## 9506.0090 COPAYMENTS AND ELIGIBLE PROVIDER REIMBURSEMENT.

- Subpart 1. Copayments required. Adult enrollees must pay eligible providers and managed care health plans or participating providers the copayments required under Minnesota Statutes, sections 256L.03, subdivision 5, and 256L.12, subdivision 6. Adult enrollees who are not eligible for medical assistance must pay inpatient hospital charges above the annual MinnesotaCare benefit limit to the hospital that provided the inpatient hospital services.
- 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 256L.11, subdivision 2;
- B. inpatient hospital services are reimbursed as provided in Minnesota Statutes, section 256L.11, subdivisions 3 and 4; and
  - C. managed care health plans are paid as provided in part 9506.0300.
- 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 and managed care health plans or participating providers must provide the commissioner access to enrollees' personal medical records to monitor compliance with parts 9506.0010 to 9506.0400 and to identify fraud, theft, or abuse.

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

**History:** 19 SR 1286; 20 SR 495; L 2013 c 108 art 1 s 67

**Published Electronically:** January 7, 2014