrollees who do not complete the renewal process by the end of the six-month budget period must reapply for Minnesota Health Care Programs.
 - Consider renewal forms submitted in the renewal month (the month following cancellation) as applications for MinnesotaCare if the enrollee has no MA basis of eligibility.
 - Consider applications received after the renewal month as applications for all health care programs.
- c. Retroactive MinnesotaCare is available to Transitional MinnesotaCare enrollees who:
 - Are cancelled at the end of the six-month budget period and then return their renewal forms,
 - Complete renewal forms that were submitted incomplete, or
 - Provide required verifications in the renewal month, following the cancellation.

Process these renewal forms as new applications for MinnesotaCare (if no basis of eligibility for MA) and approve MinnesotaCare prospectively if eligible. Follow current policy and procedures for retroactive MinnesotaCare. See HCPM 0904.07.09.03 (Retroactive MinnesotaCare). The DHS-3446 (Retroactive MinnesotaCare Notice) will be revised to include Transitional MinnesotaCare as a program that can precede retroactive MinnesotaCare. Determine eligibility for GAMC or Transitional MinnesotaCare if the enrollee is ineligible for MinnesotaCare.

Example

Paula is enrolled in Transitional MinnesotaCare. She receives a Minnesota Health Care Programs Renewal Form (DHS-3418) in the beginning of December. She returns the renewal form in January, the last month of the six-month budget period, but it is incomplete. Transitional MinnesotaCare ends February 1. Paula sends in the needed information and verifications on February 10th. She does not have a basis of eligibility for MA. Process Paula's renewal form as a new application for MinnesotaCare. Approve MinnesotaCare pending-awaiting payment effective March 1. Send the DHS-3446 (Retroactive MinnesotaCare Notice). Paula will receive a MinnesotaCare Initial Premium Notice. If she pays the initial premium within 30 days she will get an Optional Premium Notice for the retroactive month(s). MinnesotaCare coverage will begin the first day of the month after DHS receives her initial premium payment. If she pays the premium in February, MinnesotaCare coverage will begin March 1.

- d. Transitional MinnesotaCare enrollees who renew coverage at the end of the six-month budget period and are determined eligible for MinnesotaCare are subject to all Minnesota Care rules and policies, including the requirement to pay monthly premiums. Enrollees who fail to pay their initial MinnesotaCare premium or who successfully enroll in MinnesotaCare but are later disenrolled for failure to pay premiums or for any other reason must file a new application to be determined eligible for GAMC or Transitional MinnesotaCare again. There is no penalty period or barrier to future GAMC or Transitional MinnesotaCare eligibility.

6. Transitional MinnesotaCare coverage and benefits

Transitional MinnesotaCare enrollees will receive a unique combination of benefits.

- a. When new applicants are determined eligible for Transitional MinnesotaCare, they will receive fee-for-service GAMC benefits from the effective date of coverage until the effective date of enrollment in a managed care plan.
- b. Upon the effective date of managed care coverage, Transitional MinnesotaCare enrollees will receive the MinnesotaCare Basic Plus One benefit set. This is the benefit set currently provided to MinnesotaCare enrollees who are adults without children and have income at or below 75 percent of FPG. The Basic Plus One benefit set is similar to GAMC benefits, but includes additional copays for some services and a \$10,000 limit on inpatient hospital benefits. See Attachment C.
- c. The Minnesota Health Care Programs Benefit Summary (DHS-3860), which is sent with eligibility notices to new enrollees will be revised to include benefit information for Transitional MinnesotaCare. This is available online at: <http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-3860-ENG>
- d. Transitional MinnesotaCare benefits are available retroactive to June 1, 2006, to accommodate retroactive effective dates for applications processed on or after

September 1, 2006, that were received by the county agency in prior months. Transitional MinnesotaCare approved for the current or past months will always be provided fee-for-service with the GAMC level of benefits.

- e. Fee-for-service GAMC enrollees who are determined ineligible for GAMC and eligible for Transitional MinnesotaCare at six- or twelve-month renewal will receive the same benefit structure as applicants, which is, fee-for-service GAMC benefits from the effective date of Transitional MinnesotaCare coverage until the effective date of enrollment in a managed care plan.
- f. GAMC enrollees who are in a GAMC managed care plan, and are determined eligible for Transitional MinnesotaCare at six-month or annual renewal will remain in their GAMC managed care plan, but will receive the MinnesotaCare Basic Plus One benefit set beginning the first month following renewal.

