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 spenddown 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 spenddown 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 spenddown 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 spenddown:

(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 256L.03, 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 spenddown 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 spenddown.

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.

Subp. 5. **Continuing health plan participation.** An enrollee in a managed care health plan who becomes eligible for medical assistance or general assistance medical care shall remain in that health plan if the health plan has a contract with the department to provide health services in that geographic area to recipients of medical assistance or general assistance medical care.

Statutory Authority: *MS s 256.9352; 256.9363; 256L.02; 256L.12*

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