

# Bulletin

November 20, 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 for applications and renewals processed on or after December 1, 2007.

## EXPIRATION DATE

November 20, 2008

## Legislature Enacts Changes to MinnesotaCare for Adults Without Children Effective January 1, 2008

### TOPIC

Legislative changes to MinnesotaCare for adults without children effective January 1, 2008.

### PURPOSE

Provide information and instructions for MinnesotaCare policy and coverage changes effective January 1, 2008.

### CONTACT

MinnesotaCare Operations, counties and tribal agencies should submit policy questions to HealthQuest.

All others should direct questions to:

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

### SIGNED

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BRIAN J. OSBERG  
Assistant Commissioner  
Health Care Administration

## **Background and Introduction**

The 2007 Minnesota legislature enacted laws that changed certain requirements and repealed or eliminated others for Minnesota Health Care Programs (MHCP). This bulletin provides information and instruction for MinnesotaCare changes for adults without children, effective January 1, 2008.

This bulletin contains the following sections:

- A. Current Income Standard and Benefits for MinnesotaCare Adults Without Children
- B. Income Standard Increase for MinnesotaCare Adults Without Children
- C. Elimination of the MinnesotaCare Limited Benefit Set
- D. MMIS System Information and Instruction
- E. Legal References
- F. Special Needs

### **A. Current Income Standard and Benefits for MinnesotaCare Adults Without Children**

Currently, applicants and enrollees who are adults without children (non-pregnant adults ages 21 and over with no children under age 21 in their households) are eligible for MinnesotaCare if their income is at or below 175% of the Federal Poverty Guidelines (FPG). Adults without children are disenrolled between renewals or at renewal if their income exceeds 175% FPG.

Benefits for MinnesotaCare adults without children are based on the enrollee's level of income. Adults without children with income at or below 75% FPG receive the Basic Plus One benefit set. Adults without children with income above 75% FPG (but not exceeding 175% FPG) receive the MinnesotaCare Limited benefit set. The MinnesotaCare Limited benefit set covers fewer services than Basic Plus One. For detailed information about covered services included in MinnesotaCare benefit sets, see the MHCP Provider Manual, Chapter 2 online at [http://www.dhs.state.mn.us/main/id\\_000094](http://www.dhs.state.mn.us/main/id_000094).

Because the benefit sets for MinnesotaCare adults without children are based on an enrollee's income level, benefits may change between renewals or at renewal if income changes occur. An enrollee receiving the Basic Plus One benefit set changes to the MinnesotaCare Limited benefit set if income exceeds 75% FPG. Likewise, an enrollee receiving the MinnesotaCare Limited benefit set changes to the Basic Plus One benefit set if income decreases to 75% FPG or below.

### **B. Income Standard Increase for MinnesotaCare Adults Without Children**

Effective January 1, 2008, the income limit for MinnesotaCare applicants and enrollees who are adults without children increases to 200% of the Federal Poverty Guidelines (FPG).

MinnesotaCare Adults Without Children

200% FPG    Effective January 1, 2008

Family Size	Gross Income	
1	\$1,702 / month	\$20,424 / year
2	\$2,282 / month	\$27,384 / year
Household > 2	Not eligible	

- ▶ Apply the 200% FPG income limit to applications for adults without children processed on or after December 1, 2007.
- ▶ Apply the 200% FPG income limit to renewals for adults without children processed on or after December 1, 2007, that have a redetermination date of December 31, 2007, or later.

Do not approve January renewals prior to December 1 for enrollees who are adults without children with income above 175% but at or below 200% FPG. MMIS will not allow coverage to be approved above 175% FPG until December 1.

- ▶ Continue to apply the 175% FPG income limit to adults without children to determine eligibility for retroactive MinnesotaCare for months prior to January 2008. See the Minnesota Health Care Programs Manual (HCPM), Chapter 07.20.30, Retroactive MinnesotaCare.

Example 1

The agency receives a new application on November 15, and processes it on December 8. The applicant is an adult married couple with no children in the household.

Action:

The worker determines eligibility using the 200% FPG income standard. The household is approved for coverage pending “awaiting premium payment” effective January 1, 2008.

