

MinnesotaCare

MinnesotaCare is a jointly funded, federal-state program administered by the Minnesota Department of Human Services that provides subsidized health coverage to eligible Minnesotans. This information brief describes eligibility requirements, covered services, and other aspects of the program.

Note: Individuals who have questions about MinnesotaCare eligibility or are interested in applying for MinnesotaCare should call the Minnesota Department of Human Services at 651-297-3862 (in the metro area) or 1-800-657-3672.

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Administration

MinnesotaCare is administered by the Minnesota Department of Human Services (DHS). DHS is responsible for processing applications and determining eligibility, contracting with managed care plans, monitoring spending on the program, and developing administrative rules. Some county human services agencies have elected to process MinnesotaCare applications and manage MinnesotaCare cases.

Eligibility Requirements

To be eligible for MinnesotaCare, individuals must meet income and asset limits and satisfy other requirements related to residency and lack of access to health insurance. MinnesotaCare eligibility must be renewed every 12 months.¹

Income Limits

Children² and parents, legal guardians, foster parents, or relative caretakers residing in the same household are eligible for MinnesotaCare, if their gross household income does not exceed 275 percent of the federal poverty guidelines (FPG) and if other eligibility requirements are met. The 2009 Legislature allowed children with incomes greater than 275 percent of the FPG to be eligible for MinnesotaCare if they meet all other eligibility requirements. This elimination of the income limit for children is effective upon federal approval, which has not yet been received. Parents, legal guardians, foster parents, and relative caretakers are not eligible if their gross annual income exceeds \$50,000, regardless of whether their income exceeds 275 percent of FPG. This annual income cap will increase to \$57,500, upon federal approval, which had not been received as of August 10, 2010. Different eligibility requirements and premiums apply to children from households with gross incomes that do not exceed 150 percent of FPG.

Single adults and households without children are eligible for MinnesotaCare if their gross household incomes do not exceed 250 percent of FPG³ and they meet other eligibility requirements.

¹ Effective upon federal approval, which had not been received as of August 10, 2010, children with family incomes that do not exceed 275 percent of the federal poverty guidelines (FPG) who fail to submit renewal forms and related documentation in a timely manner shall remain eligible. The commissioner will still be required to verify income and determine premiums based on income, and to disenroll children for nonpayment of premiums.

² A child is defined in the law as an individual under 21 years of age, including the unborn child of a pregnant woman and an emancipated minor and that person's spouse.

³ The income limit for adults and households without children was increased from 200 percent to 250 percent of FPG on July 1, 2009.

Extended Coverage for Children

On October 31, 2008, the federal Centers for Medicare and Medicaid Services (CMS) denied a request by Minnesota to allow children age one through 18 who become ineligible for Medical Assistance (MA) due to excess income to be eligible for two additional months of MA⁴ and be automatically eligible for MinnesotaCare until the next MinnesotaCare renewal. These children would have been exempt until renewal from the MinnesotaCare income limit and from the requirement that MinnesotaCare enrollees have no current access to employer-subsidized coverage, no access to employer-subsidized coverage through the current employer for 18 months prior to application or reapplication, and no other health coverage while enrolled or for at least four months prior to application or renewal. These children would have been required to pay the standard MinnesotaCare sliding scale premiums to enroll and remain enrolled.

The coverage extension was authorized by the 2007 Legislature in [Laws 2007, chapter 147](#), article 13, and was to have been effective October 1, 2008, or upon federal approval, whichever was later. The Minnesota Department of Human Services resubmitted the request on September 30, 2009; the request had not been approved as of August 10, 2010.

Enrollees whose incomes rise above program income limits after initial enrollment are disenrolled from the program. Children are exempt from this requirement and can remain enrolled in MinnesotaCare if 10 percent of their gross annual household income is less than the annual premium of the \$500-deductible policy offered by the Minnesota Comprehensive Health Association (MCHA).⁵

Table 1 lists categories of persons eligible for MinnesotaCare, eligibility criteria, and enrollee cost. Table 2 lists program income limits for different family sizes.

