

Bulletin

May 1, 2007

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

OF INTEREST TO

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

ACTION/DUE DATE

Please read and implement changes effective for applications and renewals processed on or after May 1, 2007.

EXPIRATION DATE

October 1, 2007

Changes and Clarifications to Transitional MinnesotaCare Announced

TOPIC

Changes and clarifications to Transitional MinnesotaCare policies and procedures.

PURPOSE

Provide information on changes and clarifications to policies and procedures for the Transitional MinnesotaCare Program previously announced in Bulletin #06-21-12, New Eligibility Requirements for the GAMC Program and Introduction of a New Transitional MinnesotaCare Program.

CONTACT

MinnesotaCare Operations, Counties and Tribal Agencies should submit policy questions to Health Quest.

All others should direct questions to:

Health Care Eligibility and Access (HCEA)
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SIGNED

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Introduction

This bulletin changes and clarifies policies and procedures for Transitional MinnesotaCare eligibility. See the following sections:

A. Certification Period and Eligibility

This section updates the current certification period and eligibility policies to make tracking and mailing of Transitional MinnesotaCare renewals less cumbersome.

B. Clarifications for Interrupting a Transitional MinnesotaCare Certification Period

This section clarifies policies and procedures for interrupting a certification period when a Transitional MinnesotaCare enrollee marries.

C. Clarifications of Renewal Processing and Mailing Renewal Forms

This section clarifies renewal mailing policy for Transitional MinnesotaCare enrollees. It also clarifies how to determine for which program a renewal is processed for clients moving back and forth between Transitional MinnesotaCare and GAMC.

D. County Administration of MinnesotaCare for Former Transitional MinnesotaCare Enrollees

This section clarifies a county agency's role in determining MinnesotaCare and maintaining MinnesotaCare cases for people moving from Transitional MinnesotaCare to regular MinnesotaCare.

E. Former Transitional MinnesotaCare Enrollees Who Reapply

This section clarifies policies relating to Transitional MinnesotaCare enrollees who disenroll and reapply. Although the intent of Transitional MinnesotaCare is to transition enrollees from GAMC to the MinnesotaCare program, there is no eligibility barrier to repeated enrollment in Transitional MinnesotaCare for individuals who meet all eligibility criteria.

F. MMIS Updates at Transitional MinnesotaCare Renewal

This section provides information on when a new MinnesotaCare case number is required and clarifies the correct *Referral Source* coding to be used for Transitional MinnesotaCare cases.

G. Attachments

A. Certification Period and Eligibility Clarification

This section updates the current certification period and eligibility policies to make tracking and mailing of Transitional MinnesotaCare renewals less cumbersome

1. Current Policy

Transitional MinnesotaCare enrollees receive six full months of coverage.

- a. MAXIS mails a Minnesota Health Care Programs Renewal Form to a person after they have been enrolled in Transitional MinnesotaCare for four consecutive months.
- b. MAXIS auto closes Transitional MinnesotaCare eligibility for enrollees after six consecutive months of coverage.
- c. The six-months of eligibility may continue from one certification period into another.
- d. Enrollees continue to receive Transitional MinnesotaCare into the next certification period, and have a renewal due in the middle of the new certification period if they either:
 - 1) Marry, or otherwise have their certification period interrupted.
 - 2) Switched to Transitional MinnesotaCare after the first month of the certification period
- e. The enrollee's new spouse, if eligible for Transitional MinnesotaCare, is covered for a full six months, regardless of when the original Transitional MinnesotaCare enrollee moves to regular MinnesotaCare.

2. New Policy

Transitional MinnesotaCare eligibility does not continue beyond a six-month certification period.

Exception:

Transitional MinnesotaCare may continue into a new certification period only if the current certification period is interrupted. See Section B of this bulletin for more information.

Enrollees who move from GAMC to Transitional MinnesotaCare in the middle of a certification period will receive Transitional MinnesotaCare for the balance of that certification period.

3. Action Required

Determine eligibility for regular MinnesotaCare at renewal if the enrollee is still enrolled in Transitional MinnesotaCare.

Example 1:

Duncan is a single adult without children. He is enrolled in GAMC. His certification period is June through November. Duncan loses his GAMC qualifier in August but continues to be otherwise eligible.

Required Action:

Duncan is eligible for Transitional MinnesotaCare for September through the remainder of the certification period (November). Determine regular MinnesotaCare eligibility with his December renewal.

Example 2:

Suzette is a General Assistance (GA) recipient enrolled in GAMC. She does not have children. Her certification period is March through August. Suzette's GA is closed May 31. Suzette continues to meet all other GAMC eligibility criteria, but she does not have a GAMC qualifier.

Required Action:

Suzette is eligible for Transitional MinnesotaCare June through August. Determine regular MinnesotaCare eligibility with her September renewal.

B. Clarifications for Interrupting a Transitional MinnesotaCare Certification Period

This section provides clarifications on policies and procedures for interrupting a certification period when a Transitional MinnesotaCare enrollee marries.

1. Current Policy

- a. When a Transitional MinnesotaCare enrollee gets married, the new spouse, if eligible for Transitional MinnesotaCare, is covered for a full six months, regardless of when the original Transitional MinnesotaCare enrollee moves to regular MinnesotaCare.
- b. The Transitional MinnesotaCare enrollee's eligibility continues even if adding the new spouse causes the enrollee's income or assets to exceed the GAMC limits.

