

Bulletin

June 30, 2006

Minnesota Department of Human Services □ P.O. Box 64941 □ St. Paul, MN 55164-0941

OF INTEREST TO

- County Directors
- DHS Family Planning Unit
- Financial Assistance Supervisors and Workers
- Social Services Supervisors and Staff
- Tribal Social Services Directors
- Mille Lacs Tribal TANF
- MinnesotaCare Operations
- County Public Health Departments
- Health Care Providers
- Community Organizations

ACTION/DUE DATE

July 1, 2006

EXPIRATION DATE

January 1, 2007. After this date refer to the Health Care Programs Manual.

DHS Implements the Minnesota Family Planning Program

TOPIC

Implementation of the Minnesota Family Planning Program.

PURPOSE

Provide information, policies, and procedures for the new Minnesota Family Planning Program.

CONTACT

Refer questions about the Minnesota Family Planning Program to the DHS Family Planning Unit at (651) 431-3480 (Twin Cities metro) or (888) 702-9968 (outside Twin Cities metro).

State Family Planning Program Unit submit questions to HealthQuest.

SIGNED

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Assistant Commissioner
Health Care Administration

I. Background

The 2001 Minnesota Legislature enacted legislation directing the commissioner of the Department of Human Services (DHS) to establish a Medical Assistance (MA) demonstration project to determine whether improved access to coverage of pre-pregnancy family planning services reduces MA and Minnesota Family Investment Program (MFIP) costs. In July 2002, DHS submitted a section 1115 demonstration project proposal to the Centers for Medicare and Medicaid Services (CMS) for approval. In July 2004, CMS approved Minnesota's demonstration project, now called the Minnesota Family Planning Program (MFPP). Minnesota was approved to provide family planning services to men and women between the ages of 15 and 50 whose household incomes are at or below 200 percent of the federal poverty guidelines (FPG).

The MFPP was approved for a five-year period beginning with the date of implementation. The program will run from July 1, 2006, through June 30, 2011.

The goal of the MFPP is to show that making family planning services available to low-income individuals will reduce the number of unintended pregnancies and result in improved health outcomes for women and children and promote longer average intervals between the births of each child in a family. A reduction in unintended pregnancies will also result in cost-savings for Minnesota's publicly-funded health care programs. It is anticipated that publicly-funded health care programs will save money by reducing the amount spent on pregnancy-related services and expenditures for infants through the first year of life.

II. Introduction

MFPP will provide family planning services and supplies for women and men to prevent unintended pregnancy. These services and supplies include:

- Family planning-related office visits and education
- Birth control, including prescriptions, devices and supplies
- Sterilizations
- Diagnosis and treatment of sexually transmitted diseases (STDs) found during a family planning visit
- Diagnosis of HIV/AIDS found during a family planning visit

The MFPP does not cover:

- Abortions
- Infertility treatments
- Family planning services provided in an inpatient setting
- Treatment of HIV/AIDS

MFPP-covered services and supplies are reimbursed on a fee-for-service basis. Reimbursement rates for MFPP services and supplies are the same as Minnesota Health Care Program (MHCP) rates. There are no copays for services provided under the MFPP. Detailed information about covered services is located in Chapter 10 of the MHCP Provider Manual.

DHS will implement the MFPP in two phases. Phase 1 begins July 1, 2006. At that time, DHS will establish a unit to determine eligibility and process MFPP applications. Counties, tribal agencies and Minnesota Care Operations will not process MFPP applications in phase 1.

During phase 1, individuals will be able to apply for the MFPP by completing the MFPP application, DHS-4740, (Attachment A) and submitting it to the DHS Family Planning Unit for eligibility determination. Beginning July 1, 2006, individuals can request the MFPP application by calling the DHS Family Planning Unit at 651-431-3480 (Twin Cities metro area) or 888-702-9968 (outside Twin Cities metro area) or downloading an application at www.dhs.state.mn.us/familyplanning.

Individuals can also be found presumptively eligible for the MFPP. Presumptive eligibility, also called short-term coverage, is a temporary period of MFPP eligibility determined at the time of a family planning visit by providers who have been certified by DHS to make presumptive eligibility decisions. The goal of presumptive eligibility is to ensure that individuals who most-likely will be eligible for the MFPP can receive immediate access to needed services while DHS is making the formal eligibility determination.

Phase 2 will begin when HealthMatch, the state's automated health care eligibility computer system, is implemented. At that time, county agencies, tribal agencies, and MinnesotaCare Operations will be responsible for processing some demonstration project applications. During phase 2, eligibility will be expanded to MHCP applicants and enrollees who are determined ineligible for MA, MinnesotaCare or General Assistance Medical Care (GAMC) at application or renewal.

III. Action Required

Effective July 1, 2006, follow the policies and procedures outlined below.

A. Eligibility Requirements

1. Income

MFPP applicants and enrollees must have annual countable income at or below 200% of the federal poverty guidelines (FPG). See MHCP Income and Asset Guidelines, DHS-3461 (Attachment B). Follow the steps below to calculate the annual countable income.

a. Determine the household size

Include in the household size the applicant and any of these people who live with the applicant:

- ▶ The applicant's spouse.
- ▶ Biological or adoptive children under age 21 who live with the applicant or are considered temporarily absent from the parental home.
- ▶ Biological or adoptive children under age 21 of the applicant's spouse who live in the household with the applicant and spouse or are considered temporarily absent.
- ▶ An unborn child of the applicant's spouse. Do not verify pregnancy of the spouse. Use the self-declared statement.

Exception:

Do not include in the applicant's household size children under age 21 who live with the applicant if the child is or has been married, is on active duty with the armed services, or has been declared emancipated by a court.

b. Income policies

► Apply the following MA Method A income policies when calculating MFPP income:

- Excluded income. Health Care Programs Manual (HCPM) 0911.05 and 0901.05.03.
- Earned income. HCPM 0911.07.03
- Unearned income. HCPM 0911.07.05
- Self-employment income

- HCPM 091.09.03 (Specific Types of Income)
- HCPM 0911.09.03.05 (Self-Employment Income-MA/GAMC)
- HCPM 0911.09.03.07 (Self-Employment Use of Home)
- HCPM 0911.09.03.09 (Self-Employment Transportation)
- HCPM 0911.09.03.11 (In-Home Day Care)
- HCPM 0911.09.03.13 (Rental Income)
- HCPM 0911.09.03.15 (Farm Income)
- HCPM 0911.09.03.17 (Roomer/Boarder Income)

- Student financial aid. HCPM 0911.09.07
- Seasonal income. HCPM 0911.09.09
- Child support income. HCPM 0911.09.11 and 0911.09.11.01
- Assistance payments income. HCPM 0911.09.13
- RSDI and SSI income. HCPM 0911.09.15, 0911.09.15.01, and 0911.09.15.05
- In-kind income. HCPM 0911.09.17
- Interest and dividends. HCPM 0911.09.19
- Tribal land settlements and trusts. HCPM 0911.09.21
- Lump sum income. HCPM 0911.09.23

► Do not apply the dependent child income deductions in HCPM 0911.09.05. Count all non-excluded earned and unearned income of a dependent child as income to the child.

► Do not apply any other earned or unearned income deductions or disregards.

► Follow MA Method A income deeming rules for MFPP applicants and enrollees. See HCPM 0908.07

Exception:

Count only the applicant or enrollee's income for MFPP applicants and enrollees under age 21. Do not deem income from a spouse or parent.

c. Verification of income

► For non-self-employed earned income, require pay stubs from the last 30 days or a statement from the employer. Do not require verification of earned income beyond the 30 days preceding application or renewal. If the applicant/enrollee submits additional verifications, determine if

verified income older than 30 days provides a more accurate reflection of expected income in the eligibility period.

- ▶ For self-employed income, require the most recent income tax returns and all related schedules. If a tax return was not filed, or was filed but does not accurately reflect income, require current business records.
- ▶ For unearned income, require verification of unearned income in the 30 days before application. Verification sources include a statement from the source of the income, copies of checks, award letters, court orders or a bank statement showing direct deposit of the unearned income.

d. Sponsor deeming

- ▶ Follow MA rules for deeming sponsor income to MFPP applicants and enrollees. See HCPM 0906.03.07 and 0906.03.07.03. Follow the “Computing Countable Income” section (below) when calculating the sponsor’s income. Do not apply MA income disregards or deductions to the sponsor’s income.

Exception:

Do not deem sponsor income to a MFPP applicant or enrollee under age 21.

e. Computing countable income

- ▶ For unvarying earned and unearned income (income that does not vary in amount, and frequency of payment can be anticipated), use the information on the application and the income verifications to calculate the annual income from each income source:
 - Multiply income received monthly by 12.
 - Multiply income received twice monthly by 24.
 - Multiply income received every two weeks by 26.
 - Multiply income received every week by 52.
- ▶ For varying earned and unearned income (income that varies in amount and/or frequency of payment cannot be anticipated), which is expected to be received through the year, determine and annual amount for each income source based on the available information:
 - Compare the income information on the application to the income verification.
 - Follow up with the applicant if the verification does not reflect the reported information to determine the reason for the discrepancy. Examples of situations that may result in a discrepancy between reported ongoing income and verified income include, but are not limited to:
 - Receipt of non-recurring overtime
 - Temporary or ongoing change in pay rate or hours worked.

- Job change.
- Short term absence from employment without pay.

► For non-self-employed temporary or seasonal income, estimate income anticipated to be received during the 12-month eligibility period. Count both earnings and any Unemployment Insurance anticipated to be received during the eligibility period. Use earnings from the same period for the previous year as a guide.

► For all self-employment income, including seasonal or temporary self-employment income, follow MA Method A to determine the annual income. Use the previous year's tax returns or current business records to determine net self-employment income. See:

- HCPM 0911.09.03 (Specific Types of Income)
- HCPM 0911.09.03.05 (Self-Employment Income-MA/GAMC)
- HCPM 0911.09.03.07 (Self-Employment Use of Home)
- HCPM 0911.09.03.09 (Self-Employment Transportation)
- HCPM 0911.09.03.11 (In-Home Day Care)
- HCPM 0911.09.03.13 (Rental Income)
- HCPM 0911.09.03.15 (Farm Income)
- HCPM 0911.09.03.17 (Roomer/Boarder Income)

► Use actual dollars and cents to calculate income. Truncate the final annual figure.

2. Age

Individuals age 15 to 50 are eligible for the MFPP.

► Children turning age 15 in the month of application are eligible.

► Enrollees remain eligible for the MFPP through the month of their 50th birthday.

3. Minnesota residency

Minnesota residents are eligible for the MFPP. The MFPP follows MA Method A residency requirements. See HCPM 0906.05.03.

4. Citizenship

United States citizens and nationals are eligible for the MFPP. A future bulletin will be issued on verification of citizenship.

5. Immigration status

Qualified non-citizens whose immigration status would qualify them for federally-funded MA are eligible for the MFPP. See HCPM 0906.03.03, 0906.03.03.03, and 0906.03.03.05. Non-qualified non-citizens, non-immigrants and undocumented individuals are ineligible for the MFPP.

► Verify immigration status for all MFPP applicants and enrollees at application and renewal. If applicants or enrollees claim a status under which they would qualify for the MFPP but are unable to submit documentation or if they submit expired U.S. Citizenship and Immigration Services (USCIS) documents, request further verification and refer the applicant or enrollee to the USCIS district

office to secure proper documentation. Approve the MFPP while documentation is pending.

- Send a letter to remind the applicant/enrollee to provide the information if verification of immigration status is not received within two months of the request for the verification.
- Terminate health care coverage for the next available month if verification of immigration status is not received within 30 days of the date of the reminder letter.
- Assist people in obtaining documentation if they request help. Do not contact the USCIS without the person's written consent. Do not contact USCIS for undocumented people unless the person specifically requests the contact and gives signed permission.

► Use the Systematic Alien Verification Entitlements (SAVE) system to validate the immigration status of all eligible non-citizen applicants and for enrollees who report a change in immigration status. Follow the procedures in HCPM 0906.03.11.01.

