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Sent: Friday, April 01, 2011 6:00 PM
To: Schubel, Jessica (CMS/CMCS)
Subject: April 1 PMAP questions

Categories: Minnesota - 2011 Renewal

Jessica –

Here is some additional follow up to our phone conversation today –

Health care application process

1. If an application for child or family coverage is marked “MinnesotaCare only” in box 1a, and sent to the MinnesotaCare Operations center, MinnesotaCare eligibility is determined. Medicaid eligibility is not determined.
2. If an application for child or family coverage is marked “MinnesotaCare only” in box 1a and sent to a county, eligibility is determined for MinnesotaCare. More than half of our counties process both MinnesotaCare and Medical Assistance. If a county that doesn’t process MinnesotaCare receives an application marked “MinnesotaCare only”, they send it to the state MinnesotaCare Operations center for MinnesotaCare eligibility determination.
3. If an application for child or family coverage is marked “All health care programs” or if no box is checked, Medicaid eligibility is determined. If the applicant is not eligible for Medicaid, then MinnesotaCare eligibility is determined. If such an application is received at the MinnesotaCare Operations center, it is sent to the appropriate county social service agency for a Medicaid eligibility determination.
4. For example, in January 2011, MinnesotaCare Operations received 2,000 applications directly from applicants. Of these, 500 were returned to the counties because they were marked “All health care programs” or no box was checked. In the same month, MinnesotaCare Operations received 5,500 applications that were forwarded by counties either because “MinnesotaCare only” was checked or the applicant had been determined ineligible for Medicaid.
5. We don’t have computerized tracking of whether someone has checked the box “all health care programs” vs. “MinnesotaCare only” on the application. So there is no way to run a report identifying persons who have checked the box “MinnesotaCare only” but whose incomes appear to be low enough to qualify under the state plan.

6. The process in items 1-4 was developed in coordination with CMS to ensure that the children and families population was being provided with informed choice between State plan coverage and federally funded MinnesotaCare under the waiver. On March 1, 2011 Minnesota received authority to cover adults without children with incomes under 75% FPG under the State plan. Minnesota does not have waiver authority to cover adults without children under federally funded MinnesotaCare. Therefore adults without children with incomes under 75% FPG do not have the option to choose between state plan coverage and federally funded MinnesotaCare, and question 1a is not applicable to this group. If the application is received at a county, Medicaid eligibility is determined. If the application is received at the MinnesotaCare Operations center and it appears that the applicant could be within the income requirements for Medicaid, the application is forwarded to the county for a determination of Medicaid eligibility. If no Medicaid eligibility is found, the applicant is evaluated for state-funded MinnesotaCare.
7. The same application form <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3417-ENG> is used whether a person is applying for federally funded Medicaid, federally funded MinnesotaCare or a state-funded health care program, (except that an alternate application is used for our family planning program.)

Incarceration

8. The purpose of the request for a waiver to allow FFP for incarcerated individuals is to allow federal match for months in which the individual spent all or part of a month incarcerated and a health plan capitation was paid. Between eligibility redeterminations, a person may be incarcerated for a short time (DWI, etc). If a person is incarcerated at the time of application, they are denied. If a person is incarcerated at the time of eligibility redetermination, they are disenrolled from the program. They may reapply once they are back in the community. MinnesotaCare enrollees must go to their provider clinics for care under the MinnesotaCare program. MinnesotaCare capitation payments are not being used to fund health care services provided in incarceration settings.

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