Reminder:

Transitional MinnesotaCare enrollees who marry a person who has children under age 21 living in the household are not eligible for Transitional MinnesotaCare. Evaluate eligibility for MA or MinnesotaCare when Transitional MinnesotaCare coverage is closing because a spouse with children in the home is added to the household. Transitional MinnesotaCare coverage must be closed with ten-day notice.

Follow MA/GAMC policies in:

- a. HCPM 17.20, Adding a Household Member, to add a new person to a Transitional MinnesotaCare household. .
- b. HCPM 21.05, Certification Period, to determine if a certification period must be interrupted.

2. Clarified Policy

Adding a spouse to the household interrupts the Transitional MinnesotaCare enrollee's certification period but **does not** change the Transitional MinnesotaCare enrollee's renewal date.

3. Action Required

- a. When a Transitional MinnesotaCare enrollee marries a person who does not have children:
 - 1) Add the spouse to the Transitional MinnesotaCare household.
 - 2) Interrupt the Transitional MinnesotaCare enrollee's certification period and begin the new certification period in the first full month the spouse is in the household, which is the month following the month of entry.

Note: Do not extend the Transitional MinnesotaCare enrollee's eligibility due to the change in the certification period. The Transitional MinnesotaCare renewal continues to be due the month it was due in the original certification period.

 - 3) Determine eligibility for the spouse if requested.
- b. When a Transitional MinnesotaCare enrollee loses eligibility because of marriage to a person with children under 21 in the household, close Transitional MinnesotaCare with a 10-day notice and:
 - 1) Evaluate the household for MA eligibility.
 - 2) Process regular MinnesotaCare eligibility for the household if your county is a MinnesotaCare enrollment site.
 - 3) Transfer the household to MinnesotaCare Operations for a MinnesotaCare eligibility determination if your county is not a MinnesotaCare enrollment site.

4. System Instructions

a. MAXIS

- 1) Request required information for the new spouse and add the new spouse's appropriate STAT panels.
- 2) In HC ELIG:
Interrupt the current certification period and begin the new certification period the first full month the spouse is in the household, which is the month following the month of entry.
 - a) FIAT income and/or asset results for the Transitional MinnesotaCare enrollee's eligibility if the new spouse's income and/or assets cause ineligible results for the enrollee.
 - b) FAIL Transitional MinnesotaCare for months beyond the original certification period for the existing Transitional MinnesotaCare enrollee.
 - c) Approve the spouse's eligibility results if the spouse is requesting health care coverage.

b. MMIS

Code MMIS RELG spans to match MAXIS eligibility for GAMC or Transitional MinnesotaCare.

Example 3 - Transitional MinnesotaCare Enrollee Marries, New Spouse Not Requesting Coverage, Deemed Income and Assets Do Not Create Ineligibility

Hanna is enrolled in Transitional MinnesotaCare with a certification period of June through November. In August, Hanna reports that she married Danny earlier that month. Danny does not request health care coverage and adding him to the household does not affect Hanna's Transitional MinnesotaCare eligibility.

Required Action:

Add Danny to the household for September, the first full calendar month after entry.

- 1) Update MAXIS STAT panels for September with information needed about Danny.
- 2) Interrupt the current June through November certification period. The new certification period is September through February.
- 3) Do not change Hanna's Transitional MinnesotaCare renewal date. Her renewal continues to be due for December eligibility.

- 4) FIAT ineligible results for December through February.
- 5) Approve Hanna's Transitional MinnesotaCare eligibility through November and fail eligibility results for December through February.

Note: If the addition of Danny's income or assets causes ineligibility for Hanna, FIAT her income or asset eligibility results:

- a. Remove Danny's income from Hanna's budget or his counted assets from her asset total.
- b. Change Hanna's ineligible results for September through October to eligible.

Example 4 – *Transitional MinnesotaCare Enrollee Marries, New Spouse Requesting Coverage for Month after Household Entry and is Eligible for MA*

Katie is enrolled in Transitional MinnesotaCare with a certification period of July through December. Katie reports she married Rick in August. Rick is certified as disabled through the Social Security Administration and requests health care coverage for September. Adding Rick to the household does not affect Katie's Transitional MinnesotaCare eligibility.

Required Action:

Add Rick to the household for September, the first full calendar month after entry.

- 1) Request eligibility information and verification for Rick.
- 2) Update MAXIS STAT panels for September with information and verifications provided from Rick.
- 3) Interrupt the current July - December certification period. The new certification period is September through February.
- 4) Do not change Katie's Transitional MinnesotaCare renewal date. Her renewal continues to be due for January eligibility. The renewal will be sent around November 1 if Katie has been eligible for Transitional MinnesotaCare for four consecutive months.
- 5) FIAT ineligible results for Katie for January and February.
- 6) Approve Katie's Transitional MinnesotaCare eligibility for September through December. Fail eligibility for January and February.

Note:

FIAT Transitional MinnesotaCare eligibility if Rick's income or assets cause Katie to exceed the GAMC/Transitional MinnesotaCare limits.

- 7) Approve Rick's MA eligibility for September through February if he meets all eligibility criteria.

Example Continues:

Katie returns her completed renewal, including all verifications, in December.

Required Action:

Determine January eligibility for regular MinnesotaCare for Katie using both her and Rick's income and assets.

Interrupt the September through February certification period for Rick. Redetermine his MA eligibility using Katie's renewal form. Align his certification period with Katie's MinnesotaCare eligibility.