6. Pregnancy

Pregnant women are not eligible for the MFPP.

► When an enrollee reports a pregnancy explain that they may be eligible for MA or MinnesotaCare. Send a Health Care Programs Application (HCAPP), DHS-3417 and assist them in the application process. Close MFPP coverage with a 10-day notice.

► When you receive information from a third party source that an MFPP applicant or enrollee may be pregnant do NOT contact the third party to confirm the pregnancy. Contact the enrollee to confirm the pregnancy. If the enrollee is pregnant, explain that they may be eligible for MA or MinnesotaCare. Send a HCAPP and assist them in the application process. Close MFPP coverage with a 10-day notice.

7. Enrollment in MHCP or Other DHS Health Services Programs

Individuals enrolled in MHCP or other DHS health service programs are ineligible for the MFPP. This includes all MA programs (including state and federally-funded MA, MA-BC, MA-EPD, MA waiver programs, Medicare Savings programs, TMA/TYMA), GAMC, MinnesotaCare, the HIV/AIDS programs, and the Consolidated Chemical Dependency Treatment Fund.

► Deny all applicants who are enrolled in the MHCP or other DHS health services programs.

► Close the MFPP with a 10-day notice when an MFPP enrollee becomes enrolled in the MHCP or other DHS health services programs.

► See section III.E for information about overlapping coverage.

8. Institutional Residence

Institutionalized individuals whose residence in a public institution would disqualify them from

federally-funded MA are ineligible for the MFPP. Follow the MA institutional residence policies when determining if institutionalized individuals are eligible for the MFPP. See HCPM 0906.09.01.

9. Social Security Numbers

Applicants and enrollees must provide or apply for a Social Security Number (SSN).

Exceptions:

MFPP applicants and enrollees are not required to provide or apply for a SSN:

- When they are screened for presumptive eligibility;
- If they provide convincing evidence that the refusal is based on well established religious objections. See HCPM 0906.11.01.

10. Assets

MFPP applicants and enrollees are not subject to an asset test.

B. Coverage and Service Delivery

1. Fee for service

MFPP enrollees receive covered services on a fee-for-service basis. They may receive services from MHCP-enrolled providers who provide family planning services. Providers bill DHS for each service provided. DHS makes payments for approved services at a predetermined rate.

2. MHCP cards

MFPP enrollees receive a MHCP Identification Card. The card does not specify the program of coverage and does not verify eligibility. The card gives information that the medical provider needs to call the Eligibility Verification System (EVS) to verify eligibility. See HCPM 0914.07.

Exception:

Enrollees with short-term coverage/presumptive eligibility will not receive a MHCP ID Card. See section III.G.3 below.

3. Explanation of Medical Benefits

The MFPP does not send an Explanation of Medical Benefits to MFPP enrollees.

C. Third Party Liability

1. Other health insurance

Applicants and enrollees with other health insurance are eligible for the MFPP.

► MFPP applicants and enrollees are not required to provide information about other health insurance information if they have concerns that reporting this coverage would violate their privacy. The MFPP application question #6 allows applicants/enrollees to “opt out” of providing information about other health insurance under this circumstance.

- Use the eligibility types EZ or AZ in MMIS to identify enrollees who have opted out of providing other health insurance information. See Section IV.A.7 for more information on eligibility types.

► For an applicant/enrollee who has chosen to “opt out” of providing health insurance information, the DHS Benefit Recovery Section (BRS) will NOT:

- Require the provider to bill the other health insurance;
- Seek reimbursement from any other health insurance;
- Include these enrollees on the “finder file”;
- Create a recovery case if MHCP opens retroactively;
- Send a Medical Services Questionnaire; or
- Include information about other health insurance on the DHS eligibility verification systems (EVS/MN-ITS).

► The MFPP is normally the payor of last resort. However, if an enrollee has “opted out” of providing health insurance information, the provider should not bill the other health insurance. The provider must bill DHS, even if the provider has information about other health insurance.

► The MFPP does not have a cost-effective insurance provision for reimbursement of premiums and other health insurance will not be evaluated. Do not submit any insurance policies to the BRS for a cost-effectiveness review.

► The MFPP will not pay for prescription drugs covered under the Medicare prescription drug benefit for individuals who are eligible for Medicare Part D. The MFPP will not pay prescription drug costs for enrollees who fail or refuse to enroll in, or opt out of Medicare Prescription Drug Coverage.

2. Medical support

MFPP enrollees are exempt from medical support referrals to IV-D.

► Do not make medical support referrals to IV-D for any MFPP applicants/enrollees.

► MFPP applicants/enrollees who have minor children enrolled in the MHCP must cooperate with medical support referrals made as part of their child’s MHCP coverage. Cancel MFPP coverage if the MFPP enrollee does not cooperate with that medical support referral. IV-D will notify the DHS Family Planning Unit if an MFPP enrollee must be closed for non-cooperation.

Example:

Lori is enrolled in the MFPP. Lori’s daughter Jade is enrolled in MinnesotaCare. Jade meets the requirements for a IV-D referral. Lori does not cooperate with IV-D and does not have good cause for non-cooperation. IV-D notifies the DHS Family Planning Unit that Lori’s MFPP coverage should be closed for non-cooperation with a 10-day notice.

D. Application, Renewals and Reporting Changes

1. MFPP Application

Individuals must use the MFPP application, DHS-4740 (Attachment A) to apply for the MFPP. Each individual requesting MFPP coverage must complete a separate MFPP application.

- ▶ All MFPP applicants must sign their application. Applicants under age 18 may sign the application on their own behalf. They do not need the signature of a parent or guardian.

Exception:

People who are mentally competent but unable to sign the application due to physical or other limitations may sign by making a distinct mark, such as an "X". Two witnesses must sign and date the application to verify that the person making the mark is indeed the person who is applying.

- ▶ Applicants or enrollees may designate someone else to act on their behalf. See HCPM 0904.11
- ▶ Accept all signed and dated applications.
 - Follow up with the applicant to obtain any missing information, including signature.
 - Do not approve eligibility until you receive a signature.
 - Deny the application if a signature is not provided by the end of the processing period.
- ▶ Require a MFPP application in the following situations:
 - An individual applies for the MFPP for the first time.
 - An individual denied MFPP coverage reapplies more than 45 days after the date of the previous application.
 - A previously enrolled individual reapplies on or after the effective date of MFPP closure.
- ▶ Do not require a MFPP application in the following situations:
 - An applicant requests the MFPP, but submits an application form designed for a different population (for example, DHS-3417). Contact the applicant to gather any missing information.
- ▶ Require MFPP applicants or enrollees who request other MHCP coverage to complete and submit a HCAPP.

2. Application begin date

Eligibility begins the first day of the month of application if all eligibility criteria are met. The month of application is the month that a signed and dated application is received by the DHS Family Planning Unit. The month of application includes the month the DHS Family Planning Unit receives a written request for MFPP coverage, if a completed application is submitted within 30 days of the request. The written request must contain the name of the applicant, a way to locate the applicant, and the applicant's signature.

Exception:

An applicant who is eligible for presumptive eligibility and submits the MFPP application for a determination of ongoing eligibility will have their ongoing coverage begin the month following the end of the presumptive eligibility period.

Example:

Serianna goes to certified MFPP provider on August 10. The provider screens her application and determines that she is presumptively eligible. The provider forwards Serianna's MFPP application to DHS. The application arrives at DHS on August 15, 2006 and is processed on September 2. Serianna has presumptive eligibility from August 1, 2006, through September 30, 2006. She has ongoing coverage from October 1, 2006, through September 30, 2007.

3. Application processing

Process MFPP applications within 45 days of receipt. Processing the application means gathering and reviewing all the information needed to determine eligibility. The processing period begins the day the DHS Family Planning Unit receives the application. Applications must be approved or denied within the processing period.

► During the processing period:

- Review the application for completeness.
- Contact the applicant to complete any missing items or clarify information on the application.
 - Allow at least 10 days for the applicant to respond to the request for more information.
 - At the end of the 10 days or at the end of the processing period, whichever is later, deny the application for failure to provide required information.
- Verify income and immigration status. See sections III.A.1 and III.A.5. Information about verifying citizenship will be issued in a future Bulletin.
- Request the original application if the application was submitted by fax. See HCPM 0904.07.05.
- Determine eligibility.
- Send a notice approving or denying coverage within the 45-day processing period.

4. Eligibility period

Enrollees are eligible for the MFPP for one year.

► Do not act on reported changes in income or household size prior to renewal.

► Close coverage with appropriate notice prior to the end of the eligibility period if the enrollee:

- Dies;
- Is no longer a Minnesota resident;
- Voluntarily terminates eligibility;
- Enrolls in the MHCP or other health services program administered by DHS;
- Reaches 50 years of age;
- Becomes pregnant;
- Becomes an institutionalized individual; or
- Is no longer a citizen or national of the United States or a qualified non-citizen.

5. Renewals

MFPP enrollees must renew their coverage every year. The MFPP application acts as the MFPP renewal form. MMIS mails the renewal and the closing notice 14 business days from the end of the month prior to the month the case is scheduled to close. The renewal due date is the first of the month coverage is to end.

- ▶ Process the renewal by the last day of the month coverage is to close.

Example:

Jaime's MFPP coverage begins March 1, 2006. It is scheduled to close February 28, 2007. MMIS mails the renewal and closing notice on January 12, 2007. The renewal is due February 1, 2007. The DHS Family Planning Unit receives the renewal on January 29. The renewal must be processed by February 28 for coverage to continue.

- ▶ Process the renewal by the end of the closing month if renewals are returned after the due date, but before the closing date.
- ▶ The enrollee must submit the original renewal form within 30 days if the renewal form is received by fax.
- ▶ For renewals, follow the procedures for processing the application.

6. Reporting changes

Applicants and enrollees must report a change in an eligibility factor to DHS within 10 days of learning about the change. Applicants and enrollees who fail to report a change that would have resulted in ineligibility for the MFPP are subject to a penalty period. The penalty period is for 12 months beginning with the date of disenrollment.

- ▶ Apply a penalty period if the applicant/enrollee does not report the following changes within 10 days:
 - a pregnancy
 - enrollment in the MHCP or other health services program administered by DHS
 - a change in residency
 - a change in institutional status
 - a change in citizenship or immigration status
- ▶ Do not apply a penalty period for failure to report a change in income or household size prior to renewal, because these changes do not result in ineligibility prior to renewal.
- ▶ Document in case notes penalty periods and the circumstances that warrant the penalty period.

E. Overlapping coverage

In most cases, people cannot receive MHCP or other DHS health service programs in the same month.

- ▶ When processing a MFPP application, always check MMIS to see if the MFPP applicant is active on MHCP or other DHS health service programs. Deny the MFPP if the applicant is open on another program.

► Allow the MFPP to overlap with MHCP or other DHS health service programs in the following situations:

- Individuals determined presumptively eligible (eligibility types EP and EZ) by a provider may have overlapping coverage with MHCP or other DHS health service programs. Certified MFPP Providers are instructed to deny presumptive eligibility if the applicant is active on another health care program, but situations will arise where MHCP or other DHS health service programs open after the presumptive eligibility determination is made.
- When an MFPP enrollee is approved for MHCP or other DHS health service programs, close the MFPP with a 10-day notice. Do not delay opening other health care program coverage. Counties, tribal agencies, and MinnesotaCare Operations should contact the DHS Family Planning Unit to coordinate closing the MFPP.

Example:

Aubrey is a 16 year-old enrolled in the MFPP. Aubrey's family applies for MA. Aubrey is eligible for MA. The county worker checks MMIS and discovers Aubrey is enrolled in the MFPP. The county worker should contact the DHS Family Planning Unit to ensure that Aubrey's MFPP coverage is closed with a 10-day notice. Aubrey's MA may open retroactively for months Aubrey received the MFPP.

