Q &A Topics

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Release of Information

1. Are workers allowed to contact an insurance company or medical provider regarding estimated costs the insurance company may pay for a medical expense?

Answer:
Yes, based on the following language found on the HCAPP the worker and the insurance company should be able to discuss the client’s medical expenses.

“Authorization for Release (Sharing) of My Medical Information I give my consent that the following agencies or individuals may share among themselves medical information about me only for the limited purposes indicated: Health providers, health plans, insurance agencies, Minnesota Health Care Programs, my county case workers, and their contractors and subcontractors: To determine who should pay for my health care. To provide and coordinate health care services.”

Note: If the worker cannot get the payment estimate from the insurance company, the worker should enter the medical expense on STAT/BILS without it. The gross amount of the medical expense will be applied to the spenddown.
Interrupting a Certification Period

2. Do we interrupt a certification period when a child is born and has an auto-newborn basis of eligibility?

   **Answer:**
   Per HCPM 21.05, Certification Period, the certification period is not interrupted when a child is born if the child was already a part of the household size prior to birth. However, if the child is born and then added to the household, the certification period must be interrupted because the child increases the household size.

3. Do we interrupt a certification period when a pregnant woman’s eligibility is re-determined at the end of the post-partum period?

   **Answer:**
   No, do not interrupt the certification period. This change is not listed as a reason to interrupt the certification period in HCPM 21.05, Certification Period. Information on processing ongoing coverage for a woman whose post-partum period is ending can be found in HCPM 08.25, MA and GAMC Renewals.

4. Do you have to interrupt the certification period when a Food Support eligibility recertification is due?

   **Answer:**
   Yes. See HCPM 21.05, Certification Period, for more information.

5. MAXIS STAT/BUDG must be updated to interrupt a certification period. How does STAT/BUDG work?

   **Answer:**
   For information on how to use STAT/BUDG see TE09.07.03, HCRW: STAT/BUDG.
SPENDDOWN SESSIONS – Q & A

Medical Expenses

6. Can anticipated medical expenses be used at application to approve eligibility with a spenddown?

**Answer:**
An applicant has to meet all MA requirements by the end of the processing period in order to be eligible for MA. Therefore, anticipated medical expenses cannot be used to meet a spenddown at application. See HCPM 24.15, Health Care Expenses, Types of Health Care Expenses. Send the client the Primary Care Resources (DHS-4741) for a list of providers who see uninsured people, if the client does not meet the spenddown.

Example
Roger applies for MA because he does not have coverage and needs surgery. Roger’s doctor will not perform the surgery until MA is approved. Roger does not have enough medical expenses to meet a spenddown.

Action:
Allow Roger the appropriate processing period to accumulate medical expenses to meet his spenddown. Roger may need to find another surgeon to perform the operation.

7. At renewal of a manual monthly, do we look at only the fifth month of the prior certification period to determine if a client can meet a monthly spenddown for the next certification period?

**Answer:**
No, per HCPM 24.10.05, Automated Monthly Spenddowns, Automated Monthly Spenddown Calculation - Renewal, the medical expenses from the fifth month of the certification period may be used as a guide to determine eligibility for the next certification period and whether further verification is needed.

HCPM 24.10.10.05, Manual Monthly Spenddowns, Renewal, instructs to use the information reported and verified on the returned HRFs from the first five months of a certification period when determining if the client is likely to meet a spenddown in one or more months of the next certification period.
8. When do we have to enter the expense type code (H, M, P, R) on STAT/BILS?

**Answer:**
Enter the expense code in the following situations:

- A medical expense is over two years old. Enter an “M” code.
- A Service Code of “99 – Other” is entered. Enter the appropriate expense type code.
- A medical expense was incurred through a provider who is not enrolled as a Minnesota Provider, such as out-of-state provider. Enter a “P” code.
- A medical expense is incurred by a person for whom the client is financially responsible and that person is no longer in the household but would have been included in the household at the time the bill was incurred. Enter a “P” code. Also remember to enter the reference number for the person who is financially responsible for the bill and a “Y” in the dependent indicator field.
- A remedial care expense is being entered. Enter a “P” code.

9. For a client who has restricted providers, can we use medical expenses from a provider who is not one of the restricted providers (MA won’t pay) to meet a spenddown?

**Answer:**
Yes, these medical expenses can be used to meet a spenddown.

10. Can a medical expense incurred by a child or other household member be used when that person is temporarily absent (such as a college student) from the home?

**Answer:**
Household members who are considered temporarily absent are included in the household size and remain on the case, so their bills would be treated like any other household member’s bills. Allow bills incurred by a former household member toward the spenddown only if the former member would have been part of the household size at the time the expense was incurred.
Manual Monthly Spenddowns

11. Language on the HRF requesting the client to report and verify medical expenses has been removed. Can this language be added back for manual monthly spenddown reporters?

**Answer:**
DHS is in the process of adding the language back onto the HRF.

12. Can a HRF submitted after the effective date of closure be used to determine eligibility for the month it was intended?

**Answer:**
No, the client must reapply with a new application if the HRF is submitted after the effective date of closure.

