# CHAPTER 9506
# DEPARTMENT OF HUMAN SERVICES
# MINNESOTACARE

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## 9506.0010 DEFINITIONS.

Subpart 1. **Scope.** The terms used in parts 9506.0010 to 9506.0100 have the meanings given them in this part.

Subp. 2. **Applicant.** "Applicant" means a person who submits a written application to the department for a determination of eligibility for MinnesotaCare.

Subp. 3. **Child.** "Child" means a person who is less than 18 years of age.

Subp. 4. **Commissioner.** "Commissioner" means the commissioner of the Department of Human Services or the commissioner's designee.

Subp. 5. **Covered health services.** "Covered health services" means the services listed in Minnesota Statutes, section 256.9353, subdivisions 1 to 5.

Subp. 6. **Department.** "Department" means the Department of Human Services.

Subp. 7. **Dependent sibling.** "Dependent sibling" has the meaning given in Minnesota Statutes, section 256.9354, subdivision 1, paragraph (b).

Subp. 8. **Eligible provider.** "Eligible provider" means a health care provider who provides covered health services to medical assistance recipients under rules established by the commissioner for that program.

Subp. 9. **Employer–subsidized health coverage.** "Employer–subsidized health coverage" means health coverage for which the employer pays at least 50 percent of the cost of coverage for the employee. Employer–subsidized health coverage includes employer contributions to Internal Revenue Code, section 125 plans.

Employer–subsidized health coverage excludes dependent coverage unless the employer offers dependent coverage to employees and pays at least 50 percent of the cost of dependent coverage. Employer–subsidized health coverage for children includes coverage through either parent, including a noncustodial parent.

Subp. 10. **Enrollee.** "Enrollee" means an individual who:

A. has been determined eligible by the department to receive covered health services under MinnesotaCare; and

B. has paid the required premium under part 9506.0040.

Subp. 11. **Family.** "Family" means a parent or parents and their children, or guardians and their wards who are children, and dependent siblings, residing in the same household. The term includes children and dependent siblings temporarily absent from the household in settings such as schools, camps, or visitation with noncustodial parents. Family also means an emancipated minor and an emancipated minor's spouse, spouses in households without children, and single individuals in a one–person household.

Subp. 12. **General assistance medical care.** "General assistance medical care" has the meaning given in Minnesota Statutes, section 256D.02, subdivision 4a.

Subp. 13. **Local social service agency.** "Local social service agency" means the local agency under the authority of the county welfare or human services board or county board of commissioners that is responsible for providing human services.

Subp. 14. **Medical assistance.** "Medical assistance" means the program authorized under title XIX of the Social Security Act and Minnesota Statutes, chapter 256B.

Subp. 15. **MinnesotaCare.** "MinnesotaCare" means the program authorized in Minnesota Statutes, sections 256.9351 to 256.9363, to promote access to appropriate covered health services to assure healthy children and adults.

Subp. 16. **Other health coverage.**

A. "Other health coverage" means:

(1) basic hospital coverage;

(2) medical–surgical or major medical coverage;

(3) Medicare part A or part B coverage under title XVIII of the Social Security Act;

(4) supplemental Medicare coverage under Minnesota Statutes, sections 62A.31 to 62A.44;

(5) coverage through a health maintenance organization under Minnesota Statutes, chapter 62D;

(6) coverage through a health maintenance organization under Minnesota Statutes, chapter 62D, combined with Medicare benefits under title XVIII of the Social Security Act; or

(7) coverage through the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) under United States Code, title 10, chapter 55, sections 1079 and 1086.

B. "Other health coverage" does not mean:

(1) medical assistance;

(2) general assistance medical care;

(3) coverage under a regional demonstration project for the uninsured funded under Minnesota Statutes, section 256B.73;

(4) coverage under the Hennepin county assured care program; or

(5) coverage under the Group Health, Inc., community health plan.