Example 5 - Transitional MinnesotaCare Enrollee Marries, New Spouse Requesting Coverage for Month after Household Entry and is Eligible for GAMC or Transitional MinnesotaCare

Ned is enrolled in Transitional MinnesotaCare with a budget period of January through June. Ned reports he married Lori in April. Lori requests health care coverage for May. Lori is eligible for GAMC (or Transitional MinnesotaCare). Adding Lori to the household does not affect Ned's Transitional MinnesotaCare eligibility.

Required Action:

Add Lori to the household for May, the first full calendar month after entry.

- 1) Update MAXIS STAT panels for May with information and verifications provided from Lori.
- 2) Interrupt the current January through June certification period. The new certification period is May through October.
- 3) Do not change Ned's Transitional MinnesotaCare renewal date. The renewal continues to be due for July's eligibility. The renewal will be sent around May 1 if Ned has been eligible for Transitional MinnesotaCare for four consecutive months.
- 4) FIAT ineligible results for Ned for July through October.

- 5) Approve Ned's Transitional MinnesotaCare eligibility for May and June. Fail eligibility for July through October.
- 6) Approve Lori's GAMC (or Transitional MinnesotaCare) eligibility for May through October.

Note:

If Lori is eligible for GAMC, redetermine eligibility in June, using Ned's Transitional MinnesotaCare renewal form. Interrupt the certification period to align it with Ned's MinnesotaCare eligibility period.

If Lori is eligible for Transitional MinnesotaCare and at Ned's July renewal he is determined eligible for:

- a) Regular MinnesotaCare, do not interrupt Lori's certification period.
- b) MA, GAMC or Transitional MinnesotaCare, interrupt Lori's certification period. Income or asset increases do not affect Lori's eligibility for Transitional MinnesotaCare. Lori will continue to be eligible for Transitional MinnesotaCare through October.

Example 6 - Transitional MinnesotaCare Enrollee Marries, New Spouse Requesting Coverage for Month after Household Entry and is Ineligible for GAMC or Transitional MinnesotaCare but Eligible for regular MinnesotaCare

Aria is enrolled in Transitional MinnesotaCare with a certification period of March through August. Aria reports that she was married in June to Len. Len is requesting health care coverage for July. He does not have a basis of eligibility for MA and has excess income for GAMC.

Required Action:

Add Len to the household for July, the first full calendar month after entry.

- 1) Update MAXIS STAT panels for July with information and verifications provided from Len.
- 2) Interrupt the March through August certification period. The new certification period is July through December.
- 3) Do not change Aria's Transitional MinnesotaCare renewal date. Her renewal continues to be due for September's eligibility. The renewal will be sent around July 1 if Aria has been eligible for Transitional MinnesotaCare for four consecutive months.

- 4) FIAT Aria's income eligibility results, removing Len's income. Also FIAT ineligible results for Aria for September through December.
- 5) Approve Transitional MinnesotaCare eligibility results for July and August. Fail eligibility for September through December.
- 6) Determine regular MinnesotaCare eligibility for Len. Include Aria as a household member on his MinnesotaCare case.

Note:

Deny regular MinnesotaCare for Aria using denial code '46' (does not request coverage) on the MMIS RELG panel.

Example Continues:

Aria returns her completed renewal in August.

Required Action:

Determine Aria's MinnesotaCare eligibility on Len's MinnesotaCare case. The county will continue to maintain this case in accordance with information found in Section D of this bulletin.

C. Clarifications of Renewal Processing and Mailing Renewal Forms

This section clarifies renewal mailing policy for Transitional MinnesotaCare enrollees. It also clarifies how to determine for which program a renewal is processed for clients moving back and forth between Transitional MinnesotaCare and GAMC.

Based on current renewal mailing policy and system programming, enrollees may not receive a timely or correct renewal form. MAXIS will send an MHCP Renewal Form only to Transitional MinnesotaCare enrollees after they have been enrolled for four consecutive months. Enrollees who switch between programs within the certification period may not have four consecutive months of Transitional MinnesotaCare eligibility, or their renewal is sent later than required.

1. Current Policy and Systems

- a. MAXIS generates a Minnesota Health Care Programs (MHCP) Renewal Form (DHS-3418) when an enrollee has had Transitional MinnesotaCare for four consecutive months.
- b. MAXIS autocloses Transitional MinnesotaCare after six consecutive months of coverage.
- c. MAXIS generates an Income Renewal (DHS-3440), an Income and Asset Renewal (DHS-3441) or a MCHP Renewal Form (DHS-3418) based on the dates on MAXIS REPT/RE VW 45 days before the end of the certification period for a person is enrolled in GAMC.

- d. MAXIS autocloses GAMC if a renewal is not returned.

2. Clarified Policy

For enrollees who move back and forth between GAMC and Transitional MinnesotaCare, determine renewal month eligibility based on the program a person is enrolled in the month before the renewal month.

Example 7:

Joan began the July through December certification period enrolled in GAMC. She loses her GAMC qualifier in November and is enrolled in Transitional MinnesotaCare for December.

Required Action:

Determine regular MinnesotaCare eligibility for the renewal month because Joan was enrolled in Transitional Minnesota Care at renewal.

Example 8:

Franco began his April through September certification period enrolled in Transitional MinnesotaCare. In August, he acquired a GAMC qualifier and was moved to GAMC that month.

