MinnesotaCare:
    No provisions.

MA:

    Review IEVS Matches for prior periods of eligibility for Medical Assistance cases.
    Follow current policy for all IEVS Matches.  See §0916.21 (IEVS Notices) &
    TE02.12.10. (IEVS Wage Match:  Wage Earner Discrepancy).

    When an IEVS match resolution shows that an enrollee received unreported income
    or assets, redetermine eligibility for the affected eligibility.

    Redetermine MA eligibility.  Using the information from the IEVS Match,
    redetermine eligibility for all affected household members for the same budget period
    for which the IEVS Match showed the receipt of the unreported income and/or asset.

        >  If the information from the match does not affect past or future
           eligibility, enter a detailed case note.  No further action is required.

        >  If the redetermination results in future ineligibility, terminate
           eligibility providing a 10-day notice.  See §0916.11 (Timing of
           Notices of Adverse Action).

        >  If the information results in excess assets for past months, determine
           the months of ineligibility based on the excess assets.  If the excess
           assets result in future ineligibility, allow the reduction of assets
           according to policy.  If the enrollee reduces excess assets before the
           effective date of termination, eligibility may continue.  See
           §0909.29.03 (Excess Assets—Enrollees).  If the assets are not
           reduced, terminate eligibility providing 10-day notice.

        >  If the information from the IEVS Match results in ineligibility or
           adverse changes in past months, determine the amount of the MA
           overpayment.

        >  If the redetermination results in a manual monthly, automated
           monthly, or six month spenddown; determine if the spenddown could
           have been met based on income and medical bills.

        >  Document detailed information in case notes.

    Determine the amount of MA overpayment.  Request a Claims History Profile.  See

MMIS User Manual, County Administered Program, Claims History Profiles, for more information.

> If there is ineligibility for past periods, request a Claims History Profile for that timeframe using DHS-2133 or through the Program Integrity Network (PIN).

> When Claims history information is received, determine the amount of the overpayment for the ineligibility period.

> The claims history will list the amounts the state has paid for medical services. It will indicate payments to medical providers or payments to managed health care plans depending upon whether the enrollee was fee-for-service or enrolled in a managed care health plan.

> If the enrollee is enrolled in a managed health care plan, the overpayment is the amount of the capitation payment regardless of whether any services have been received.

Example:
Jim is disabled and enrolled in MA-Fee-For-Service (FFS) for the periods of 1/1/05 to 6/30/05 and 7/1/05 to 12/31/05.  He receives Social Security income and reports assets totaling $2,500.

IEVS Match information:  In 9/05 an IEVS match is received indicating Jim has an asset valued at $25,000 which the worker finds was never reported. The worker sends an IEVS Difference Notice.  Jim contacts the worker and provides proof that he does have an available asset valued at $25,000 that he has owned since 1995 and forgot to report. His total countable assets going back to the first date his MA was opened total $27,500.

Required action:  The worker determines that Jim is not eligible for MA currently, in the future nor was he eligible for MA at anytime he was receiving it in the past because his assets are more than the $3,000 limit.  The worker sends a letter informing Jim he has to reduce his assets by 10/31 or his MA will close.  Jim contacts the worker and states that he does not want to reduce the assets.  On 10/10/05 the worker

terminates eligibility due to excess assets because the assets were not reduced. MAXIS issues a 10-day notice to terminate MA effective 10/31/05 due to excess assets.

MA overpayment calculation:  The worker requests a Claims History Profile. The profile shows that MA paid $5,200 in medical bills from 1/1/05 – 10/31/05.

The MA Overpayment is $5,200.

The worker fills out and mails DHS 4600 to Jim requesting repayment of $5,200.00.  The worker puts a copy of the completed DHS 4600 in the case file and sends a copy to DHS. The worker enters a detailed case note in MAXIS.

Follow up information:  Six days later Jim sends a check to his worker with payment of $5,200 to repay his MA overpayment. The worker sends the check to the accounting unit with a copy of the overpayment letter that instructs them to code the repayment as a Type IV recovery. The worker enters a detailed case note in MAXIS.

Example:

John is disabled and has been enrolled in MA since 1/1/05. He has also been enrolled in a managed care health plan since he went on MA. He receives Social Security income and reports assets totaling $2,000.

IEVS Match information:  In 9/05 an IEVS match is received indicating John had stocks that were valued at $15,000 which the worker finds he never reported. The worker sends an IEVS Difference Notice.  John contacts the worker and provides proof that he did have the stocks from 1/1/05 to 6/30/05 valued at $15,000 that he forgot to report.  He provides proof that he lost the stocks when the company went bankrupt on 6/25/05. His countable assets going back to the first date his MA was opened through 6/25/05 totaled $17,000.

Required action:   The worker determines that John was not eligible for MA from 1/1/05 through 6/30/05 due to excess

assets. He continues to remain eligible for MA since he no longer has this asset and his current assets total $2,000.

MA overpayment calculation:  The worker requests a Claims History Profile. The profile shows that capitation payments were made for John from 1/1/05 through 6/30/05 totaling $2,400.

The MA Overpayment is $2,400.

The worker fills out and mails DHS 4600 to John requesting repayment of $2,400.  The worker puts a copy of the completed DHS 4600 in the case file and sends a copy to DHS.  The worker enters a detailed case note in MAXIS.