F. Rights and responsibilities

1. Client rights

MFPP clients have the same individual and civil rights as other MHCP clients. The MFPP application includes information on client rights. See HCPM 0903.03, 0903.03.03, 0903.03.05.

2. Clients responsibilities

MFPP clients have the same responsibilities as other MHCP clients. The MFPP application includes information on client responsibilities. See HCPM 0903.05, 0903.05.03

3. Appeals

Clients have the same appeal rights as other MHCP clients. See HCPM 0917, 0917.03

Example:

Clients may not appeal a denial of presumptive eligibility by a Certified MFPP Provider. The applicant should file a MFPP application with the DHS Family Planning Unit for a formal determination of MFPP eligibility. The applicant may appeal a formal denial of MFPP eligibility.

G. Presumptive eligibility

Presumptive eligibility is a temporary period of MFPP eligibility that is determined at the point of service by a Certified MFPP Provider. The purpose of presumptive eligibility is to ensure that applicants who most-likely will be eligible for the MFPP have coverage at the time they need it without having to wait for a formal eligibility determination. Presumptive eligibility is called "short-term coverage" in applicant and enrollee forms and notices.

1. Provider certification

Providers must be certified by DHS to make presumptive eligibility determinations. A provider is certified when:

- The Certified MFPP Provider application materials have been received and approved by DHS; and
- The provider staff person making the presumptive eligibility determinations has taken the DHS MFPP presumptive eligibility training.

Beginning July 1, 2006, the Certified MFPP Provider application materials and the presumptive eligibility training can be found online at www.dhs.state.mn.us/provider/mfpp.

Beginning August 1, 2006, a list of Certified MFPP Providers and their locations can be found online at www.dhs.state.mn.us/familyplanning.

2. Presumptive eligibility determinations

Certified MFPP Providers screen the MFPP application using preliminary, self-declared information provided on the MFPP application. Providers do not need to verify any information in order to make a presumptive eligibility determination. However, if the applicant has verifications, attach them to the MFPP application when sending the application to DHS. See sections III.G.3 and III.G.4 below.

Applicants who appear to meet MFPP eligibility requirements will be approved for presumptive eligibility. The presumptive eligibility period begins the first day of the month that an applicant is determined presumptively eligible and ends the last day of the next month.

When making a presumptive eligibility determination, Certified MFPP Providers must:

- ▶ Check EVS/MN-ITS for current MHCP enrollment and receipt of presumptive eligibility in the past 12 months.
 - Individuals with current MHCP enrollment are not eligible for the MFPP.
 - Individuals who have received presumptive eligibility in the past 12 months are not eligible for presumptive eligibility.
- ▶ Give the following documents to individuals who are not currently enrolled in the MHCP and who have not received presumptive eligibility in the past 12 months:
 - MFPP application, DHS-4740 (Attachment A)
 - MFPP brochure, DHS-4750 (This will be sent out separate from this bulletin.)
 - MHCP fact sheet, DHS-3182 (Attachment C)
- ▶ Assist the applicant with filling out the application, if necessary.
- ▶ Screen the application for presumptive eligibility
 - Is the applicant between the ages of 15 and 50? (question #2)

- Individuals turning age 15 in the month of the presumptive eligibility determination are eligible.
- If the applicant is between the ages of 15 and 50, they have met the age requirement.
- Is the applicant pregnant? (question #2)
 - If the applicant is NOT pregnant she remains potentially eligible for the MFPP.
- Does the applicant have a home address in Minnesota and plan to make Minnesota their home? (question #3)
 - If the applicant has a home address in Minnesota and plans to make Minnesota their home they have met the residency requirement.
 - Homeless applicants are not required to have a home address, however, they must have a mailing address. The mailing address could be General Delivery, a shelter, or the provider's office (if the provider agrees).
 - Migrant workers may have a home address in another state and are not required to plan to make Minnesota their home.
 - Providers may allow an applicant to use the provider's address as the mailing address for notices. However, providers should consult their own legal counsel regarding the opening of applicant and enrollee mail. Providers must make arrangements with the applicant/enrollee as to how the provider will advise the patient of the mail being held for him/her. It is imperative that the patient receive MFPP notices in a timely manner.
- Is the applicant's gross monthly income equal to or less than 200% FPG? (questions #4, 5, and 7)
 - Calculate the household size. Include in the household size the applicant and the following people who live with the applicant:
 - Applicant's spouse. If the spouse is pregnant, count the spouse as 2.
 - Children of the applicant or applicant's spouse. Do not count children age 21 or older.
 - Compare the income in question #7 to the MFPP 200% FPG income standard on DHS-3461 (Attachment B) for the applicable household size.
 - They have met the income requirement if the applicant's gross monthly income is equal to or less than 200% FPG,
- Did the applicant sign and date the application? (page 7)

- If the applicant has signed and dated the application and met the other requirements outlined above they are presumptively eligible.

3. Presumptive eligibility approvals

Approve presumptive eligibility for applicants who meet presumptive eligibility requirements.

- ▶ Complete the MFPP Short-Term Approval Notice, DHS-4739A (Attachment D). This form acts as the enrollee's proof of coverage during the presumptive eligibility period. This form is available on MN-ITS. Make a copy for your records.
- ▶ Give the applicant:
 - Pages A – F from the MFPP application,
 - MFPP Short-Term Approval Notice, DHS-4739A (Attachment D)
 - Primary Care Referral, DHS-4741 (Attachment E)
- ▶ Explain that the MFPP Short-Term Approval Notice acts as the applicant's proof of eligibility during the presumptive eligibility period.
- ▶ Explain that the Primary Care Referral contains the locations of providers who provide primary care services to people who do not have insurance. This form will be updated quarterly. Additional providers will be added to the form at the next update.
- ▶ Add the applicant's information to the MFPP Presumptive Eligibility Approvals form – DHS-4774 (Attachment F). The form must be faxed to the DHS Family Planning Unit at (651) 431-7532 by the end of each business day.
- ▶ Attach any proofs provided by the applicant to the back of the MFPP application. Use paper clips. Do not staple proofs to the application.
- ▶ Mail the MFPP application along with proofs to the DHS Family Planning Unit within five working days. The DHS Family Planning Unit will make a formal eligibility determination.
- ▶ The applicant's Member ID number will be available on EVS/MN-ITS after three working days. Bill MHCP using your usual procedures and charges. See section III.C.1 about billing other health insurance.

4. Presumptive eligibility denials

Deny presumptive eligibility for applicants who do not meet presumptive eligibility requirements.

- ▶ Complete the MFPP Short-Term Denial Notice, DHS-4739B (Attachment G). This form is available on MN-ITS. Make two copies – one for your records and one for DHS.
- ▶ Give the applicant:
 - Pages A – F from the MFPP application
 - MFPP Short-Term Denial Notice, DHS-4739B (Attachment G)

- ▶ Attach any proofs provided by the applicant and a copy of the MFPP Short-Term Denial Notice to the MFPP application. Use paper clips. Do not staple proofs to the application.

- ▶ Mail the MFPP application along with proofs to the DHS Family Planning Unit within five working days. The DHS Family Planning Unit will make a formal eligibility determination.

5. Coverage during the presumptive eligibility period

All services that are covered by the MFPP are covered during the presumptive eligibility period, even if DHS later determines that the individual is not eligible for ongoing coverage.

MHCP-enrolled providers must see MFPP enrollees with presumptive eligibility, if eligibility can be verified in EVS/MN-ITS. However, it may take up to three working days following the presumptive eligibility determination for eligibility to appear in EVS/MN-ITS. During the first few days of eligibility, it is important for Certified MFPP Providers and other providers to work together to ensure that MFPP enrollees receive family planning medications, supplies, and services.

The MFPP Rx Form helps pharmacists identify MFPP enrollees who have presumptive eligibility before eligibility can be verified in EVS/MN-ITS. See [Provider Update PRX-06-06R](#) for more information on the role of the pharmacy in the MFPP.

H. County Agencies, Tribal Agencies, and MinnesotaCare Operations

County agencies, tribal agencies and MinnesotaCare Operations will not be processing MFPP applications at this time. However, agencies should be familiar with the MFPP and how this new program may impact current activities.

- ▶ Refer questions about the MFPP to the DHS Family Planning Unit at (651) 431-3480 (Twin Cities metro) or 1-888-702-9968 (outside Twin Cities metro)

- ▶ Provide MFPP applications upon request.

- ▶ Forward completed MFPP applications to:

Minnesota Department of Human Services
PO Box 64960
St. Paul, MN 55164-0960

- ▶ Coordinate coverage of the MFPP and other MHCP programs as necessary. See section III.E.

- ▶ Account for administrative activities or directly billable activities associated with the MFPP within existing time studies. Code time related to the MFPP as you would for any other MA service or program.

IV. System Instruction

A. MMIS-Recipient Functionality

1. New security group

A new security group (“FP00”) has been added for MMIS Security Administration. Only users with security type FP00 will be allowed to add, update or transfer Family Planning cases or RELG spans. Updates are only allowed in the case path. “Inquiry” capability will be allowed in the recipient and case paths. FP00 security will be allowed Inquiry access for all other major programs. Other MMIS users will have Inquiry access to MFPP case and recipient information.

2. Creation of MFPP cases

MFPP cases will be created in MMIS similarly to MinnesotaCare cases – the first step being a person search in MMIS and MAXIS (SMI) to see if the applicant is already assigned a PMI. For applicants who do not already have a PMI assigned to them, the MMIS user must assign one via MAXIS-PMIN or SMI (whichever is appropriate). Once a PMI is assigned, the following screens must be keyed on MMIS.

3. RKEY

Case Type “F” has been added for Family Planning. When adding a Family Planning case, enter “A” in the “Action Code” field, and “F” in the Case Type field. Change (“C”), Inquiry (“I”), and Transfer (“T”) modes are also available for Family Planning cases.

4. RCAD

The residential address must be entered for the applicant. A mailing address is optional.

5. RREP

Optional Authorized Representative information may be entered for the applicant.

6. RCIN

The applicant’s PMI (from PMIN or SMI) must be entered in the Recipient ID field. Use an “X” to select the recipient in the field to the left of the Recipient ID field. RCIN will only allow one recipient per MFPP case.

7. RELG

The following fields must be keyed on RELG for Family Planning;

► Major Program

Major Program “FP” has been added to the valid values for Major Program.

► Elig Type

The following Elig Types have been added for Family Planning. These elig types will only be available for use in conjunction with Major Program “FP”.

Note: Non-qualified non-citizens are only eligible for Family Planning Elig Types that are Presumptive Eligibility (EP, EZ).

- **AF (APPLICATION FOR MFPP ONLY):** Use this Elig Type for enrollees applying only for the Minnesota Family Planning Project. Spans may be keyed for up to 12 months at a time.
- **AZ (APPLICATION FOR MFPP OPTED OUT OF TPL):** Use this Elig Type for enrollees who are applying only for MFPP, but want to opt out of TPL requirements. Spans may be keyed for up to 12 months at a time.
- **EP (ELIGIBILITY PRESUMED FOR MFPP):** Use this Elig Type for enrollees with Presumptive Eligibility. Spans may be keyed for up to two months at a time and should not be changed once entered on RELG.
- **EZ (ELIGIBILITY PRESUMED FOR MFPP OPT OUT OF TPL):** Use this Elig Type for enrollees with Presumptive Eligibility but who are opting out of TPL requirements. Spans may be keyed for up to two months at a time and should not be changed once entered on RELG.
- **EE and AH:** These eligibility types will only be available with the implementation of HealthMatch. Instructions for the use of these eligibility types will be provided when HealthMatch is implemented.

► **Elig Begin Date**

The appropriate Elig Begin Date should be entered. The Elig Begin Date must be the first day of the month.

► **Elig End Date**

The appropriate Elig End Date should be entered. In most situations, this will be two months from the begin date for Elig Types EP/EZ, and twelve months from the begin date for Elig Types AF/AZ. In the event that an enrollee's eligibility should end prior to the 12 month End Date (enrollee moves out of state, requests closure, dies, etc), the Elig End Date may be shortened to reflect the proper close date. The Elig End Date must be the last day of the month.