Subp. 17. **Parent.** "Parent" means the birth, step, or adoptive mother or father of a child.

Subp. 18. **Permanent residency.** "Permanent residency" has the meaning given in Minnesota Statutes, section 256.9359.

Subp. 19. **Spend–down.** "Spend–down" means the process by which a person who has income in excess of the income standard allowed under the medical assistance program becomes eligible for medical assistance as a result of incurring medical expenses that are not covered by a liable third party and that reduce the excess income to zero.

Subp. 20. **Third–party payer.** "Third–party payer" means a person, entity, agency, or other health coverage that has a probable obligation to pay all or part of the costs of an enrollee's health services.

**Statutory Authority:** *MS s 256.9352*

**History:** *19 SR 1286*

## 9506.0020 ELIGIBILITY FOR MINNESOTACARE.

Subpart 1. **General eligibility requirements.** Except as provided in subparts 2, 3, and 5, an applicant or enrollee must:

A. be a permanent resident of Minnesota;

B. be ineligible for medical assistance without a spend–down, including medical assistance for pregnant women, except that an enrollee who receives inpatient hospital services may be eligible for medical assistance with or without a spend–down during the months of hospitalization;

C. not simultaneously be covered by general assistance medical care and MinnesotaCare;

D. not currently have other health coverage nor have had other health coverage during the four months immediately preceding the date coverage begins;

E. not have access to employer–subsidized health coverage during the 18 months immediately preceding the date coverage begins;

F. identify potentially liable third–party payers and assist the department in obtaining third–party payments;

G. have gross annual income that does not exceed the amounts in Minnesota Statutes, section 256.9358, subdivisions 3 and 4; and

H. comply with the family enrollment requirements in subpart 4.

Subp. 2. **Exceptions to general eligibility requirements.**

A. Subpart 1, items D and E, do not apply to an applicant who is terminated from medical assistance, general assistance medical care, or coverage under a regional demonstration project for the uninsured funded under Minnesota Statutes, section 256.73, the Hennepin county assured care program, or the Group Health, Inc., community health plan if the department receives a MinnesotaCare application before the last day of the month following the month in which termination occurred.

B. Subpart 1, item E, does not apply under the following circumstances:

(1) if the employer–subsidized health coverage was lost for reasons that would not disqualify the applicant from receiving reemployment benefits under Minnesota Statutes, section 268.09, and the applicant has not had access to employer–subsidized health coverage since the loss; or

(2) to children of an individual whose employer–subsidized coverage was lost for reasons that disqualify the individual for reemployment benefits if the children have not had access to employer–subsidized coverage since the disqualifying event.

Subp. 3. **Children in families with income at or below 150 percent of the federal poverty guidelines.** A child in a family with income at or below 150 percent of the federal poverty guidelines is eligible for MinnesotaCare from the first day of the month in which the child's first birthday occurs to the last day of the month in which the child becomes 18 years old if the child:

A. meets the requirements under subpart 1, items A to C and F to H; and

B. is not otherwise insured for the covered health services. A child is not otherwise insured for covered health services when subitem (1), (2), or (3) applies:

(1) the child lacks coverage in two or more of the areas listed in units (a) to (e):

(a) basic hospital coverage;

(b) medical–surgical coverage;

(c) major medical coverage;

(d) dental coverage;

(e) vision coverage;

(2) coverage requires a deductible of $100 or more per person per year; or

(3) a child with a particular diagnosis lacks coverage because the child has exceeded the maximum coverage for that diagnosis or the policy of coverage excludes that diagnosis.

Subp. 4. **Family enrollment.** Families must comply with items A to F.

A. Parents who enroll must enroll all eligible children and dependent siblings.

B. Children and dependent siblings may be enrolled without parents enrolling, unless other insurance is available.

C. If one parent in a household enrolls, both parents in the household must enroll, unless other insurance is available.

D. If one child in a family is enrolled, all children in the family must be enrolled, unless other insurance is available.