13. Due to the language missing from the HRF, many manual monthly spenddown clients are not providing or verifying medical expenses. Should workers consider the HRF incomplete if a manual monthly spenddown client does not report and/or verify medical expenses incurred in the report month?

**Answer:**
No, do not consider the HRF incomplete. Send the client a MHCP Request for Information (DHS-3271) requesting the client to submit and verify medical expenses. If medical expenses are not received, process the HRF before 10-day cutoff to suspend MA eligibility.

14. Is a discrepancy report triggered when a manual monthly spenddown is suspended in MAXIS and closed in MMIS?

**Answer:**
A discrepancy report is not triggered; however, the MAXIS/MMIS Reconciliation Report will be triggered in this situation as well as when the client is eligible in MAXIS with a manual monthly spenddown and closed in MMIS. Resolution of the discrepancy is not possible in this situation; however, you should check that both systems are coded correctly.
15. When do we redetermine eligibility for a client who has a manual monthly spenddown and who submits medical expenses after the reporting month?

**Answer:**

When to redetermine eligibility (adjust the spenddown) depends on whether the month being redetermined is in the initial certification period (at application) or a certification period thereafter.

**Initial Certification Period**

Adjust spenddowns within the initial certification period (at application) if a medical expense is reported within three calendar months of the date it was incurred. Allow medical expenses incurred in the initial certification period that are not reported within three months to be used to meet a future spenddown. HCPM 24.25, Spenddown Adjustments is in the process of being clarified.

Example

Roger applies for MA on June 5 requesting three months retroactive coverage. His certification period is March through August. Roger was approved with a manual monthly spenddown for the months of March and May at the time of application. His eligibility for April was suspended because he did not provide medical expenses to meet his spenddown. Redetermine April eligibility for Roger if he provides a medical expense incurred in April as follows:

<table>
<thead>
<tr>
<th>Month Bill Reported</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>May, June, or July</td>
<td>Redetermine April eligibility</td>
</tr>
<tr>
<td>August</td>
<td>Do not redetermine eligibility. The medical expense may be used to meet a future spenddown.</td>
</tr>
</tbody>
</table>

**Ongoing Certification Periods**

Adjust spenddowns whenever medical expenses are reported for months after the initial certification period. **Do not** allow these medical expenses to be used to meet a future spenddown.
16. Can a person on a disability waiver (CAC, CADI, DD, TBI) have a manual monthly spenddown?

**Answer:**
No. People using a community income calculation who are receiving home and community-based services through a waiver program use an automated monthly spenddown to maintain eligibility for the waiver program. FIAT HC ELIG to the correct spenddown type if MAXIS shows a different spenddown type. Update MMIS RSPD to reflect monthly income changes.

**Shortened Spenddowns**

17. Do we need to approve a version of a shortened spenddown in MAXIS when there isn’t a change to the spenddown amount, satisfaction date or recipient amount, or the change is not to the client’s benefit?

**Answer:**
No, do not approve a new version of eligibility if there is no change to the spenddown or the results of the shortened spenddown are not to the client’s benefit. Enter a case note explaining the shortened spenddown situation. A notice is sent for the month of the change that created the shortened spenddown.

18. Does a new notice get sent out with shortened spenddown information if the shortened spenddown version that is to the client’s benefit is approved in MAXIS?

**Answer:**
Yes, whenever a change in eligibility is approved a notice is sent.

19. Do we need to verify actual income received in the months of a shortened spenddown created when interrupting a six-month spenddown?

**Answer:**
No, use the income that is found in STAT. See Question 9 for more information.
20. What income do we use when a shortened spenddown is created due to interrupting a six-month spenddown and the income on the STAT panels was updated based on Food Support HRFs?

**Answer:**
MAXIS uses the information entered on the income panels. This may result in the use of income in the shortened spenddown calculation that is different than what was anticipated at the initial determination of the six-month spenddown. This is correct. Do not change the STAT panels or FIAT results to change the income used. Only approve the shortened spenddown if the change results in an increased benefit for the client.

21. Will a shortened spenddown be assigned by MAXIS if a QMB or SLMB client requests and is determined to be eligible for MA with a spenddown?

**Answer:**
No, in this case MAXIS will follow current standards to determine the type of spenddown. If the client is unable to meet a six-month spenddown based on the income entered for the entire certification period, then MAXIS will determine and assign a monthly spenddown for the remainder of the budget period.

**Income Changes and Spenddowns**

22. What type of spenddown should be used when a client who does not have a spenddown has an income increase in the middle of a certification period that results in a spenddown?

**Answer:**
A monthly spenddown should be used in these situations. MAXIS will determine, whether the client’s updated income is below the six-month income standard. If it is, the client will remain eligible with no spenddown. If the income is above the six-month income standard and the client does not have medical expenses to meet the spenddown, MAXIS will select a manual monthly spenddown.
23. What should a worker do when MAXIS assigns a manual monthly spenddown to a person who had an income increase in the middle of the certification period?

**Answer:**
Approve the manual monthly results. **Do not** close eligibility manually on the system for current or future months.