7. Managed Care Enrollment

All Transitional MinnesotaCare enrollees are required to enroll in a managed care plan. Transitional MinnesotaCare managed care education will be conducted by counties using the current Prepaid Medical Assistance Program (PMAP) education procedures.

- a. When opening eligibility for new applicants in MMIS:
 - Enter a tracking panel (RTRK) for eligible enrollees with the appropriate education code (P for in-person presentation, or M to generate an enrollment letter for inclusion in the education packet that is mailed to the enrollee). This will begin the 30-day tracking clock and establish the default plan for enrollment if the client fails to return the enrollment form.
 - Enter a YY exclusion span on RPPH beginning the first day of the current month.
 - When the enrollment form is returned to the county, enroll the recipient in the selected health plan for the first of the next available month based on managed care enrollment cutoff.
- b. Transitional MinnesotaCare enrollees will have the choice of available GAMC managed care plans in their county of residence. The product ID for Transitional MinnesotaCare on RPPH in MMIS is GM03 (GM23 in the counties where dental coverage is not included in the managed care plans).
- c. GAMC enrollees who are enrolled in a health plan and move to Transitional MinnesotaCare at renewal will remain enrolled in their health plan but will receive the MinnesotaCare Basic Plus One benefit set beginning the first month of Transitional MinnesotaCare. MMIS will automatically redetermine and assign GM03 (or GM23) for the next available month if the enrollee is enrolled in GM01

(or GM21) when the worker changes the eligibility span to the new MC eligibility type.

- d. At the end of the six-month budget period for Transitional MinnesotaCare, eligibility is redetermined for MinnesotaCare. The enrollee will receive materials to enroll in a MinnesotaCare managed care plan if the enrollee is eligible for MinnesotaCare and pays their premium. The managed care enrollment process for MinnesotaCare is done through the mail and is completely automated on MMIS.
- e. A MinnesotaCare managed care enrollment packet is automatically issued by mail when MinnesotaCare coverage is approved on MMIS as pending-awaiting payment. In most cases, enrollees moving from Transitional MinnesotaCare to MinnesotaCare will receive an enrollment form showing their current managed care plan as the default plan for MinnesotaCare. Enrollees will remain in the same managed care plan when MinnesotaCare begins if they do not return the enrollment form. In some counties, enrollees will have a wider choice of managed care plans available to them under MinnesotaCare. (See Attachment D.)
- f. Health plan enrollment will begin the next available month after the MinnesotaCare premium is received. This will occur even if the MinnesotaCare premium posts on the last working day of the month. See HCPM 0914.03.05 (Managed Care Enrollment) for more information about managed care enrollment for MinnesotaCare.

7. Transitional MinnesotaCare premiums

The 2005 legislation that requires certain GAMC enrollees to transition to MinnesotaCare also requires that county agencies pay the MinnesotaCare sliding scale premiums for the Transitional MinnesotaCare managed care months of coverage, until six-month renewal.

- a. DHS Financial Operations Division will bill county agencies monthly for MinnesotaCare premiums attributed to Transitional MinnesotaCare enrollees who are receiving the MinnesotaCare managed care benefit. There is no MinnesotaCare premium charged for the fee-for-service GAMC benefit months of Transitional MinnesotaCare. Billing will be based on the county of financial responsibility recorded in MMIS at the beginning of each month. DHS will bill county agencies in the beginning of each month for enrollees covered by the MinnesotaCare benefit the previous month. The detail for monthly Transitional MinnesotaCare billing will be sent separately to County Fiscal Supervisors.
- b. DHS will not provide refunds or credits for Transitional MinnesotaCare premiums. This includes premiums charged as a result of eligibility determination errors or premiums charged for enrollees who are subsequently determined eligible for retroactive Medical Assistance coverage.
- c. The county agency's obligation for paying the Transitional MinnesotaCare

premium ends when a Transitional MinnesotaCare enrollee renews coverage at the end of the six-month budget period and is determined eligible for MinnesotaCare.

