Michigan Department of Community Health

MDCH

Beneficiary Eligibility Bulletin

Distribution: Beneficiary Eligibility 01-01

Issued: February 1, 2001

Subject: Michigan TMA (MTMA)

Effective Date: As Indicated

Program Affected: Michigan TMA

Effective October 1, 2000, Michigan implemented the Michigan TMA program. This is a health program for beneficiaries who are not eligible for Transitional Medical Assistance (TMA) because they do not meet the 3 of 6 previous months of Low Income Family (LIF) Medicaid eligibility. This program is funded with total state dollars.

> **Example:** A family has received LIF for only 2 months. They now become employed and earn too much money to continue to be on LIF. They do not qualify for TMA as they have not had 3 months of LIF. They can now receive MTMA for up to 12 months.

Manual Updates

Retain this bulletin until further notice. **NOTE:** The formatting of this manual section is not consistent with the existing Beneficiary Eligibility Manual formatting. Please note that MSA is in the process of reformatting the entire BEM and renaming the manual. A new, revised eligibility manual will be published in the near future.

Questions

Any questions regarding this bulletin may be directed to: Eligibility Section, Managed Care Support Division, Medical Services Administration, P.O. Box 30479, Lansing, Michigan 48909-7979 or phone (517) 241-8205.

Approved

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LEGAL BASIS

MFIA Appropriations Act

PROGRAM POLICY

MTMA is available to families who received FIP and/or LIF for one or two months, whose case was closed due to excess earned income, and who do not meet the TMA requirement of having had FIP/LIF for three of the past six months. MTMA is not available to persons who are eligible for Medicaid under any category or persons who are eligible for medical aid under the Refugee Assistance Program (RAP).

The state-funded MTMA program was created to allow families that do not meet the federally-funded TMA criteria to receive medical coverage for up to 12 months unless a change in circumstances is reported that affects eligibility. The scope of medical coverage is the same as Medicaid.

Services provided through MTMA are paid with State dollars. There is no federal match available. The DCH may cap enrollment in MTMA if necessary to keep program expenditures within the budget established for MTMA by the legislature.

Children under age 19 who have too much income for Healthy Kids coverage may be eligible for MTMA but must be referred to MIChild for an eligibility determination. If the child is determined to be MIChild eligible, MTMA coverage must be terminated using standard negative action procedures. The beginning date for the MIChild coverage will be coordinated with the end of the MTMA coverage so no gap in coverage occurs. MIChild eligible children must have their MTMA coverage terminated even if the family refuses to pay the MIChild monthly premium.

EFFECTIVE DATE OF COVERAGE

MTMA coverage begins the first day of the month following FIP/LIF ineligibility. Coverage may last for up to 12 months if the eligibility criteria continue to be met.

PREGNANT WOMEN

If a woman who is on MTMA becomes pregnant, her eligibility must be re-evaluated for Healthy Kids or MIChild. An application is not required for this determination unless stated otherwise. Two months after the pregnancy ends:

- If the original FIP/LIF group is still within its 12 months of MTMA coverage, the woman may rejoin the group on MTMA for the remainder of the group's original 12-month period.

- If the original FIP/LIF group has completed its' 12 months of MTMA coverage and has purchased TMA-Plus coverage, the woman may buy TMA-Plus coverage.

- If the original FIP/LIF group consisted of just the woman (the children are on Healthy Kids or MIChild), and the original 12-month MTMA eligibility period has expired, the woman may return to MTMA for the remainder of the original 12-month period.

  Example: A woman is determined eligible for MTMA with a redetermination date of November 30, 2001. The woman becomes pregnant and is determined Healthy Kids eligible. Healthy Kids eligibility ends October 31, 2001. The woman may return to MTMA until the original redetermination date of November 30, 2001.

- If the original FIP/LIF group consisted of just the mother (the children are on Healthy Kids or MIChild) and the original 12-month MTMA eligibility period has expired, the woman may buy into TMA-Plus, as long as she was on MTMA prior to the pregnancy. A new application is required in this case to determine possible eligibility for Medicaid categories.

RETROACTIVE COVERAGE

There is no 3-month retroactive period.

IDENTIFIED ON EVS

Level of Care Code –	00 or blank until they enter a health plan 07 or 11 once they enter a health pan
Scope/Coverage Code –	1T for full MA benefits 1V for ESO benefits
Program Code –	N2

NONFINANCIAL FACTORS

The nonfinancial factors that apply to the MTMA category are the same as identified for TMA.

EXCEPTION: The family was not eligible for FIP/LIF in 3 of the 6 months immediately preceding the month of FIP/LIF ineligibility.

FINANCIAL FACTORS

The financial factors that apply to the MTMA category are the same as identified for TMA.

BUDGET

The budget process that applies to the MTMA category is the same as identified for TMA.

Group Composition

The group composition is the same as the FIP/LIF group at the time of MTMA approval excluding any member who is eligible under any other Medicaid category or MIChild.

For newborns:

- If the mother was eligible for Medicaid under the Healthy Kids category, then the newborn may be eligible for Medicaid under the Newborn category (see Chapter I, Section 10).

- If the mother was not eligible for Medicaid under the Healthy Kids category, eligibility for the newborn should be determined for Healthy Kids – Under Age 1 (as explained in Chapter I, Section 2) or MIChild (as explained in Chapter III, Section 1). Newborns may not be automatically added to a group's MTMA case.

COVERAGE

The coverages are full Medicaid coverages. Beneficiaries who have full MTMA coverage must be enrolled in a health plan.

INTERACTION WITH OTHER PROGRAMS

MTMA is the payor of last resort and all other coverages must be exhausted before MTMA coverage exists.

Children's Special Health Care Services (CSHCS)

MTMA beneficiaries may receive MTMA benefits and benefits under the CSHCS Program. For information on how to apply for CSHCS, the beneficiary should be instructed to phone the toll-free Family Phone Line at 1-800-359-3722.

MIChild

MIChild is available to the children of MTMA beneficiaries, provided eligibility criteria are met. MIChild must notify FIA when a person is found eligible for MIChild.

TMA-Plus

A family cannot be eligible for MTMA and TMA-Plus at the same time. However, the MTMA family can buy into TMA-Plus once the MTMA 12-month period has ended.

Court-Ordered Medical Insurance

MTMA must not be used as the court-ordered medical insurance.