

HEALTH CARE APPLICATION (HCAPP):

A form which people can use to apply for GAMC, MA, or MINNESOTACARE.

HEALTH CARE PROGRAMS:

MINNESOTACARE, MEDICAL ASSISTANCE (MA), and GENERAL ASSISTANCE MEDICAL CARE (GAMC). MA includes QMB, SLMB, QWD, QI, MA-EPD and the federally funded waivers. The MA references in this manual apply to these programs unless otherwise stated. References to the state-funded PRESCRIPTION DRUG PROGRAM are included under MA and identified as applying to Prescription Drug.

HEALTH INSURANCE INFORMATION FORM (HIIF):

A form (DHS 1922 or 1922b) used to supply information on ENROLLEES' other health coverage to the BENEFIT RECOVERY SECTION. See §0910 (Other Health Coverage).

HEALTH MAINTENANCE ORGANIZATION:

An organization licensed by the Department of Health to provide all defined health care benefits to people in return for a capitated payment.

HEALTH PLAN:

An organization contracting with the State to provide health services to ENROLLEES covered by MA, GAMC, or MINNESOTACARE in exchange for a monthly CAPITATION payment. A health plan may be a HEALTH MAINTENANCE ORGANIZATION or other defined group of medical providers. See MANAGED CARE in §0902.23 (Glossary: Managed Care...).

HILL-BURTON ACT:

A federal act that gives hospitals and other health facilities money to build and remodel in return for providing a limited volume of services to people living in their area who cannot pay for health care.

HOME AND COMMUNITY BASED SERVICES:

Services not normally covered by MA which are covered under a WAIVER, including CASE MANAGEMENT, homemaker services, home health aide, personal care, adult day health treatment, habilitation, respite care, and day treatment for individuals with chronic mental illness. See §0907.23 (MA Waiver Programs) for detailed information on the services covered under each waiver. Also see EXCLUDED TIME SERVICES in §0902.11 (Glossary: Effective...). Except for personal care attendant services, home and community based services are not considered excluded time services.

HOSPITAL LEAVE DAY:**MA:**

Each day an LTCF is eligible for MA payment even though the client has been transferred to an INPATIENT hospital for medically necessary health care. See §0908.15 (Nursing Facilities and ICF-MR Leave Days).

HOUSEHOLD REPORT FORM (HRF):**MA and GAMC:**

A form (DHS-2120) used by ENROLLEES to report income and circumstance changes.

HOUSEHOLD SIZE:**MINNESOTACARE:**

The number of people used to determine the premium amount for the number of individuals covered. The household size is also used to determine income eligibility.

MA/GAMC:

The number of people used to determine each person's income standard. See §0908.05 (Determining MA/GAMC Household Size).

IEVS (INCOME AND ELIGIBILITY VERIFICATION SYSTEM):

A set of data exchanges with other state and federal sources that is used to verify income and assets of MA APPLICANTS and ENROLLEES.

IMD (INSTITUTION FOR MENTAL DISEASES):

An INSTITUTION for the treatment of mental diseases. See §0907.27 (MA/GAMC Basis: IMD Residents) for information on eligibility for IMD residents.

IMMIGRANT:

A person who leaves another country to settle permanently in the U.S.

IMMIGRANT SPONSOR:

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1. A person, church, organization, or group agreeing to help receive and place refugees in the U.S.
 2. A person who agrees to provide financial support to an IMMIGRANT as a condition of entry into the U.S.

See SPONSOR in §0902.37 (Glossary: Sole...).

IMMIGRATION AND NATURALIZATION SERVICE (INS):

The **former name of the** federal agency responsible for immigration and citizenship.
See **U.S. CITIZENSHIP and IMMIGRATION SERVICES (USCIS)** in §0902.41
(Glossary: UNDERINSURED).

IMPROPER TRANSFER:

When an ASSET is sold, given away, or otherwise disposed of for less than FAIR MARKET VALUE for the purpose of obtaining or maintaining MA or GAMC eligibility.