

MinnesotaCare:

No provisions.

MA:

Applicants can request eligibility for the month of application and the retroactive month(s). Retroactive coverage is available for 3 months before the month of application See §0904.07.09 (Eligibility Begin Date).

Eligibility begins on the day incurred medical expenses equal or exceed the 6-month spenddown amount. Eligibility continues through the last day of the 6-month certification period. Clients must meet the spenddown by the end of the application month OR the date you process the application, whichever is later.

EXAMPLE:

Brad applies for MA on February 23. He is requesting retroactive coverage for January. He submits all verifications on March 5. The worker completes the eligibility determination on March 10. Brad met his 6-month spenddown on March 3. Approve eligibility effective March 3 for the certification period January-June.

Do not anticipate medical bills the client has not yet incurred when determining whether the client meets the spenddown.

EXAMPLE:

Sherita applies for MA on July 15. She does not have enough bills to meet her spenddown in July, but plans to fill a monthly prescription on August 1. Because this is within the 45-day processing period, it is possible to approve the application with an August effective date. Do not approve eligibility until Sherita verifies the August 1 charge.

To calculate the spenddown for applicants:

1. **Enter income information on the appropriate MAXIS STAT panel. Enter the anticipated income in the HC Income Estimate window in the current month plus one, benefit month. See §0911.11.03 (Computing Countable Income – MA/GAMC) for instructions on determining the anticipated income. If retroactive eligibility has been requested, update STAT/HCRE. The retroactive months will need to be FIATed in ELIG/HC using the actual income received during the retroactive months. See TEMP Manual TE09.17.02 (HCRW: FIAT).**

2. Enter the gross and net amounts of verifiable medical expenses in MAXIS on the STAT/BILS panel. See §0913.21 (Allowable Medical Bills to Meet Spenddown), §0913.21.03 (Determining Net Medical Expenses) and TEMP Manual TE09.07.02 (HCRW: STAT/BILS).
3. MAXIS will calculate the spenddown based on the information that is entered in STAT. After background has run, review the budget in ELIG/HC. From the BSUM panel select MOBL and SPDN to review the spenddown calculation. See TEMP Manual TE09.18 (HCRW: Retro Processing) if there is a need to FIAT due to retroactive eligibility.
4. Enter the appropriate information on MMIS. See MMIS User Manual (**Spenddowns - Six-Month Spenddown**).

To calculate the spenddown at the time of the 6-month income review or annual recertification:

1. Do not take a new application when the income certification period expires. Use the income review due in the 5th month to determine continued eligibility for the next 6-month certification period. Verify the amount of any health insurance premiums that are due on the first day of the next review period, even if they were paid during the last 3 months of the current review period. Also verify any non-MA reimbursable expenses incurred in the last 3 months of the current period and any unpaid medical expenses incurred before the current certification period that were not used to meet a previous spenddown. See §0913.21 (Allowable Medical Bills to Meet Spenddown).

Clients must provide verification of current income and medical expenses to be applied to the next 6-month period by the last day of the current 6-month review period.

2. Enter income information on the appropriate MAXIS STAT panel. Enter the anticipated income in the HC Income Estimate window in the current month plus one, benefit month. See TEMP Manual TE09.26.01 (HCRW: Processing Health Care Renewals). See §0911.11.03 (Computing Countable Income – MA/GAMC) for instructions on determining the anticipated income. Enter the gross and net amounts of verifiable medical expenses in MAXIS on the STAT/BILS panel.

-
3. MAXIS will calculate the spenddown type and amount based on the information that is entered in STAT. See TEMP Manual TE09.13.06 (HCRW: Determining Community Spenddown Type). After background has run, review the budget in ELIG/HC. From the BSUM panel select MOBL and SPDN to review the spenddown calculation.
 4. Enter the appropriate information on MMIS. See MMIS User Manual (**Spenddowns - Six-Month Spenddown**). If eligibility continues, schedule an income or eligibility review for the 5th month of the next review period. See §0905.09 (6-Month Reporting).

If clients cannot meet the new spenddown, terminate the case at the end of the 6-month income review period. Advise clients to reapply if they incur new medical expenses or have a change in income. The MAXIS termination notice advises them of the availability of MinnesotaCare.

GAMC:

No provisions.