

Bulletin

December 1, 2008

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

OF INTEREST TO

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

ACTION/DUE DATE

Please read and implement effective January 1, 2009.

EXPIRATION DATE

December 1, 2010

Health Care Determinations for Certain MinnesotaCare Enrollees Closed for Nonpayment of Premiums

TOPIC

Determining eligibility for Medical Assistance (MA) or General Assistance Medical Care (GAMC) for certain MinnesotaCare enrollees closed for nonpayment of premiums.

PURPOSE

To provide policy and instructions to facilitate health care determinations for certain MinnesotaCare enrollees who are closed for nonpayment of premiums.

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

BRIAN J. OSBERG
Assistant Commissioner
Health Care Administration

I. Background and Introduction

The Department of Human Services (DHS) received approval from the Centers for Medicare & Medicaid Services (CMS) to renew Minnesota's Prepaid Medical Assistance Project Plus waiver with new terms and conditions, effective October 31, 2008. The waiver provides authority for DHS to operate the MinnesotaCare program with federal financial participation (FFP) for families with children.

The waiver renewal terms and conditions require that DHS invite enrollees whose MinnesotaCare coverage is closed for failure to pay the premium to apply for Medical Assistance (MA) if there is potential MA eligibility.

II. Health Care Determinations when MinnesotaCare is Closed for Nonpayment of Premiums

A. Identification of enrollees closed for nonpayment of premiums

Beginning in December 2008, the MinnesotaCare C-22 MA Determination Report will identify MinnesotaCare enrollees whose coverage closed on the last day of the previous month solely due to nonpayment of their MinnesotaCare premium and who are:

- Under age 21
- Parents
- Stepparents
- Relative caretakers
- Foster parents
- Legal guardians

The report will not identify the following closed MinnesotaCare enrollees:

- Enrollees closed for reasons other than non-payment of premiums
- Adults without children
- Pregnant women and infants under age two. MinnesotaCare coverage cannot be closed for these enrollees for nonpayment.

The December 2008 report will identify enrollees whose MinnesotaCare coverage was closed effective November 30, 2008, for nonpayment of premiums.

The report will be generated monthly after 20-day reinstatement occurs to ensure that enrollees whose MinnesotaCare coverage was reinstated do not appear on the report.

The MinnesotaCare C-22 MA Determination Report will be available in Infopac as report MW0462. There is no action needed to access this report. It will be added to the complement of MinnesotaCare program reports used and printed by county agencies and MinnesotaCare Operations. Use this report to estimate the potential number of requests for an MA or GAMC determination you may receive under this process.

B. Notification of Potential MA or GAMC Enrollees

MinnesotaCare enrollees who appear on the MinnesotaCare C-22 MA Determination Report will be notified that they may apply for MA or GAMC without having to submit a new application.

1. DHS will mail the MinnesotaCare Program Options letter (Attachment A) to the person listed as member 01 in a household with a member on the MinnesotaCare C-22 MA Determination Report. Letters will include a postage-paid return envelope pre-addressed for delivery to a central DHS location.
2. Individuals and families who want to have their eligibility determined for MA or GAMC must return the MinnesotaCare Program Options letter in the postage-paid return envelope.
3. DHS will date stamp letters and distribute them to MinnesotaCare Operations and county agencies based on the MinnesotaCare case service location. A coversheet (Attachment B) will accompany the letters to help agencies readily recognize the MinnesotaCare Program Options letters.

C. Application requirements

1. MinnesotaCare coverage closed prior to November 30, 2008.
The MinnesotaCare Cancellation Notice includes language instructing individuals and families to contact their county agency if they want to apply for MA or GAMC.

Request a new Health Care Programs Application (HCAPP) from individuals and families whose MinnesotaCare coverage closed for any reason prior to November 30, 2008, if they want to apply for MA or GAMC, and they have not filed an application or renewal within the last 45 days. See HCPM 07.05.10 - Application Required.

2. MinnesotaCare coverage closed on or after November 30, 2008.
 - a. Require a new HCAPP according to current policy (HCPM 07.05.10 - Application Required) from individuals and families who:
 - did not receive the MinnesotaCare Programs Option letter, or;
 - returned their MinnesotaCare Premium Options letter after the due date stated on the letter. Consider the MinnesotaCare Program Options letter a request to apply for MA or GAMC. (HCPM 07.20.05 – Date of Application.)
 - b. Do not require a new HCAPP from individuals and families whose MinnesotaCare coverage is closed for non-payment, and who:
 - receive the MinnesotaCare Programs Option letter, and;
 - return the MinnesotaCare Programs Option letter on or before the due date.

D. Processing MA or GAMC Eligibility

1. MinnesotaCare Operations processing of MA determinations.
Beginning in January 2009, MinnesotaCare Operations in St. Paul will determine MA eligibility for individuals and families who return the MinnesotaCare Program Options letter, and whose MinnesotaCare cases were administered by MinnesotaCare Operations.
 - a. MinnesotaCare Operations will process MA for families with children, except those that meet the criteria described in II.D.2, below. MinnesotaCare Operations will transfer cases meeting the criteria to the county of residence for the MA or GAMC eligibility determination.
 - b. MinnesotaCare Operations will provide ongoing case maintenance for these MA families with children cases.
2. County or tribal agency processing of MA or GAMC.
MinnesotaCare Operations will transfer the MinnesotaCare case file to the county or tribal agency of residence for an MA or GAMC eligibility determination for enrollees who return the MinnesotaCare Program Options letter and meet the following criteria:
 - a. Households that include members of an active MAXIS case (MA, GAMC, MFIP, Food Support).
 - b. Households that include stepparents, parents or caretakers who do not have an MA parent basis of eligibility, and who may be eligible for GAMC. This includes:
 - parents with children ages 19 through 20,
 - stepparents with no biological children under age 19 in the household, or
 - foster parents and legal guardians who are not related to the children in their care.
 - c. Households that include members who are disabled.
 - d. Households that include members who are age 65 or older.
 - e. Households that MinnesotaCare Operations is not able to process for MA due to unforeseen systems issues or other program eligibility outside the scope of MA for families with children.