► **CFR**

New County of Financial Responsibility "FPP" must be used in conjunction with FP spans. Will default to "FPP" if field is left blank.

► **Elig Status**

Only status "C" (Closed) or "D" (Denied") are allowed.

► **Elig Status Reason**

Reason codes allowed are: 10, 12, 17, 20, 30, 45, 47, 60, 64, 71, 73, 74, 75, 76, 77, 79, and 80

► **Case Number**

This number will be system generated and each will begin with the alpha character "F" followed by 7 numeric digits.

► **Spenddown Indicator**

Will default to "N", even if a user enters another value.

► **Application Date**

The appropriate application date should be keyed.

8. RHCI

All MFPP enrollees with active eligibility (Elig End Date in the future) will receive MHCP ID cards, with the exception of those who are presumptively eligible. Inhibiting edits will prevent MMIS users from sending MHCP ID Cards to enrollees who only have Elig Types EP or EZ. For Elig Types AF/AZ, the user may enter “Y” to send a MHCP ID card.

9. RKE2/RCRD

MHCP ID cards can also be issued in the Recipient Miscellaneous Functions subsystem using action “A”, Selection “4”, and entering the Recipient ID. The same rules regarding card issuance on RHCI apply to RKE2/RCRD.

10. RLVA

The living arrangement dates will default to the corresponding eligibility begin and end dates and the living arrangement code will default to “80” if no current data exists. The end date will default to 99/99/99 if previous RLVA spans existed. FP00 security also has update capability for this screen.

11. RCIP

Users with FP00 security can update the Medicare ID, Date of Death fields, Child Support County, and Social Worker fields. All other RCIP fields will be inquiry only.

12. Hierarchy Matrix Changes

The Family Planning Program will be allowed to overlap with any other major program, and will always be the payer of last resort. See Section III.E above for overlap policy.

13. Case Notes

MMIS users will be allowed to enter case notes through the case path.

B. MMIS-Recipient Mailings

1. Notices

Notices will be systematically generated and mailed to applicants/enrollees whenever a case is opened (approved with a status of “C” but the end date is in the future), closed (Elig End Date is updated from the original Elig End Date) or denied. Initial approval notices will include Primary Care Referral (DHS-4741).

Exception:

Under presumptive eligibility, the Certified MFPP Provider will manually issue all notices to the applicant/enrollee. MMIS does not systematically issue notices for presumptively eligible enrollees.

2. Renewals

The renewal cover letter, renewal form, Rights and Responsibilities, and return envelope will be mailed to the enrollee approximately 45 days prior to the last day of the existing eligibility period. Renewals will only be mailed to enrollees with an eligibility status of “C-45” (Closed – Renewal).

The cover letter contains the following information:

- The date their current coverage will end;
- The date the enclosed renewal form must be returned along with required proofs;
- A renewal checklist; and
- The worker name and phone number.

C. Other MMIS Changes

1. New Package Service Code

Certified MFPP Providers will be identified in MMIS by Package Service Code “18”. This code has no impact on who can bill for MFPP-covered services.

2. Third Party Liability

MMIS has been programmed not to cost-avoid if the MFPP enrollee has “opted out” of providing information about other health insurance. Workers should follow normal TPL functions. See MMIS User Manual.

3. Eligibility Verification Systems

DHS eligibility verification systems will include information on:

- Current major program FP coverage,
- The date presumptive eligibility coverage will end, and
- Receipt of presumptive eligibility in the past year.

V. Legal References

Minnesota Statutes, Section 256B.78

Approved Minnesota Family Planning Program Section 1115 Demonstration Project, No. 11-W-00183/5 and Special Terms and Conditions

Draft Minnesota Rules, Parts 9505.5300 – 9505.5325, and the Statement of Need and Reasonableness

VI. Attachments

Attachment A – MFPP Application/Renewal (DHS-4740)

Attachment B – MHCP Income and Asset Guidelines (DHS-3461)

Attachment C – MHCP Fact Sheet (DHS-3182)

Attachment D – MFPP Short-Term Approval Notice (DHS-4739A)

Attachment E – Primary Care Referral (DHS-4741)

Attachment F – MFPP Presumptive Eligibility Approvals (DHS-4774)

Attachment G – MFPP Short-Term Denial Notice (DHS-4739B)

VII. Special Needs

This information is available in other forms to people with disabilities by contacting us at (651) 431-2670 (voice) or toll free at (800) 657-3739. TTY/TDD users can call the Minnesota Relay Service at 711 or (800) 627-3529. For Speech-to-Speech Relay, call (877) 627-3848.



Minnesota Department of **Human Services**

Minnesota Family Planning Program Application/Renewal

(Part of Minnesota Health Care Programs)

- Fill out this application to apply for coverage of family planning services and supplies.
- This program is for Minnesota residents between the ages of 15 and 50.

Attention. If you want free help translating this information, ask your worker or call the number below for your language.

ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاسأل مساعدك في مكتب الخدمة الاجتماعية أو اتصل على الرقم 1-800-358-0377.

កំណត់សំគាល់ បើអ្នកចង់បានជំនួយបកប្រែព័ត៌មាននេះដោយមិនគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿងរបស់អ្នក ឬ ទូរស័ព្ទទៅលេខ 1-888-468-3787 ។

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, pitajte vašeg radnika ili nazovite 1-888-234-3785.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, nug koj tus neeg lis dej num (worker) lossis hu 1-888-486-8377.

ໂປດຊາບ. ຖ້າຫາກທ່ານຕ້ອງການ ການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ຟຣີ, ຈົ່ງຖາມນຳພນັກງານຊ່ວຍວຽກ ຂອງທ່ານ ຫຼືໂທອອກຕາມເລກໂທ 1-888-487-8251.

Hubaddhu. Yoo akka odeeffannoon kun sii hiikamu gargaarsa tolaa feeta ta'e, hojjataa kee gaafaddhu ykn lakkoofsa kana bilbili 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в переводе этой информации, обратитесь к своему социальному работнику или позвоните по следующему телефону: 1-888-562-5877.

Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjamadda macluumaadkani oo lacag la'aan ah, weydii hawl-wadeenkaaga ama wac lambarkan 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para traducir esta información, consulte a su trabajador o llame al 1-888-428-3438.

Chú Ý. Nếu quý vị cần dịch thông-tin này miễn phí, xin gọi nhân-viên xã-hội của quý vị hoặc gọi số 1-888-554-8759.

LB #2 (12-03)

This information is available in other forms to people with disabilities by contacting us at (651) 431-2670 (voice) or toll free at (800) 657-3739. TTY/TDD users can call the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.

Minnesota Family Planning Program Application/Renewal

Use this application to apply for the Minnesota Family Planning Program only.

Use the Minnesota Health Care Programs application (DHS-3417) if you want to apply for other health care program coverage. To get an application, call (651) 431-2283 (Twin Cities metro area) or (888) 938-3224 (outside Twin Cities metro area).

If you want to apply for cash benefits or Food Support, ask your county human services office for a copy of that application.

Instructions

- Answer each question on the white pages of the application. Please use blue or black ink. If you need help or have questions, call: (651) 431-3480 (Twin Cities metro area) or (888) 702-9968 (outside Twin Cities metro area).
- Sign and date the application.
- Find proofs such as pay stubs and proof of citizenship. Include them with this application. Send photocopies if possible. Tell us if you need help getting proofs. You cannot get coverage without giving proofs.
- There are blue pages at the beginning of this form (pages A-F). This is important information for you to read and keep. Tear all the blue pages off and keep them. It will save you money if you are mailing the application/renewal.
- Mail or fax the completed application with proofs to:
The Minnesota Department of Human Services
PO Box 64960
St. Paul, MN 55164-0960
Fax: (651) 431-7532
- You will need to add extra postage if you mail the application/renewal.

Some clinics can take this application. They will look at it to see if you can get short-term coverage. Short-term coverage will last for two months. The clinic will send this application to the Minnesota Family Planning Program for you.

To get a list of the clinics, call the Minnesota Family Planning Program at: (651) 431-3480 (Twin Cities metro area) or (888) 702-9968 (outside Twin Cities metro area).

Do you need help or do you have questions?

Call (651) 431-3480 (Twin Cities metro area) or (888) 702-9968 (outside Twin Cities metro area).

Notice of Privacy Practices

Minnesota Department of Human Services

(Effective Date: April 14, 2003)

This notice describes how medical information and other private information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

You have privacy rights under the Minnesota Government Data Practices Act and the federal Health Insurance Portability and Accountability Act (HIPAA). These laws protect your privacy, but also let us give information about you to others if a law requires it.

Why do we ask you for this information?

- To tell you apart from other people with the same or similar name
- To decide what you are eligible for
- To help you get medical, mental health, financial or social services
- To decide if you can pay for some of your services
- To make reports, do research, do audits, and evaluate our programs
- To investigate reports of people who may lie about the help they need
- To decide about out-of-home care and in-home care for you or your children
- To collect money from other agencies, like insurance companies, if they should pay for your care
- To decide if you or your family needs protective services
- To collect money from the state or federal government for help we give you.

Do you have to answer the questions we ask?

Generally, the law does not say you have to give us this information.

We need your Social Security Number in order to give you some kinds of financial help or child support enforcement services (45 CFR 205.52 [2001]; 42 USC 666; 45 CFR 303.30 [2001]).

What will happen if you do not answer the questions we ask?

We need information about you to tell if you can get help from any program. Without the information, we may not be able to help you. If you give us wrong information on purpose, you can be investigated and charged with fraud.

With whom may we share the information about you?

We may give information about you to the following agencies, if they need it for investigations or to help you or help us help you. We don't always share information about you with these people, but the law says we may share information with them. If you have questions about when we give these people information, ask your worker.

- U.S. Department of Agriculture
- U.S. Department of Health and Human Services
- U.S. Department of Labor
- United States Citizenship and Immigration Services
- Internal Revenue Service
- Social Security Administration
- Minnesota Department of Employment and Economic Development
- Minnesota Department of Education
- Minnesota Department of Human Rights
- Minnesota Department of Human Services
- Minnesota Department of Labor and Industry
- Minnesota Department of Public Safety

- Minnesota Department of Revenue
- Minnesota Department of Veterans Affairs
- Minnesota Historical Society
- American Indian tribes, if your family is in need of human services at a tribal reservation
- Higher education coordinating board
- State hospitals or long-term care facilities
- State and federal auditors
- Court officials
- Anyone under contract with the Minnesota Department of Human Services or U.S. Department of Health and Human Services, or the county social services agency
- Local and state health departments
- County human services boards
- Child or adult protection teams
- People who investigate child or adult protection
- Other human services offices, including child support enforcement offices
- Fraud prevention and control units
- Employees or volunteers of any welfare agency who need the information to do their jobs
- County attorney, attorney general or other law enforcement officials
- Mental health centers
- Ombudsman for families
- Ombudsman for mental health and mental retardation
- County advocates for Minnesota Managed Health Care Programs
- Guardian, conservator or person who has power of attorney for you
- Local collaborative agencies
- Community food shelves or surplus food programs
- Health care providers
- School districts
- Schools and other institutions of higher education
- Coroner/medical examiner if you die and they investigate your death

- Hospitals if you, a friend, or relative has an emergency and we need to contact someone
- Others who may pay for your care
- Insurance companies to check health care benefits you or your children may get
- Managed care organizations about your health care or benefits
- Credit bureaus
- Creditors
- Collection agencies, if you do not pay fees you owe to us for services
- Minnesota Board on Aging
- Anyone else to whom the law says we can give the information.

You have the right to information we have about you.