Table 1
Eligibility for MinnesotaCare^a

Eligible Categories	Household Income Limit	Other Eligibility Criteria	Cost to Enrollee
Lower income children	150% of FPG	Not otherwise insured or insurance is considered underinsured; residency requirement	\$4 per child per month
Other children	151% - 275% of FPG ^b	No access to employer-subsidized coverage; no other health coverage; residency requirement	Premium based on sliding scale
Pregnant women	275% of FPG	No access to employer-subsidized coverage; no other health coverage; residency requirement	Premium based on sliding scale

⁴ These two additional months would have been in addition to the transitional MA coverage that is available to persons who lose MA eligibility due to increased earned or unearned income.

⁵ The MCHA offers health insurance to Minnesota residents who have been denied private market coverage due to preexisting health conditions.

Eligible Categories	Household Income Limit	Other Eligibility Criteria	Cost to Enrollee
Parents and relative caretakers	275% of FPG or \$50,000, ^c whichever is less	No access to employer-subsidized coverage; no other health coverage; residency requirement; asset limit	Premium based on sliding scale
Single adults, households without children	250% of FPG	No access to employer-subsidized coverage; no other health coverage; residency requirement; asset limit	Premium based on sliding scale

^a Exceptions to these requirements are noted in the text.

^b The 2009 Legislature allowed children with household incomes greater than 275 percent of FPG to be eligible, effective upon federal approval, which had not been received as of August 10, 2010. These children would pay the maximum premium.

^c The 2008 Legislature increased the income limit for parents and relative caretakers to \$57,500, effective upon federal approval, which had not been received as of August 10, 2010.

Table 2
**Annual Household Income Limits for MinnesotaCare
(Effective April 1, 2010, through June 30, 2011)**

Household Size^a	Children at or Below 150% of 2009 FPG	Adults Without Children 250% of 2009 FPG	Families and Children 275% of 2009 FPG^b
1	\$16,248	\$27,084	\$29,784
2	21,864	36,444	40,080
3	27,480	Not eligible	50,376
4	33,096	Not eligible	60,672
Each Additional Person	Add \$5,616	Not applicable	Add \$10,296

^a Pregnant women are households of two.

^b Parents are not eligible once income exceeds \$50,000.

Asset Limits

MinnesotaCare adult applicants and enrollees who are not pregnant are subject to an asset limit. This asset limit is \$10,000 in total net assets for a household of one person, and \$20,000 in total net assets for a household of two or more persons. Certain items are not considered assets when determining MinnesotaCare eligibility, including the following:

- the homestead
- household goods and personal effects
- a burial plot for each member of the household
- life insurance policies and assets for burial expenses, up to the limits established for the Supplemental Security Income (SSI) program

- capital and operating assets of a business up to \$200,000
- insurance settlements for damaged, destroyed, or stolen property are excluded for three months if held in escrow
- a motor vehicle for each person who is employed or seeking employment
- court-ordered settlements of up to \$10,000
- individual retirement accounts and funds
- assets owned by children
- workers' compensation settlements received due to a work-related injury⁶

Pregnant women and children are exempt from the MinnesotaCare asset limit.

No Access to Employer-Subsidized Coverage

A family or individual must not have access to employer-subsidized health care coverage. A family or individual must also not have had access to employer-subsidized health care coverage through a current employer for 18 months prior to application or reapplication. Employer-subsidized coverage is defined as health insurance coverage for which an employer pays 50 percent or more of the premium cost. This requirement applies to each individual. For example, if an employer contributes 50 percent or more towards the cost of coverage for an employee but does not contribute 50 percent or more towards the cost of covering that employee's dependents, the employee is not eligible for MinnesotaCare but the employee's dependents are eligible.