Example:

MinnesotaCare coverage is closed for a family due to nonpayment of premiums. They do not reinstate their coverage by paying all billed premiums. DHS mails a MinnesotaCare Program Options letter and the family returns the letter by the due date. MinnesotaCare Operations previously administered their MinnesotaCare case. However, the family has an active Food Support case.

Action:

Transfer the family's MinnesotaCare case with the MinnesotaCare Program Options letter to the county agency in the county where they reside for an MA determination. On the Inter Agency Transfer Form (DHS-3195) the reason for transfer is "Other" and the MinnesotaCare Operations worker writes "MA/GAMC determination needed per bulletin #08-21-11. I am unable to process due to active MAXIS case."

4. Processing requirements

The following processing requirements apply to all cases being evaluated for MA or GAMC after MinnesotaCare has closed for nonpayment of premiums.

- a. Add MA coverage for individuals already counted as a member of an existing MA household to the existing MA case (HCPM 17.20 - Adding a Household Member).
- b. Contact households that include one of more members who continue to be enrolled in MinnesotaCare, such as a pregnant woman, infant under the age of two, or members who were not enrolled when coverage was closed.
 - Contact the household by phone or by mail to ask if these members want to apply for MA or GAMC with the other family members.
 - Coordinate the opening of MA and closing of MinnesotaCare. See HCPM 07.20.25 – Eligibility Begin Date for information about coordinating coverage.
- c. Use the most recent application or renewal on file to determine MA or GAMC eligibility.
- d. The date of application for MA or GAMC is the DHS date-stamp on the MinnesotaCare Programs Option letter.
- e. Review MinnesotaCare case notes and all MMIS MinnesotaCare screens to ensure the eligibility determination is based on the most current information known to the agency.
- f. Request verification of MA or GAMC eligibility criteria, such as, income, assets, or disability status, according to current policy. See HCPM Chapter 09 – Verification Requirements.
- g. Approve up to three months of retroactive coverage for individuals eligible for MA, beginning with the first day of the month following the effective date of the MinnesotaCare closing. Do not approve MA for any months in which an individual was enrolled in MinnesotaCare, unless this coverage is specifically requested. See HCPM 07.20.50 – Program Overlap.

- h. Approve GAMC if an individual is ineligible for MA but meets all GAMC eligibility requirements.
- i. Approve Transitional MinnesotaCare (HCPM 03.55 – Transitional MinnesotaCare) if an individual would be eligible for GAMC but does not have a qualifier.

Example:

A family's MinnesotaCare coverage was cancelled effective December 31 for nonpayment of their monthly premium. They did not reinstate their MinnesotaCare coverage by paying all billed premiums by January 20. DHS mails a MinnesotaCare Program Options letter to the family on January 26. The due date on the letter is February 28.

The family returns the MinnesotaCare Program Options letter on February 15. The county agency previously administered their MinnesotaCare case. DHS sends the MinnesotaCare Program Options letter to the county agency.

Action:

The family returned their MinnesotaCare Program Options letter before the due date of February 28 to have MA or GAMC eligibility determined without having to submit a new application. Determine MA eligibility using the most recent application or renewal. Determine GAMC eligibility for any member who is ineligible for MA but meets all GAMC eligibility requirements.

Note: If the family had returned the MinnesotaCare Program Options letter on or after March 1, they would have had to complete a new HCAPP (DHS-3417).

III. Systems Instructions

There are no systems changes. Determine MA and GAMC eligibility using MAXIS and enter information in MMIS as usual.

IV. Attachments:

Attachment A – MinnesotaCare Program Options Letter

Attachment B – Program Options Coversheet

V. 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).

Attachment A

(Service location)

Agency Name:

Address:

Address:

**MinnesotaCare
Program Options**

Date:

Bar code

Worker number (PW or X1)

Client

Name

Address

Case Number

MinnesotaCare has been closed for some or all people in your household because you did not pay the premium. Household members who were cancelled could be eligible for Medical Assistance.

If you want us to review for eligibility for Medical Assistance, which has no premium, please do the following:

- Sign the bottom of this letter.
- Mail this letter in the enclosed envelope. We must receive it by *(last date of the next month auto inserted here)*.

We will ask you for more information if we need it.

If you have questions call:

(County worker and phone) *(System inserts appropriate information.)*

Worker and Phone:

or

(MCRE worker and phone)

Worker and phone

Out state: 1-800-657-3672\

By signing below, I agree that I want to have my eligibility reviewed for Medical Assistance. I also understand that my eligibility may be reviewed at the state office or at the county I live in.

(Three lines for signatures)

Note: Adults age 18 or older who are applying must sign.

Your Signature	Date
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This information is available in other forms to people with disabilities by contacting us at 651-431-2670 (voice), toll free at 1-800-657-3739, 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).



Attachment B

DATE: [Click **here** and type date]

TO: <Name of county contact>
<County>

FROM: <Name of DHS contact>
<DHS>

SUBJECT: Request for MA Eligibility Determination

Enclosed are requests to determine MA eligibility from people who reside in your county.

The requests are from MinnesotaCare enrollees who were cancelled due to non-payment of their MinnesotaCare premium.

Please see Bulletin ##### for instruction to process the requests.

Please send health care policy questions to HealthQuest.