However, county agencies may choose to continue to pay MinnesotaCare premiums for former Transitional MinnesotaCare enrollees or for any county resident enrolled in MinnesotaCare. DHS will only bill county agencies for premiums charged for Transitional MinnesotaCare enrollees. County agencies that wish to pay MinnesotaCare premiums for former Transitional MinnesotaCare enrollees and other county residents enrolled in MinnesotaCare must be listed on MMIS financial control as the provider, and the county agency must appear as the Premium Mailing Name and Address on the RREP panel. See the MMIS User Manual sections on Case Entry and MMIS Screens – RREP. Contact the MMIS User Services Help Desk for assistance when setting up the county agency as payer of MinnesotaCare premiums.

IV. Systems Instructions

A. MAXIS

1. There are no changes to GAMC processing. GAMC processing will continue with existing eligibility types and functionality.
2. Transitional MinnesotaCare eligibility will be partially automated in MAXIS. Transitional MinnesotaCare will be displayed as Major Program GM, with a new eligibility type of MC.
 - a. For new applicants:
 - Process eligibility for Transitional MinnesotaCare using the new eligibility type MC beginning September 1, 2006.
 - After six months, MAXIS will close any member with the MC eligibility type. (They will move on to the MinnesotaCare program.)
 - b. For GAMC enrollees active on September 1, 2006:
 - Redetermine eligibility at the next renewal. Those who meet GAMC eligibility criteria but do not have a GAMC qualifier will be assigned the MC eligibility type.
 - MAXIS will close members with the MC eligibility type after six months. (They will move on to the MinnesotaCare program.)
3. MAXIS notices will include new notice text for Transitional MinnesotaCare approvals, changes and closures. DHS will send a Minnesota Health Care Programs Renewal

Form (DHS-3418) with a cover letter 60 days prior to the end of the six-month GM/MC budget period, instead of the current 45-day GAMC renewal mailing. The cover letter will include text specific to Transitional MinnesotaCare enrollees. At least ten business days prior to the end of the MC six-month budget period, MAXIS will send a closing notice with new notice text. See Attachment E.

4. MAXIS will be automated to look for the following GAMC qualifiers, and if none are found, will assign eligibility type MC:
 - Person receives GA
 - Person receives GRH
 - Person has a pending SMRT declaring blindness or disability,
 - Person has applied for SSI or SSDI
 - Person is homeless
 - Person has not resided in Minnesota for at least 180 days.
5. MAXIS will not be automated to look for the following GAMC qualifiers and will incorrectly assign eligibility type MC to people who are eligible for GAMC. Use FIAT to correct the eligibility type:
 - Person has Medicare due to End-Stage Renal Disease,
 - Person has current other private health insurance
 - Person is incarcerated and meets the criteria for continued GAMC as an incarcerated person
 - Person receives treatment through the Consolidated Chemical Dependency Treatment Fund (CCDTF).
6. For situations in which a Transitional MinnesotaCare enrollee reports a change that would make him/her ineligible for GAMC, do not approve those results in MAXIS. (See previous section III (B) (4).)

B. MMIS

Follow the MMIS system rules for entering GAMC spans on RELG. Update RELG as follows:

1. Major program must be "GM"
2. Eligibility type must be "MC"
3. Elig Begin Date cannot be prior to Appl Date

4. CFR should be populated with the appropriate county code
5. The Indicator must be "N"

V. Legal References

Laws of Minnesota 2005, First Special Session, Chapter 4, Article 8, Sections 52, 66, 67, 72, 76, 77 (Minnesota Statutes Sections 256D.03, subdivision 3; 256L.05, subdivisions 1b, 3, 3a; 256L.07, subdivision 6; 256L.15, subdivision 4; and 256L.17, subdivision 7).

