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State/Territory Name: MN

State Plan Amendment (SPA) #: 14-0005-MM7

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

August 29, 2014

Ann Berg, Acting State Medicaid Director
Minnesota Department of Human Services
P.O. Box 64983
St. Paul, MN 55164-0983

Dear Ms. Berg:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #14-0005-MM7 - Medicaid MAGI Hospital Presumptive Eligibility
--Effective Date: July 1, 2014

If you have any additional questions, please have a member of your staff contact Courtenay Savage at (312) 353-3721 or via e-mail at Courtenay.Savage@cms.hhs.gov.

Sincerely,

/s/

Alan Freund
Acting Associate Regional Administrator
Division of Medicaid and Children's Health Operations

cc: Sean Barrett, MDHS
Pat Callaghan, MDHS

Enclosure

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: **Minnesota**

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-8888 where ST= the state abbreviation, YY= the last two digits of the submission year, and 8888 = a four digit number with leading zeros. The dashes must also be entered.

MN-14-0005-MM7

Proposed Effective Date

07/01/2014 (mm/dd/yyyy)

Federal Statute/Regulation Citation

1902(a)(47)(B)

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$1515000.00
Second Year	2015	\$2727000.00

Subject of Amendment

Hospitals may elect to perform presumptive Medicaid eligibility for MAGI-based groups (pregnant women entitled to full benefits, parents/caretakers, children, adults without children and former foster care children). Hospitals conducting hospital presumptive eligibility for these populations must complete training, and meet performance standards.

This pre-populated template does not apply to Minnesota hospital presumptive eligibility in the following respects:

Optional individuals under age 65 are not covered under Minnesota's Medicaid State Plan.

Individuals eligible for family planning services are not covered under Minnesota's Medicaid State Plan.

Minnesota's State Plan includes coverage of individuals needing treatment for breast or cervical cancer (BCCPTA) includes a separate presumptive eligibility process. Any hospital qualifying to conduct presumptive eligibility for the BCCPTA population only qualifies under the selection process for BCCPTA, and not qualify under the authority for hospital presumptive determinations.

Governor's Office Review

Governor's office reported no comment

Comments of Governor's office received

Describe:

No reply received within 45 days of submittal

Other, as specified

Describe:

Signature of State Agency Official

Submitted By: **Sean Barrett**
 Last Revision Date: **Jun 3, 2014**
 Submit Date: **Jun 3, 2014**

DATE RECEIVED: 6/3/14	DATE APPROVED: 8/29/14
PLAN APPROVED – ONE COPY ATTACHED	
EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/14	SIGNATURE OF REGIONAL OFFICIAL: /s/
TYPED NAME: Alan Freund	TITLE: Acting Associate Regional Administrator
REMARKS:	



Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

S21

Presumptive Eligibility by Hospitals

42 CFR 435.1110

One or more qualified hospitals are determining presumptive eligibility under 42 CFR 435.1110, and the state is providing Medicaid coverage for individuals determined presumptively eligible under this provision.

Yes No

The state attests that presumptive eligibility by hospitals is administered in accordance with the following provisions:

A qualified hospital is a hospital that:

Participates as a provider under the Medicaid state plan or a Medicaid 1115 Demonstration, notifies the Medicaid agency of its election to make presumptive eligibility determinations and agrees to make presumptive eligibility determinations consistent with state policies and procedures.

Has not been disqualified by the Medicaid agency for failure to make presumptive eligibility determinations in accordance with applicable state policies and procedures or for failure to meet any standards that may have been established by the Medicaid agency.

Assists individuals in completing and submitting the full application and understanding any documentation requirements.

Yes No

The eligibility groups or populations for which hospitals determine eligibility presumptively are:

Pregnant Women

Infants and Children under Age 19

Parents and Other Caretaker Relatives

Adult Group, if covered by the state

Individuals above 133% FPL under Age 65, if covered by the state

Individuals Eligible for Family Planning Services, if covered by the state

Former Foster Care Children

Certain Individuals Needing Treatment for Breast or Cervical Cancer, if covered by the state

Other Family/Adult groups:

Eligibility groups for individuals age 65 and over

Eligibility groups for individuals who are blind

Eligibility groups for individuals with disabilities

Other Medicaid state plan eligibility groups

Demonstration populations covered under section 1115

Describe:



Medicaid Eligibility

The state establishes standards for qualified hospitals making presumptive eligibility determinations.

Yes No

Select one or both:

- The state has standards that relate to the proportion of individuals determined presumptively eligible who submit a regular application, as described at 42 CFR 435.907, before the end of the presumptive eligibility period.

Description of standards: Qualified hospitals shall ensure that at least 80% of individuals determined presumptively eligible complete and submit a regular application before the end of the presumptive eligibility period.

- The state has standards that relate to the proportion of individuals who are determined eligible for Medicaid based on the submission of an application before the end of the presumptive eligibility period.

Description of standards: Qualified hospitals shall ensure that at least 65% of individuals determined presumptively eligible are determined eligible for Medicaid before the end of the presumptive eligibility period.

- The presumptive period begins on the date the determination is made.

- The end date of the presumptive period is the earlier of:

The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or

The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

- Periods of presumptive eligibility are limited as follows:

No more than one period within a calendar year.

No more than one period within two calendar years.

No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.

Other reasonable limitation:

The state requires that a written application be signed by the applicant, parent or representative, as appropriate.

Yes No

The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS.

The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

An attachment is submitted.



Medicaid Eligibility

- The presumptive eligibility determination is based on the following factors:

The individual's categorical or non-financial eligibility for the group for which the individual's presumptive eligibility is

- being determined (e.g., based on age, pregnancy status, status as a parent/caretaker relative, disability, or other requirements specified in the Medicaid state plan or a Medicaid 1115 demonstration for that group)

- Household income must not exceed the applicable income standard for the group for which the individual's presumptive eligibility is being determined, if an income standard is applicable for this group.

- State residency

- Citizenship, status as a national, or satisfactory immigration status

- The state assures that it has communicated the requirements for qualified hospitals, and has provided adequate training to the hospitals. A copy of the training materials has been included.

An attachment is submitted.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.