- You may ask if we have any information about you and get copies. You may have to pay for the copies.
- You may give other people permission to see and have copies of private information about you.
- Unless we get special written permission from you, we will only use your health information for the purposes listed on this form.
- You may question the accuracy of any information we have about you.
- You have the right to ask us to share health information with you in a certain way or in a certain place. For example, you may ask us to send health information to your work address instead of your home address. You must make this request in writing. You do not have to explain the basis for your request. If we find that your request is reasonable, we will grant it.
- You can ask us to restrict uses or disclosures of your health information. Your request must be in writing. You must explain what information you want to restrict from being disclosed and to whom you want these restrictions to apply. You can request to end these restrictions at any time by calling us or by writing to us. We are not required to agree to your restrictions.

- You have the right to receive a record of the people or organizations with whom we have shared your health information. We must keep a record of each time we share your health information for six years from the date it was shared. This record will be started on April 14, 2003. It will NOT include those times when we have shared your information in order to treat you, pay or bill for your health care services or to run our programs. If you want a copy of this record, you must send a request in writing to our Privacy Official.
- If you do not understand the information, ask your worker to explain it to you. You can ask DHS for another copy of this notice.

What are our responsibilities under this notice?

We may change our privacy policy in the future. We might do this, for example, because privacy laws change and require us to change our practices. When we change our privacy rules we will publish them on our Web site at: <http://edocs.dhs.state.mn.us/lfsrver/Legacy/DHS-3979-ENG>.

Until we publish new privacy rules, we will abide by the terms of this notice.

What if you believe the information we have about you is wrong?

Send your concerns in writing, telling us why the information is not accurate or complete. You may send your own explanation of the facts you disagree with. Your explanation will be attached any time that information is shared with another agency.

What privacy rights do children have?

If you are under 18, parents may see information about you and allow others to see this information, unless you have asked that this information not be shared with your parents or it involved medical treatment for which parental consent was not required. You must make this request in writing and say what information you want withheld and why.

If the agency agrees that sharing the information is not in your best interest, the information will not be shared with your parents. If the agency does not agree, the information will be shared with your parents if they ask for it.

When parental consent for medical treatment is not required, information will not be shown to parents unless the health care provider believes failing to share the information would jeopardize your health.

What if you believe your privacy rights have been violated?

You may complain if you believe your privacy rights have been violated. You cannot be denied service or treated badly because you have made a complaint. If you believe that your medical privacy was violated by your doctor or clinic, a health insurer, a health plan, or a pharmacy, you may send a written complaint either:

- Directly to that organization, or
- To the federal civil rights office at:
U.S. Department of Health and Human Services
Office for Civil Rights, Region V
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601
(312) 886-2359 (voice)
(800) 368-1019/(866) 282-0659 (toll free)
(312) 353-5693 (TTY/TDD)
(312) 886-1807 (Fax)

If you think that the Minnesota Department of Human Services has violated your privacy rights, you may send a written complaint to the U.S. Department of Health and Human Services at the address above, or to:

Minnesota Department of Human Services
Appeals and Regulations
PO Box 64941
St. Paul, MN 55164-0941

Important Information

Proof of Citizenship or National Status

National Status includes persons from American Samoa and Swains Island.

You must give us proof that you are a United States citizen or have national status. Proof can be a copy of one of the following:

1. U.S. passport
2. Certificate of Naturalization
3. Certificate of U.S. Citizenship

If you do not have one of the above documents, you must give us a copy of one item from List #1 and one from List #2 below:

List #1

1. U.S. birth certificate
2. Report of Birth Abroad of a U.S. Citizen
3. U.S. Citizen ID card
4. Hospital record of birth in one of the 50 states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, Swains Island or the Northern Mariana Islands.
5. Religious records of birth such as a baptism record. It must:
 - Show birth in the U.S.
 - Have been recorded in the U.S. or its territories
 - Have been recorded within three months of the month of birth.
6. A sworn statement by one or more persons who know of events establishing your citizenship.

List #2

1. Current state driver's license with picture
2. Minnesota ID card with picture

If you need help, call (651) 431-3480 (Twin Cities metro area) or (888) 702-9968 (outside Twin Cities metro area).

Immigration

All information you give to us is private. We use it to see if you can get coverage. We only share it when the law allows it or requires us to. Applying will not affect your immigration status. We do not need your immigration information if you are applying for short-term coverage at a health care provider's office.

You Have the Right to Fair Treatment

We cannot treat you different because of your race; color; national origin; religion; sex; marital status; sexual orientation; or political beliefs. We cannot treat you different because you have a physical, mental or emotional disability. If you feel the State or local agency did not treat you fairly, you may file a complaint. You can contact any of the following places to file a complaint:

- Minnesota Department of Human Services, Office for Equal Opportunity
PO Box 64997
St. Paul, MN 55164-0997
- Minnesota Department of Human Rights
190 E. Fifth Street, Suite 700
St. Paul, MN 55101
- U.S. Department of Health and Human Services
Office of Civil Rights - Region V
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601

You Have the Right to Ask for a Hearing

You may ask for a fair hearing if you feel that the agency did not act on your application, you are not happy with an action taken, or your benefits are not right.

You can ask for a hearing by telling your worker or by writing to the:

Minnesota Department of Human Services
Appeals and Regulations
PO Box 64941
St. Paul, MN 55164-0941

A person from the State office will check the facts of your case. They will tell you if your benefits are correct or not according to the laws.

You must ask for a hearing within 30 days from the day you get a notice. You must say that you feel a decision is wrong. If you cannot ask for a hearing within 30 days, you can ask for more time. You will need to show that you have a good reason for not asking for a hearing on time.

If a person from the State office decides you had a good reason, they will accept your appeal up to 90 days after you received the notice of action on your case. If you ask for a hearing after 30 days, you will not be able to have your health care continue until the hearing. If you want your health care to continue, you must ask for a hearing before the date your coverage will be reduced or within 10 days from the date of the notice, whichever is later.

You may not appeal if a health care provider says you cannot have short-term coverage. You should submit your application to the Minnesota Family Planning Program for a formal eligibility determination.

What rules do you have to follow?

- Do not give false information or hide information to get or continue to get Minnesota Family Planning Program coverage.
- Do not trade or sell your membership cards.
- Do not help others get medical services that you know they should not get.
- Do not use someone else's membership card for yourself or other household members.

What happens if you break these rules?

If you break these rules we can prosecute you for fraud. If you are convicted, we can disqualify you for up to one year.

Social Security Numbers

Most people who apply for coverage must give a Social Security Number. We use them to check who you are; system matches; and for reviews and audits to make sure your case is correct. You do not have to give us a number if you have religious objections, or if you are being screened for short-term coverage by a health care provider.

Reviews

The State or Federal Office may pull your case at random to review. They will review the information you put on your application and renewal forms. They will also check to make sure we did your case correctly. They will let you know if they will need to ask you questions. If you refuse to answer their questions, your coverage may stop.

Reporting Systems

The State uses systems to check the information you give. If we get information that does not match what you gave us, we will write to you. You will need to give us proof or give us permission to check your information. If you refuse, your coverage may stop. If you want more information, ask your worker for the "Notice About Income and Eligibility Verification System and Work Reporting System" (DHS-2759).

Changes

You must report changes to your worker within 10 days of the change happening. If you do not report changes, you may not be able to get coverage from the Minnesota Family Planning Program for one year. If you are not sure if you should report a change, call your worker and explain what is happening. Your worker will tell you if you need to report it or not.

Examples of changes include when you:

- Move to a new address
- Have a change in income, get a new job or stop a job
- Become pregnant
- Get married or divorced.

Minnesota Family Planning Program Application/Renewal

Instructions

Use one application for each person who is applying. Answer all questions and print clearly. Use blue or black ink. If you need more space to answer a question, write the question number and answer on a separate piece of paper. Include it with this form.

1. Language information

What is the main language you speak? ☐ English ☐ Spanish ☐ Other _____

What is the main language you write? ☐ English ☐ Spanish ☐ Other _____

Do you need someone who speaks your language to help you? ☐ Yes ☐ No

2. Write your information below.

First name _____ Middle name _____ Last name _____

Date of birth _____ Sex _____ Social Security Number _____

Phone number (_____) _____ Are you pregnant? ☐ Yes ☐ No

You do not have to answer the next two questions if you do not want to. We use it for reports only.

Are you Latino or

Hispanic? ☐ Yes ☐ No

What is your race?

☐ White

☐ Asian

☐ American Indian or Alaskan Native

☐ Black/African American

☐ Pacific Islander or Native Hawaiian

3. What is your address?

☐ Check this box if you are homeless.

Home address: Street address _____ Apartment # _____

City _____ State _____ Zip code _____

In which county do you live? _____

Mailing address where you would like notices sent (if different from the one above)

Street address _____ Apartment # _____

City _____ State _____ Zip code _____

Do you plan to make Minnesota your home? ☐ Yes ☐ No

☐ Check this box if you are a migrant worker.

4. Do you live with a spouse?

Include a spouse that is living away from home for a short time.

☐ Yes - fill out the information below about your spouse.

☐ No - go to question 5.

First name _____ Middle name _____ Last name _____

Date of birth _____ Sex _____ Is your spouse pregnant? ☐ Yes ☐ No

Social Security Number (Giving us this is optional) _____

5. Do you live with your children or step-children?

Also list children and step-children that are living away from home for a short time. Do not list children that are married, divorced, on active duty in the armed services, or have been emancipated by a court.

☐ Yes - fill out the information below.

☐ No - go to question 6.

Child's first, middle and last name	Date of birth	Sex		Is this your step-child?	
		<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If there are more children: Write "Question 5" on a separate piece of paper. Write the above information for each child. Include it with this form.

6. Health Insurance Section

This section asks you about health insurance that you may have. It includes health insurance through an employer, a spouse, a parent, a private insurance company, a college, prescription drug coverage, or Medicare.

If you want to keep the services you get under this program private, check the box below.

If you check this box you will not have to give us information about your other health insurance.

☐ I do not want to answer these health insurance questions for privacy reasons. Go to question 7.

6a. Do you have health insurance?

☐ Yes - fill out all the information below. ☐ No - go to question 6b.

Check a box for the type of coverage: ☐ Individual ☐ Group ☐ Prescription Drug Coverage
☐ Other- Explain the coverage type _____

What is the policyholder's first and last name? _____

What is the name of insurance company? _____

What is the address of the insurance company? _____

What is the policy number? _____ What is the group number? _____

Write the date the insurance coverage started _____

If you have another health insurance policy: Write "Question 6a" and the answers on a separate piece of paper. Include it with this form.

6b. Do you have Medicare coverage?

☐ Yes - fill out all the information below.

☐ No - go to question 7.

Medicare ID Number	Start Date of Part A	Start Date of Part B	Start Date of Part D

7. What is your monthly gross income?

Gross income is income before any taxes or deductions are taken out.

If you are under age 21: include only your income.

If you are age 21 or older: include your income and your spouse's income.

\$ _____ per month

8. Are you or your spouse getting or expecting any wages from a job?

This includes wages from an employer, seasonal or temporary employment, and cash jobs.

☐ Yes - fill out the information below for each job. If you are under age 21, you do not need to give us information about your spouse's income.

☐ No - go to question 9.

Name of person working _____ **Start date** _____

Name of employer _____

☐ Check this box if this is seasonal or temporary employment.

How often paid? ☐ Every week ☐ Every two weeks ☐ Once a month ☐ Other _____

Write the gross amount of the wages on the paycheck before taxes are taken out \$ _____

Write the date that the last paycheck was received _____

Name of person working _____ **Start date** _____

Name of employer _____

☐ Check this box if this is seasonal or temporary employment.

How often paid? ☐ Every week ☐ Every two weeks ☐ Once a month ☐ Other _____

Write the gross amount of the wages on the paycheck before taxes are taken out \$ _____

Write the date that the last paycheck was received _____

You must give us proof of this income. Proof can be pay stubs from the last 30 days or a statement from the employer. If we do not get proof, you cannot get coverage.

9. Are you or your spouse self-employed?

☐ Yes - fill out the information below and give us proof. If you are under age 21 you do not need to give us information about your spouse's income.

☐ No - go to question 10.

Name of Person	Name of Business	Start Date of Business	Gross Yearly Income
			\$
			\$

You must give us proof of this income. Proof can be your most recent income tax returns and all related schedules, or business records if taxes are not filed. If we do not get proof, you cannot get coverage.