E. If one spouse in a household is enrolled, the other spouse in the household must enroll, unless other insurance is available.

F. Except as provided in item B, families cannot enroll only certain uninsured members.

Subp. 5. **Continuous eligibility.** An enrollee remains eligible for MinnesotaCare regardless of age or the presence or absence of children in the household as long as the enrollee:

A. maintains permanent residency in Minnesota;

B. meets all other eligibility criteria, except subpart 1, item G;

C. pays the full cost of coverage if gross annual family income after initial enrollment exceeds the limits in Minnesota Statutes, section 256.9358, subdivisions 3 and 4; and

D. is continuously enrolled in MinnesotaCare or medical assistance. To be continuously enrolled, an enrollee's reapplication must be received by the department before the

last day of the first calendar month following the date of notice of termination of coverage from MinnesotaCare or medical assistance.

Subp. 6. **Annual redetermination required.** The commissioner shall annually redetermine continued MinnesotaCare eligibility for each enrollee.

Subp. 7. **Enrollee cooperation with annual redetermination.** Enrollees must annually provide the information needed to redetermine eligibility before the anniversary date of initial eligibility. The anniversary date of initial eligibility is the yearly recurrence of the first day of the month following the date of enrollment in MinnesotaCare.

**Statutory Authority:** *MS s 256.9352*

**History:** *19 SR 1286*

**9506.0030 APPLICATION; ENROLLMENT; COVERAGE.**

Subpart 1. **Application sources.** Applicants may apply directly to the commissioner or through appropriate referral sources.

A. Appropriate referral sources include but are not limited to: eligible provider offices; local social service agencies; school district offices; public and private elementary schools in which 25 percent or more of the students receive free or reduced price lunches; community health offices defined in Minnesota Statutes, section 145A.02; WIC program sites under United States Code, title 42, section 1786.

B. Referral sources that accept applications from applicants must send applications to the department within five working days after receipt.

Subp. 2. **Necessary information for eligibility determination.**

A. Applicants must provide all information necessary to determine eligibility for MinnesotaCare and potential eligibility for medical assistance, including:

(1) social security number;

(2) proof of permanent residency; the signature of an applicant on the application attesting to permanent residency meets the affidavit requirement under Minnesota Statutes, section 256.9359, subdivision 4, clause (3);

(3) household composition;

(4) availability of other health coverage, including access to employer–subsidized health coverage;

(5) gross annual family income; and

(6) any additional information needed by the commissioner to determine or verify eligibility.

B. If the commissioner determines an applicant may be ineligible for MinnesotaCare because employer–subsidized coverage was lost for reasons that would disqualify the applicant from receiving reemployment benefits under Minnesota Statutes, section 268.09, the commissioner shall refer the applicant to the department of economic security for a determination whether the applicant would have been disqualified.

Subp. 3. **Eligibility determination deadline.** Except during the four months after the dates on which adult individuals and families without children become eligible for MinnesotaCare, the commissioner shall determine an applicant's eligibility within 30 days after a complete application is received by the department.

Subp. 4. **Enrollment and beginning of coverage.** The date of enrollment and the date coverage begins are determined as follows:

A. An applicant is enrolled in MinnesotaCare on the date the following are completed:

(1) a complete application is received by the department and the applicant is determined eligible under part 9506.0020; and

(2) the initial premium payment under part 9506.0040 is received by the department.

B. Coverage begins the first day of the calendar month following the date of enrollment, except:

(1) if the initial premium payment is received after noon of the last business day of the month of enrollment, coverage begins the first day of the second following calendar month;

(2) coverage for eligible newborns in an enrolled family begins immediately from the moment of birth;

(3) coverage for eligible adoptive children of a family enrolled in MinnesotaCare begins on the date of placement for the purpose of adoption;

(4) coverage for other new members of an enrolled family begins the first day of the month following the month in which the new member's eligibility is determined and the first premium payment is received; and

(5) coverage of enrollees who are hospitalized on the first day of the month following enrollment begins the day following the date of discharge from the hospital.