Required action:

Determine GAMC eligibility for the renewal month if Franco continues to be enrolled in GAMC for September. If Franco is determined ineligible for GAMC at renewal solely because he no longer has a qualifier, he may be eligible for Transitional MinnesotaCare.

Example 9:

Zeus began his January through June certification period enrolled in GAMC. In February he loses his GAMC qualifier. He is enrolled in Transitional MinnesotaCare for March. In March, he gets married and his certification period is interrupted. The new certification period is April through September.

Required action:

Determine regular MinnesotaCare eligibility for Zeus for July, the original renewal month.

3. Action Required

Workers must track enrollees whose eligibility moves between GAMC and Transitional MinnesotaCare after the first month of the certification period to ensure a renewal is sent and returned timely. This ensures enrollees are transitioned to regular MinnesotaCare with a Transitional MinnesotaCare renewal.

- a. Set a system reminder in MAXIS 60 days prior to the end of the certification period when an enrollee moves between GAMC and Transitional MinnesotaCare after the first month of the certification period. Upon receiving the reminder, check the program in which the client is enrolled. If the person is enrolled in:
 - 1) GAMC, check the STAT/RE VW panel for accuracy. The appropriate renewal form will be sent 45 days prior to the renewal date. GAMC will auto close in MAXIS if the renewal is not received and processed by the end of the certification period.
 - 2) Transitional MinnesotaCare, send the enrollee a MHCP Renewal Form (DHS-3418) and an Employer Health Insurance Form (DHS-4742). Set a system reminder in MAXIS for 10 days prior to the end of the certification period.

Note:

Do not require the MHCP Renewal Form if another renewal form was sent to the client in error. Determine regular MinnesotaCare using the renewal form submitted by the client. Request additional information and verification as needed.

- b. Set a system reminder in MAXIS for ten-day cutoff in the month before the renewal month when a renewal form is sent manually. Upon receiving the reminder, check for a returned renewal form. If the renewal form is:
 - 1) Received, delete the reminder and check that the renewal is processed.
 - 2) Not received, close Transitional MinnesotaCare coverage in both MAXIS and MMIS.

4. System Instructions

a. MAXIS

- 1) Set a MAXIS DAIL/WRIT (TIKL) whenever a MAXIS system reminder is required.
- 2) If a renewal is sent manually and is not received timely, FIAT ineligibility in MAXIS by failing the *Transitional MinnesotaCare* test and the *Fail to File* test in HC ELIG. Approve ineligible results.

b. MMIS

Code MMIS RELG spans to accurately reflect eligibility for GAMC or Transitional MinnesotaCare.

Example 10:

Mason is enrolled in Transitional MinnesotaCare with a certification period of June through November. Mason's renewal is due for December eligibility. GA is approved in August.

Required Action:

Close Mason's Transitional MinnesotaCare eligibility for July 31 and open GAMC eligibility for August 1. Enter a DAIL/WRIT for October 1 to check which program Mason is enrolled in at that time.

Example Continued:

Mason loses his GA in September.

Required Action:

Close GAMC for September 30 and open Transitional MinnesotaCare for the remainder of the certification period.

Example Continued:

On October 1 the DAIL/WRIT is received.

Required Action:

Send a MHCP Renewal Form to Mason because he has not been enrolled in Transitional MinnesotaCare for four consecutive months.

Example Continued:

Mason returns a completed Income Renewal (DHS-3440) form on November 5.

Required Action:

Determine regular MinnesotaCare with Mason's renewal because he is enrolled in Transitional MinnesotaCare for the last month of the six-month certification period. Determine eligibility using the Income Renewal form. Send Mason the following forms to request information not included on the Income Renewal form:

- 1) Request for Information (DHS-3271)
- 2) Asset Information Form (DHS-3499)
- 3) Employer Health Insurance Form (DHS-4742)

D. County Administration of MinnesotaCare for Former Transitional MinnesotaCare Enrollees

This section clarifies a county agency's role in determining MinnesotaCare eligibility and maintaining MinnesotaCare cases for people who move from Transitional MinnesotaCare to regular MinnesotaCare.

1. Policy Prior to September 2006

Prior to September 1, 2006, applicants could apply for MinnesotaCare by submitting an

application to MinnesotaCare Operations at the Department of Human Services, or their county agency if the county was a MinnesotaCare enrollment site.

2. Current Policy (as of September 2006)

County administration of MinnesotaCare for former Transitional MinnesotaCare enrollees is required by State law, and is current policy and practice. All county agencies have an equal role with regard to administering MinnesotaCare for former Transitional MinnesotaCare enrollees. See Attachment A, MinnesotaCare Administration Chart, for further information regarding MinnesotaCare administration.

Information about county administration of MinnesotaCare was issued in an email to county liaisons on August 24, 2006, and was discussed during the Transitional MinnesotaCare Training Teleconferences in October 2006, at the MFWCAA conference, and at several MAFAS meetings.

3. Action Required

a. All county agencies are required to:

- 1) Determine regular MinnesotaCare eligibility for Transitional MinnesotaCare enrollees who submit a renewal form at the end of the six-month transition period.

Exception:

MinnesotaCare Operations will continue to administer cases when the spouse of a Transitional MinnesotaCare enrollee is active on MinnesotaCare at the time of the Transitional MinnesotaCare renewal. Contact MinnesotaCare Operations and request MinnesotaCare, including retro coverage, be opened on the existing case.