10. Are you or your spouse getting or expecting to get other types of income?

Other income may include: Child support, spousal support, unemployment, worker's comp, Social Security, SSI, pensions, Veteran's benefits, retirement, rent, annuities, trusts, interest, dividends, contracts for deed, property agreements, public assistance payments and other types of income.

☐ Yes - fill out the information below. If you are under age 21 you do not need to give us information about your spouse's income. ☐ No - go to question 11.

Name of Person	Where is this income from?	Amount	How often is it received? (Every week, every 2 weeks, once a month)	Write the date that the last payment was received.
		\$		
		\$		

You must give us proof of this income. Proof can be a statement from where the income comes from, or a direct deposit statement from your bank. If we do not get proof, you cannot get coverage.

11. Are you a United States citizen?

- ☐ Yes - give us proof of your citizenship. For a list of proofs, see the instructions on page E.
Go to question 12.
- ☐ No - fill out the information below and give us proof.

Immigration Status	Date of Entry into the U.S.	Is there a sponsor?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

You must give us copies of your immigration documents. If we do not get proof, you cannot get coverage. Let us know if you need help getting proof. We will try to help you.

12. Do you want someone else to help you and act on your behalf?

This person:

- Must be age 18 or older
- Can be a friend, relative, or someone else who knows all of your information
- Can help you fill out forms and give us the information we need
- Must report changes to us within 10 days.

You can allow this person to get notices about your:

- Health care application and renewals
- Health care eligibility and benefits
- Fair hearings.

- ☐ Yes - write this person's information below. ☐ No - go to pages 6 and 7.

Full name _____

What is this person's relationship to you? (Example - son, daughter, friend?) _____

Street address _____

City _____ Apt # _____ State _____ Zip code _____

Daytime phone number (_____) _____ - _____

Do you want us to also mail your notices and other program information to this person? ☐ Yes ☐ No

Go to page 6 to read important information. Sign and date the application on page 7.

Signature Page - Read the following, then sign and date below.

I understand that this is an application for the Minnesota Family Planning Program, which only covers family planning services and supplies. I understand that if I want additional health care coverage I must fill out a Minnesota Health Care Programs application.

Fraud Investigation Release

I give third parties permission to share information about me with authorized state and county staff conducting investigations regarding fraud, fraud prevention and misrepresentation. Third parties include but are not limited to financial institutions, credit reporting agencies, landlords, public housing agencies, schools, utility companies, insurance agencies, employers, other government agencies and others as required. I further authorize taxing authorities to release copies of my income tax returns. I also understand that my permission for release is effective for six months after my benefits stop.

Medical Assignment of Benefits

Unless I declined to answer questions about other health insurance in Question 6, I assign all medical payments to the State of Minnesota. This assignment includes medical care payments from all other persons or entities. This assignment covers medical care payments for myself. It takes effect right away when health care coverage starts. I agree to cooperate with the State in any action to recover payment of medical expenses. If I claim good cause and good cause is approved, I may not have to cooperate.

Medical Release

I give consent to my health providers, including their contractors, to share my Minnesota Family Planning Program health records with the State of Minnesota, its agents, contractors and their subcontractors. I know I need to share this information to:

- Decide if I can get federally funded health care
- Pay my health care providers
- Provide and coordinate health care
- Do quality of care reviews and studies, and
- Help in record reviews, prosecutions or legal actions related to managing the health care programs. Unless I declined to answer questions about other health insurance in Question 6, if I have Medicare Part B, I give Medicare consent to pay my health providers for the care I get while on the Minnesota Family Planning Program.

This medical release is good while I am enrolled in the Minnesota Family Planning Program, not to exceed one year, or longer if the law permits. I can refuse to sign or cancel the medical release. If I cancel I must do this in writing. I understand that the law overrides my canceling this release for these reasons:

- To share health information with health care consultants
- To pay my health care bills
- If fraud is suspected or
- For quality of care reviews and studies.

If I refuse to sign or cancel the release, I will not be able to enroll or stay enrolled in the Minnesota Family Planning Program. I understand that this release allows my Minnesota Family Planning Program health records to be shared with others if the law permits. Privacy laws may no longer protect the information shared with others.

By signing below:

- I agree that I have read the Notice of Privacy Practices and the list of my responsibilities in that Notice.
- I understand that I am applying for the Minnesota Family Planning Program, which only covers family planning services and supplies.
- I understand that my information will be shared if fraud is suspected.
- I agree to the release of my Minnesota Family Planning Program health records to the parties listed above.
- I agree to assign my medical benefits as stated above, unless I declined to answer questions about other health insurance in Question 6.
- I declare that, under penalty of perjury, all parts of this application, to the best of my knowledge, are true and correct statements. I understand what happens to a person convicted of perjury (not telling the truth). They may be sentenced to prison for up to five years, a fine up to \$10,000, or both.

You must sign below.

If you are authorizing someone to act on your behalf, you still must sign this application. The person you are authorizing must also sign. If the applicant is unable to sign, provide copies of legal documents of conservatorship or power of attorney.

Your Signature	Date
Signature of person acting on your behalf (if you answered "Yes" to Question 12)	Date

7/1/06 - 6/30/07 Minnesota Health Care Programs Income and Asset Guidelines

MAXIS Standard					****				K		G***		E		E		C*		E**	
	MinnesotaCare \$48 Annual Premium		MinnesotaCare Adults without Children		MinnesotaCare Children to Age 21 and Families with Children		MinnesotaCare Covered Services No \$10,000 Inpatient Cap for Parents		MA Infants under Age 2		MA Children - Age 2 through 18		MA Children - Age 19 and 20		MA Adults with Children		MA Pregnant Woman		MA Elderly, Blind, Disabled (No spenddown)	
Family Size	150% FPG		175% FPG		275% FPG		175% FPG		280% FPG		150% FPG		100% FPG		100% FPG		275% FPG		100% FPG	
	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual
1	1,225	14,700	1,430	17,160	2,246	26,952	1,430	17,160	2,287	27,444	1,225	14,700	817	9,804	817	9,804	NA	NA	817	9,804
2	1,650	19,800	1,926	23,112	3,026	36,312	1,926	23,112	3,081	36,972	1,650	19,800	1,101	13,212	1,101	13,212	3,026	36,312	1,101	13,212
3	2,075	24,900	Not Eligible		3,806	45,672	2,422	29,064	3,875	46,500	2,075	24,900	1,385	16,620	1,385	16,620	3,806	45,672	1,385	16,620
4	2,500	30,000	Not Eligible		4,586	55,032	2,918	35,016	4,669	56,028	2,500	30,000	1,669	20,028	1,669	20,028	4,586	55,032	1,669	20,028
5	2,925	35,100	Not Eligible		5,366	64,392	3,414	40,968	5,463	65,556	2,925	35,100	1,953	23,436	1,953	23,436	5,366	64,392	1,953	23,436
6	3,350	40,200	Not Eligible		6,146	73,752	3,910	46,920	6,257	75,084	3,350	40,200	2,237	26,844	2,237	26,844	6,146	73,752	2,237	26,844
7	3,775	45,300	Not Eligible		6,926	83,112	4,406	52,872	7,051	84,612	3,775	45,300	2,521	30,252	2,521	30,252	6,926	83,112	2,521	30,252
8	4,200	50,400	Not Eligible		7,706	92,472	4,902	58,824	7,845	94,140	4,200	50,400	2,805	33,660	2,805	33,660	7,706	92,472	2,805	33,660
9	4,625	55,500	Not Eligible		8,486	101,832	5,398	64,776	8,639	103,668	4,625	55,500	3,089	37,068	3,089	37,068	8,486	101,832	3,089	37,068
10	5,050	60,600	Not Eligible		9,266	111,192	5,894	70,728	9,433	113,196	5,050	60,600	3,373	40,476	3,373	40,476	9,266	111,192	3,373	40,476
Add'l	425	5,100	Not Eligible		780	9,360	496	5,952	794	9,528	425	5,100	284	3,408	284	3,408	780	9,360	284	3,408
Asset Test	No asset test for children.		No asset test for pregnant women and children. \$10,000 for household of one. \$20,000 for household of more than one.						None		None		None		• Adults w/children: \$10,000 for hh of 1 • \$20,000 for hh of more than 1		None		• \$3,000 for a single person • \$6,000 for hh of 2, plus \$200 for each dependent	

FPG = Federal Poverty Guidelines

* Pregnant Woman - Minimum household size of 2.

** Persons with income over 100% FPG must spend down to 75% FPG.

*** Children 2-18 with income over 150% FPG must spend down to 100% FPG.

**** Parents with income over \$50,000 are ineligible for MinnesotaCare.

NOTE: Income and asset guidelines change. Use this chart for general reference only. Refer to the Minnesota Health Care Programs Manual for the most current information.

Next →

7/1/06 - 6/30/07 Minnesota Health Care Programs Income and Asset Guidelines

MAXIS Standard	F		U*****		Q*****		W*****		S*****		H		H		V				MA for Employed Person with Disabilities (MA-EPD)
	Transitional Year MA		MA Qualifying Individuals (QI)		MA Qualified Medicare Beneficiaries (QMB)		MA Qualified Working Disabled Individuals (QWD)		MA Service Limited Medicare Beneficiaries (SLMB)		MA Elderly, Blind, Disabled (with a Spenddown)		GAMC		GAMC Hospital Only Above 75% FPG		Family Planning Program		
Family Size	185% FPG		135% FPG		100% FPG		200% FPG		120% FPG		75% FPG		75% FPG		to 175% FPG		200% FPG		To qualify for MA-EPD, an individual must: • Be certified disabled by the Social Security Administration (SSA) or the State Medical Review Team (SMRT). • Be 16 to 65 years of age. • Be employed and have required taxes withheld or paid from earned income. • Have monthly earnings of more than \$65. • Meet the MA-EPD asset limit of \$20,000 per enrollee. • Pay a premium and • Pay an unearned income obligation, if required.
	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	
1	1,511	18,132	1,123	13,476	837	10,044	1,654	19,848	1,000	12,000	613	7,356	613	7,356	1,430	17,160	1,634	19,608	
2	2,036	24,432	1,506	18,072	1,121	13,452	2,221	26,652	1,340	16,080	826	9,912	826	9,912	1,926	23,112	2,201	26,412	
3	2,561	30,732	1,889	22,668	1,405	16,860	2,788	33,456	1,680	20,160	1,039	12,468	1,039	12,468	2,422	29,064	2,768	33,216	
4	3,086	37,032	2,272	27,264	1,689	20,268	3,355	40,260	2,020	24,240	1,252	15,024	1,252	15,024	2,918	35,016	3,335	40,020	
5	3,611	43,332	2,655	31,860	1,973	23,676	3,922	47,064	2,360	28,320	1,465	17,580	1,465	17,580	3,414	40,968	3,902	46,824	
6	4,136	49,632	3,038	36,456	2,257	27,084	4,489	53,868	2,700	32,400	1,678	20,136	1,678	20,136	3,910	46,920	4,469	53,628	
7	4,661	55,932	3,421	41,052	2,541	30,492	5,056	60,672	3,040	36,480	1,891	22,692	1,891	22,692	4,406	52,872	5,036	60,432	
8	5,186	62,232	3,804	45,648	2,825	33,900	5,623	67,476	3,380	40,560	2,104	25,248	2,104	25,248	4,902	58,824	5,603	67,236	
9	5,711	68,532	4,187	50,244	3,109	37,308	6,190	74,280	3,720	44,640	2,317	27,804	2,317	27,804	5,398	64,776	6,170	74,040	
10	6,236	74,832	4,570	54,840	3,393	40,716	6,757	81,084	4,060	48,720	2,530	30,360	2,530	30,360	5,894	70,728	6,737	80,844	
Add'l	525	6,300	383	4,596	284	3,408	567	6,804	340	4,080	213	2,556	213	2,556	496	5,952	567	6,804	
Asset Test	None		• \$10,000 for a single person • \$18,000 for hh of 2		• \$10,000 for a single person • \$18,000 for hh of 2 • Enrollees qualify for PDP \$35/mo co-pay		• \$4,000 for a single person • \$6,000 for hh of 2		• \$10,000 for a single person • \$18,000 for hh of 2 • Enrollees qualify for PDP \$35/mo co-pay		• \$3,000 for a single person • \$6,000 for hh of 2, plus \$200 for each dependent		\$1,000 per household		• \$10,000 for hh of 1 • \$20,000 for hh of more than 1		None		\$20,000 per enrollee

***** \$20 disregard is included in totals

This information is available in other forms to people with disabilities by contacting us at (651) 431-2670 (voice) or toll free at (800) 657-3739. TTY/TDD users can call the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.