VI. Attachments

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|--------------|---|
| Attachment A | Updated Health Care Programs Manual References |
| Attachment B | Transitional MinnesotaCare at a Glance |
| Attachment C | Comparison of Benefits: GAMC and MinnesotaCare Basic Plus One |
| Attachment D | Comparison of Health Plan Choices – GAMC and MinnesotaCare |
| Attachment E | MAXIS Notice Text for Transitional MinnesotaCare |

VII. 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).

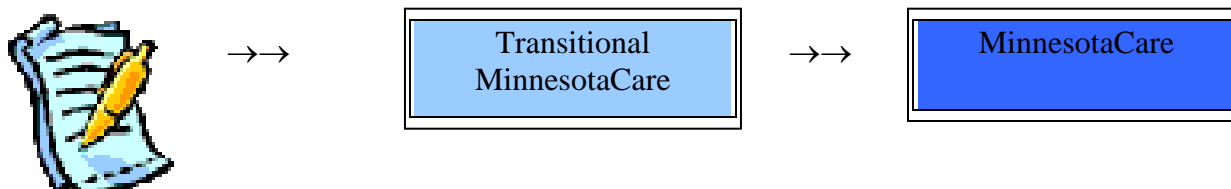
**Crosswalk from current HCPM to
redesigned HCPM references for Transitional MinnesotaCare bulletin**

| Current HCPM | Redesigned HCPM |
|--|---|
| 0906.15 Disability Determinations | 12 Certification of Disability |
| 0911.03.03 Applying for Other Benefits | 06.15 Applying for Other Benefits |
| 0907.15 MinnesotaCare Adults Without Children | 03.20.25 MinnesotaCare for Adults Without Children |
| 0910.13 Third Party Liability | 15.40 Accidents and Injuries |
| 0915.03.01 Adding A Person to the Household - MA/GAMC | 17.20 Adding a Household Member |
| 0908.07 Household Composition: Deeming | 18 Deeming Income and Assets |
| 0908.11 All or Nothing Rule | 17.10.15 All or Nothing Rule |
| 0904.07.09.03 Retroactive MinnesotaCare | 07.20.30 Retroactive MinnesotaCare |
| 0914.03.05 Managed Care Enrollment | 28.15.05 Managed Care Enrollment - MinnesotaCare |
| | |

Transitional MinnesotaCare at a Glance

Applicants

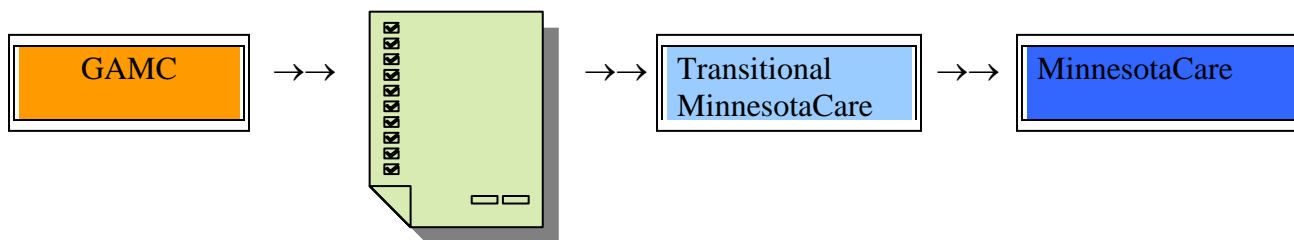
Applicants (applications processed) on or after 9/1/06 who are adults without children, who meet GAMC eligibility criteria but do not have a GAMC qualifier are eligible for Transitional MinnesotaCare. At the end of the Transitional MinnesotaCare six-month budget period, they move to MinnesotaCare.



- ✓ New applicant
- ✓ Application processed on or after 9/1/06
- ✓ Adult without children
- ✓ Meets GAMC eligibility criteria
- ✓ No GAMC qualifier
- ✓ Moves to Transitional MinnesotaCare then MinnesotaCare

GAMC Enrollees

GAMC enrollees who are adults without children who renew coverage on or after September 1, 2006, who meet GAMC eligibility criteria but do not have a GAMC qualifier are eligible for Transitional MinnesotaCare. At the end of the Transitional MinnesotaCare six-month budget period they move to MinnesotaCare.