The requirement of no current access to employer-subsidized coverage does not apply to the following:

1. Children from households with incomes that do not exceed 150 percent⁷ of FPG
2. Children enrolled in the Children's Health Plan as of September 30, 1992, (the precursor program to MinnesotaCare) who have maintained continuous coverage
3. Children who enrolled in the Children's Health Plan during a transition period following the establishment of MinnesotaCare

Families or individuals whose employer-subsidized coverage was lost because an employer terminated health care coverage as an employee benefit during the previous 18 months are also not eligible for MinnesotaCare.

A family or individual disenrolled from MinnesotaCare because of the availability of employer-subsidized health coverage and who reapplies for MinnesotaCare within six months of disenrollment because the employer terminates health care coverage as an employee benefit is exempt from the 18-month enrollment restriction related to access to subsidized coverage.

⁶ This asset exclusion was approved by the federal government on October 31, 2008, and became effective January 1, 2009.

⁷ The 2009 Legislature increased this income limit to 200 percent of FPG, effective upon federal approval, which had not been received as of August 10, 2010.

No Other Health Coverage

Enrollees must have no other health coverage and must not have had health insurance coverage for the four months prior to application or renewal. For purposes of these requirements:

1. MA, GAMC, and CHAMPUS (Civilian Health and Medical Program of the Uniformed Service, also called TRICARE) are not considered health coverage for purposes of the four-month requirement; and
2. Medicare coverage is considered health coverage, and an applicant or enrollee cannot refuse Medicare coverage to qualify for MinnesotaCare.

The four-month uninsured requirement does not apply to the following:

1. Children from households with incomes that do not exceed 150 percent⁸ of FPG
2. Children enrolled in the Children's Health Plan as of September 30, 1992, who have maintained continuous coverage
3. Children who enrolled in the Children's Health Plan during a transition period following the establishment of MinnesotaCare

Children described in clauses (1) and (2) also may have other health coverage, if they are considered "underinsured." A child is underinsured if:

1. The coverage lacks two or more of the following:
 - basic hospital insurance
 - medical-surgical insurance
 - major medical coverage
 - prescription drug coverage
 - preventive or comprehensive dental coverage
 - preventive or comprehensive vision coverage
2. The coverage requires a deductible of \$100 or more per person per year;
3. The coverage excludes services for a particular diagnosis or a preexisting condition; or
4. The child lacks coverage because the maximum coverage for a particular diagnosis has been exceeded.

⁸ The 2009 Legislature expanded the exemption from the four-month uninsured requirement to include children from families with incomes less than 200 percent of FPG, and also increased to this level the income limit below which children can have other health coverage if they are underinsured. These changes are effective upon federal approval, which had not been received as of August 10, 2010.

Individuals who receive a state premium subsidy for COBRA continuation coverage for unemployed individuals, and their qualified beneficiaries, are exempt from the four-month uninsured requirement if the individual or qualified beneficiaries apply for MinnesotaCare coverage after COBRA continuation coverage ends (see [Laws 2009, chapter 79](#), article 5, section 78, and subsequent amendments). This exemption expires February 28, 2012.

Residency Requirement

Pregnant women, families, and children must meet the residency requirements of the Medicaid program. The Medicaid program requires an individual to demonstrate intent to reside permanently or for an indefinite period in a state, but it does not include a durational residency requirement (a requirement that an individual live in a state for a specified period of time before applying for the program).

In contrast, enrollees who are adults without children must reside in Minnesota for 180 days to qualify for MinnesotaCare, must intend to live in Minnesota permanently, and must not have moved to Minnesota for the primary purpose of seeking medical care.

Automatic Eligibility for Certain Children

Effective upon federal approval, which had not been received as of August 10, 2010, children who resided in a foster care or juvenile residential correctional facility at the time of their 18th birthday are automatically eligible for MinnesotaCare upon termination or release until the age of 21. These children are exempt from the MinnesotaCare income limit, insurance barriers, and premiums.

