

# Minnesota Health Care Programs and MNsure

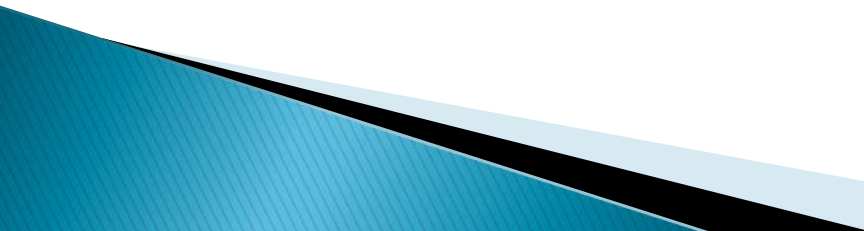
James Golden, PhD  
Deputy Assistant Commissioner  
Health Care Administration



# Health Care Administration

- ▶ **Operates the state's public health care programs, including Minnesota's Medicaid program and MinnesotaCare**
  - Determine Eligibility
  - Administer Benefits
  - Determine Payment Rates
  - Contracting/Purchasing for Health Care Services
  - Enrollee and Provider customer service
  - Claims Processing and Systems
  - Performance Measurement/Evaluation

# Minnesota's Public Health Care Programs 2013

- ▶ Medical Assistance – Minnesota's Medicaid program – approximately 770,000 enrollees
  - ▶ MinnesotaCare – subsidized state insurance program – approximately 140,000
  - ▶ MA provides coverage for approximately 186,000 elderly and disabled individuals, including elderly Minnesotans who are also eligible for Medicare but have low incomes and need assistance with cost sharing
- 

# ACA Changes to Medicaid – 1 / 1 / 14

- ▶ **New Streamlined Eligibility Requirements to Eliminate Coverage Gaps**
  - New income counting method – MAGI
  - Streamlined online application and verification
  - Improved renewal process
  - Other eligibility changes to maintain coverage
- ▶ **Populations Eligible under MAGI Methodology**
  - Pregnant Women and Infants
  - Parents and Children
  - Adults to 133% FPL
- ▶ **No Asset Test for MAGI Populations**
- ▶ **Consistent Requirements for Medicaid and Tax Credits**

# MNCare Changes – 1/1/14

## ▶ **Income and Asset Standards**

- 19–20 year old children and adults with income > 133%–200% FPL
- Asset test for parents and caretakers is eliminated
- Individuals who are eligible for MA are not eligible for MNCare