Example 2

The agency receives a January renewal from a single adult with no children in late November and processes it on December 3. The redetermination date on the RSLT screen in MMIS is 12/31/07.

Action:

The worker uses the 200% FPG income limit to determine eligibility and approves the renewal.

Example 3

The agency receives a January renewal on November 10 from a single adult with no children and processes it on November 23. All information and verifications are included with the renewal form. The enrollee has income above the 175% FPG limit, but at or below the new January 200% FPG limit.

Action:

Process and approve the renewal on or after December 1, 2007.

Example 4

Marie's MA coverage is closed when her only child moves out of her home in November. She has no other basis of eligibility for MA and she does not meet the income or asset limits for GAMC.

Action:

The county worker forwards her most recent renewal form and related paperwork to MinnesotaCare Operations for a MinnesotaCare determination. (If the county is a MinnesotaCare enrollment site, the county worker would complete the MinnesotaCare determination.) Marie is determined eligible for MinnesotaCare as an adult without children with income just below 200% FPG. MinnesotaCare is approved on December 2, pending awaiting payment for January 1, 2008 coverage. Marie's income is above 175% FPG for a household of one, so she is not eligible for retroactive MinnesotaCare for the month of December 2007.

**C. Elimination of MinnesotaCare Limited Benefit Set**

Effective January 1, 2008, the MinnesotaCare Limited benefit set is eliminated. All MinnesotaCare adults without children will receive the Basic Plus One benefit set.

- ▶ Instruct enrollees who inquire about this change in benefits to contact their health plan for information about the services now available to them under the Basic Plus One benefit set. Enrollees who are not yet enrolled in a health plan may contact the MHCP Member Helpdesk at 1-800-657-3739.
- ▶ Instruct enrollees who inquire about dental benefits under Basic Plus One, or who need help locating a dental provider to their health plan. Refer enrollees who are not enrolled in a health plan to the MHCP Member Helpdesk.
- ▶ DO NOT instruct enrollees to call the central MinnesotaCare 1-800 number. Questions about covered services must be referred to the enrollee's health plan or the MHCP Member Helpdesk if the enrollee is not enrolled in a health plan.

**D. MMIS System Information and Instruction**

Beginning January 1, 2008, all MinnesotaCare adults without children will receive the same benefit set. Workers will no longer differentiate enrollees whose income is at or below 75% FPG from those above 75% FPG. Adults without children who are eligible for MinnesotaCare

(with income at or below 200% FPG) will be enrolled under Major Program BB, Elig Type M1. The BB/M3 coding will only be used for retroactive coverage prior to January 2008, as the MinnesotaCare Limited benefit set will no longer exist effective January 1, 2008.

Beginning with applications processed on or after December 1, 2007 and renewals processed on or after December 1, 2007, with a redetermination date of December 31, 2007:

- ▶ Approve MinnesotaCare for adults without children with income at or below 200% FPG using the BB/M1 codes only. Do not enter BB/M3 eligibility for coverage months starting on or after January 1, 2008.
- ▶ Approve retroactive MinnesotaCare for adults without children for months prior to January 1, 2008, using the BB/M1 ( $\leq 75\%$  FPG) or BB/M3 ( $>75\%$  FPG) codes, depending on income.

MMIS system changes will be implemented to support the elimination of the MinnesotaCare Limited Benefit set and income limit increase to 200% FPG. The changes include:

- New or updated system edits to require Elig Type M1 when Major Program BB is used;
- Changes to existing edits to allow RIMG codes G, 1, 2 or 3 with Eligibility Type M1;
- Automatic conversion of existing BB/M3 enrollees to BB/M1; and
- New notice text.

## 1. System edits

### RELG:

Two new MMIS edits have been created to address the elimination of the MinnesotaCare Limited benefit set:

- **“IF MAJOR PROGRAM IS BB, ELIG TYPE MUST BE M1”**
- **“ELIG TYPE M3 IS NOT VALID AFTER 01/01/08”**

Both edits will display for RELG spans entered 12/01/07 or later when case actions are taken for 01/01/08.

