
The HCAPP allows people to apply for MA/GAMC and MinnesotaCare on the same form. Applications may be transferred or shared between county agencies and MinnesotaCare Operations when:

- > People apply for MinnesotaCare through MinnesotaCare Operations and ask to have the application transferred to MA/GAMC if they are ineligible for MinnesotaCare. See §0904.09.03 (Transfers From MinnesotaCare to MA/GAMC).
- > People request health care through a county agency that is not a MinnesotaCare enrollment site and are determined ineligible for MA/GAMC. See §0904.09.05 (Transfers From MA/GAMC to MinnesotaCare).
- > People submit an application to MinnesotaCare Operations or to a county agency that is not a MinnesotaCare enrollment site requesting MinnesotaCare with retroactive MA or GAMC. See §0904.09.07 (MinnesotaCare With Retroactive MA/GAMC).
- > Disabled adults without children who are required to apply for MA submit an application to MinnesotaCare Operations and ask to have the application transferred. See §0907.15 (MinnesotaCare Adults Without Children).
- > GAMC applicants and enrollees who are mandatory MinnesotaCare referrals apply for or renew GAMC eligibility at a county agency that is not a MinnesotaCare enrollment site, or who apply at a county enrollment site but request to have MinnesotaCare eligibility determined at MinnesotaCare Operations. See §0907.25.09 (GAMC: Mandatory MinnesotaCare Referrals).

The HCAPP does not provide a place for applicants to designate which health care programs they are requesting. If counties that are not MinnesotaCare enrollment sites receive a HCAPP, determine eligibility for MA/GAMC. Transfer the application to MinnesotaCare Operations if the applicant is ineligible for MA/GAMC. Use the Inter **Agency Case** Transfer Form (DHS 3195).

In most cases, do not transfer the application from MA/GAMC to MinnesotaCare or from MinnesotaCare Operations to county agencies if the reason for denial is the applicant's failure to provide verification or to respond to attempts to contact them to follow up on the application.

EXCEPTION:

Transfer the application when the reason for denial is the client's failure to provide information in the following circumstances:

- > The applicant contacts you after receiving the denial notice and specifically asks to have the application transferred. Explain that they will need to provide appropriate verifications to the other program before eligibility can be determined.
- > You know that the other program will not need the missing information.

EXAMPLE:

Household requests MinnesotaCare through MinnesotaCare Operations and asks that the application be transferred if they do not qualify. They provide all required information except information about past insurance. MinnesotaCare cannot determine eligibility without this information and has been unsuccessful in obtaining it for the applicant. Because MA/GAMC needs information on current insurance only, and the household has no current insurance, transfer the application.

County agencies that are Type 1 or Type 2 MinnesotaCare enrollment sites do not transfer applications to MinnesotaCare Operations unless a mandatory GAMC referral requests to have eligibility determined at MinnesotaCare Operations. The county agency determines eligibility for both programs. If applicants want to apply for MinnesotaCare only at a Type 1 or Type 2 enrollment site, they must notify the county agency verbally or in writing that they do not want eligibility determined for MA/GAMC. County agencies that are Type 3 MinnesotaCare enrollment sites transfer applications for MinnesotaCare only to MinnesotaCare Operations if the household does not meet the definition of current contact. See §0904.03.03 (MinnesotaCare Enrollment Sites) and §0906.07.03.01 (MinnesotaCare Enrollment Site Transfers) for information on case transfers in these situations.

If counties that administer multiple health care programs receive an application requesting all programs, determine eligibility for MA/GAMC first unless the applicant has requested a determination for MinnesotaCare only. If the applicant is ineligible for MA/GAMC or has a spenddown, determine eligibility for MinnesotaCare. If the applicant is eligible for MA/GAMC with a spenddown and MinnesotaCare, consult with the client to determine program choice.

In most cases, people who are terminated from MA or GAMC due to excess income or assets do not need to submit a new application to have MinnesotaCare eligibility determined. See §0904.05.05 (When Not to Require an Application).