7/1/05 - 6/30/06 Minnesota Health Care Programs Income and Asset Guidelines

MAXIS Standard					****				K		G***		E		E		C*		E**	
	MinnesotaCare \$48 Annual Premium		MinnesotaCare Adults without Children		MinnesotaCare Children to Age 21 and Families with Children		MinnesotaCare Covered Services No \$10,000 Inpatient Cap for Parents		MA Infants under Age 2		MA Children - Age 2 through 18		MA Children - Age 19 and 20		MA Adults with Children		MA Pregnant Woman		MA Elderly, Blind, Disabled (No spenddown)	
Family Size	150% FPG		175% FPG		275% FPG		175% FPG		280% FPG		150% FPG		100% FPG		100% FPG		275% FPG		100% FPG	
	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual
1	1,197	14,364	1,396	16,752	2,194	26,328	1,396	16,752	2,233	26,796	1,197	14,364	798	9,576	798	9,576	NA	NA	798	9,576
2	1,605	19,260	1,872	22,464	2,942	35,304	1,872	22,464	2,994	35,928	1,605	19,260	1,070	12,840	1,070	12,840	2,942	35,304	1,070	12,840
3	2,013	24,156	Not Eligible		3,690	44,280	2,348	28,176	3,755	45,060	2,013	24,156	1,342	16,104	1,342	16,104	3,690	44,280	1,342	16,104
4	2,421	29,052	Not Eligible		4,438	53,256	2,824	33,888	4,516	54,192	2,421	29,052	1,614	19,368	1,614	19,368	4,438	53,256	1,614	19,368
5	2,829	33,948	Not Eligible		5,186	62,232	3,300	39,600	5,277	63,324	2,829	33,948	1,886	22,632	1,886	22,632	5,186	62,232	1,886	22,632
6	3,237	38,844	Not Eligible		5,934	71,208	3,776	45,312	6,038	72,456	3,237	38,844	2,158	25,896	2,158	25,896	5,934	71,208	2,158	25,896
7	3,645	43,740	Not Eligible		6,682	80,184	4,252	51,024	6,799	81,588	3,645	43,740	2,430	29,160	2,430	29,160	6,682	80,184	2,430	29,160
8	4,053	48,636	Not Eligible		7,430	89,160	4,728	56,736	7,560	90,720	4,053	48,636	2,702	32,424	2,702	32,424	7,430	89,160	2,702	32,424
9	4,461	53,532	Not Eligible		8,178	98,136	5,204	62,448	8,321	99,852	4,461	53,532	2,974	35,688	2,974	35,688	8,178	98,136	2,974	35,688
10	4,869	58,428	Not Eligible		8,926	107,112	5,680	68,160	9,082	108,984	4,869	58,428	3,246	38,952	3,246	38,952	8,926	107,112	3,246	38,952
Add'l	408	4,896	Not Eligible		748	8,976	476	5,712	761	9,132	408	4,896	272	3,264	272	3,264	748	8,976	272	3,264
Asset Test	No asset test for children.		No asset test for pregnant women and children. \$10,000 for household of one. \$20,000 for household of more than one.						None		None		None		• Adults w/children: \$10,000 for hh of 1 • \$20,000 for hh of more than 1		None		• \$3,000 for a single person • \$6,000 for hh of 2, plus \$200 for each dependent	

FPG = Federal Poverty Guidelines

* Pregnant Woman - Minimum household size of 2.

** Persons with income over 100% FPG must spend down to 75% FPG.

*** Children 2-18 with income over 150% FPG must spend down to 100% FPG.

**** Parents with income over \$50,000 are ineligible for MinnesotaCare.

NOTE: Income and asset guidelines change. Use this chart for general reference only. Refer to the Minnesota Health Care Programs Manual for the most current information.

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7/1/05 - 6/30/06 Minnesota Health Care Programs Income and Asset Guidelines

MAXIS Standard	F		U*****		Q*****		W*****		S*****		H		H		V		MA for Employed Person with Disabilities (MA-EPD)
	Transitional Year MA		MA Qualifying Individuals (QI)		MA Qualified Medicare Beneficiaries (QMB)		MA Qualified Working Disabled Individuals (QWD)		MA Service Limited Medicare Beneficiaries (SLMB)		MA Elderly, Blind, Disabled (with a Spenddown)		GAMC		GAMC Hospital Only <i>Above 75% FPG</i>		
Family Size	185% FPG		135% FPG		100% FPG		200% FPG		120% FPG		75% FPG		75% FPG		to 175% FPG		To qualify for MA-EPD, an individual must: • Be certified disabled by the Social Security Administration (SSA) or the State Medical Review Team (SMRT). • Be 16 to 65 years of age. • Be employed and have required taxes withheld or paid from earned income. • Have monthly earnings of more than \$65. • Meet the MA-EPD asset limit of \$20,000 per enrollee. • Pay a premium and • Pay an unearned income obligation, if required.
	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	
1	1,476	17,712	1,097	13,164	818	9,816	1,615	19,380	977	11,724	599	7,188	599	7,188	1,396	16,752	
2	1,979	23,748	1,464	17,568	1,090	13,080	2,159	25,908	1,303	15,636	803	9,636	803	9,636	1,872	22,464	
3	2,482	29,784	1,831	21,972	1,362	16,344	2,703	32,436	1,629	19,548	1,007	12,084	1,007	12,084	2,348	28,176	
4	2,985	35,820	2,198	26,376	1,634	19,608	3,247	38,964	1,955	23,460	1,211	14,532	1,211	14,532	2,824	33,888	
5	3,488	41,856	2,565	30,780	1,906	22,872	3,791	45,492	2,281	27,372	1,415	16,980	1,415	16,980	3,300	39,600	
6	3,991	47,892	2,932	35,184	2,178	26,136	4,335	52,020	2,607	31,284	1,619	19,428	1,619	19,428	3,776	45,312	
7	4,494	53,928	3,299	39,588	2,450	29,400	4,879	58,548	2,933	35,196	1,823	21,876	1,823	21,876	4,252	51,024	
8	4,997	59,964	3,666	43,992	2,722	32,664	5,423	65,076	3,259	39,108	2,027	24,324	2,027	24,324	4,728	56,736	
9	5,500	66,000	4,033	48,396	2,994	35,928	5,967	71,604	3,585	43,020	2,231	26,772	2,231	26,772	5,204	62,448	
10	6,003	72,036	4,400	52,800	3,266	39,192	6,511	78,132	3,911	46,932	2,435	29,220	2,435	29,220	5,680	68,160	
Add'l	503	6,036	367	4,404	272	3,264	544	6,528	326	3,912	204	2,448	204	2,448	476	5,712	
Asset Test	None		• \$10,000 for a single person • \$18,000 for hh of 2		• \$10,000 for a single person • \$18,000 for hh of 2 • Enrollees qualify for PDP: \$35/mo co-pay		• \$4,000 for a single person • \$6,000 for hh of 2		• \$10,000 for a single person • \$18,000 for hh of 2 • Enrollees qualify for PDP: \$35/mo co-pay		• \$3,000 for a single person • \$6,000 for hh of 2, plus \$200 for each dependent		\$1,000 per household		• \$10,000 for hh of 1 • \$20,000 for hh of more than 1		\$20,000 per enrollee

***** \$20 disregard is included in totals

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Minnesota Department of Human Services

Minnesota Health Care Programs



Information in this fact sheet is current through 6/30/07.

Minnesota offers several health care programs to people who qualify. You can apply for any of these programs with the same application — the Minnesota Health Care Programs Application.

Contact any of the agencies listed below for more information or to get an application:

- Your county human or social services office.
- MinnesotaCare at (651) 297-3862 or (800) 657-3739. (This toll-free number is only available to people that need to call long distance to reach MinnesotaCare).
- Department of Human Services at (651) 431-2670 or (800) 657-3739.
- The web site at <http://www.dhs.state.mn.us/healthcare>.

To get health care program coverage, you must meet the program guidelines and be within the income and asset limits. If your income is more than the limit, you may still qualify and you should apply.

Assets that are counted include cash, bank accounts, stocks, bonds, certain vehicles and property where you do not live. Assets that are not counted include the home where you live, personal property and household goods.

Minnesota's health care programs may cover the following medical services:

- Doctor visits
- Dental visits
- Hospital care
- Prescriptions and immunizations
- Eye exams and eye glasses
- Chiropractic care
- Family planning
- Hearing aids
- Mental health services
- Medical equipment and supplies

You may have to pay a small co-payment toward some medical costs.

Over →

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Medical Assistance (MA)

MA may pay for medical bills going back three months from the month you turn in your application. MA also pays for current and future medical bills.

To get MA, you must:

- Live in Minnesota.
- Meet income and asset limits.
- Be one of the following:
 - Under age 21
 - A parent of a minor child
 - Pregnant
 - Age 65 or older
 - Blind or disabled.

MA Monthly Income Limits

Family size	1	2	3
Infants under age 2	\$2,287	3,081	3,875
Children ages 2 through 18	1,225	1,650	2,075
Children ages 19 and 20	817	1,101	1,385
Pregnant woman	—	3,026	3,806
Adults with children	817	1,101	1,385
People who are blind or have a disability	817	1,101	1,385
Adults age 65 and over	817	1,101	1,385

MA Asset Limits

There is no asset limit for pregnant women and for children under age 21. Asset limits apply to the following people.

Family size	1	2 or more
Adults with children	\$10,000	20,000
People who are blind or have a disability	3,000	6,000 *
Adults age 65 and over	3,000	6,000 *

* For each dependent add \$200.

For people who are self-employed, net capital and operating assets are excluded up to \$200,000 for MA for families.

What if I am disabled and working?

If you are disabled and have a job, you may qualify for Medical Assistance for Employed Persons with Disabilities (MA-EPD). You will have to pay a monthly premium. The amount is based on your monthly income.

MA-EPD Asset Limits

The asset limit for MA-EPD is \$20,000 per enrollee. Some items are not counted for MA-EPD, such as your retirement account and your spouse's assets.

MinnesotaCare

MinnesotaCare is available for people who do not have health insurance. Some children may get MinnesotaCare even if they have insurance or access to insurance through an employer.

You will have to pay a monthly premium for MinnesotaCare. The cost depends on your family size and income. When you pay your first MinnesotaCare premium, coverage will begin on the first of the next month.

To get MinnesotaCare, you must:

- Live in Minnesota. Adults without children must live in Minnesota for 180 days.
- Be a U.S. citizen or a qualifying noncitizen.
- Have had no health insurance and no Medicare for the last four months.
- Meet income and asset limits.

You cannot enroll in MinnesotaCare if:

- Your current employer offers health insurance and pays half or more of the monthly cost of the insurance.
- Your employer offered health insurance, paid half or more of the monthly cost, and stopped insurance within the last 18 months.
- You are a parent, legal guardian, foster parent or relative caretaker, and your gross household income is over the limit for your family size, or is \$50,000 or more.

MinnesotaCare Monthly Income Limits

Family size	2	3
Families with children under age 21	\$3,026	\$3,806

MinnesotaCare Asset Limits

There is no asset limit for pregnant women and for children under age 21.