For RELG spans added 12/01/07 or later, if Major Program BB and any MinnesotaCare Elig Type other than M1 are used, the following edit will display:

**“If MAJOR PROGRAM IS BB, ELIG TYPE MUST BE M1”**

This new edit will NOT display for retro spans (Reason codes P32 or P33) with an eligibility begin date prior 01/01/08.

A BB/M3 span added 12/01/07 or later with a begin date of 01/01/08 or later will trigger the following edit:

**“ELIG TYPE M3 IS NOT VALID AFTER 01/01/08”**

The edits will prevent BBM3 spans from being entered for 01/01/08 or later and will ensure mismatched Major Program and Eligibility Types are not being used.

Note: Workers should enter BBM3 spans for retro periods (Reason codes 32 and 33) that begin prior to 01/01/08, even if the end date is after 01/01/08. Once the retro premium payment is made, MMIS staff will manually close retro BB/M3 RELG spans effective 12/31/07 and create BB/M1 spans with a begin date of 01/01/08.

**2. Cross-Screen Edits (RELG/RIMG)**

Effective 12/01/07, existing logic is modified to increase the income limit for major program BB from 175% to 200% FPG for adults without children. This edit will display if the Major Program is XX, and the RIMG income indicator is not 4 or 5:

**“RIMG INDICATES INCOME IS BELOW 200%, MAJOR PROGRAM CANNOT BE ‘XX’”**

Effective 12/01/07, existing logic is modified to change the income limit for adults without children if they are noncitizens. This edit will display if the RIMG indicator is equal to 1, 2 or 3 and citizenship is equal to N and Major Program is FF:

**“RIMG INDICATES RECIP IS NOT A CITIZEN, MAJOR PGM S/B ‘BB’ OR ‘JJ’”**

Effective 12/01/07, existing logic is modified to remove RIMG income indicators below 200% FPG for adults without children. This edit will display if the RIMG indicator is 4 or 5 and Major Program is BB:

**“RIMG INDICATES ADULT NON-PARENT ABOVE 200%; SHOULD BE CLOSED OR DENIED”**

Effective 12/01/07, existing logic is modified to include the RIMG indicators for income below 200% FPG, and exclude Eligibility Types not allowed for Major Program BB. This edit will display for adults without children if the RIMG income indicator is not equal to 4 or 5 and Eligibility Type is equal to M3:

**“FOR MAJ PROG BB WITH RIMG INC BELOW 200%, ELIG TYPE MUST BE M1”**

**3. Conversion Program:**

MMIS will run an automatic conversion program on December 20, after the MinnesotaCare

Reinstate process is run. This conversion program will close BB/M3 RELG spans where appropriate, and update the Major Program/Elig Type to BB/M1 as follows:

**a. Active BB/M3 cases:**

Active BB/M3 RELG spans will be closed with a status and reason code of C89 (Conversion of MP/ET), status date of 12/20/07, and an Elig End date of 12/31/07. A new active BB/M1 RELG span with a Status and Reason code of A00 and an Elig Begin Date effective 01/01/08 will be opened. MMIS will issue a notice to the enrollee about the change in benefit set. The program will then create a case note stating, "Legislative change: PMI 12345678-BBM3 span converted to BBM1 eff 01/01/08."

**b. Closed BB/M3 cases with a future end date:**

BB/M3 spans with an Elig End date later than 12/31/07 will be updated with an Elig End date of 12/31/07. A new, closed BB/M1 span will be entered with the same Elig End Date and Reason code as the original closed span, and a Status Date and Date Added of 12/20/07. MMIS will issue a notice to the enrollee about the change in benefit set. The program will then create a case note stating, "Legislative change: PMI 12345678-BBM3 span converted to BBM1 eff 01/01/08."

**c. Pending BB/M3 cases:**

Pending BB/M3 spans will be updated to BB/M1. A case note will be created stating "Legislative change: PMI 12345678-Converted pending BBM3 span to BBM1span."

Exception: MinnesotaCare retro pending spans (P32 and P33) that are currently in MMIS will not be converted from BB/M3 to BB/M1, as they are potentially eligible for BB/M3 prior to 12/31/07. These cases will be tracked by MMIS staff, and will be manually converted once the retro premium has been paid.

