



# Bulletin

**NUMBER**

#14-21-02

**DATE**

April 21, 2014

**OF INTEREST TO**

County Directors

Financial Assistance  
Supervisors and Staff

Social Services Supervisors  
and Staff

Mille Lacs Tribal TANF

Case Managers

MinnesotaCare Operations  
Managers, Supervisors and  
Staff

**ACTION/DUE DATE**

Please read and implement  
upon receipt.

**EXPIRATION DATE**

April 21, 2016

## Health Care Programs Application for Certain Populations

### TOPIC

Introduction of a new health care application to be used by certain populations to apply for Minnesota Health Care Programs at county and tribal agencies.

### PURPOSE

Provide guidance on the use of the new Minnesota Health Care Programs Application for Certain Populations.

### CONTACT

MinnesotaCare Operations, counties and tribal agencies should submit policy questions to HealthQuest.

All others should direct questions to:

Health Care Eligibility and Access (HCEA) Division  
P.O. Box 64989  
540 Cedar Street  
St. Paul, MN 55164-0989

### SIGNED

NATHAN MORACCO  
Acting Assistant Commissioner  
Health Care Administration

### TERMINOLOGY NOTICE

The terminology used to describe people we serve has changed over time. The Minnesota Department of Human Services (DHS) supports the use of "People First" language.

## I. Background

Residents of Minnesota began applying for public and private health care coverage through MNsure, Minnesota's health care insurance exchange, October 1, 2013. People can apply for health care coverage through MNsure either online or with a paper application.

However, MNsure does not determine eligibility for all applicants that apply for public health care programs. Applicants described in this bulletin should apply for Minnesota's public health care programs through their county or tribal agency using a paper application. DHS developed a new paper application specifically tailored to these populations. Refer to the Paper Application Processing chart (Attachment A) for a summary of where applicants may apply and what applications they may use.

DHS communicated a change to processing applications and determining eligibility on MAXIS to county and tribal agencies through a Systems Information Resource (SIR) Announcement on January 27, 2014. This announcement listed the populations affected and instructed agencies to contact DHS for a PDF copy of the obsolete Minnesota Health Care Programs Application (DHS-3417) until a new form could be published. If a county or tribal agency received the MNsure Application for Health Coverage and Help Paying Costs ([DHS-6696](#)) for a member of the populations affected, they were instructed to send the Supplement to MNsure Application for Health Coverage and Help Paying Costs ([DHS-6696A](#)) to the applicant and process health care eligibility in MAXIS when it was returned.

## II. Introduction

DHS has developed a new application and process for applicants whose eligibility cannot be determined through MNsure. These applicants should apply for a Minnesota Health Care Program at a county or tribal agency. The new application, Minnesota Health Care Programs Application for Certain Populations ([DHS-3876](#)), replaces the obsolete DHS-3417.

This application should be used by applicants who meet at least one of the criteria listed below.

All applicants in the household are:

- Age 65 or older
- Requesting help only with Medicare costs
- Children in foster care
- Age 21 years or older with no dependents and have Medicare coverage
- Receiving Supplemental Security Income (SSI)
- Applying for Medical Assistance for Employed Person with Disabilities (MA-EPD)

The last two groups were added to the list that was published in the January 27, 2014, SIR announcement.

Applicants who do not meet any of these criteria should apply for health care coverage online through [MNsure](http://www.mnsure.org) (www.mnsure.org) or with the DHS-6696.

Applicants requesting Medical Assistance (MA) payment of long-term care services either because they live in or need to move to a nursing home or they would like services to stay in their home use the Minnesota Health Care Programs Application for Payment of Long-Term Care Services ([DHS-3531](#)).

Applicants for Medical Assistance for Employed People with Disabilities (MA-EPD) can use the DHS-3876 to apply at the county or tribal agency.

Applicants for MA-EPD may find that other types of health care coverage offered through MNsure, including MinnesotaCare, Advanced Premium Tax Credits (APTC), or a Qualified Health Plan (QHP) without financial assistance, are more beneficial. See the attached MA-EPD Comparison Chart (Attachment B) for more information about these options.

Encourage MA-EPD applicants to contact the Disability Linkage Line (DLL) at 1-866-333-2466 or visit [MinnesotaHelp.info](http://www.minnesotahelp.info) (www.minnesotahelp.info/public) for help deciding which health care coverage best meets their needs before applying. Applicants who decide they want coverage through MinnesotaCare, APTC, or a QHP without financial assistance should apply online through MNsure. Applicants without internet access can apply for MinnesotaCare or APTC with the paper MNsure Application for Health Coverage and Help Paying Costs (DHS-6696) or for QHP without financial assistance with the MNsure Application for Health Coverage ([DHS-6741](#)).

