

Operational Protocol for the Minnesota Prepaid Medical Assistance Plus Section 1115 Waiver Transition of Adults without Children to the Demonstration

1. On August 1, 2011, CMS approved a new expansion group under the PMAP+ waiver known as MinnesotaCare Adults without Children. Prior to August 1, 2011, this group received benefits under state-funded MinnesotaCare. Many, but not all, enrollees in the state-funded MinnesotaCare program are eligible for Medicaid coverage under the Adults without Children expansion group. Under the waiver expansion, benefits remain the same and eligibility requirements are almost entirely identical to the state-funded program, with three notable exceptions:
 - Minnesota must not claim federal matching funds for any period during which the 180-day MinnesotaCare residency requirement was in effect.
 - Incarcerated persons are not eligible for federal funding. In the state-funded program, incarcerated individuals are not disenrolled until the next renewal. To claim federal funding, federal match must not be claimed during incarcerated periods.
 - Self-declaration of citizenship is insufficient for federal funding. Minnesota must verify citizenship and/or immigration status.

2. Minnesota will submit a federal claim for medical expenditures of the Adults without Children Expansion group retroactive to August 1, 2011. Before the claim may be submitted, CMS must approve the operational protocol and required system changes must be completed. Minnesota will comply with waiver requirements for the waiver population, including citizenship verification, certification of immigration documents via the Systematic Alien Verification of Entitlement (SAVE) system, and the exclusion of incarcerated individuals.

3. In preparation for the conversion from state-funded MinnesotaCare to federally-funded MinnesotaCare for the expansion group, Minnesota programmers have developed two new eligibility types within the existing major program BB (MinnesotaCare Adults without Children). Eligibility types are always associated with a beginning date and an end date. An eligibility type of M5 will indicate that the individual meets all expansion waiver requirements for the identified time period. Health coverage expenditures incurred for services provided during a time period with eligibility type of M5 are eligible for federal matching funds. An eligibility type of M6 will indicate enrollment in state-funded MinnesotaCare for the associated time period, and no federal claim will be made.

4. Minnesota eliminated the 180-day durational residency requirement for adults without children effective August 1, 2011. This was accomplished via a policy announcement issued via an internal secure email system for all eligibility workers on August 1, 2011, the date CMS approval was received (attached). The policy announcement was immediately followed by an official bulletin announcing the change on August 2, 2011 (attached).

5. Under current procedures, when an eligibility worker is notified that a MinnesotaCare enrollee is incarcerated, the worker updates the eligibility record to indicate incarceration and a date span. Although this information is routinely documented in the record, state-funded program policy instructs that workers must take incarceration status into consideration only at renewal. New edits are being developed for the M5 and M6 eligibility types to ensure that federal funds will not be claimed for periods after August 1, 2011 in which the eligibility record indicates a beneficiary was incarcerated.

6. In January 2012, MinnesotaCare Adults without Children enrollees who do not have citizenship documentation will be identified. This information will be used for an initial batch request for verification of U.S. citizenship that will be sent to the Social Security Administration.
7. Once the citizenship information is received from the Social Security Administration, Minnesota's eligibility records will be updated to reflect citizenship for those whose citizenship is verified through this process. Request for citizenship documents will be mailed to those whose citizenship could not be verified. Workers will be instructed to update eligibility records as materials are sent in by enrollees.
8. The new M5 and M6 eligibility types and the associated edits will be installed in MMIS on or about February 29, 2012. Eligibility workers must utilize these eligibility types for new MinnesotaCare applicants. A policy bulletin will be sent to eligibility workers to explain the procedures that must be followed. Workers must apply the citizenship documentation requirements to all new MinnesotaCare applicants by electronically verifying citizenship if possible and requesting additional documentation from applicants as necessary.
9. A second batch request for verification of U.S. citizenship will be sent to the Social Security Administration to gather information regarding MinnesotaCare adults without children who were enrolled after the initial verification request was sent and before the new eligibility types were available to eligibility workers. Once the information is verified, Minnesota's eligibility records will be updated to reflect citizenship for those whose citizenship is verified through this process. Request for citizenship documents will be mailed to those whose citizenship was not able to be verified. Workers will be instructed to update eligibility records as materials are sent in by enrollees.
10. On or about March 30, 2012, a mass automatic conversion of eligibility types will take place. The system will identify all those persons in major program BB (MinnesotaCare Adults without Children) who have not been assigned to eligibility type M5 or M6. Persons whose eligibility records indicate they are not incarcerated and have proper documentation of citizenship or qualifying immigration status will be converted to eligibility type M5. Persons who do not meet these criteria will be converted to eligibility type M6, indicating that no federal claim may be made. The automated conversion process will update each enrollee's eligibility and claims payment information from state-funded MinnesotaCare to federally-funded MinnesotaCare under the waiver.
11. In April of 2012, Minnesota will submit retroactive claims for federal matching funds back to August 1, 2011 for eligible individuals with the "M5" eligibility type who meet the requirements for inclusion in the waiver expansion group. If a person was eligible for only part of the retroactive period, a claim will be made only for expenditures incurred in those months in which the individual was eligible.
12. Following the submission of claims for the retroactive period, Minnesota will claim federal matching funds for persons who fit the criteria for the Medicaid expansion waiver group on an ongoing basis.
13. New applicants will be enrolled in federally-funded MinnesotaCare if they meet the Medicaid expansion waiver criteria. Individuals who do not meet the criteria (due to immigration status or incarceration) will be enrolled in the state-funded program.
14. Enrollees who have a change in circumstances and no longer meet the criteria for participation will be disenrolled from federally funded MinnesotaCare. In the case of incarceration, this will be accomplished by system edits after an incarceration date span is entered. Edits will change the eligibility type to "M6" indicating enrollment in the state-

runded program during months of incarceration if the individual remains enrolled under state program rules. If an individual's income decreases or other changes in circumstances qualify them for Medical Assistance, the State will move enrollment to State Plan coverage.