**4. Edits That Will Be Bypassed After the Conversion**

After the automatic conversion is run on December 20, MMIS will no longer display these edits for enrollees with pending BB spans if the Elig Begin Date is 10/01/07, 11/01/07, or 12/01/07 and the Status/Reason is P41 or P43:

- "RIMG INDICATES ADULT NON-PARENT ABOVE 175%; SHOULD BE CLOSED OR DENIED"
- "FOR MAJ PROG BB WITH RIMG INC BTWN 75 & 175, ELIG TYPE MUST BE M3"

MMIS will allow enrollees with pending BB eligibility that have been converted from BB/M3 to BB/M1 to have a RIMG Income Indicator "3" (INCOME BETWEEN 175% 200%

FPG). MMIS will also allow converted BB/M1 spans to have corresponding RIMG spans with Income Indicators G, 1, 2, or 3.

## 5. Special Processing for Retroactive MinnesotaCare Eligibility

- a) Beginning December 1, MMIS will not display this edit for enrollees with retro BB/M3 spans (P32 or P33) that are entered after 12/01/07, if the retro Elig Begin Date is prior to 01/01/08 and the RIMG Income Indicator is “3” (INCOME BETWEEN 175% 200% FPG):

- “RIMG INDICATES ADULT NON-PARENT ABOVE 175%; SHOULD BE CLOSED OR DENIED”

Note: MMIS will not display a warning if an enrollee is over the 175% FPG income limit for the retro period prior to 01/01/08. Workers must use the denial code D10 (Over Income) to manually deny applicants that have income above 175% FPG.

- b) For applicants who have income above the 175% FPG limit, but whose retro period of eligibility ends 12/31/07 (ongoing coverage begins 01/01/08):
- On RELG, enter the ongoing BB/M1 span with Elig Begin Date 01/01/08 and Status Reason P43, then PF11 for a new span.
  - Enter the retro BB/M3 span for the time period of the retro request with the appropriate Elig Begin Date, End Date 12/31/07, and Status Reason D10.
  - On RIMG, enter Income Indicator 3. The From Date should be the first day of the month of the retro request.

### Example 5

An enrollee had GAMC through 11/30/07, then is set as P41 effective 01/01/08 with potential retroactive eligibility for 12/07. However, the enrollee did not meet the 175% FPG income standard for December. The worker denies the retroactive eligibility period with the denial code D10. The RELG screen would be appear:

```
PRG: BB MCRE NPAR  ELIG TY: M1 MINNESOTACARE GROUP I          CASE: X1234567
ELIG BEGIN: 01/01/08  ELIG END: 99/99/99 CFR: MCR STATUS: P  REASON: 43
STATUS DATE: 11/01/07 DATE ADDED:                          INDICATOR: N APPL DT: 12/10/07
```

```
PRG: BB MCRE NPAR  ELIG TY: M3 MINNESOTACARE GROUP III        CASE: X1234567
ELIG BEGIN: 12/01/07  ELIG END: 12/31/07 CFR: MCR STATUS: D  REASON: 10
STATUS DATE: 11/01/07 DATE ADDED:                          INDICATOR: N APPL DT: 12/10/07
```

```
PRG: MA MEDICAID   ELIG TY: AA PARENT OF A DEPENDENT CHILD    CASE: X1234567
ELIG BEGIN: 07/01/07  ELIG END: 11/30/07 CFR: 027 STATUS: C  REASON: 99
STATUS DATE: 11/15/07 DATE ADDED: 07/01/07                 INDICATOR: N APPL DT: 07/01/07
```

- c) For enrollees who have income above 175% FPG but at or below 200% FPG, but whose retro period of eligibility begins 12/01/07 (or earlier) and ends AFTER 12/31/07 (ongoing coverage begins 02/01/08 or later):



- On RELG, enter the ongoing BB/M1 span and allow the system to populate the Elig Begin Date (02/01/08 or later) and Status Reason P43, then PF11 for a new span.
- Enter another retro BB/M3 span for the first month(s) of the retro request with the Elig Begin Date being the date of the first requested month, End Date 12/31/07, and Status Reason D10.
- On RIMG, enter Income Indicator 3. The From Date should be the first day of the month of the retro request.
- Refer the case to the MMIS User Services Help Desk. Help Desk staff will enter a retro span BB/M1 (P32 or P33) 01/01/08 – the ongoing eligibility begin date, and key the necessary information on RTRO.