- ✓ GAMC enrollee
- ✓ 6-month renewal processed on/after 9/1/06
- ✓ Adult without children
- ✓ Meets GAMC eligibility criteria
- ✓ No GAMC qualifier
- ✓ Moves to Transitional MinnesotaCare then MinnesotaCare

July 2006 - Comparison of GAMC Benefits and MinnesotaCare Basic Plus One

| General Assistance Medical Care (GAMC) | MinnesotaCare Basic Plus One |
|--|--|
| Alcohol/Drug Treatment: Residential & Outpatient | Alcohol/Drug Treatment: Residential & Outpatient |
| Chiropractic | Chiropractic \$3 copay |
| Common Carrier Transportation and Mileage Reimbursement | N/A |
| Dental: Includes orthodontia in limited circumstances; 50% copay for restorative services | Dental: Orthodontia not covered 50% copay for restorative services |
| Emergency Room \$25 copay for non-emergency visits to the ER | Emergency Room \$6 copay on non-emergency visits to the ER |
| Eye Exams | Eye Exams \$3 copay |
| Eyeglasses \$25 copay | Eyeglasses \$25 copay |
| Family Planning | Family Planning |
| Hearing Aids | Hearing Aids |
| Immunizations | Immunizations |
| Inpatient Hospitalization | Inpatient Hospitalization 10% copay, up to \$1,000 \$10,000 annual limit |
| Interpreters (hearing, language) Covered only for prepaid health plan enrollees. | Interpreters (hearing, language) |
| Lab, X-ray and Diagnostic | Lab, X-ray and Diagnostic \$3 copay for diagnostics only (for example, colonoscopies) |
| Medical Equipment and Supplies | Medical Equipment and Supplies |
| Emergency Medical Transportation | Emergency Medical Transportation |
| Mental Health | Mental Health |
| Outpatient Surgical Center | Outpatient Surgical Center |
| Physicians and Clinics | Physicians and Clinics \$3 copay for non-preventive visits |
| Podiatrist | Podiatrist \$3 copay for non-preventive visits |
| Prescription Drugs: \$3 copay on brand name \$1 copay on generic \$12 monthly copay max no copay for anti-psychotics | Prescription Drugs: \$3 copay no copay for anti-psychotics |
| Preventive Visit | Preventive Visit |
| Rehab Therapies (PT, OT, speech) | Rehab Therapies (PT, OT, speech) |

Comparison of Health Plan Choices – GAMC and MinnesotaCare

July 2006

| Same Managed Care Plans Offered for both GAMC and MinnesotaCare: | | | | | |
|--|-------------|---------------|------------|------------|-----------------|
| Aitkin | Crow Wing | Lac Qui Parle | Murray | Redwood | Watsonwan |
| Anoka | Dakota | Lake | Nicollet | Rice | Wilkin |
| Becker | Faribault | LeSueur | Nobles | Rock | Winona |
| Benton | Fillmore | Lincoln | Norman | Roseau | Wright |
| Carlton | Hennepin | Lyon | Olmsted | Sherburne | Yellow Medicine |
| Carver | Houston | Mahnomen | Otter Tail | Stearns | |
| Chippewa | Isanti | Marshall | Pennington | St. Louis | |
| Chisago | Jackson | Martin | Pine | Swift | |
| Clay | Kandiyohi | Mille Lacs | Polk | Todd | |
| Cook | Kittson | Morrison | Ramsey | Wadena | |
| Cottonwood | Koochiching | Mower | Red Lake | Washington | |

