
MinnesotaCare:

When processing a renewal:

- < Review case information. Check to make sure the address listed on the renewal form matches the one shown on MMIS. If different, contact the household if necessary to clarify the information. If the household has moved, record the new address on MMIS.
- < Check to see if anyone has moved in or out of the household. See §0915.03 (Adding a Person to the Household) and §0915.05 (Removing a Person From the Household). Also review eligibility for each person remaining in the household.
- < If the household reports someone is pregnant, request verification of pregnancy. Treat the pregnant household member as a pregnant woman. See §0907.09 (MinnesotaCare Pregnant Women).
- < Review the insurance information. Apply the rules for the household's current group status to determine if all covered individuals remain eligible and if any previously excluded individuals may now be eligible. See §0907 (Eligibility Groups and Bases of Eligibility) and §0910 (Other Health Coverage). If the household has current insurance that is not shown on MMIS, obtain all necessary information and submit a HIIF to Benefit Recovery.
- < Obtain current income verification. Enter the new income amount on MMIS to calculate the new premium. See §0911 (Income) and §0912 (Income Eligibility).

For households who were determined to have income over the limit at the last renewal but were found eligible for the MCHA exemption under §0912.03.03 (MinnesotaCare Excess Income), compare the household's current income to the appropriate standard as well as to the applicable MCHA premium.

-If income remains above 275% FPG for families with children AND 10% of the income is now greater than the MCHA premium for the family in §0912.03.05 (Annual MCHA Premiums), send the MinnesotaCare Over Income Letter (DHS 3407). Also send the form Private Health Insurance in Minnesota (DHS 3416).

-If the income is now equal to or less than the applicable standard, OR 10% of

the household's income remains equal to or less than the appropriate MCHA premium, send the MinnesotaCare Income Change Evaluation Letter (DHS 3408) advising the household that the children's coverage will continue.

For households with children who are in the 12-month extension period, compare the household's current income to the appropriate standard as well as to the applicable MCHA premium.

-If the household's income is now equal to or less than the applicable standard, OR 10% of the household's income is now equal to or less than the appropriate MCHA premium, send the MinnesotaCare Income Change Evaluation Letter (DHS 3408) advising the household that coverage will continue.

-If the household's income remains greater than 275% FPG, continue coverage for the remainder of the 12-month extension period.

If the income of a household with children has dropped below 150% FPG, determine the effect on the household's group status and insurance requirements. See §0907 (Eligibility Groups and Bases of Eligibility) and §0910 (Other Health Coverage).

- < Determine if there have been any changes in parental or medical support status. Send a referral or notify the local county IV-D office of changes as appropriate. Review good cause determinations if needed. See §0906.13 (Assigning Rights to Medical Support).
- < Obtain the original renewal form if the form was received by fax. See §0905.03 (Renewal Timelines).
- < If the renewal is unsigned, return the signature page to the household and ask them to return it. All enrollees age 18 and older who are requesting health care for themselves must sign the renewal form annually unless there is an authorized representative. If there is, only the authorized representative's signature is required as long as signatures are on file for all household members age 18 and over. Send a photocopy of the renewal form to enrollees age 18 and over and authorized representatives who did not sign the form. Eligibility will end for enrollees who have not provided required signatures by the renewal due date and those whose eligibility is affected by the All or Nothing Rule. See §0908.11 (All or Nothing Rule).

EXAMPLE:

Karen, Paul and their 3 children are all enrolled in MinnesotaCare. Their renewal month is December. They return the renewal form on November 9 without Karen's signature. The worker sends a photocopy of the renewal form requesting that Karen sign and return it by November 19. If Karen does not return the signed photocopy, eligibility will end for both her and Paul effective November 30 because Paul cannot be enrolled without Karen under the All or Nothing Rule. Eligibility continues for the children with Paul's signature.

See §0905.03 (Renewal Timelines) if you do not have enough information to redetermine eligibility and premium amount.

Terminate eligibility for household members who no longer qualify for MinnesotaCare. MinnesotaCare Operations will send the renewal to the household's county of residence if the household notifies MinnesotaCare that they wish to be considered for MA or GAMC. County agencies that are MinnesotaCare enrollment sites will determine MA/GAMC eligibility for people who no longer qualify for MinnesotaCare. See §0904.09.03 (Transfers from MinnesotaCare to MA/GAMC).

M.S. 256L.05 subd. 3a and 4
Minnesota Rules 9506.0020 subp. 6 and 7

MA/GAMC:

For people receiving Title IV-E or state adoption assistance, verify annually that the adoption assistance agreement remains in effect. Review the health insurance information. If health insurance information has changed, enter the new information in the TPL subsystem on MMIS. Close out the outdated information. See §0910 (Other Health Coverage).

For other renewals:

- < Review the renewal form. Contact the household to complete missing items or request additional information. Obtain all required signatures. See §0905.03.01 (Annual Renewal Timeline MA/GAMC).
- < Check to see if anyone has moved in or out of the household. See §0915.03 (Adding a Person to the Household) and §0915.05 (Removing a Person From the Household).
- < Check to see if anyone is pregnant. If yes, request verification of pregnancy. Once the pregnancy is verified, treat the pregnant household member as a

pregnant woman. See §0907.19.05 (MA Basis: Pregnant Women).

- < Review the health insurance information. Obtain new health insurance information if the household has obtained other health coverage or the coverage has changed.
- < For MA: Verify all countable assets. Do not verify excluded assets. Advise people with excess assets of the need to reduce. See §0909.29.03(Excess Asset-Enrollees). Follow up on reported transfers that may affect eligibility. See §0909.27 (Asset Transfers).
- < For LTC clients with community spouses, verify that all assets allocated to the community spouse have been legally transferred to the community spouse at the time of the first annual recertification. After the first renewal, verify all countable assets.
- < Obtain current income verification. Redetermine income eligibility for each person who is requesting continued coverage. Change spenddown amount or type if applicable. See §0913.05 (Which Spenddown Type to Use).
- < Obtain the original renewal form if the form was received by fax. See §0905.03.01 (Annual Renewal Timelines--MA/GAMC).
- < Determine if there have been any changes in parental or medical support status. Enter new information on MAXIS. If necessary, send new information to the local county IV-D office. Review good cause determinations if needed. See §0906.13 (Assigning Rights to Medical Support).
- < Determine if any GAMC enrollees meet the mandatory MinnesotaCare referral criteria. See §0907.25.09 (GAMC: Mandatory MinnesotaCare Referrals).
- < Review managed care status.

Terminate coverage for people who no longer qualify for MA or GAMC under any basis of eligibility. If the household completed a Minnesota Health Care Programs Renewal Form, county agencies that are MinnesotaCare enrollment sites will evaluate MinnesotaCare eligibility or transfer the application to MinnesotaCare Operations based on the household's choice of enrollment site. County agencies that are not

This version of the manual is no longer in effect as of December 1, 2006.

MinnesotaCare enrollment sites will forward the renewal to MinnesotaCare Operations as an application. See §0904.09.05 (Transfers **from** MA/GAMC to MinnesotaCare).

MAXIS will send notice of termination or changes in eligibility. See §0916 (Notices).

GAMC:

- < Review asset information. Request verification of liquid assets if total reported assets are within \$300 of the asset limit unless you have received verification as part of an application or review for another program within the last 30 days. Advise people with excess assets of the need to reduce. See §0909.29.03 (Excess Assets--Enrollees). Follow up on reported transfers that may affect eligibility. See §0909.27 (Asset Transfers).