Individuals may apply for MA and MinnesotaCare at any time. However, individuals will not be able to enroll in a QHP with or without APTC, or change enrollment to another QHP, inside or outside of MNsure, unless they have a life event that qualifies them for a special enrollment period. The next open enrollment period will be November 15, 2014, through February 15, 2015, with coverage becoming effective no earlier than January 1, 2015.

### **III. Action Required**

Accept the DHS-3876 and process eligibility for health care on MAXIS. A procedure, Processing the Minnesota Health Care Programs Application for Certain Populations (DHS-3876), will be posted on ONEsource.

Follow the instructions below for applications that include applicants who are not listed in Section II above.

Household members not listed in the groups in Section II above must apply through MNsure. Applicants may either apply online or with the DHS-6696 or complete the

Supplement to the Minnesota Health Care Programs Application ([DHS-6696B](#)) and provide it along with the DHS-3876.

County and tribal agencies who receive the DHS-6696B with the DHS-3876 should forward the DHS-6696B along with a copy of the DHS-3876 to MinnesotaCare Operations for entry into the new eligibility system. Mail all application materials received to:

MNsure Operations  
PO Box 64252  
St. Paul, MN 55164-0252

County and tribal agencies that receive a DHS-3876 that includes a request for health care coverage from household members who are not in the groups listed in Section II above should request a DHS-6696B from the household using the Minnesota Request for Information ([DHS-3271](#)). Send a notice denying MA for not providing the requested information if the DHS-6696B is not returned by the end of the 45-day processing period. A procedure for tracking and denying these applications on MAXIS will be posted on ONEsource.

## **IV. Legal Authority**

Minnesota Statutes, section 256.01, subdivision 4(a)(3)  
Minnesota Statutes, section 256B.04, subdivision 18

## **V. Attachments**

Attachment A: Paper Application Processing Chart  
Attachment B: MA-EPD Comparison Chart

## **VI. Americans with Disabilities Act (ADA) Advisory**

This information is available in accessible formats for people with disabilities by calling (651) 431-2283 (voice) or toll free at (888) 938-3224 or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.

# Attachment A - Paper Application Processing

Send the MNsure Application for Health Coverage and Help Paying Costs (DHS-6696) to MinnesotaCare Operations for entry.

Application Type	Process – Received on or after 1/1/14
<ul style="list-style-type: none"> <li>Health Care Programs Application (DHS-3417)</li> <li>Combined Application Form (DHS-5223) dated prior to 1/14</li> </ul>	<ul style="list-style-type: none"> <li><b>For Certain Populations</b> (listed on DHS-3876):               <ul style="list-style-type: none"> <li>Enter into MAXIS</li> </ul> </li> <li><b>For Apparently MAGI:</b> <ul style="list-style-type: none"> <li>Send DHS-6696B                   <ul style="list-style-type: none"> <li>6696B returned:                       <ul style="list-style-type: none"> <li>Send application and 6696B to MCRE Ops</li> </ul> </li> <li>6696B not returned:                       <ul style="list-style-type: none"> <li>Enter application in MAXIS</li> <li>Deny for failure to return required information</li> </ul> </li> </ul> </li> </ul> </li> </ul>
Combined Application Form (DHS-5223) dated 1/14 or later	<ul style="list-style-type: none"> <li>Cannot be used to apply for healthcare</li> <li>Refer to MNsure to apply or provide DHS-6696</li> </ul>
Health Care Programs Application for Certain Populations (DHS-3876)	<ul style="list-style-type: none"> <li>Enter in MAXIS</li> </ul> <p>Note: If some applicants have a MAGI basis of eligibility refer them to apply through <a href="http://www.mnsure.org">MNsure</a> (www.mnsure.org) or complete the DHS-6696B and send both forms to MCRE Ops for processing in MNsure</p>

