

**9506.0010 DEFINITIONS.**

Subpart 1. **Scope.** The terms used in parts 9506.0010 to 9506.0400 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 256L.03, 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 256L.04, 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. 13a. **Managed care health plan or health plan.** "Managed care health plan" or "health plan" means a vendor of medical care, including a county, that contracts with the department to provide covered health services to enrollees on a prepaid capitation basis. Among managed care health plans are health maintenance organizations, integrated service networks and community integrated service networks defined in Minnesota Statutes, section 62N.02, and competitive bidding programs.

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 256L.01 to 256L.12, to promote access to appropriate covered health services to assure healthy children and adults.

Subp. 15a. **Nonrisk contract.** "Nonrisk contract" means a contract between the department and a managed care health plan under which the health plan is not responsible for the costs of inpatient hospital services for enrollees.

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. 17a. **Participating provider.** "Participating provider" means a provider who is employed by or under contract with a health plan to provide health services to enrollees.

Subp. 18. **Permanent residency.** "Permanent residency" has the meaning given in Minnesota Statutes, section 256L.09.

Subp. 18a. **Risk contract.** "Risk contract" means a contract between the department and a managed care health plan under which the cost the health plan incurs providing inpatient hospital services may exceed the payments made by the department for inpatient hospital services under the contract.

Subp. 19. **Spenddown.** "Spenddown" 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; 256.9363; 256L.02; 256L.12*

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