Elimination of Transitional MinnesotaCare

For the period September 1, 2006, through March 31, 2010, certain GAMC applicants and recipients were enrolled in the MinnesotaCare program as adults without children, immediately following approval of GAMC coverage (this was referred to as Transitional MinnesotaCare). The individuals enrolled in MinnesotaCare were those who did not meet a qualifying status for remaining on GAMC, such as awaiting a determination of disability, receiving treatment funded through the Consolidated Chemical Dependency Treatment Fund, or residing in the Minnesota sex offender program. The individuals enrolled in MinnesotaCare were exempt from MinnesotaCare premiums, income and asset limits, and eligibility requirements related to not having other health coverage and not having access to employer-subsidized health insurance, for up to six months until their next six-month renewal. County agencies were required to pay the enrollee share of MinnesotaCare premiums for these individuals up to the six-month renewal and had the option of continuing to pay for these premiums beyond this period. At the six-month renewal, all MinnesotaCare eligibility criteria applied.

The 2010 Legislature made significant changes to the GAMC program in response to Gov. Tim Pawlenty's line-item veto of GAMC funding for fiscal year 2011 and subsequent unallotment of a portion of fiscal year 2010 GAMC funding. One of the changes eliminated Transitional MinnesotaCare, effective April 1, 2010. (See [Laws 2010, ch. 200](#), art. 1, § 11.)

Persons eligible for GAMC still have the option of applying for MinnesotaCare, but will need to pay premiums and meet all MinnesotaCare eligibility criteria. The modified GAMC program also prohibits GAMC recipients from enrolling in MinnesotaCare during a six-month GAMC eligibility period, as long as they continue to be eligible for GAMC.

Benefits

MinnesotaCare enrollees are covered by several different benefit sets. Pregnant women and children have access to the broadest range of services and are not required to pay copayments. Parents and adults without children are covered for most services, but are subject to benefit limitations and copayments. These differences are summarized in Table 3 below and are described in more detail in the text.

Table 3
Overview of MinnesotaCare Covered Services and Cost-Sharing

Eligibility Category	Covered Services ^a	Inpatient Hospital Limit	Cost-Sharing ^b
Pregnant women and children	MA benefit set	None	None
Parents ≤ 215% of FPG	Most MA services	None	<ul style="list-style-type: none"> • \$25 eyeglasses • \$3 prescriptions • \$3 nonpreventive visit • \$6 nonemergency visit to hospital ER
Parents > 215% and ≤ 275% of FPG	Most MA services	\$10,000 annual limit for inpatient hospital services	<ul style="list-style-type: none"> • \$25 eyeglasses • \$3 prescriptions • \$3 nonpreventive visit • \$6 nonemergency visit to hospital ER
Adults without children	Most MA services	\$10,000 annual limit for inpatient hospital services	<ul style="list-style-type: none"> • \$25 eyeglasses • \$3 prescriptions • \$3 nonpreventive visit • \$6 nonemergency visit to hospital ER • 10% inpatient hospital, up to \$1,000

^a See Table 4 for a list of covered services.

^b Effective for services provided on or after January 1, 2011, copayments for nonemergency services provided in hospital-based emergency rooms are reduced to \$3.50 for all MinnesotaCare enrollees subject to the copayment.

Covered Services and Benefit Limitations

Pregnant women and children up to age 21 enrolled in MinnesotaCare can access the full range of MA services without enrolling in MA, except that abortion services are covered as provided under the MinnesotaCare program.⁹ These individuals are exempt from MinnesotaCare benefit

⁹ Under MinnesotaCare, abortion services are covered “where the life of the female would be endangered or substantial and irreversible impairment of a major bodily function would result if the fetus were carried to term; or where the pregnancy is the result of rape or incest” (Minn. Stat. § 256L.03, subd. 1). Under MA, abortion services are covered to save the life of the mother and in cases of rape or incest (see Minn. Stat. § 256B.0625, subd. 16) and, as a result of a Minnesota Supreme Court decision, for “therapeutic” reasons (*Doe v. Gomez*, 542 N.W.2d 17 (1995)). MinnesotaCare enrollees must enroll in the MA program in order to obtain abortion services under the MA conditions of coverage. Nearly all MinnesotaCare enrollees who are pregnant women are eligible for MA.

limitations and copayments,¹⁰ but still must pay MinnesotaCare premiums. Pregnant women and children up to age two are not disenrolled for failure to pay MinnesotaCare premiums and can avoid MinnesotaCare premium charges altogether by enrolling in MA.