- 2) Provide ongoing MinnesotaCare case maintenance indefinitely for enrollees who move from Transitional MinnesotaCare to regular MinnesotaCare. Continue to administer the MinnesotaCare case as long as the enrollee is enrolled in MinnesotaCare without a lapse in coverage.

b. In addition to the MinnesotaCare administration above, some county agencies may:

- 1) Conduct MinnesotaCare enrollment site activities.
- 2) Contract with DHS to process MinnesotaCare applications.
- 3) Have a limited role in other MinnesotaCare administration.
- 4) Not administer MinnesotaCare eligibility for non-Transitional to regular MinnesotaCare enrollees

4. System Instructions

To locate the phone number of the worker assigned to an existing MinnesotaCare case, find the worker number for the case on the MMIS RCIN screen. Enter the worker number on MAXIS REPT/USER.

Example 11:

Johan applies for health care in County A. He is ineligible for MA, and is otherwise eligible for GAMC as an adult without children except that he does not have a GAMC qualifier. He is determined eligible for Transitional MinnesotaCare in County A. He has a certification period of November through April. Johan returns a completed renewal in April. County A is not a MinnesotaCare enrollment site.

Required Action:

County A determines regular MinnesotaCare eligibility for Johan.

Example Continued:

Johan is determined eligible for regular MinnesotaCare and pays his premium. His MinnesotaCare coverage begins May 1.

Required Action:

County A provides ongoing case management for Johan while he is on regular MinnesotaCare.

Example Continued:

Johan marries Irma, his longtime girlfriend. Irma and her 10-year old daughter move into his home in June. Irma's daughter is enrolled in MA.

Required Action:

County A must determine Irma's eligibility for MinnesotaCare on Johan's case based on the All or Nothing Rule. As a stepparent, Johan is now eligible for MinnesotaCare with a different benefit set. County A continues to provide ongoing case management for Johan and his new family.

Example Continued:

MinnesotaCare coverage closes for Johan and his wife at the end of July for non-payment of premiums. They reapply in County A in November but are not eligible for MA or GAMC due to being over the income limits.

Required Action:

County A forwards the application to MinnesotaCare Operations for MinnesotaCare processing.

Example 12:

Justine applies for health care in County B, a Type One MinnesotaCare enrollment site, and is determined eligible for Transitional MinnesotaCare.

Reminder:

Prior to September 1, 2006, a Type One county processed MinnesotaCare applications but transferred all open cases to MinnesotaCare Operations at DHS for ongoing case maintenance.

Required Action:

County B maintains Justine's ongoing MinnesotaCare case because she transitioned from Transitional MinnesotaCare to regular MinnesotaCare.

Example 13:

Hector applies for health care in County B, a Type One MinnesotaCare enrollment site. He is ineligible for MA or GAMC due to excess assets.

Required Action:

County B processes Hector's application for MinnesotaCare and, if he is eligible, transfers his case to MinnesotaCare Operations for ongoing case maintenance because he is not eligible for or moving from Transitional MinnesotaCare.

E. Former Transitional MinnesotaCare Enrollees Who Reapply

This section clarifies policies relating to Transitional MinnesotaCare enrollees who disenroll and reapply. Although the intent of Transitional MinnesotaCare is to transition enrollees from GAMC to the MinnesotaCare program, there is no eligibility barrier to repeated enrollment in Transitional MinnesotaCare for individuals who meet all eligibility criteria.

DHS supports county agencies that actively encourage and assist enrollees with making the transition to regular MinnesotaCare. However, county agencies may not erect artificial policy or procedural barriers to impede Transitional MinnesotaCare eligibility or enrollment for individuals who reapply and are determined eligible.

Treat new applications received by the county agency from current or former Transitional MinnesotaCare or regular MinnesotaCare enrollees like all other new applications. Determine eligibility for all health care programs including Transitional MinnesotaCare. County workers may contact enrollees who submit new or duplicate application forms while MinnesotaCare coverage is pending or while they are enrolled in MinnesotaCare to determine whether they wish to reapply or have submitted the forms in error.

1. Policy Prior to September 2006

Transitional MinnesotaCare did not exist prior to September 1, 2006.

2. Current Policy as of September 2006

Individuals may be eligible for and enrolled in Transitional MinnesotaCare more than once.

- a. Do not require a new application at renewal when a Transitional MinnesotaCare enrollee is ineligible for regular MinnesotaCare.
- b. Require a new application when an individual:
 - 1) Wants to reapply for MA, GAMC and/or Transitional MinnesotaCare after the effective date of Transitional MinnesotaCare closure.

- 2) Wants to reapply for MA, GAMC and/or Transitional MinnesotaCare while regular MinnesotaCare eligibility is pending.
- 3) Was determined eligible for regular MinnesotaCare but failed to transition to the program at renewal and wants to reapply for MA, GAMC or Transitional MinnesotaCare.
- 4) Was enrolled in regular MinnesotaCare and was closed for any reason.

Note:

See HCPM 07.05.15, Application Not Required, for information on people wishing to reapply for MinnesotaCare.

- b. Transitional MinnesotaCare coverage cannot overlap regular MinnesotaCare coverage.

Exception:

For cases where MinnesotaCare cannot be closed with ten-day notice, Transitional MinnesotaCare may be approved to overlap with regular MinnesotaCare for one month only.