**Statutory Authority:** *MS s 256.9352*

**History:** *19 SR 1286*

**9506.0040 PREMIUM PAYMENTS.**

Subpart 1. **Premium payments.** Applicants and enrollees must pay a premium to enroll and to continue enrollment in MinnesotaCare. The amount of premium is the total of the following:

A. $4 per month for each child in a family whose family income is at or below 150 percent of federal poverty guidelines; and

B. for any family member not included under item A, a premium calculated under Minnesota Statutes, section 256.9358.

A premium payment table and an explanation of the table is available upon request from the department.

Subp. 2. **Gross annual family income.** "Gross annual family income" means the total income of all family members determined according to items A to C:

A. the income of self–employed persons, as defined in Minnesota Statutes, section 256.9351, subdivision 4;

B. the income of wage earners, including all wages, salaries, commissions, and other benefits received as monetary compensation from employers before any deduction, disregard, or exclusion, calculated by determining:

(1) income in the four calendar months immediately preceding the month of application for MinnesotaCare, multiplied by three to reflect a 12–month period; or

(2) if the wage earner is employed on a seasonal basis or receives income too infrequently or irregularly to be calculated under subitem (1), total income for the past 12 months; and

C. the following unearned income received in the four calendar months immediately preceding the month of application, multiplied by three to reflect a 12–month period:

(1) supplemental security income under title XVI of the Social Security Act;

(2) social security benefits;

(3) veterans' administration benefits;

(4) railroad retirement benefits;

(5) unemployment benefits;

(6) workers' compensation benefits;

(7) child support;

(8) spousal maintenance or support payments; and

(9) income from any other source, including interest, dividends, and rent.

Applicants and enrollees must report to the department any changes from the amounts reported in items A to C that exceed $50 per month. Changes may be reported as a percentage increase or decrease. Gross annual family income will be recalculated by projecting the adjusted income for 12 months.

Subp. 3. **Premiums paid monthly, quarterly, or annually.** Applicants and enrollees may choose to pay premiums on a monthly, quarterly, or annual basis and may change payment schedules at the time a premium is due.

Subp. 4. **Billing notices.** The department shall mail premium payment billing notices as follows:

A. for monthly premiums, by the first day of the month preceding the month for which coverage will be provided;

B. for quarterly premiums, by the first day of the month preceding the first month of the quarter for which coverage will be provided; and

C. for annual premiums, by the first day of the month preceding the first month of the year for which coverage will be provided.

Subp. 5. **Premium payment dates.** Premium payments are due as follows:

A. An initial premium must be received by the department within four months after the date on the applicant's first premium notice.

B. Subsequent premiums must be received by the department as follows:

(1) monthly premiums by the 15th of the month preceding the month for which the premium is paid;

(2) quarterly premiums by the 15th of the month preceding the first month of the quarter for which the premium is paid; and

(3) annual premiums by the 15th of the month preceding the first month of the year for which the premium is paid.

Subp. 6. **Disenrollment.** The commissioner shall disenroll enrollees who fail to pay the required premium when due. MinnesotaCare coverage terminates the last day of the calendar month following the due date specified in subpart 5 unless the premium is received by noon of the last business day of the calendar month following the due date.

Subp. 7. **Reenrollment.** An enrollee disenrolled for failure to pay the required premium may reenroll as provided in items A to D.

A. The enrollee:

(1) may not reenroll until four calendar months after the date coverage terminates, unless the person demonstrates good cause for nonpayment; and

(2) must comply with parts 9506.0010 to 9506.0100 and pay the unpaid premium for any month in which coverage was provided.

B. Good cause for nonpayment does not exist if a person chooses to pay other family expenses instead of the MinnesotaCare premium.