Parents and adults without children who are not pregnant are covered under MinnesotaCare for most, but not all, services covered under MA. Parents with household incomes greater than 215 percent of FPG, and all adults without children, are subject to an annual benefit limit for inpatient hospital services of \$10,000.¹¹

Table 4
Covered Services Under MinnesotaCare

Service	Children; Pregnant Women	Parents; Adults without children^a
Adult mental health rehab/crisis	x	x
Alcohol/drug treatment	x	x
Child and teen checkup	x	
Chiropractic	x	x
Common carrier transportation	x	
Dental ^b	x	x
Emergency room	x	x
Eye exams	x	x
Eyeglasses	x	x
Family planning	x	x
Hearing aids	x	x
Home care	x	x ^c
Hospice care	x	x
Hospital stay	x	x
Immunizations	x	x
Interpreters (hearing, language)	x	x
Lab, x-ray, diagnostic	x	x
Medical equipment and supplies	x	x
Mental health	x	x
Mental health case management	x	x

¹⁰ This change in MinnesotaCare was approved by the federal government in April 1995 as part of the state's health care reform waiver (now referred to as the Prepaid Medical Assistance Project Plus or PMAP+ waiver). The waiver, and subsequent waiver amendments, exempt Minnesota from various federal requirements, give the state greater flexibility to expand access to health care through the MinnesotaCare and MA programs, and allow the state to receive federal contributions (referred to as "federal financial participation" or FFP) for services provided to MinnesotaCare enrollees who are children, pregnant women, or parents and relative caretakers of children under age 21. The PMAP+ waiver was reauthorized by the federal Centers for Medicare and Medicaid Services for the period October 31, 2008, through June 30, 2011.

¹¹ The increase in the income limit at or above which the annual inpatient hospital benefit limit applies (from 200 percent to 215 percent of FPG) took effect July 1, 2009.

Service	Children; Pregnant Women	Parents; Adults without children^a
Nursing home/ICF/MR	x	
Outpatient surgical center	x	x
Physicians and clinics	x	x
Physicals/preventive care	x	x
Prescriptions	x	x
Rehabilitative therapies	x	x
School-based services	x	
Transportation: emergency	x	x
Transportation: special	x	
^a Benefit limitations and cost-sharing requirements apply. ^b MinnesotaCare covers the dental services covered under MA. Effective January 1, 2010, MA coverage of dental services for adults who are not pregnant (and therefore MinnesotaCare coverage of dental services for this category of individuals) was limited to specified services (see Minn. Stat. § 256B.0625 , subd. 9 (Supp. 2009)). ^c Personal care attendant and private duty nursing services are covered for children and pregnant women, but are not covered for parents and adults without children.		

Copayments for Adults

Parents and adults without children, who are not pregnant, are subject to the following copayments:

- Copayment of 10 percent of paid charges for inpatient hospital services, up to an annual maximum of \$1,000 per adult. (This copayment does not apply to parents and relative caretakers of children under age 21.)
- \$3 copayment per prescription
- \$25 copayment per pair of eyeglasses
- \$3 per nonpreventive visit (does not apply to mental health services)
- \$6 for nonemergency visits to a hospital emergency room (to be reduced to \$3.50 effective January 1, 2011)

Enrollee Premiums

Minimum Premium

Children enrolling in MinnesotaCare are charged a minimum monthly premium of \$4 per child, if they are from households with incomes that do not exceed 150 percent of FPG.

Effective upon federal approval, which had not been received as of August 10, 2010, children with family incomes at or below 200 percent of FPG will not be charged premiums.