3. Action Required

- a. **Do not** require a new application if the Transitional MinnesotaCare enrollee is determined ineligible for regular MinnesotaCare at renewal. Use the renewal to determine MA, GAMC or Transitional MinnesotaCare coverage.

Example 14:

Rondell is a Transitional MinnesotaCare enrollee. He does not have a basis of eligibility for MA. He returns a complete renewal form in May for his June renewal.

Rondell is not eligible for regular MinnesotaCare because he has access to employer-subsidized insurance (ESI) through his current employer. Rondell continues to meet the income and asset requirements for GAMC, but does not meet a GAMC qualifier.

Required Action:

Use the completed renewal to determine eligibility for MA, GAMC or Transitional MinnesotaCare, including a determination of cost-effective insurance for GAMC. Based on the renewal information, Rondell is not eligible for MA or GAMC. He is approved for Transitional MinnesotaCare for June.

- b. Require a new application in the situations listed in Section E. 2. b. of this bulletin.

Example 15:

Johari contacted her worker on February 15 to request health care. Her Transitional

MinnesotaCare was closed January 31. She did not return her renewal to have regular MinnesotaCare eligibility determined.

Required Action:

Require Johari to complete a new application to have eligibility determined for MA, GAMC or Transitional MinnesotaCare.

Example 16:

Bach Yen is a Transitional MinnesotaCare enrollee. Her renewal month is May. Bach Yen returned her renewal in April but was missing the income verification. Her worker closed Transitional MinnesotaCare for April 30, and pended her regular MinnesotaCare eligibility for the income verification. Upon receipt of the pending notice, Bach Yen contacted her worker and stated she does not want MinnesotaCare but would rather be redetermined eligible for MA, GAMC or Transitional MinnesotaCare.

Required Action:

Require Bach Yen to complete a new application to have her eligibility determined for MA, GAMC or Transitional MinnesotaCare.

Example 17:

Ojas was approved eligible for regular MinnesotaCare in November based on his renewal. He was previously enrolled in Transitional MinnesotaCare. Ojas failed to pay his initial premium and MinnesotaCare was denied after four months. He contacted his county agency requesting healthcare coverage.

Required Action:

Require Ojas to complete a new application to have eligibility determined for MA, GAMC or Transitional MinnesotaCare.

- c. Close MinnesotaCare coverage before opening GAMC or Transitional MinnesotaCare coverage for individuals who submit a new application to the county agency and are determined eligible for GAMC or Transitional MinnesotaCare while they are enrolled in regular MinnesotaCare.

4. System Instructions

- a. MAXIS

There are no MAXIS instructions for this section.

- b. MMIS

For cases where regular MinnesotaCare and Transitional MinnesotaCare may overlap for one month:

- 1) Cancel MinnesotaCare effective the end of the current month plus one.
- 2) Approve Transitional MinnesotaCare effective the first day of the current month plus one.

Example 18:

Renee is enrolled in regular MinnesotaCare. The county agency receives a new application for health care programs from Renee on June 22. The county worker contacts Renee, who indicates that she wants to apply to see if she is eligible for health care coverage without a premium. If she is eligible without having to pay a premium she wants to cancel her MinnesotaCare coverage. Renee is eligible for GAMC, but she does not have a GAMC qualifier.

Required Action:

Close regular MinnesotaCare effective July 31 because there is not time to provide Renee with a ten-day notice. Approve Transitional MinnesotaCare effective July 1.

F. MMIS Updates at Transitional MinnesotaCare Renewal.

This section provides information on when a new MinnesotaCare case number is required and clarifies the correct *Referral Source* coding to be used for Transitional MinnesotaCare cases.

1. Current Procedure

- a. A new MinnesotaCare case number is not always assigned when a person is moving from Transitional MinnesotaCare to regular MinnesotaCare. Reuse a MinnesotaCare case number if the person applying is either:
 - 1) The '01' person on the case.
 - 2) The '02' person on the case and the household remains the same.
- b. Enter the appropriate code in the *Referral Source* field on the RCAD (Address) screen in MMIS.
- c. Update the MMIS system with the appropriate system coding for Transitional MinnesotaCare and regular MinnesotaCare when a Transitional MinnesotaCare renewal is received, regardless of whether the client is eligible or pending for regular MinnesotaCare.

2. Clarified Procedure

- a. Follow current procedures for determining when a MinnesotaCare case number must be assigned. See Attachment B, T-MCRE to MCRE Case Guide, for further instructions.

- b. For counties that contract with DHS to process MinnesotaCare applications, **do not** use the county contract referral source code in the *Referral Source* field on the RCAD (Address) screen in MMIS for MinnesotaCare cases established for former Transitional MinnesotaCare enrollees. These MinnesotaCare cases are not included in the contract with DHS for MinnesotaCare case processing.

3. Action Required

- a. Determine if a new MinnesotaCare case number must be assigned or if an existing MinnesotaCare case number must be used. See Attachment B, T-MCRE to MCRE Case Guide, for more information.
- b. Use the referral source code of '013' (other) for MinnesotaCare cases established or being reused for former Transitional MinnesotaCare enrollees. Correct the *Referral Source* field on the RCAD (Address) screen in MMIS for cases that moved from Transitional MinnesotaCare to regular MinnesotaCare if the county contract referral code was used.
- c. Update MMIS with the appropriate system coding when a Transitional MinnesotaCare renewal is received.