#### Example 6

An enrollee has income above 175% FPG but at or below 200% FPG, and was enrolled in MA ending 11/30/07. She applies for MinnesotaCare in December and she is determined eligible in January 2008. The worker enters a P41 span effective 02/01/08. Because the applicant has income above the 175% FPG limit for December 2007, the worker would enter a D-10 span for 12/01/07 to 12/31/07, and refer the case to the Help Desk to enter a retro span for 01/01/08 – 01/31/08. The RELG screen would appear:

```
PRG: BB MCRE NPAR  ELIG TY: M1 MINNESOTACARE GROUP I      CASE: X1234567
ELIG BEGIN: 02/01/08  ELIG END: 99/99/99 CFR: MCR STATUS: P  REASON: 43
STATUS DATE: 11/01/07 DATE ADDED:                INDICATOR: N APPL DT: 01/10/08
```

```
PRG: BB              ELIG TY: M3                        CASE: X1234567
ELIG BEGIN: 12/01/07  ELIG END: 12/31/07 CFR: mcr STATUS: D  REASON: 10
STATUS DATE:          DATE ADDED:                INDICATOR: n APPL DT: 01/10/08
```

```
PRG: MA MEDICAID     ELIG TY: AA PARENT OF A DEPENDENT CHILD  CASE: X1234567
ELIG BEGIN: 07/01/07  ELIG END: 11/30/07 CFR: 027 STATUS: C  REASON: 99
STATUS DATE: 11/15/07 DATE ADDED: 07/01/07          INDICATOR: N APPL DT: 07/01/07
```

Help Desk staff would then enter the following retro span:

```
PRG: BB MCRE NPAR  ELIG TY: M1 MINNESOTACARE GROUP I      CASE: X1234567
ELIG BEGIN: 01/01/08  ELIG END: 01/31/08 CFR: MCR STATUS: P  REASON: 33
STATUS DATE: 11/01/07 DATE ADDED:                INDICATOR: N APPL DT: 01/10/08
```

#### **6. New Notice Text:**

MMIS will generate notices to enrollees whose eligibility and coverage is changed from BB/M3 (MinnesotaCare Limited benefit set) to BB/M1 (Basic Plus One) on December 20th. These enrollees will receive a revised version of the MinnesotaCare Important Information notice for Reason Code 222. To view the current Important Information notice, see the MMIS User Manual, [MinnesotaCare Notices](#) .

The revised notice will read:

State law has changed. Effective January 1, 2008, you will no longer get the MinnesotaCare Limited benefit set. You will now get the Basic Plus One benefit set. The Basic Plus One benefit set covers more services than the Limited benefit set. Your copays will also change. (Authority: Minnesota Statute 256L.03)

#### ADDITIONAL SERVICES COVERED

• Emergency ambulance • Eye exams/eyeglasses • Dental care • Hearing aids • Home care • Hospice care • Medical supplies and equipment • Podiatrists • Rehabilitation therapies

#### COPAY CHANGES

Your office visit copay will decrease to \$3. Your copay on nonemergency visits to the ER will decrease to \$6. Your prescription copay will still be \$3 but you will not have a \$20 monthly maximum on prescription copays. You will have a \$25 copay on eyeglasses. There are no changes to your inpatient hospital copay.

#### QUESTIONS?

If you have questions about what the Basic Plus One benefit set covers, refer to your health plan certificate of coverage or call the member services number on your health plan card. If you are not yet enrolled in a health plan, call the Minnesota Health Care Programs Member Help Desk at (651) 431-2670 or (800) 657-3739 toll free.

#### **E. Legal References**

Laws of Minnesota 2007, Chapter 147, Article 4, Sections 20, 21, 22, 23, 28, and 41.

#### **F. Special Needs**

This information is available in other forms to people with disabilities by contacting us at (651) 431-2283 (voice) or toll free at (888) 938-3224. TDD users can call the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.