Counties with Additional Plans Available under MinnesotaCare

| County | GAMC Managed Care Plans | MinnesotaCare Managed Care Plans | |
|-------------------|-------------------------|----------------------------------|------------------------------------|
| Beltrami | ----- | BP | |
| Big Stone | PWHS | PWHS, BP, UCare | |
| Blue Earth | UCare | UCare, BP | BP Blue Plus |
| Brown | SCHA | SCHA, BP, UCare | HP Health Partners |
| Cass | BP, MED, UCare | BP, MED, UCare, IMC | IMC Itasca Medical Care |
| Clearwater | ----- | BP | MED Medica |
| Dodge | SCHA, UCare | SCHA, UCare, BP | MHP Metropolitan Health Plan |
| Douglas | PWHS | PWHS, BP, UCare | PWHS PrimeWest Health System |
| Freeborn | SCHA | SCHA, BP, UCare | SCHA South Country Health Alliance |
| Goodhue | SCHA, | SCHA, BP, UCare | |
| Grant | PWHS | PWHS, BP, UCare | |
| Hubbard | ----- | BP | |
| Itasca | IMC | IMC, BP | |
| Kanabec | SCHA | SCHA, BP, UCare | |
| Lake of the Woods | ----- | BP | |
| McLeod | PWHS | PWHS, BP, HP, UCare | |
| Meeker | PWHS | PWHS, BP, HP, UCare | |
| Pipestone | PWHS | PWHS, BP, UCare | |
| Pope | PWHS | PWHS, BP, UCare | |
| Renville | PWHS | PWHS, BP, UCare | |
| Scott | BP, HP, MED, MHP | BP, HP, MED, MHP, UCare | |
| Sibley | SCHA | SCHA, BP, UCare | |
| Steele | SCHA | SCHA, BP, UCare | |
| Stevens | PWHS | PWHS, BP, UCare | |
| Traverse | PWHS | PWHS, BP, UCare | |
| Wabasha | SCHA, UCare | SCHA, UCare, BP | |
| Waseca | SCHA | SCHA, BP, UCare | |

Transitional MinnesotaCare Sample MAXIS Notice Text

Approval Notice Text for Transitional MinnesotaCare

ENROLLEE NAME can get Transitional MinnesotaCare starting DATE.

Transitional MinnesotaCare is a health care program. There is a premium for some of the months you get this program. The county will pay the premium for you until your six month renewal. We will mail you a form when it is time to renew your coverage.

Elig Type Change – from Transitional MinnesotaCare to GAMC

ENROLLEE NAME's Transitional MinnesotaCare will stop on DATE because:

You can get General Assistance Medical Care (GAMC) starting that date.
You do not have to move to MinnesotaCare or pay a premium.

Elig Type Change – from GAMC to Transitional MinnesotaCare

ENROLLEE NAME's General Assistance Medical Care (GAMC) will stop on DATE because:

You will get Transitional MinnesotaCare starting that date.
Transitional MinnesotaCare is a health care program. There is a premium for some of the months you get it. The county will pay the premium until your six month renewal.
We will mail you a form when it is time to renew you coverage.

Closing Notice Text for Transitional MinnesotaCare

ENROLLEE NAME's Transitional MinnesotaCare will stop at the end of the day on March 31, 2007 because:

You can only get Transitional MinnesotaCare for six months. You may still get health care coverage if you send in your renewal form and proofs by the due date. We will use the renewal form to decide if you can get coverage. If you can get MinnesotaCare you will get a premium notice. You must pay the premium to continue getting coverage.

Cover letter text for Minnesota Health Care Programs Renewal Form

(This cover letter text will be sent with Renewal Forms for Transitional MinnesotaCare enrollees only.)

MINNESOTA CTY FAMILY SERVICES
PO BOX 1
CITY MN 56XXX-0000

Case Client
123 Some Street
Lakefield MN 15150

ATTN: DIANE L.

10/01/06 06:10 PM A

CASE NUMBER: XXXXXX
REVIEW DATE: 12/01/2006

Your health care coverage is due for renewal.

Fill out the enclosed form to renew your health care coverage only. If you want to apply for cash assistance or Food Support, call your worker for a different form.

Complete and return the renewal form with needed proofs BY: November 08, 2006.
If you do not return the completed form, your coverage may stop.
We will use the renewal form to decide if you are still eligible for health care.
If you are eligible for MinnesotaCare, you will get a MinnesotaCare premium notice.

You must pay the MinnesotaCare premium to continue getting benefits. -----
-----DO NOT THROW THIS LETTER AWAY-----

Put this letter in the envelope when you mail back your renewal form. Make sure the agency address shows through the envelope window.

REMEMBER TO:

1. Keep and read the 'Your Rights and Responsibilities' page.
2. Answer all the questions.
3. Send proof of income for all members of your household. (Copies of all pay stubs from the last 30 days, or a copy of your most recent federal tax return forms if anyone is self-employed.)
4. Have all household members 18 years of age or older who are getting coverage sign and date the renewal form.

Call your worker if you have questions or need help with this form.

Financial Worker: NAME Phone No.: (000) 123-4567