Application Type	Process – Regardless of receipt date
Application for Payment of Long-Term Care Services (DHS-3531) and ApplyMN	<ul style="list-style-type: none"> <li>Enter in MAXIS</li> <li>Cases will not convert at renewal</li> </ul>
Applications received from DOC for inmates working with discharge planners	<ul style="list-style-type: none"> <li>Enter in MAXIS</li> <li>Case remains open on MAXIS and MMIS until renewal</li> </ul>
MSA	<ul style="list-style-type: none"> <li>CAF</li> <li>Enter in MAXIS</li> <li>MA is automatic</li> </ul>
IV-E Foster Care	<ul style="list-style-type: none"> <li>DHS-3876 and DHS-3478 until new DHS-3478 is available</li> <li>Enter into MAXIS</li> <li>MA is automatic</li> </ul>
Adoption Assistance	<ul style="list-style-type: none"> <li>No change – HCPM 03.25.25</li> <li>Enter in MAXIS</li> </ul>
Breast and Cervical Cancer Coverage Group (DHS-3525)	<ul style="list-style-type: none"> <li>Enter in MAXIS</li> <li>Cases will not convert at renewal</li> </ul>
Minnesota Family Planning Program Application (DHS-4740) and ApplyMN	<ul style="list-style-type: none"> <li>Enter in MMIS.</li> <li>Cases will not convert at renewal</li> </ul>

## Attachment B - MA-EPD Comparison Chart

	MA-EPD	MA-AX	MinnesotaCare	Advanced Premium Tax Credit or QHP
<b>Requirements</b>	<p>Must:</p> <ul style="list-style-type: none"> <li>• Be <a href="#">certified disabled before age 65</a></li> <li>• Be employed or self-employed and pay Social Security and Medicare taxes</li> <li>• Have monthly earnings of more than \$65 per month</li> </ul>	<p>Must:</p> <p>Be between 21 and 65 years of age without children Be within the income limits (Not allowed to spenddown to the income limit)</p>	<p>Must file income taxes</p>	<p>Must file income taxes</p>
<b>Other Health Insurance</b>	<p>Can have or can have access to other health insurance including Medicare</p>	<p>Cannot be enrolled in or be eligible to enroll in Medicare Can have other health insurance</p>	<p>Cannot be enrolled in other health insurance or have access to affordable health insurance through an employer Cannot be enrolled or qualify to enroll in Medicare</p>	<p>Cannot be enrolled in certain other health insurance or have access to affordable health insurance through an employer Cannot be enrolled or qualify to enroll in Medicare Cannot be enrolled in MA or MinnesotaCare</p>
<b>Asset Limits</b>	<p>Asset limit = \$20,000 Spouse's assets do not count. For basic MA:</p> <ul style="list-style-type: none"> <li>• Retains this limit for 12 months after employment ends</li> <li>• Persons 65 or older retain this limit after employment ends if enrolled in MA-EPD for at least 24 months prior to age 65 and there is no break in MA eligibility</li> </ul>	<p>No asset limit</p>	<p>No asset limit</p>	<p>No asset limit</p>
<b>Income Limits</b>	<p>No income limit Spouse's income does not count Parents' income does not count</p>	<p>Monthly <a href="#">Income limit</a> = \$1,273 for a household of one \$1,719 for a household of two Spouse's income counts</p>	<p><a href="#">Income limit</a> = \$22,980 for household of one. \$31,020 for a household of two Spouse's income counts</p>	<p><a href="#">Income limit</a> = \$45,960 for household of one. \$62,040 for a household of two Spouse's income counts Does not qualify if income is within MinnesotaCare income guideline</p>
<b>Premiums</b>	<p>Premium: Minimum is \$35/month per person (<a href="#">Estimator</a>) Enrollees with a verified American Indian status do not pay a premium</p>	<p>No premium Not allowed to spenddown to the income limit</p>	<p>Premium: Minimum of \$4/month per person. Maximum of \$50/month per person (<a href="#">Estimator</a>)</p>	<p>Premium: Premiums set by QHP based address, age, tobacco use, benefit level and APTC amount (<a href="#">Estimator</a>)</p>
<b>Covered Services</b>	<p>Offers extensive <a href="#">covered services</a> No copays or deductibles for children or pregnant women Generally, non-pregnant adults have lower copays and deductibles than a QHP</p>	<p>Offers extensive <a href="#">covered services</a> Generally, non-pregnant adults have lower copays and deductibles than a QHP</p>	<p>Generally, same <a href="#">covered services</a> as MA-EPD - Exception: Long-term care and PCA not covered Dental care and medical transportation limited for non-pregnant adults Comparable copays and deductibles to MA-EPD - Exception: \$25 glasses copay for non-pregnant adults</p>	<p>All QHPs provide same set of essential health benefits All enrollees are subject to copays and deductibles Copays and deductibles may be higher than MA-EPD May qualify for reduced or no copays and deductibles (201 - 250% FPG) May not cover vision or dental</p>