C. Good cause for nonpayment means, generally, circumstances beyond an enrollee's control or that were not reasonably foreseeable that excuse an enrollee's failure to pay the required premium when due, including circumstances such as:

(1) because of serious physical or mental incapacity or illness, the enrollee fails to pay the premium;

(2) the enrollee voluntarily disenrolls under the mistaken belief that other health coverage is available;

(3) the enrollee does not receive a regular source of income on which the enrollee has relied to pay the required premium.

D. The commissioner shall determine whether good cause exists based on the weight of the supporting evidence submitted by the person to demonstrate good cause.

Subp. 8. **Premium payment adjustments.** The commissioner shall adjust enrollees' premium payments upon receipt of the audit information required under part 9506.0060, subparts 1 and 2. Adjustments to premium payments are effective on the first day of the month following issuance of an adjusted premium invoice.

**Statutory Authority:** *MS s 256.9352*

**History:** *19 SR 1286*

**9506.0050 COORDINATION OF MINNESOTACARE AND MEDICAL ASSISTANCE.**

Subpart 1. **Referral of applicants and enrollees potentially eligible for medical assistance to local social service agency.** The commissioner shall refer applicants and enrollees who are potentially eligible for medical assistance without a spend-down to the local social service agency. The commissioner shall determine potential eligibility by considering:

A. age;

B. household income or assets;

C. pregnancy;

D. illness, injury, or incapacity indicating a disability;

E. household composition; and

F. employment status of household members.

Subp. 2. **Enrollment of applicants and enrollees potentially eligible for medical assistance.**

A. If an applicant who is potentially eligible for medical assistance without a spend–down meets the other conditions of eligibility for MinnesotaCare, the commissioner shall enroll the applicant in MinnesotaCare upon receipt of the initial premium payment.

B. An applicant or enrollee who is potentially eligible for medical assistance without a spend–down may continue to be covered by MinnesotaCare until determined eligible for medical assistance, provided:

(1) the applicant:

(a) applies for medical assistance within 60 days from the date MinnesotaCare coverage begins; and

(b) cooperates with the local social service agency in determining eligibility for medical assistance; or

(2) the enrollee:

(a) applies for medical assistance within 60 days after the first day of the month following the month of referral to the local social service agency; and

(b) cooperates with the local social service agency in determining eligibility for medical assistance.

C. An applicant who is determined eligible for medical assistance without a spend–down may be eligible for a refund of the applicant's MinnesotaCare premium payments, depending on family size.

Subp. 3. **Coordination of coverage for hospital inpatient services under MinnesotaCare and medical assistance.** Coverage for inpatient hospital services for enrollees shall be coordinated between MinnesotaCare and medical assistance as provided in this subpart.

A. The commissioner shall notify enrollees who have received inpatient hospital services and who are determined to have a basis of eligibility for medical assistance, in writing, that an application for medical assistance must be completed.

B. By the last day of the third month following the inpatient hospital admission, an enrollee who has received written notice under item A must apply for medical assistance and must cooperate with the local social service agency in determining eligibility for medical assistance.

C. If an enrollee is determined eligible for medical assistance with a spend–down:

(1) the enrollee is covered by medical assistance during the months of inpatient hospitalization;

(2) the enrollee must pay:

(a) the MinnesotaCare premium during the months of inpatient hospitalization;

(b) inpatient hospital costs included in the enrollee's spend–down that are not paid for by MinnesotaCare; and

(c) services not covered by MinnesotaCare or medical assistance;

(3) the enrollee is not responsible for any hospital payments reduced under Minnesota Statutes, section 256.9353, subdivision 3, paragraph (c);

(4) MinnesotaCare shall pay inpatient hospital costs up to the enrollee's spend–down limit or the MinnesotaCare $10,000 annual benefit limit for adults, whichever is less; and

(5) medical assistance shall pay the enrollee's inpatient hospital costs above spend–down amounts.

