

**Prepaid Medical Assistance Project Plus (PMAP+) – Summary of Proposed Demonstration Amendments
November 2010**

The chart below summarizes the changes requested from MN to the PMAP + Demonstration as a result of 2007, 2008 and 2009 Minnesota Legislative Changes.

State Requested Demonstration Amendment	Effective Date of Legislation
1) Elimination of MinnesotaCare (MNCare) Premiums and Insurance Barriers Eliminates premiums and insurance barriers for MinnesotaCare for children in families with income up to 200% FPG	July 1, 2009 or upon federal approval whichever is later
2) Automatic MinnesotaCare Eligibility for Children Residing in Foster Care or Juvenile Residential Correctional Facility Upon completion of an initial application, provides “automatic” MinnesotaCare for any child who was residing in foster care or a juvenile residential correctional facility on the child’s 18 th birthday (No income limit, insurance barriers or premiums.) MinnesotaCare coverage begins the first day of the month following the date of termination from foster care or release from a juvenile residential correctional facility. Individuals must be contacted annually to ensure that they continue to reside in the state and are interested in continuing MinnesotaCare coverage. The first period of renewal begins the month the enrollee turns 21.	July 1, 2009 or upon federal approval whichever is later.
3) Elimination of Minnesota Comprehensive Health Association (MCHA) Exclusion Eliminates MCHA exclusion. Children with incomes over 275 % FPG may purchase health care coverage through a state-funded program. to simplify operatins , the provision allowing certain children with family incomes over 275 % FPG to remain enrolled in federally –funded MinnesotaCare under this waiver is eliminated .	July 1, 2009 or upon federal approval whichever is later.
4) Income Verification and Renewals for MinnesotaCare Children MinnesotaCare children in families with income equal to or below 275 percent of FPG who fail to submit renewal forms and related documentation necessary for verification of continued eligibility in a timely manner shall remain eligible. The commissioner shall use the means in subd. 2 or any other means available to verify family income. If the commissioner determines through other means that there has been a change in income that affects premiums, the commissioner shall notify the family of the new premium payment. If the new premium payment is not received, the children will be disenrolled effective the first day of the calendar month following the calendar month for which the premium is due.	July 1, 2009 or upon federal approval whichever is later
5) Chiropractic Services Adds medically necessary chiropractic exams to MinnesotaCare benefit set	January 1, 2010
6) Exemption from 4-month insurance barrier for recipients of state COBRA subsidy Provides state subsidy equal to 35 percent of the premiums that an individual is required to pay for continuation of healthcare coverage under COBRA Any individual who receives a state subsidy under this provision is exempt from the MinnesotaCare four-month insurance barrier if the individual or the individual’s beneficiaries apply for MinnesotaCare after the individual no longer receives COBRA continuation coverage.	
7) Elimination of MinnesotaCare Farm Depreciation Income Add-back The commissioner must resubmit for federal approval the elimination of the add-back of depreciation to income for self-employed farmers	July 1, 2009
8) Coverage Effective Date for Newly Adopted Children Codifies MinnesotaCare policy regarding effective date of	

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newly adopted children	
9) Sponsor Deeming for Qualified Noncitizen PW and Children Eliminates sponsor deeming for qualified noncitizen PW and children for MA & MinnesotaCare	MA: July 1, 2010 MCRE: July 1, 2010 or upon federal approval whichever is later.
10) MA and MinnesotaCare Self-Employment: Bank accounts that contain personal income or assets, or that are used to pay personal expenses, are not considered a capital or operating asset of a trade or business. Business assets must be disclosed at application and renewal and verified upon request of local agency.	January 1, 2011 or upon federal approval whichever is later
11) Public Assistance Eligibility for Catastrophe Survivors Payments made to victims under the emergency relief fund and the catastrophe survivor compensation fund shall not be counted as income or assets for the purpose of determining eligibility for state health care [MA, MNCARE, GAMC] and maintenance programs [MFIP]. Victims of the I-35 W bridge collapse and their families who would otherwise be eligible for health care programs financed with federal funding shall be eligible for and enrolled in health care programs paid with state funding until and unless federal approval of this exclusion is granted.	Retroactive from May 9, 2008
12) MinnesotaCare Grace Month Nonpayment of premiums will result in disenrollment effective the first day of the calendar month following the month the premium was due. he commissioner shall waive premiums for coverage to persons disenrolled for nonpayment who reapply under 256L.05, subd. 3b.	January 1, 2009 or upon federal approval whichever is later.
13) MinnesotaCare Rolling Month Eligibility Allows MinnesotaCare enrollees who fail to submit renewal forms to remain eligible for an additional month before being disenrolled. The enrollee remains responsible for the MinnesotaCare premium for the rolling month	July 1, 2009 or upon Federal approval, whichever is later
14) MinnesotaCare Caretaker Adults Increases the \$50,000 income limit for MN Care caretaker adults to \$57,500 or 275 % FPG whichever is lower.	July 1, 2010 or upon Federal approval, whichever is later
15) Two month extended Medical Assistance eligibility for children under 19 and automatic MNCare eligibility for former Medical Assistance Children Provides for two month extended Medical Assistance eligibility for children under age 19 who become ineligible due to excess income. The child is deemed automatically eligible for MNCare until their next renewal, but must pay the MNCare premium in order to be enrolled.	October 1, 2008 or upon federal approval, whichever is later.
16) Coverage of adults without children and DSH – The State is requesting a waiver allowing the State to access DSH allotment matching fund for prepaid capitation health care expenditures in the MNCare program.	
17) Rebase- Update budget neutrality caps to reflect actual waiver expenditures for year 2008-2009	

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