

**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 spenddown, 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 spenddown 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 256L.15, subdivision 2; 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 268.095, 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 256L.15, subdivision 2; 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; 256L.02*

**History:** *19 SR 1286; L 1998 c 265 s 45; L 1998 c 407 art 5 s 47*

**Published Electronically:** *February 2, 2005*