D. An enrollee who is not eligible for medical assistance may:

(1) remain enrolled in MinnesotaCare; and

(2) unless the enrollee is a child, pay ten percent of the hospitalization charge, up to an annual maximum of $1,000 per person or $3,000 per family, and any hospitalization charges that exceed the $10,000 annual limit on MinnesotaCare benefits for inpatient hospital services.

An enrollee who is not eligible for medical assistance may be eligible for retroactive general assistance medical care under Minnesota Statutes, section 256D.03, subdivision 3, paragraph (b).

Subp. 4. **Disenrollment.**

A. The commissioner shall disenroll an enrollee and the enrollee's family when the enrollee fails to apply for medical assistance or cooperate with determining eligibility, as required under subparts 2 and 3. MinnesotaCare coverage terminates the last day of the calendar month following the month in which the medical assistance application was due.

B. An enrollee, and the enrollee's family, if disenrolled for failure to comply with subpart 2, may reenroll after cooperating with the medical assistance eligibility determination and being determined ineligible for medical assistance without a spend–down.

C. An enrollee, and the enrollee's family, if disenrolled for refusal to comply with subpart 3, item B, may not reenroll.

D. The commissioner shall disenroll an enrollee who is determined eligible for medical assistance without a spend–down. MinnesotaCare coverage terminates the last day of the calendar month in which the department receives notice of the enrollee's medical assistance eligibility.

**Statutory Authority:** *MS s 256.9352*

**History:** *19 SR 1286*

**9506.0060 QUALITY CONTROL.**

Subpart 1. **Changes.** Enrollees must report to the department any changes in the following:

A. address;

B. household composition;

C. employment status;

D. a change of more than $50 per month of gross income;

E. availability of other health coverage;

F. onset of disability or change in disability; or

G. anticipation of legal action to collect money for an accident or an injury, or benefits available due to an accident or injury.

Subp. 2. **Random audits.** The commissioner shall perform audits of randomly selected enrollees to verify enrollees' gross annual family income and MinnesotaCare eligibility. Enrollees being audited must provide additional income and eligibility information, including:

A. federal income tax returns;

B. federal W2 forms;

C. employment check stubs;

D. family composition;

E. residency;

F. length of time without health insurance;

G. access to employer–subsidized coverage; and

H. any additional information necessary to determine income and eligibility.

Subp. 3. **Disenrollment.** The commissioner shall disenroll enrollees who refuse to provide information required under subparts 1 and 2. MinnesotaCare coverage will terminate the last day of the calendar month in which notice of cancellation is sent. Persons may reenroll after complying with this part and being determined eligible for MinnesotaCare.

**Statutory Authority:** *MS s 256.9352*

**History:** *19 SR 1286*

**9506.0070 APPEALS.**

Subpart 1. **Notice.** The commissioner shall follow the notification procedures in chapter 9505 and Minnesota Statutes, chapter 256B, if the commissioner denies, suspends, reduces, or terminates MinnesotaCare eligibility or covered health services. The commissioner shall mail the person a written notice that describes the action, the reason for the action, and the person's right to appeal the action according to Minnesota Statutes, section 256.045.

Subp. 2. **Appeal process.** An applicant or enrollee aggrieved by a determination or action of the commissioner may appeal the determination or action according to Minnesota Statutes, section 256.045. An applicant or enrollee must submit a written request for a hearing to the department within 30 days after receipt of the written notice of the determination or action, except that a person has 90 days to submit a written request upon showing good cause why the request was not submitted within 30 days.

**Statutory Authority:** *MS s 256.9352*

**History:** *19 SR 1286*

**9506.0080 COVERED HEALTH SERVICES.**

Subpart 1. **Covered health services.** Health services covered by MinnesotaCare include the services listed in Minnesota Statutes, section 256.9353.

Subp. 2. **Inpatient hospital services.**

A. Enrollees are covered for medically necessary inpatient hospital services including acute care services, mental health services, and chemical dependency services.