4. System Instructions

- a. MAXIS

Follow coding instructions in Attachment B, T-MCRE to MCRE Case Guide, when a Transitional MinnesotaCare renewal is received.

- b. MMIS

- 1) Follow instructions in the MMIS User Manual, MinnesotaCare, Assigning Numbers, Searching for an Existing MinnesotaCare Case or Attachment B, T-MCRE to MCRE Case Guide, to determine if a new MinnesotaCare case number is needed.
- 2) Use code '013' (other) in the *Referral Source* field on the RCAD (Address) screen in MMIS for cases that move from Transitional MinnesotaCare to regular MinnesotaCare.
- 3) Follow coding instructions available in Attachment B, T-MCRE to MCRE Case Guide.

G. Attachments

- 1. Attachment A - MinnesotaCare Administration by Counties Chart
- 2. Attachment B – T-MCRE to MCRE Case Guide

Special Needs

This information is available in other forms to people with disabilities by contacting us at (651) 437-2283 or toll free at 1-800- 938 - 3224 or through the Minnesota Relay Service at 1-800-627-3529 (TDD), 7-1-1 or 1-877-627-3848 (speech to speech relay service).

County Administration of MinnesotaCare for Former Transitional MinnesotaCare Enrollees

County Agencies that are also MinnesotaCare Enrollment Sites or processing MinnesotaCare under a contract with DHS will have broader guidelines. This chart reflects MinnesotaCare administration requirements for counties that are NOT MinnesotaCare Enrollment Sites.

<p style="text-align: center;"><u>KEEP MINNESOTACARE AT THE COUNTY AGENCY</u></p> <p>Determine MinnesotaCare eligibility. Establish a MinnesotaCare case on MMIS. Provide ongoing case maintenance.</p>	<p style="text-align: center;"><u>TRANSFER TO MINNESOTACARE OPERATIONS</u></p>
Former Transitional MinnesotaCare enrollees who are moving/have moved to regular MinnesotaCare.	Applicants who request health care and are determined ineligible for MA/GAMC/Transitional MinnesotaCare.
Transitional MinnesotaCare enrollees who submit a renewal form at the end of six months including forms received in the renewal month.	Former Transitional MinnesotaCare enrollees who have a gap in coverage and reapply, but are determined ineligible for MA/GAMC/Transitional MinnesotaCare.
New spouses of current Transitional MinnesotaCare enrollees when new spouse is not eligible for MA/GAMC/Transitional MinnesotaCare and there is not an existing MinnesotaCare case for the household.	Enrollees whose MA or GAMC closes due to excess income or assets, or because a GHO enrollee is discharged from the hospital.
	Transitional MinnesotaCare enrollees who are members of households that have established active MinnesotaCare cases at MinnesotaCare Operations office.

T-MCRE to MCRE Case Guide

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T-MCRE to MCRE Case Guide

When to Process the T-MCRE Renewal

Process a T-MCRE renewal in the renewal processing month, which is the month before the renewal month.

Note: For renewals received before the renewal processing month, review the renewal upon receipt, and request any missing information or verifications. Paper process the renewal if all information and verifications have been received. Update MMIS on or after the first of the renewal processing month.

Example:

Gary is enrolled in Transitional MinnesotaCare and has a renewal month of April. The renewal is sent to Gary on February 1 (60 days prior to the renewal month). He completes and returns the renewal on February 20.

Action:

Review the renewal, and request any missing information or verifications.

Gary has provided all necessary information and verifications.

Action:

Paper process the renewal in February. Wait until on or after March 1 (the renewal processing month) to update the renewal information and eligibility in MMIS.

Steps to Process a Complete T-MCRE Renewal

Follow these steps to process a complete T-MCRE renewal:

1. Complete MMIS Person Search.
2. Determine if a new MinnesotaCare case number must be assigned. See the Locating and Using an Existing MCRE Case Number section below.
3. Update MAXIS STAT panels.
4. MAXIS ELIG/HC:
 - a. Fail the Transitional MinnesotaCare test on the GMPT (person test) screen.
 - b. Approve ineligible results and enter case notes.
5. Enter MMIS in the county programs security mode.
 - a. Close the T-MCRE RELG span.
 - b. Save results and enter case notes.
 - c. Exit the MMIS county programs security mode.
6. Enter MMIS in the MCRE program security mode.
 - a. Enter the new MCRE case following the Steps to Entering a MinnesotaCare Case handout.
 - b. Enter a RELG span of pending awaiting payment (P43) and a RELG span for retro MinnesotaCare eligibility (P33).
 - c. Enter case notes.

T-MCRE to MCRE Case Guide

Steps to Process an Incomplete T-MCRE Renewal

Follow these steps to process an incomplete T-MCRE renewal:

1. Complete MMIS Person Search.
2. Determine if a new MinnesotaCare case number must be assigned. See the Locating and Using an Existing MCRE Case Number section below.
3. Update MAXIS STAT panels.
4. MAXIS ELIG/HC:
 - a. Fail the Transitional MinnesotaCare test on the GMPT (person test) screen.
 - b. Approve ineligible results.
5. Enter MMIS in the county programs security mode.
 - a. Close the T-MCRE RELG span.
 - b. Save results.
6. Enter MMIS in the MCRE program security mode.
 - a. Enter the new MCRE case following the Steps to Entering a MinnesotaCare Case handout.
 - b. Enter a RELG span of pending (P30) and a RELG span for retro MinnesotaCare eligibility (P32).
7. Case note in MAXIS and MMIS.