Sliding Premium Scale

MinnesotaCare enrollees who are not children are eligible for the minimum premium pay premiums equivalent to the percentages of gross monthly income specified in Table 5. This premium scale became effective July 1, 2009, and replaced a premium scale under which the enrollee contribution ranged from 1.8 percent to 8.8 percent of monthly gross household income.

Table 5

Sliding Premium Scale

Federal Poverty Guideline Range	Average Percentage of Gross Monthly Income Paid as Premium
0% - 45%	Minimum premium of \$4/month
46 – 54	\$4/month or 1.1%, whichever is greater
55 – 81	1.6%
82 – 109	2.2
110 – 136	2.9
137 – 164	3.6
165 – 191	4.6
192 – 219	5.6
220 – 248	6.5
249 – 275	7.2

Premium Exemption

Members of the military and their families who are determined eligible for MinnesotaCare within 24 months of the end of the member's tour of active duty are exempt from premiums for 12 months.¹²

Nonpayment of Premiums

Unless an exemption applies, nonpayment of premiums results in disenrollment from MinnesotaCare effective the calendar month for which the premium was due.¹³ If an enrollee who is pregnant fails to pay the premium, MinnesotaCare coverage continues until the last day of the month in which 60 days postpartum occurs. If the premium is not paid for an enrollee who is

¹² Federal approval for this provision was obtained on October 31, 2008. The provision took effect February 1, 2009, and was scheduled to expire June 30, 2010. [Laws 2010, first special session, chapter 1](#), article 24, section 7, provides that if expiration of the provision would violate the maintenance-of-effort provisions (related to eligibility standards, methodologies, or procedures) of the American Recovery and Reinvestment Act of 2009, the provision expires when it is no longer subject to the maintenance-of-effort requirement.

¹³ The 2008 Legislature provided a grace month extending the enrollment of a person who fails to pay the premium to the first day of the calendar month following the calendar month for which the premium was due. This provision is effective upon federal approval, which had not been received as of August 10, 2010.

a child under age 2, MinnesotaCare coverage continues to the last day of the month following the month in which the child turns 2 years of age.

Enrollees who are disenrolled due to nonpayment of premiums may reinstate their coverage retroactively to the first day of disenrollment by paying all billed premiums within 20 days of disenrollment. Individuals who do not reinstate their coverage cannot reenroll in MinnesotaCare until four calendar months have elapsed, unless the individual demonstrates good cause for nonpayment.

Prepaid MinnesotaCare

The legislature has authorized the Commissioner of Human Services to contract with health maintenance organizations and other prepaid health plans to deliver health care services to MinnesotaCare enrollees. All MinnesotaCare enrollees receive health care services through prepaid health plans and not through fee-for-service.

Prepaid health plans (sometimes referred to as managed care plans) receive a capitated payment from DHS for each MinnesotaCare enrollee, and in return are required to provide enrollees with all covered health care services for a set period of time. A capitated payment is a predetermined, fixed payment per enrollee that does not vary with the amount or type of health care services provided.

Under prepaid MinnesotaCare, enrollees select a specific prepaid plan from which to receive services, obtain services from providers in that plan's provider network, and follow that plan's procedures for seeing specialists and accessing health care services.

Effective for admissions occurring on or after July 1, 2011, inpatient hospital services provided to adults without children enrolled in MinnesotaCare will be delivered on a fee-for-service basis, with DHS making payments directly to hospitals.

Funding and Expenditures

Total payments for health care services provided through MinnesotaCare were \$526 million in fiscal year 2009. Sixty-five percent of this amount was paid for through state payments from the health care access fund. Enrollee premiums (this category also includes enrollee cost-sharing) and federal funding received under the Prepaid Medical Assistance Project Plus (PMAP+) waiver and Minnesota's Children's Health Insurance Program (CHIP)¹⁴ allotment pay for the remainder.

