

MINNESOTA PREPAID MEDICAL ASSISTANCE PROGRAM PLUS (PMAP+)

SECTION 1115 DEMONSTRATION FACT SHEET

Date Proposal Submitted:	July 27, 1994
Date Proposal Approved:	April 27, 1995
Date Implemented:	July 1, 1995
Date Renewal #1 Submitted:	March 18, 1997
Date Extension #1 Approved:	July 1, 1998
Extension #1 Expiration:	June 30, 1999
Date Renewal #2 Submitted:	May 12, 1999
Date Extension #2 Approved:	December 23, 1999
Extension #2 Expiration:	June 30, 2002
Date Renewal #3 Submitted:	April 3, 2001
Date Renewal #3 Approved:	October 2, 2001
Extension #3 Expired:	June 30, 2005
Date Renewal #4 Submitted:	January 4, 2005
Date Renewal #4 Approved:	May 3, 2005
Extension #4 Expired:	June 30, 2008 Temporary extension granted to October 30, 2008
Date Renewal #5 Submitted:	December 27, 2007
Date Renewal #5 Approved:	August 11, 2008 (effective October 31, 2008)
Extension #5 Expired:	June 30, 2011
Date Renewal #6 Submitted:	June 29, 2010 (revised March 10, 2011)
Date Renewal #6 Approved:	June 30, 2011
Extension #6 Expired:	December 31, 2013
Date Renewal #7 Submitted:	June 28, 2013 (revised August 9, 2013)
Date Temp Extension #7 Approved:	December 20, 2013
Extension #7 Expires:	December 31, 2014
Date Renewal #8 Submitted:	June 30, 2014
Date Temp Extension #8 Approved:	December 30, 2014
Extension #8 Expires:	December 31, 2015
Date Renewal #9 Submitted:	June 30, 2015
Date Extension # 9 Approved:	February 11, 2016
Date Extension #9 Expires:	December 31, 2020

SUMMARY

Minnesota's section 1115 PMAP+ demonstration was initially approved and implemented in July 1995. Minnesota was one of the early states to use health care reform waivers to cover uninsured populations. The PMAP+ demonstration provides health care services through a prepaid, capitated managed care delivery model that operates statewide. The goal of Minnesota's health care reform effort is to provide organized and coordinated health care that includes pre-established provider networks and payment arrangements, administrative and clinical systems for utilization review, quality improvement, patient and provider services, and management of health services.

ELIGIBILITY

The current demonstration continues expenditure authorities for demonstration eligibles who meet the eligibility standards as specified in the following charts.

Table 1. Expansion Groups Eligible Only Through the Demonstration			
Population Number	Population Description	Funding Stream	CMS-64 Eligibility Group Reporting
Population 1	Infants age 12 months through 23 months (MA One Year Olds) with incomes above 275% FPL and at or below 283 % FPL who are insured	Title XIX	MA Children Age 1

On October 30, 2015, the state submitted a section 1915(b) waiver amendment and the following populations transitioned to the state's 1915(b) waiver authority effective January 1, 2016:

- American Indians, as defined in 25 U.S.C. 1603(c), who would not otherwise be mandatorily enrolled in managed care;
- Children under age 19 who are in state-subsidized foster care or other out-of-home placement; and
- Children under age 19 who are receiving foster care under title IV-E.

DELIVERY SYSTEM

All MA One Year Olds may be required to participate in the PMAP pre-paid managed care delivery system, on the same basis as other Medicaid eligibles whose participation in managed care was mandated under section 1932 of the Act.

BENEFITS

Benefits Package: MinnesotaCare Children and Pregnant Women, and MA One Year Olds. The benefit offered to MinnesotaCare Children, MinnesotaCare Pregnant Women, and MA One Year Olds is identical to the benefit offered to categorically eligible individuals under Minnesota's Medicaid State Plan, including all services that meet the definition of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) found in section 1905(r) of the Act. The authority for MinnesotaCare Pregnant Women expires December 31, 2020.

Benefits Package: Medicaid Caretaker Adults with an 18 Year Old. Medical Assistance Caretaker Adults with effective incomes up to 138 percent of the FPL who live with and have primary responsibility for a youngest or only child who is 18 and is not enrolled full time in secondary school receive full Medicaid state plan benefits.

QUALITY AND EVALUATION PLAN

The state is required to submit an updated draft evaluation plan for the current renewal period within 120 days of the approval of the extension.