Follow up information:  Two years later John sends a check to the county with payment of $500 to repay part of his MA overpayment. The worker sends the check to the accounting unit with a copy of the overpayment letter that instructs them to code the repayment as a Type IV recovery. The worker enters a detailed case note in MAXIS.

When the redetermination results in a spenddown, or a higher spenddown, the amount of the overpayment is whichever is the lesser of:

>        The spenddown amount minus any co-payments, out of pocket medical expenses or medical expenses not used in a prior spenddown.

   OR

>        The amount of the capitation payment.

Example:
         Mae is over age 65 and has been enrolled in MA since 06/01/05. She is enrolled in a managed care health plan. Her counted assets total $1,300. She receives Social Security of $620.00 a month.

         IEVS Match information:  In 7/05 an IEVS match was received indicating Mae received a lump sum payment of $1,200. The

worker sends an IEVS Difference Notice.  Mae contacts the worker and provides proof that she did receive the income on 7/12/05 and forgot to report it.  Mae told the worker that she used the $1,200 to buy a car on 7/18/05 and gave the worker a copy of the title.

Required action:  The worker determines that Mae was not eligible for MA during the month of July due to excess income. The lump sum payment did not result in excess assets in the month after receipt.

MA overpayment calculation:  The worker requests a Claims History Profile for the month of 07/05. The profile shows that a capitation payment of $240.00 was made.

The MA Overpayment is $240.

The worker fills out and mails DHS 4600 to Mae requesting repayment of $240.  The worker puts a copy of the completed DHS 4600 in the case file and sends a copy to DHS. The worker enters a detailed case note in MAXIS.

Follow up information:  Two weeks later Mae sends a check to the county with payment of $240 to repay the MA overpayment. The worker sends the check to the accounting unit with a copy of the overpayment letter that instructs them to code the repayment as a Type IV recovery. The worker enters a detailed case note in MAXIS.

If redetermination results in a higher spenddown, request a claims history to determine if claims were paid during the month(s) of overpayment.  If no claims were paid, there is no overpayment.

When the redetermination results in a higher spenddown, the amount of the overpayment is the increased spenddown amount minus the original spenddown amount.  Deduct any co-payments, out of pocket medical expenses or medical expenses not used in a prior spenddown.

Example:
Joel is 19 years old and is living on his own and employed.  He was enrolled in MA with a $100 six-month spenddown for the

period 1/1/05 – 6/30/05.  John was not enrolled in a managed care health plan.

IEVS Match information:  In 9/05 an IEVS match is received indicating Joel received income that he did not report in 3/05 and 4/05.  The worker sends an IEVS Difference Notices to Joel.  Joel provides proof to the worker that he did have another temporary job and forgot to report the income.

Required action:  The worker redetermines Joel's eligibility during 1/1/05 – 6/30/05 which results in a higher six-month spenddown of $500.  Joel did not have any out-of-pocket medical expenses or copays.

MA overpayment calculation:  The worker requests a Claims History Profile for the period of 02/01/05 to 6/30/05. The profile shows that MA services totaling $1,700 were paid during this period.

The Amount of the Overpayment is $400 ($500 minus $100 = $400).

The worker fills out and sends DHS 4600 to request re-payment for the $400.00 overpayment, puts a copy in the case file, and sends a copy to DHS. The worker enters a detailed case note in MAXIS.

If determination results in a higher MA-EPD premium, redetermine the amount of the premium based upon the information received from the IEVS match.

The overpayment amount is the redetermined premium amount minus the original premium amount. This overpayment does not affect current or future MA-EPD eligibility.

Example:
Bob is disabled and employed.  He is enrolled in MA-EPD beginning 8/1/05 with a monthly premium of $50.

IEVS Match information:  In 09/05, an IEVS match is received. The report shows income that was received in 8/05 and 9/05 that was not reported.

Action required:  The worker sends an IEVS Match Difference Notice. Bob provides proof of the income that he forgot to

report.

The worker redetermines Bob's eligibility for 8/05 and 9/05 which results in a higher MA-EPD premium of $75 for each month.

MA-EPD overpayment calculation:  A $25.00 overpayment has resulted for August and a $25.00 overpayment has resulted for September ($75.00 {new premium amount}--$50.00 {previous premium amount} = $25.00 overpayment).

The worker fills out and sends DHS 4600 to request repayment of the $50.00 overpayment and puts a copy in the case record and sends a copy to DHS. The worker enters a detailed case note in MAXIS.

Document detailed information in case notes.

To request repayment of the overpayment, complete the Notice of Medical Assistance Overpayment, form DHS 4600 and mail the form to the enrolleee.  Retain a copy of the Notice of Medical Assistance Overpayment for the case record.  Mail or fax a copy of this form to:

> HCEA –IEVS
> PO Box 64989
> St. Paul, MN 55164-0989
> FAX number:  651-431-7446

Follow your county's current fraud procedures whenever fraud is suspected.

When repayment is received, forward all voluntary repayments to your county fiscal department for receipt along with the IEVS Notice of Medical Assistance Overpayment letter.  The fiscal department should process the repayments in the same manner your county processes other recoveries, such as estate recoveries. The fiscal department should code this recovery as a TYPE IV-INELIGIBLITY-VOLUNTARY REPAYMENT.

GAMC:
    No provisions.