

1 Department of Human Services

2

3 Adopted Permanent Rules Governing MinnesotaCare

4

5 Rules as Adopted

6 9506.0010 DEFINITIONS.

7 Subpart 1. **Scope.** The terms used in parts 9506.0010 to
8 9506.0100 have the meanings given them in this part.

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

12 Subp. 3. **Child.** "Child" means a person who is less than
13 18 years of age.

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

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

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

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

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

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

35 Employer-subsidized health coverage excludes dependent

1 coverage unless the employer offers dependent coverage to
 2 employees and pays at least 50 percent of the cost of dependent
 3 coverage. Employer-subsidized health coverage for children
 4 includes coverage through either parent, including a
 5 noncustodial parent.

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

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

9 B. has paid the required premium under part 9506.0040.

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

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

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

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

29 Subp. 15. **MinnesotaCare.** "MinnesotaCare" means the
 30 program authorized in Minnesota Statutes, sections 256.9351 to
 31 256.9363, to promote access to appropriate covered health
 32 services to assure healthy children and adults.

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

34 A. "Other health coverage" means:

35 (1) basic hospital coverage;

36 (2) medical-surgical or major medical coverage;

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

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

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

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

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

14 B. "Other health coverage" does not mean:

15 (1) medical assistance;

16 (2) general assistance medical care;

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

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

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

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

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

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

34 Subp. 20. **Third-party payer.** "Third-party payer" means a
35 person, entity, agency, or other health coverage that has a
36 probable obligation to pay all or part of the costs of an

1 enrollee's health services.

2 9506.0020 ELIGIBILITY FOR MINNESOTACARE.

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

5 A. be a permanent resident of Minnesota;

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

11 C. not ~~currently~~ simultaneously be covered by general
12 assistance medical care and MinnesotaCare;

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

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

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

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

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

26 Subp. 2. Exceptions to general eligibility requirements.

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

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

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

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

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

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

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

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

- 27 (a) basic hospital coverage;
28 (b) medical-surgical coverage;
29 (c) major medical coverage;
30 (d) dental coverage;
31 (e) vision coverage;

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

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

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

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

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

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

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

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

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

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

21 A. maintains permanent residency in Minnesota;

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

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

27 D. is continuously enrolled in MinnesotaCare or
28 medical assistance. To be continuously enrolled, an enrollee's
29 reapplication must be received by the department before the last
30 day of the first calendar month following the date of notice of
31 termination of coverage from MinnesotaCare or medical assistance.

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

35 Subp. 7. Enrollee cooperation with annual
36 redetermination. Enrollees must annually provide the

1 information needed to redetermine eligibility before the
2 anniversary date of initial eligibility. The anniversary date
3 of initial eligibility is the yearly recurrence of the first day
4 of the month following the date of enrollment in MinnesotaCare.

5 9506.0030 APPLICATION; ENROLLMENT; COVERAGE.

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

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

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

19 Subp. 2. Necessary information for eligibility
20 determination.

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

24 (1) social security number;

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

29 (3) household composition;

30 (4) availability of other health coverage,
31 including access to employer-subsidized health coverage;

32 (5) gross annual family income; and

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

35 B. If the commissioner determines an applicant may be

1 ineligible for MinnesotaCare because employer-subsidized
 2 coverage was lost for reasons that would disqualify the
 3 applicant from receiving reemployment benefits under Minnesota
 4 Statutes, section 268.09, the commissioner shall refer the
 5 applicant to the department of economic security for a
 6 determination whether the applicant would have been disqualified.

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

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

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

18 (1) a complete application is received by the
 19 department and the applicant is determined eligible under part
 20 9506.0020; and

21 (2) the initial premium payment under part
 22 9506.0040 is received by the department.

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

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

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

31 ~~(2)~~ (3) coverage for eligible adoptive children
 32 of a family enrolled in MinnesotaCare begins on the date of
 33 placement for the purpose of adoption;

34 ~~(3)~~ (4) coverage for other new members of an
 35 enrolled family begins the first day of the month following the
 36 month in which the new member's eligibility is determined and

1 the first premium payment is received; and
2 ~~(4)~~ (5) coverage of enrollees who are
3 hospitalized on the first day of the month following enrollment
4 begins the day following the date of discharge from the hospital.

5 9506.0040 PREMIUM PAYMENTS.

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

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

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

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

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

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

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

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

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

34 C. the following unearned income received in the four
35 calendar months immediately preceding the month of application,

1 multiplied by three to reflect a 12-month period:

- 2 (1) supplemental security income under title XVI
- 3 of the Social Security Act;
- 4 (2) social security benefits;
- 5 (3) veterans' administration benefits;
- 6 (4) railroad retirement benefits;
- 7 (5) unemployment benefits;
- 8 (6) workers' compensation benefits;
- 9 (7) child support;
- 10 (8) spousal maintenance or support payments; and
- 11 (9) income from any other source, including
- 12 interest, dividends, and rent.

13 Applicants and enrollees must report to the department any
14 changes from the amounts reported in items A to C that exceed
15 \$50 per month. Changes may be reported as a percentage increase
16 or decrease. Gross annual family income will be recalculated by
17 projecting the adjusted income for 12 months.