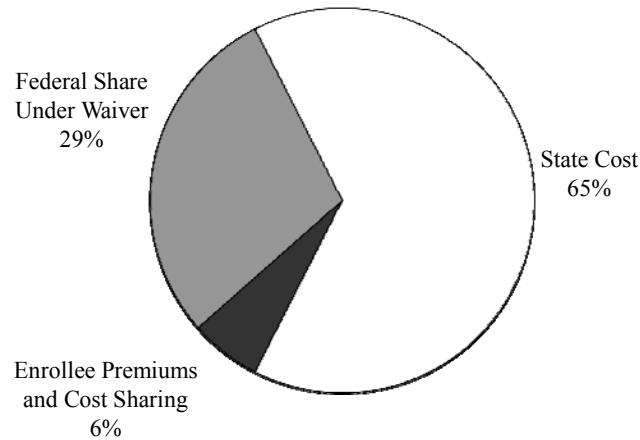
¹⁴ The PMAP+ waiver is described in footnote 10 on page 9. The state may make a claim against its CHIP allotment for the difference between the CHIP federal matching rate for Minnesota (65 percent) and the Medicaid federal matching rate for Minnesota, for the cost of services provided to children under age 21 whose family income equals or exceeds 133 percent of FPG but does not exceed 275 percent of FPG. Minnesota had a CHIP waiver until January 31, 2009, that provided an enhanced federal match of 65 percent for parent and relative caretakers enrolled in MinnesotaCare with family incomes greater than 100 percent but not exceeding 200 percent of FPG. Parents and relative caretakers now receive the regular MA federal match of 50 percent. There is no federal match for adults without children.

Funding for the state share of MinnesotaCare costs, and for other health care access initiatives, is provided by:

- A 2 percent tax on the gross revenues of health care providers, hospitals, surgical centers, and wholesale drug distributors (sometimes referred to as the “provider tax”); and
- A 1 percent premium tax on health maintenance organizations and nonprofit health service plan corporations.

Medicare payments to providers are excluded from gross revenues for purposes of the gross revenues taxes. Other specified payments, including payments for nursing home services, are also excluded from gross revenues.

**MinnesotaCare Funding
(FY2009)**

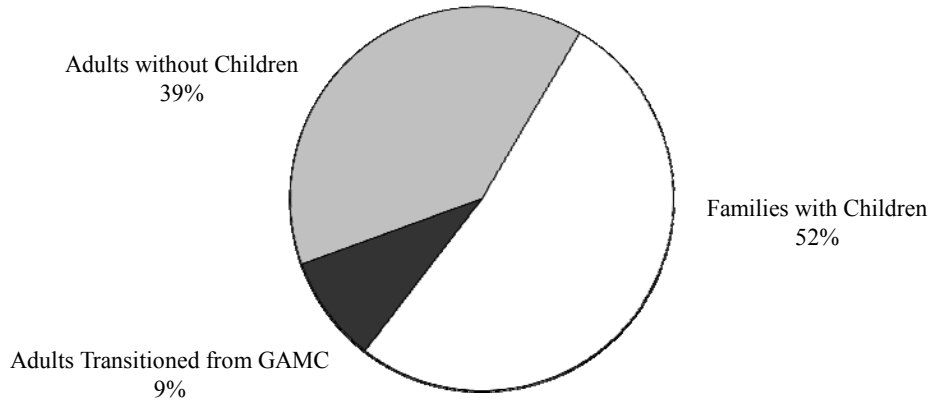


Source: DHS Reports and Forecasts Division

Recipient Profile

As of May 2010, 141,070 individuals were enrolled in the MinnesotaCare program. Just over one-half of MinnesotaCare enrollees are children, parents and caretakers, or pregnant women.

**MinnesotaCare Enrollment
(May 2010)**



Source: DHS Reports and Forecasts Division

Application Procedure

Application forms for MinnesotaCare, and additional information on the program, can be obtained from DHS by calling:

**1-800-657-3672 or
651-297-3862 (in the metro area)**

Application forms are also available through county social service agencies, health care provider offices, and other sites in the community. Applications are also available on the Internet at www.dhs.state.mn.us/HealthCare.

For more information about health care programs, visit the health and human services area of our web site, www.house.mn/hrd/hrd.htm.