T-MCRE to MCRE Case Guide

Locating and Using an Existing MCRE Case Number

Follow these steps for each household member to determine if there is an existing MinnesotaCare case that must be re-used.

1. Locate the PMI number for each household member.
2. MMIS RKEY
 - a. Enter 'I' for Inquiry in the *Action Code* field.
 - b. Enter the PMI number in the *Recipient ID* field
 - c. Transmit.
 - If the client is known to MMIS transmit will go to RSUM. Continue to Step 3.
 - If the client is not known to MMIS transmit will go to the RSEL screen. This client does not have a MCRE case number. Repeat Step 2 for all other household members.
3. MMIS RSUM
 - a. Type RCAS in the *Next* field.
 - b. Transmit.
4. MMIS RCAS
 - a. Write down all MinnesotaCare case numbers listed on RCAS.
 - b. PF3 to return to RKEY
5. MMIS RKEY
 - a. Enter 'I' for Inquiry in the *Action Code* field.
 - b. Enter the MCRE case number in the *Case Number* field
 - c. Transmit to RCIN.
6. MMIS RCIN

Check the *REL* field for the T-MCRE enrollee's line of information. If the T-MCRE enrollee:

 - a. Is the '01' person on for the case number, use that case number to enter MCRE eligibility. Check the *Service Location* field. Request the case be transferred to your service location if it is not your county's service location number. Intercounty transfer logons for counties are X1+County Code+ICT.
 - b. Is the '02' person on the case, and the T-MCRE household composition is the same as the MCRE household composition listed, use that case number to enter MCRE eligibility. Check the *Service Location* field. Request the case be transferred to your service location if it is not your county's service location number. Intercounty transfer logons for counties are X1+County Code+ICT.
 - c. Does not meet either a or b, create a new MCRE case number.

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Multiple MinnesotaCare Case Numbers Assigned – New Case P30 or Denied

When eligibility is entered on a new case number in error, follow these steps only if the new case has either a P30 (pending for more information) or denied status:

1. MMIS RKEY
 - a. Enter 'C' on the Action Code field.
 - b. Enter the case number in the Case Number field.
 - c. Transmit to RCIN.
2. MMIS RCIN
 - a. Update the *CN* field to 'N'.
 - b. Check that the *CV* field is 'Y'.
 - c. Check that the *RC* field is blank.
 - d. Select the person with an 'X' in front of the PMI number.
 - e. Transmit to RELG.
3. MMIS RELG
 - a. Update the *Status Code* to 'D'.
 - b. Update the *Reason Code* to '29'.
 - c. PF9 to RCIN.
4. MMIS RCIN
 - a. Update the *CV* field to 'N'.
 - b. PF 9 to go to RSLT
5. MMIS RSLT
 - a. Enter 'Y' in the *Orig/Reapp Approved* field.
 - b. PF 3 twice to save the results and return to RKEY.
6. MMIS RKEY
 - a. Update eligibility using the correct case number.
7. Enter a case note on both cases explaining the situation.

Multiple MinnesotaCare Case Numbers Assigned – New Case A00

When eligibility is entered on a new case number in error, and the new case has an A00 status (active), enter a case note on the old case entitled NEW CASE NUMBER ASSIGNED. Note the new case number and that this old case number should no longer be used. Enter a case note on the new case explaining that a new case number was created in error and list the old case number to reference. Continue to use the new case number.

Multiple MinnesotaCare Case Numbers Assigned – New Case P41

When eligibility is entered on a new case number in error and the new case has a P41 status (pending awaiting payment), contact the MMIS Help Desk for direction at 1-800-366-7894.

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Timeframes for Ongoing and Retro MCRE Coverage

- A. Ongoing MCRE coverage always begins the first of the month after the premium payment is **received**.

Payment Received Date	Coverage Begin Date
March 3	April 1
March 31	April 1
April 1	May 1

- B. Retro MCRE coverage premium notices are mailed **after** the initial premium payment is received.

Note: For clients eligible for retro MCRE, the initial premium payment must be received by the month following the month of approval in order for the retro MCRE notice to be sent and coverage be considered.

Example:

MCRE eligibility is approved and an initial premium notice is mailed on January 14. The initial premium payment must be received by the last working day in February in order to be considered for retro MCRE coverage.

The initial premium is received on February 20. A retro premium notice for January and February coverage is sent.

- C. Retro MCRE premiums must be paid by the end of the month following the month the retro premium notice is sent. All retro premiums must be received before retro coverage is established.

Note: Different obligation numbers, found in the MMIS Financial Control Subsystem, are assigned to the ongoing coverage premium notice and the retro premium notice. Enrollees **must include the correct obligation number** with their retro premium payment. If the correct obligation number is not included the payment may be applied incorrectly and retro coverage will not be established.

Example:

Ed applies and is approved eligible for MCRE in June. The initial premium is received July 14.

Action:

Ed's ongoing coverage begins August 1. The retro premium notice is sent on July 14. Ed must pay the retro premium, providing the correct obligation number, by the end of August in order to receive retro MCRE coverage.

- D. Helpful Resources:

1. Health Care Program Manual 07.20.30, Retroactive MinnesotaCare
2. MMIS User Manual, Retroactive MinnesotaCare – Entering a Retro Span
3. MMIS User Services, 1-651-431-3930 or 1-800-366-7894.