COST SHARING

The cost sharing requirements for MA One Year Olds is identical to the requirements specified for Medicaid eligible infants, as specified in the Medicaid state plan. Cost sharing for Medicaid Caretaker Adults with an 18 year old follows state plan requirements. In general, cost sharing requirements imposed on MinnesotaCare enrollees may be no more than what would be required of the corresponding categorically needy populations under the Minnesota Medicaid state plan.

AMENDMENTS

Number of Amendments: 10

Amendment #10 Description: The amendment included changes to allow the demonstration to serve as a bridge to a Basic Health Plan in 2015 and to coordinate with the expanded Medicaid state plan and the state-based exchange, MNSure, in accordance with the Affordable Care Act. Changes included but were not limited to: changes to the populations served through the demonstration; elimination of eligibility waiting periods for MinnesotaCare and changes to eligibility processes; reduction of premiums for adults and elimination of the limitation on inpatient hospital services as well as the 10 percent copayment for inpatient hospital services for adults; and changes to the distribution methodology for graduate medical education.

Date Amendment #10 Submitted: June 28, 2013 (revised August 9, 2013)

Date Amendment #10 Approved: December 20, 2013

Amendment #9 Description: Expanded demonstration eligibility to MinnesotaCare Adults without Children, ages 21 through 64, with income above 75 percent and at or below 250 percent of the federal poverty level (FPL). This population has access to a limited benefit package and is subject to cost-sharing.

Date Amendment #9 Submitted: March 10, 2011
Date Amendment #9 Approved: August 1, 2011

Amendment #8 Description: Technical corrections to the January, 2007 amendment, specifically: the ages of MinnesotaCare children listed under Expenditure Authority #1; specify that non-pregnant parent and caretaker adults with income above 175 percent of the FPL are subject to an inpatient hospitalization benefit limit of \$10,000 per year as listed in Attachment C of the special terms and conditions (STCs); and that the state the ability to apply an 8 percent premium increase to all children and adults with income above 200 percent of the FPL for the July 2007 through June 2008 premium table.

Date Amendment #8 Submitted: March 19, 2007
Date Amendment #8 Approved: December 7, 2007

Amendment #7 Description: Eliminated MinnesotaCare coverage for children under 21 years of age who are enrolled in a program of study at a post-secondary institution and who have access to health coverage or medical care through that institution, excluding children who are enrolled simultaneously in secondary and post- secondary institutions. Introduced copayments for Minnesotacare non-pregnant adults of \$3 per non-preventive visit and \$6 per non-emergency visit to a hospital-based emergency room. Allowed the State to apply a one-time premium increase of 8 percent for all children and adults with income above 200 percent of the FPL enrolled in MinnesotaCare.

Date Amendment #7 Submitted: October, 2005
Date Amendment #7 Approved: January 26, 2007

Amendment #6 Description: Allowed MinnesotaCare enrollees who are members of the military and their families, who voluntarily disenroll when one or more family member is called to active duty, may reenroll during or following that member's tour of active duty.

Date Amendment #6 Submitted: May 27, 2005
Date Amendment #6 Approved: July 29, 2005

Amendment #5 Description: Corrected budget neutrality methodology to address compliance with managed care regulation requirement for actuarially sound rates.

Date Amendment #5 Submitted: April 21, 2003
Date Amendment #5 Approved: July 26, 2004

Amendment #4 Description: Allowed Minnesota to implement an additional county-based purchasing system called Prime West.

Date Amendment #4 Submitted: March 18, 2003
Date Amendment #4 Approved: June 10, 2003

Amendment #3 Description: Allowed Minnesota to implement county-based purchasing in nine rural counties called the South Country Health Alliance.

Date Amendment #3 Submitted: February 26, 2001
Date Amendment #3 Approved: July 2, 2001

Amendment #2 Description: Expanded mandatory PMAP+ participation to a number of recipients and voluntary enrollment to Adults who are determined to be seriously and persistently mentally ill and children who are determined to be seriously emotionally disturbed (SED) and eligible to receive Medicaid covered case management services.

Date Amendment #2 Submitted: March 18, 1997
Date Amendment #2 Approved: August 22, 2000

Amendment #1 Description: Expanded eligibility to include parents and caretaker relatives of children enrolled in the demonstration.

Date Amendment #1 Approved: February 22, 1999

CMS Contacts:

Dina Payne
Dina.Payne@cms.hhs.gov

or

Sandra Porter
Sandra.porter@cms.hhs.gov