When MAXIS chooses the manual monthly spenddown type in this situation it updates the Obligation tests on MAPT for the next month to N/A (not applicable). The notice issued when eligibility is approved advises the client of the manual monthly status. Here is a sample of the notice text:

“The obligation type changed to manual monthly spenddown. The manual monthly spenddown type will now be used for July 2008. (HCM 0905, 0913)

We will determine your July 2008 spenddown in August 2008. You must report your income and medical bills for July 2008 to be eligible for July 2008. (HCM 0905, 0913)”

Determine whether a HRF must be sent manually based on the HRF cutoff date for that month if the approval HRF pop-window does not appear. Track the return of manually sent HRFs using DAIL/WRIT.

More information on processing manual monthly spenddowns can be found in POLI TEMP TE09.13.11, TE09.13.12 and TE09.13.13.

**Earned Income and LTC Spenddowns/Waiver Obligations**

24. Do we require a HRF for a community spouse who is working and receiving an allocation from the LTC spouse?

**Answer:**
No, do not require a community spouse to report earned income monthly. For the community spouse, average the earned income based on the verification received at application, the annual renewal or when a change is reported. This also applies to earned income received by other family members receiving a family allocation.
25. Do LTC clients who have earned income and are using a LTC income calculation have a manual monthly spenddown?

**Answer:**
No, clients residing in a long-term care facility (LTCF) or receiving services through the Elderly Waiver who have earned income and who are using a LTC income calculation have an LTC spenddown or a waiver obligation. FIAT HC ELIG to the correct spenddown type if MAXIS gives other results. Update MMIS RSPD to reflect monthly income changes.

26. When is a HRF sent by MAXIS to an LTC client (LTCF or EW) who has earned income and is using a LTC income calculation?

**Answer:**
Based on health care policy found under Verifications in HCPM 23.0.05, MAXIS sends a HRF to a client when earned income is more than $80/month.

27. What do we do if a monthly reporter using a LTC income calculation does not return the HRF?

**Answer:**
Close MA and payment of LTC services with a 10-day notice. Do not make adjustments to the LTC spenddown or waiver obligation for the report month.

28. How does monthly reporting work for a client who has earned income and who is using a LTC income calculation?

**Answer:**
FIAT the HRF Reporting field to “Monthly” if results indicate the client is a “Non-HRF.” This will tell MAXIS to send out a monthly HRF and track its return on REPT/MONT. MAXIS should set HRF reporting to “monthly” if earned income is entered in STAT.

When the HRF is received, adjust the LTC spenddown or waiver obligation based on the earned income the client received in the month for which the client is reporting.

Due to system limitations, increases in the amount of a waiver obligation for a past month cannot be made in MMIS. When you can reasonably anticipate income will be higher in a specific month of a certification period, update the MMIS RSPD waiver prior to the month of the change.
Other Spenddown Questions

29. Is income from farm self-employment considered to be varying or non-varying?

**Answer:**
Income from farming is considered non-varying earned income because a monthly average amount is entered based on income received over a 12-month period.

Farm rental income may be considered either earned or unearned income. You will need to determine whether the earned rental income is varying or unvarying based on how and when the client is paid. See HCPM 20.25.15.40, Farm Income – Calculating Farm Income, for more information.

30. Is income from other types of self-employment, besides farming, considered to be varying or non-varying?

**Answer:**
Income from self-employment income may be considered varying or non-varying depending on the type of self-employment and how the income is calculated. See HCPM 20.25.15, Self-Employment Income, Determining Gross Self-Employment Income, for more information.

31. Do workers get notification via email if a client isn’t meeting the spenddown?

**Answer:**
No.

32. How do I find out more information about the Client Option and Designated Provider spenddown payment options?

**Answer:**
See the following HCPM sections:

- HCPM 24.10.05.05, Client Option
- HCPM 24.10.05.10, Designated Provider

Training handouts from the MA/GAMC Systems course are attached to this Q and A.
Other General Questions

33. Can people have MA and QI at the same time?

**Answer:**
No. For more information see HCPM 03.35.15, Qualified Individuals, section Relationship to Other Groups/Bases.

34. Where can information about TMA and TYMA be found?

**Answer:**
Refer to HCPM 03.25.35, TMA and TYMA for more information. Training materials for TMA/TYM can be found in the following health care online courses:

- Transitional MA (TMA)/Transition Year MA (TYMA)
- MA/GAMC Fundamentals
- Families Policy

35. Does MAXIS work correctly for the daycare expense deduction for health care, now that Food Support no longer has a limit on the amount?

**Answer:**
Yes. MAXIS will enter the correct health care deduction amount in the income calculation even if the expense is recorded at a higher amount on STAT/DCEX.

**Exception:** When both parents are working and the deduction must be split between the parents, the deduction must be FIATed.

36. If a parent or responsible relative does not cooperate in providing an ID or birth certificate for a child, do we close the child?

**Answer:**
Yes, per HCPM 11.05.15, Cooperation with Documentation Requirements, section Failure to Cooperate, if parents do not cooperate by either providing citizenship/identity documentation for their children or signing release forms to allow the agency to assist with obtaining this mandatory verification, the children’s health care program eligibility must be denied or closed.