Adults with children have the following asset limits:

Family size	1	2 or more
Adults with children	\$10,000	20,000

For people who are self-employed, net capital and operating assets are excluded up to \$200,000.

Should I apply for MinnesotaCare or MA?

The information below will help you decide if MA or MinnesotaCare is right for you.

MinnesotaCare

- You must pay a monthly premium if you and your family members qualify for MinnesotaCare.
- The first premium must be paid before coverage can start.
- Coverage begins in the month **after** you pay your premium. If you pay the premium in May, your coverage starts on June 1.
- You must pay the premium every month or your coverage will end. If your MinnesotaCare ends, you **cannot** enroll again for four months if you meet all program rules.
- Coverage cannot go back to previous months, unless your MA or GAMC just ended.
- MinnesotaCare requires that you and your family members be without other insurance coverage for four months before you can qualify. There are some exceptions to this rule for children.

- You and your family members will not qualify for MinnesotaCare if your employer offers health insurance and pays 50% or more of the premium. This rule may not apply to children, depending on the amount of household income.

Medical Assistance (MA)

- You will not have to pay a monthly premium for MA.
- MA coverage may go back three months from when you turn in your application, if you have medical expenses for those prior months.
- You can have other health insurance, even if it is through an employer, and still qualify for MA.
- If you have other health insurance, MA may pay your health insurance premiums.
- If MA ends, you **can** get coverage again whenever you meet the program rules.

General Assistance Medical Care (GAMC)

GAMC pays for current and future covered medical services. Coverage can only go back to the date you turn in a written request for health care or your application.

To qualify, you must:

- Live in Minnesota for at least 30 days.
- Intend to stay in Minnesota. This may not apply if you have a medical emergency.
- Be a U.S. citizen or a qualifying non-citizen.
- Not be eligible for MA.
- Meet income limits.
- Meet asset limits.

GAMC Monthly Income Limits

Family Size	1	2	3
	\$613	826	1,039

GAMC Hospital Only (GHO)

GHO will pay for a hospital bill and doctor charges needed for a hospital stay. Coverage can only go back to the date you turn in your application or a request to apply. You are responsible for the first \$1,000 of each hospital stay.

To get GHO, you must:

- Be admitted to a hospital.
- Meet income limits.
- Meet asset limits.

For GHO eligibility, your monthly income must be between the following amounts:

GHO Monthly Income Limits

Household Size	1	2
	\$613-1,430	\$826-1,926

GHO Asset Limits

Family Size	1	2 or more
Adults with children	\$10,000	20,000

Medicare Savings Programs

If you are enrolled or eligible to enroll in Medicare, and your assets are below \$10,000 for one person or \$18,000 for two people, you may qualify for one of the following programs:

- Qualified Medicare Beneficiary (QMB)
- Service Limited Medicare Beneficiary (SLMB)
- Qualified Individuals (QI)

Qualified Medicare Beneficiary (QMB)

QMB pays monthly Medicare premiums, deductibles, co-payment and co-insurance.

QMB Monthly Income Limits

Family size	1	2	3
	\$837	\$1,121	\$1,405

Service Limited Medicare Beneficiary (SLMB)

SLMB pays monthly Medicare Part B premiums.

SLMB Monthly Income Limits

Family Size	1	2	3
	\$1,000	\$1,340	\$1,680

Qualified Individual (QI) Program

QI pays monthly Medicare Part B premiums.

QI Monthly Income Limits

Family Size	1	2	3
	\$1,123	\$1,506	\$1,889

Qualified Working Disabled (QWD)

QWD pays for Medicare Part A premiums if you cannot get free Medicare Part A.

The asset limit is \$4,000 for one person and \$6,000 for two people.

QWD Monthly Income Limits

Family Size	1	2	3
	\$1,654	\$2,221	\$2,788



Minnesota Department of Human Services

Certified MFPP Providers: Complete this form when you are approving presumptive eligibility.

Minnesota Family Planning Program

Short-Term Approval Notice

(Part of Minnesota Health Care Programs)

Date: _____

Name: _____

Date of Birth: _____

We looked at your application. You can get short-term coverage for the Minnesota Family Planning Program. This will only cover family planning services.

Your coverage begins on _____ and ends on _____.

Show this letter when you get family planning services. This includes doctor visits and prescriptions.

We will send your application to the Department of Human Services (DHS). They will look at your application. A worker will call you or send a letter if they need more information. You will get a letter telling you if you can or cannot get coverage for a year.

Do you need to see a doctor for something other than family planning? We are including a list of providers. These providers will see you even if you do not have insurance. They may charge a fee based on your ability to pay.

You may also apply for Minnesota Health Care Programs coverage. It covers most health care services. Call us if you want an application to fill out.

If you have questions, please call (651) 431-3480 local or (888) 702-9968 toll free.

 Certified MFPP Provider

 Phone Number

Health Care Providers - Read the back of this letter for instructions.

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Instructions for Health Care Providers

The person named on the reverse side of this notice is presumptively eligible for MFPP. MHCP will cover MFPP services for this person for the dates indicated (see *To receive payment* below).

The person's MHCP member ID may not exist for up to 3 working days. To get the MHCP member ID, verify eligibility using:

- The MN-ITS 270 Eligibility Request; or
- EVS at (651) 282-5354 or 1-800-657-3613

If eligibility exists:

Submit your claim(s) using your usual and customary MHCP billing procedures and charges after you get the person's MHCP member ID number.

If eligibility does not yet exist:

Verify eligibility after 3 working days have passed, by contacting an Eligibility Specialist at (651) 431-3480 or 1-888-702-9968. Bill MHCP using your usual procedures and charges.

To receive payment:

The services must be MFPP covered services and you must:

- Be an enrolled MHCP provider, and
- Follow MHCP policy and authorization guidelines.

For MHCP policy and billing questions:

Call the MHCP Provider Call Center at (651) 431-2700 or 1-800-366-5411 and select Option 1; TTY 711.

Thank you for your continued services.



Minnesota Department of Human Services

Primary Care Resources

Do you need medical, dental, or mental health care? Below are the names and addresses of providers who may see you even if you do not have insurance. They may charge a fee based on your ability to pay. Call the provider to find out about services, hours, fees, and who they serve. This list may change and may not include all of the providers in your county.

Blue Earth County

Open Door Health Center
309 Holly Lane
Mankato, MN 56001
(507) 388-2120

Cook County

Sawtooth Mountain Clinic
513 5th Ave. W.
Grand Marais, MN 55604
(218) 387-2330

Hennepin County

Cedar Riverside Peoples Center
425 20th Ave. S.
Minneapolis, MN 55454
(612) 332-4973

Green Central Community Clinic
324 E. 35th St.
Minneapolis, MN 55408
(612) 827-7181

Fremont Community Health Services, Inc.
3300 Fremont Ave. N.
Minneapolis, MN 5412
(612) 588-9411

Native American Clinic
1213 E. Franklin Ave.
Minneapolis, MN 55404
(612) 872-8086

Sheridan Women And Childrens
342 13th Ave. N.E.
Minneapolis, MN 55413
(612) 362-9191

Indian Health Board
1315 E. 24th St.
Minneapolis, MN 55404
(612) 721-3001

Community University Health Care Center
2001 Bloomington Ave. S.
Minneapolis, MN 55404
(612) 638-0700

Central Avenue Clinic
2610 Central Ave. N.E.
Minneapolis, MN 55418
(612) 781-6816

North Point Health And Wellness Center
1313 Penn Ave. N.
Minneapolis, MN 55411
(612) 302-4600

Southside Community Clinic
4243 4th Ave. S.
Minneapolis, MN 55409
(612) 822-3282

La Clinica En Lake
2700 E. Lake St.
Minneapolis, MN 55107
(612) 728-7700

Koochiching County

Scenic Rivers Health Services
410 Second St. N.W.
Big Falls, MN 56627
(218) 276-2403

Scenic Rivers Health Services
12052 Main St.
Northome, MN 56661
(218) 897-5222

Ramsey County

Mcdonough Homes Clinic
1544 Timberlake Rd, Suite 235
St. Paul, MN 55117
(651) 558-2191

United Family Practice Ctr
545 7th St. W.
St. Paul, MN 55102
(651) 241-1000

United Family Health Center
1307 Maynard Dr. W.
St. Paul, MN 55116
(651) 698-0535

Health Start
491 University Ave. W.
St. Paul, MN 55103
(651) 312-1995

West Side Community Health Center
153 Cesar Chavez St.
St. Paul, MN 55107
(651) 222-1816

Open Cities Health Ctr-North End
135 Manitoba Ave.
St. Paul, MN 55117
(651) 489-8021

Model Cities Health Center
409 Dunlap St. N.
St. Paul, MN 55104
(651) 290-9200

Roosevelt Homes Clinic
1575 Ames Ave.
St. Paul, MN 55106
(651) 793-6502

St. Louis County

Scenic Rivers Health Services
20 S. 5th St. S.E.
Cook, MN 55723
(218) 666-5941

Lake Superior Community Health Center
2 E. Fifth St.
Duluth, MN 55805
(218) 722-1497

Scenic Rivers Health Services
601 Highway 73
Floodwood, MN 55736
(218) 476-2969

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MFPP Presumptive Eligibility Approvals

INSTRUCTIONS: Type or print clearly. Use blue or black ink. Fax to DHS by the end of each business day to inform MHCP of the patients you have found presumptively eligible for MFPP: (651) 431-7532 (local fax) or 1-800-204-0639 (toll free fax). Mail patient application/materials separately to DHS, P.O. Box 64960, St. Paul, MN 55164-0960. If a patient checked Box 6 (Health Insurance Section) on the application, check the Privacy Yes box below.

CERTIFIED MFPP PROVIDER	PROVIDER NUMBER	TELEPHONE NUMBER	DATE
STREET ADDRESS			
CITY		STATE	ZIP CODE

NAME		DATE OF BIRTH		SOCIAL SECURITY NUMBER	
STREET ADDRESS		CITY		STATE	ZIP CODE
<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Unable to Determine	<input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Pacific Island or Native Hawaiian	PRIVACY <input type="checkbox"/> Yes	SPOKEN LANGUAGE	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	LATINO/HISPANIC <input type="checkbox"/> Y <input type="checkbox"/> N

NAME		DATE OF BIRTH		SOCIAL SECURITY NUMBER	
STREET ADDRESS		CITY		STATE	ZIP CODE
<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Unable to Determine	<input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Pacific Island or Native Hawaiian	PRIVACY <input type="checkbox"/> Yes	SPOKEN LANGUAGE	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	LATINO/HISPANIC <input type="checkbox"/> Y <input type="checkbox"/> N

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NAME			DATE OF BIRTH		SOCIAL SECURITY NUMBER	
STREET ADDRESS			CITY		STATE	ZIP CODE
<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Unable to Determine	<input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Pacific Island or Native Hawaiian	PRIVACY <input type="checkbox"/> Yes	SPOKEN LANGUAGE	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	LATINO/HISPANIC <input type="checkbox"/> Y <input type="checkbox"/> N	



Certified MFPP Providers: Complete this form when you are denying presumptive eligibility.
--

Minnesota Family Planning Program

Short-Term Denial Notice

(Part of Minnesota Health Care Programs)

Date: _____

Name: _____

We looked at your application. You cannot get short-term coverage because you:

- ☐ Do not meet the age requirements.
- ☐ Do not meet the income requirements.
- ☐ Do not meet the residency requirements.
- ☐ Are pregnant.
- ☐ Already got short-term coverage in the past year.
- ☐ Are currently getting Minnesota Health Care Programs coverage.
- ☐ Other: _____

We made this decision based on some of the information on your application. We will send your application to the Department of Human Services (DHS). They will look at all of the information on your application. A worker will call you or send a letter if they need more information. You will get a letter telling you if you can or cannot get coverage for a year.

You may also apply for Minnesota Health Care Programs coverage. It covers most health care services. Call us if you want an application to fill out.

If you have questions, please call (651) 431-3480 local or (888) 702-9968 toll free.

Certified MFPP Provider

Phone Number

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