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

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

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

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

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

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

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

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

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

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

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

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

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

20 A. The enrollee:

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

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

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

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

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

36 (2) the enrollee voluntarily disenrolls under the

1 mistaken belief that other health coverage is available;

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

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

8 Subp. 8. Premium payment adjustments. The commissioner
9 shall adjust enrollees' premium payments upon receipt of the
10 audit information required under part 9506.0060, subparts 1 to-4
11 and 2. Adjustments to premium payments are effective on the
12 first day of the month following issuance of an adjusted premium
13 invoice.

14 9506.0050 COORDINATION OF MINNESOTACARE AND MEDICAL ASSISTANCE.

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

22 A. age;

23 B. household income or assets;

24 C. pregnancy;

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

27 E. household composition; and

28 F. employment status of household members.

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

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

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

5 (1) the applicant:

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

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

10 (2) the enrollee:

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

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

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

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

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

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

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

36 (1) the enrollee is covered by medical assistance

1 during the months of inpatient hospitalization;

2 (2) the enrollee must pay ~~the MinnesotaCare~~
 3 ~~premium, spend-down amounts that exceed the \$10,000 annual~~
 4 ~~benefit limit for adults, and the cost of services not covered~~
 5 ~~by MinnesotaCare or medical assistance during any month in which~~
 6 ~~inpatient hospital services are provided;~~

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

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

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

14 (3) the enrollee is not responsible for any
 15 hospital payments reduced under Minnesota Statutes, section
 16 256.9353, subdivision 3, paragraph (c);

17 (4) MinnesotaCare shall pay inpatient hospital
 18 costs up to the enrollee's spend-down ~~for inpatient hospital~~
 19 ~~services up to the~~ limit or the MinnesotaCare \$10,000 annual
 20 benefit limit for adults, whichever is less; and

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

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

25 (1) remain enrolled in MinnesotaCare; and

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

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

35 **Subp. 4. Disenrollment.**

36 A. The commissioner shall disenroll an enrollee and

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

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

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

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

19 9506.0060 QUALITY CONTROL.

20 Subpart 1. ~~Annual redetermination required.--The~~
 21 ~~commissioner shall annually redetermine continued MinnesotaCare~~
 22 ~~eligibility for each enrollee.~~

23 ~~Subp.--2.--Enrollee cooperation with annual redetermination:~~
 24 ~~Enrollees must annually provide the information needed to~~
 25 ~~redetermine eligibility before the anniversary date of initial~~
 26 ~~eligibility.--The anniversary date of initial eligibility is the~~
 27 ~~yearly recurrence of the first day of the month following the~~
 28 ~~date of enrollment in MinnesotaCare.~~

29 ~~Subp.--3: Changes.~~ Enrollees must report to the department
 30 any changes in the following:

- 31 A. address;
- 32 B. household composition;
- 33 C. employment status;
- 34 D. a change of more than \$50 per month of gross
- 35 income;

- 1 E. availability of other health coverage;
2 F. onset of disability or change in disability; or
3 G. anticipation of legal action to collect money for
4 an accident or an injury, or benefits available due to an
5 accident or injury.

6 Subp. 4 2. **Random audits.** The commissioner shall perform
7 audits of randomly selected enrollees to verify enrollees' gross
8 annual family income and MinnesotaCare eligibility. Enrollees
9 being audited must provide additional income and eligibility
10 information, including:

- 11 A. federal income tax returns;
12 B. federal W2 forms;
13 C. employment check stubs;
14 D. family composition;
15 E. residency;
16 F. length of time without health insurance;
17 G. access to employer-subsidized coverage; and
18 H. any additional information necessary to determine
19 income and eligibility.

20 Subp. 5 3. **Disenrollment.** The commissioner shall
21 disenroll enrollees who refuse to provide information required
22 under subparts 1 and 2 ~~to~~-4. MinnesotaCare coverage will
23 terminate the last day of the calendar month in which notice of
24 cancellation is sent. Persons may reenroll after complying with
25 this part and being determined eligible for MinnesotaCare.

26 9506.0070 APPEALS.

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

35 Subp. 2. **Appeal process.** An applicant or enrollee

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

9 9506.0080 COVERED HEALTH SERVICES.

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

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

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

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

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

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

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

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

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

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

8 A. approved under Medicare; or

9 B. authorized under parts 9530.6600 to 9530.6655.

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

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

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

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

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

34 9506.0090 COPAYMENTS AND ELIGIBLE PROVIDER REIMBURSEMENT.

35 Subpart 1. **Copayments required.** Adult enrollees must pay

1 eligible providers the copayments required under Minnesota
2 Statutes, section 256.9353, subdivision 7.

3 Subp. 2. Reimbursement for covered health services.

4 Covered health services are reimbursed at the same rate and
5 subject to the same conditions established for medical
6 assistance, except:

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

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

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

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

24 9506.0100 SURVEILLANCE AND UTILIZATION REVIEW.

25 Parts 9505.2160 to 9505.2245 apply to the MinnesotaCare
26 program.