## ▶ **Income Methodology Changed to MAGI**

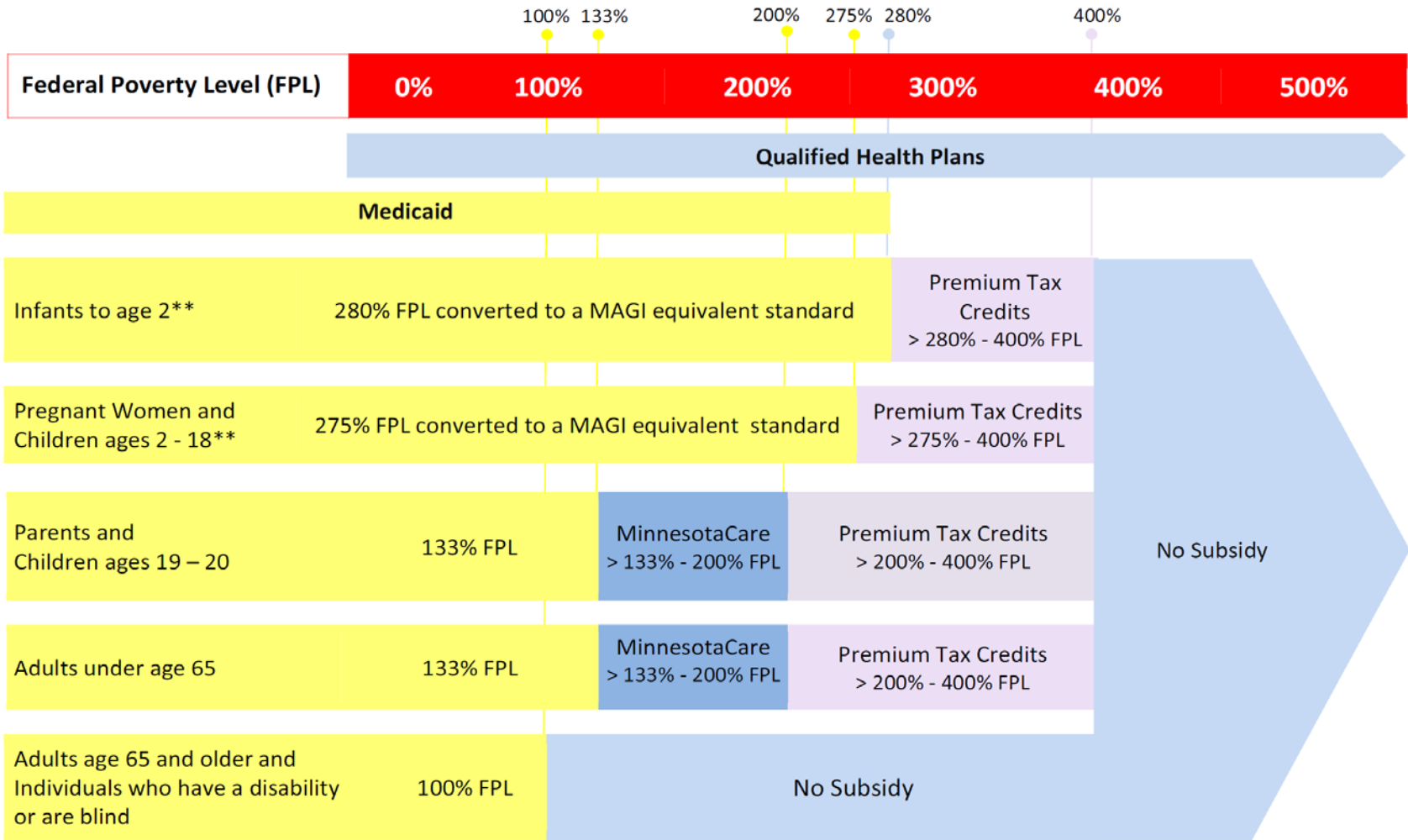
## ▶ **Insurance Barriers**

- 4–month waiting period for individuals who had access to other coverage or who fail to pay a premium is eliminated
- 18–month waiting period for individuals who had access to employer–subsidized insurance is eliminated

## ▶ **Benefit Changes**

- Elimination of \$10,000 hospital cap
- Elimination of \$1,000 hospital co–pay

# Minnesota Coverage Continuum in 2014\*



\* Subject to additional federal guidance related to maintenance of effort requirements.

\*\*Income standard in effect on June 1, 1997, must be maintained to comply with the CHIP maintenance of effort.

# 2013 Federal Poverty Levels

Family Size	75% FPL	100% FPL	133% FPL	200% FPL	275% FPL
1	\$ 8,618	\$11,490	\$15,512	\$22,980	\$31,598
2	\$11,633	\$15,510	\$20,939	\$31,020	\$42,653
3	\$14,648	\$19,530	\$26,365	\$39,060	\$53,708
4	\$17,663	\$23,550	\$31,792	\$47,100	\$64,763

Income limits increase for additional family members.

# MNCare Premium Table 1 / 1 / 14

FPG Greater Than or Equal To	FPG Less Than	Individual Premium Amount
0%	55%	\$4
55%	80%	\$6
80%	90%	\$8
90%	100%	\$10
100%	110%	\$12
110%	120%	\$15
120%	130%	\$18
130%	140%	\$21
140%	150%	\$25
150%	160%	\$29
160%	170%	\$33
170%	180%	\$38
180%	190%	\$43
190%		\$50



# Minnesota's Public Health Care Programs – Looking Forward

## ▶ In 2014

- 45,000 New Medical Assistance Enrollees
- 110,000 MNCare Enrollees move to MA
- 10,000 MNCare Enrollees move to Tax Credits
- 40,500 New MNCare Enrollees in January 2014

## ▶ By 2016

- Medical Assistance
  - 895,000 enrollees overall
  - 690,000 on MAGI programs
- MNCare
  - 190,000 Enrollees

# Customer Service

## ▶ **Medical Assistance**

- Counties provide primary eligibility and enrollment support
- Thousands of county eligibility and financial workers
- \$98,000,000 in calendar year 2011
- 155,000 new MA cases to the counties in 2014
- Each county operates a call center to support clients
- DHS operates a call center to support county efforts

## ▶ **MinnesotaCare**

- Department of Human Services provides eligibility, enrollment, and premium support
- Approximately 230 customer service workers
- \$15,000,000 in calendar year 2011
- Operate a call center to support clients

# Enrollment in a Health Plan

## ▶ Currently

### ◦ Medical Assistance

- County workers mail options to clients after eligibility
- Significant paper and cost
- 45 day timeline
- Default plan provided if a no action in 45 days

### ◦ MinnesotaCare

- DHS mails options to clients after eligibility determined and premium paid
- Significant paper and cost
- Default plan provided if a no action in 45 days

# Enrollment in a Health Plan

## ▶ Desired Solution

### ◦ Medical Assistance

- After eligibility determination, clients select a health plan, online in real time
- Default health plan provided automatically, and the client may change plans within 45 days

## ▶ MinnesotaCare

- After eligibility determination and premium payment, clients select a health plan, online in real time
- Default health plan provided automatically, and the client may change plans within 45 days

# Other Areas of Overlap

- ▶ Families on both public programs and tax credits
- ▶ Navigators and In-Person-Assistors doing outreach
- ▶ Premium payments (MNCare)
- ▶ Appeals of eligibility determinations
- ▶ Displaying comparative information about health plan options
- ▶ Common IT systems
- ▶ Common customer service systems

# Thank You

**James I. Golden, PhD**  
James.Golden@state.mn.us  
651.431.2151