

MA-EPD PREMIUMS

0913.01.03

MinnesotaCare:

No provisions.

MA:

Apply these instructions only to the Medical Assistance for Employed Persons with Disabilities (MA-EPD) program.

To determine the premium amount for a MA-EPD applicant or enrollee:

1. Total all earned and unearned income of the applicant or enrollee. Exclude income sources listed in §0911.05 (Excluded Income). Exclude the income of the person's spouse. Count the income of biological or adoptive parents who live with MA-EPD applicants or enrollees who are ages 16 and 17.

Unless both spouses are applying for or enrolled in MA-EPD, determine the household size as you would for any MA applicant or enrollee. See §0908.05 (Determining MA/GAMC Household Size). Count spouses and children in the household size even though spousal income is not deemed.

If both spouses are applying for or enrolled in MA-EPD, consider each as a household of 1, or more if there are children in the home. If there are mutual children, count them in both spouses' household sizes.

2. **Enter all required information on MAXIS.** MAXIS will calculate the premium on the EBUD panel. See TE09.13.05 (HCRW: Premiums for MA-EPD). **The minimum monthly premium for all enrollees is \$35. If MAXIS computes a premium of less than \$35 based on the sliding fee scale, the premium amount will default to \$35.**

EXAMPLE:

Amanda has earned income of \$2,500 per month. She is certified disabled by SMRT. She has not received SSI for several years because of her income. She lives with her husband Dave, who is not disabled. Dave has earned income of \$1,000 per month. To determine MA-EPD eligibility and premium amount, use only Amanda's income of \$2,500 and a household size of 2.

EXAMPLE:

Shannon and Matt, a married couple, apply for MA-EPD. Shannon is self-employed as an in-home day care provider with net income of \$625 per month. She receives RSDI of \$800 per month based on disability. Matt has earned income of \$3,000 per month and is certified disabled by SMRT. They

have joint assets of \$25,000, or \$12,500 each, which is within the \$20,000 asset limit for each spouse.

MAXIS will determine eligibility and premium amount separately for each spouse, using each spouse's income and a household size of 1.

If Shannon and Matt have a mutual child in the home, determine eligibility separately for Shannon and Matt using each spouse's income and a household size of 2.

3. If the enrollee has unearned income, MAXIS will calculate an Unearned Income Obligation (UIO) of one-half of one percent of the unearned income. The UIO will be added to the monthly premium.

EXAMPLE:

Yvonne has a premium of \$42 based on her earnings. Her gross unearned income is \$800. Her UIO is \$4 ($\$800 \times .005 = \4) each month. This amount is added to her premium invoice.

County agencies are responsible for issuing initial premium notices and collecting the following premiums:

Initial premiums for applicants, including the premium for each retroactive month requested and the application month. If the application is processed after the application month, also bill and collect the premium for all months through the processing month. If the application is processed on or after the 15th day of the month in which coverage is approved, collect the premium for the next month as well.

Any overdue premiums for previous MA-EPD coverage.

Initial and overdue premiums for MA-EPD enrollees who have been removed from the Special Recovery Unit (SRU) billing system. This includes former enrollees who are reapplying, enrollees removed from or not entered on the system in error, and enrollees closed and reopened in the same month

EXAMPLE:

Karen applies for MA-EPD on October 10 and does not request retroactive coverage. The worker determines she must pay a premium of \$35 to qualify for MA-EPD. She also owes an overdue premium of \$35 for coverage she had in July. The worker issues an Initial Premium Notice for the July and October premiums on October 12. Both premiums (\$70) must be collected before MA-EPD can be approved for October.

EXAMPLE:

Mai applies for MA-EPD on October 5 and requests 3 months of retroactive coverage. The worker determine that Mai must pay a premium of \$35 for each month to qualify for MA-EPD. The worker completes the Initial Premium Notice on October 20. Because the initial notice is created after the 15th, the notice includes premiums for July, August, September, October and November. October and November premiums must be collected before MA-EPD can be approved. The premium for each retroactive month must be collected before coverage is approved for that month.

After determining MA-EPD eligibility and premium amount, take the following steps:

1. Approve MAXIS and MMIS results if the applicant is present and pays the premium immediately. Otherwise, pend the results in MAXIS.:
2. Review the MA-EPD Overdue Report to determine if there are overdue premiums. This report prints at the county by the 20th day of each month.
3. Complete the Initial Premium Notice (DHS 3547). Mail or give the original notice to the applicant. Include a return envelope addressed to the county agency. Retain a copy in the case file.
4. Enter a MAXIS case note including the monthly premium amount, total amount of Initial Premium Notice, and date notice mailed or given to applicant. Set up a TIKL message for 30 days from the date the notice is mailed or given to the applicant.

Allow 30 days from the date of the Initial Premium Notice to pay the premium. Applicants must pay all current and overdue premiums before MA-EPD can be approved. Take the following actions if the premium is paid on or before the due date:

1. Enter a MAXIS case note with the amount paid and the month(s) covered. Document that E-mail was sent to MADE to initiate billing.
2. Approve eligibility results in MAXIS.

3. Send MAXIS E-mail to MADE with subject of MA-EPD Premium New/Changes. Include:
 - Enrollee Name
 - Case number
 - PMI
 - Billing Address
 - Representative Payee
 - Month/Amounts Paid
 - SRU Premium Billing Begin Date
 - Premium Amount
 - County and worker name, worker E-mail code, and comments if any
4. Approve eligibility results in MMIS.
5. Forward payment and Initial Premium Notice stub to DHS at
 - DHS - MA-EPD
 - Attn. Cashier
 - P. O. Box 64836
 - St. Paul, MN 55155-0836Include the following information with each premium:
 - Enrollee name
 - PMI number
 - Amount paid
 - Which month(s) the payment applies to

If the required premiums are not received within 30 days of the initial notice, deny MA-EPD and determine MA eligibility under another basis. Add the following worker comments to the notice:

“You are denied Medical Assistance for Employed Persons with Disabilities (MA-EPD) because we did not receive your premium payment by the due date. You may claim “good cause” for late payment. This must be approved by the Department of Human Services (DHS). To claim “good cause”, send a letter with your name, address, case number, and reason for late payment to:

MA-EPD Good Cause
444 Lafayette Road
St. Paul, MN 55155-3848”

Applicants must pay premiums for each retroactive month before coverage can be approved for those months.