B. MinnesotaCare benefits for inpatient hospital services for adult enrollees are limited to $10,000 per calendar year. No benefit limit for inpatient hospital services applies to children.

C. To be reimbursed under MinnesotaCare for inpatient hospital services provided to enrollees, eligible providers must comply with:

(1) parts 9500.1090 to 9500.1140 and Minnesota Statutes, sections 256.9685, 256.9686, 256.969, and 256.9695, governing inpatient hospital payment rates for medical assistance;

(2) parts 9505.0170 and 9505.0475 and Minnesota Statutes, section 256.9353, subdivisions 1 to 5, establishing standards for services covered by medical assistance;

(3) parts 9505.5000 to 9505.5030 and Minnesota Statutes, section 256B.0625, subdivision 25, requiring prior authorization for certain services; and

(4) parts 9505.0540 and 9505.5035 to 9505.5105, governing second surgical opinions.

Subp. 3. **Hospital admission certification.** Inpatient hospital admissions of enrollees, including admission of a pregnant woman that results in the delivery of a newborn or a stillbirth or an admission where the principal diagnosis or procedure is an inpatient dental procedure, must be certified in accordance with the medical assistance certification criteria in parts 9505.0500 to 9505.0540, except for admissions:

A. approved under Medicare; or

B. authorized under parts 9530.6600 to 9530.6655.

Subp. 4. **Cost avoidance.** The commissioner shall use cost avoidance techniques to ensure benefit coordination for enrollees, including items A to C.

A. MinnesotaCare coverage for covered health services is secondary to other health coverage for which enrollees are eligible, except for coverage under the consolidated chemical dependency treatment fund.

B. Coverage by all potential third–party payers must be exhausted before MinnesotaCare payment for covered health services will be made. An eligible provider must attempt to collect payment from potential third–party payers before billing the department for a covered health service.

C. Private accident and health care coverage must be used according to the rules of the specific health plan. MinnesotaCare shall not pay for services that would have been covered by the primary health coverage if the applicable rules of that health coverage had been followed.

Subp. 5. **Lien.** When the department provides, pays for, or becomes liable for covered health services, the department has a lien for the cost of care upon any and all causes of action accruing to the enrollee, or to the enrollee's legal representatives, as a result of the occurrence necessitating payment for covered health services. All liens under this subpart are governed by Minnesota Statutes, section 256.015.

**Statutory Authority:** *MS s 256.9352*

**History:** *19 SR 1286*

**9506.0090 COPAYMENTS AND ELIGIBLE PROVIDER REIMBURSEMENT.**

Subpart 1. **Copayments required.** Adult enrollees must pay eligible providers the copayments required under Minnesota Statutes, section 256.9353, subdivision 7.

Subp. 2. **Reimbursement for covered health services.** Covered health services are reimbursed at the same rate and subject to the same conditions established for medical assistance, except:

A. federally qualified health centers, rural health clinics, and Indian health facility services are reimbursed as provided in Minnesota Statutes, section 256.9362, subdivision 2; and

B. inpatient hospital services are reimbursed as provided in Minnesota Statutes, section 256.9362, subdivisions 3 to 6.

Subp. 3. **Copayments not paid.** The commissioner shall reimburse an eligible provider at the full medical assistance rate minus any applicable copayments regardless of whether the eligible provider collects copayments from enrollees who are ineligible for medical assistance.

Subp. 4. **Commissioner's access to enrollee medical records.** Eligible providers must provide the commissioner access to enrollees' personal medical records to monitor compliance with parts 9506.0010 to 9506.0100 and to identify fraud, theft, or abuse by providers of health services through MinnesotaCare.

**Statutory Authority:** *MS s 256.9352*

**History:** *19 SR 1286*

**9506.0100 SURVEILLANCE AND UTILIZATION REVIEW.**

Parts 9505.2160 to 9505.2245 apply to the MinnesotaCare program.

**Statutory Authority:** *MS s 256.9352*

**History:** *19 SR 1286*