



MNSureSM

Where you choose health coverage

Eligibility Tool Training

Applying for Financial Assistance



Eligibility Life Cycle

				
Individual applies for coverage, either with or without financial assistance	Application Case generated	Necessary evidence is verified	<i>Application Case is Authorized</i>	Individual's Integrated Case is created including all of the benefits the citizen is eligible for

Application Process

The MNsure portal allows individual citizens to apply for health insurance coverage through the insurance exchange.

Along with the application for health coverage, the individual can also choose to request financial assistance to help pay the health insurance premiums.

Based on this choice the individual can select one of the following links to begin the application process.

- [Apply for financial assistance with your health insurance](#)
- [Apply for health insurance without financial assistance](#)

Application Process

MNSure Landing Page



APPLY AND ENROLL IN HEALTH INSURANCE

- **START HERE**  Individuals & families apply for health insurance with discounts

RETURNING USERS

- Go to My Account

OTHER ACTIONS

- Apply for health insurance without discounts
- Apply for health insurance mandate exemption
- Get more information about appeal process

From the Landing page, click ***Individuals & families apply for health insurance with discounts***

Application Process

Getting Started

MNsure



Getting Started

Before starting this process, you must create a new account or log in to an account that you already have.

To get started, please choose one of the options below.

[Help ?](#)

- Create an account.** Creating your own account will let you save your work and return to it later.
- Log in** if you already have an account.



Back

Next

Application Process

Create An Account

MNsure



Create An Account

In order to set up a user account, please enter your details below. If you have questions about creating your user account, please call the Customer Service Center at 353-1-4323000.

Personal Details

First Name*

James

Last Name*

Hill

Email

jameshille@gmail.com

User Name and Password

Your User Name must be at least 6 characters. Your Password must be at least 8 characters and contain at least one number and/or a special character.

User Name*

jameshill

Password*

••••••••

Re-type Password*

••••••••

Password Hint

If you forget your password, you can use your security question to set a new password. Please select your question and type your answer below.

Question*

Mother's maiden name

Answer*

Taft

Please check the box to let us know that you have read and agreed to the usage conditions.

[Click here to read the user agreement.](#)

Back

Next

Application Process

Before We Start

[FAQ](#) | [Glossary](#)



Where you choose health coverage

myMNSure

[SIGN OUT](#)

[Get Help](#)

[Learn More](#)

Privacy Warning

Getting Started 

Applicant Details 

Household Information 

Household Income 

Additional Household Information 

Summary 

Signature 

In order to verify your eligibility for Medicaid, cost-sharing reductions, and advanced payment of premium tax credits, MNSure collects private data, including household size and income, and verifies this information against state and federal sources. MNSure will also collect information to confirm that you reside in Minnesota, are lawfully present in the United States, and are not incarcerated. MNSure is required to collect the information in order to determine eligibility for Medicaid, cost-sharing reductions and advanced payment of premium tax credits. If you choose not to answer the questions, you will not be eligible for income assistance programs, but you may proceed with purchasing a qualified health plan without supplying the requested information. For information you provide for income assistance programs, the Department of Human Services is also authorized to view and use the information pursuant to Minn. Stat. § 13.46. By continuing, you attest that you have consent to provide and view information on all the people who will be covered under your household. Providing false information or using information obtained through the system for unauthorized purposes is a violation of law and may subject you to criminal or civil penalties.

If you Accept these terms and wish to continue with providing income information, please check the box below and select 'Next'.

If you Decline these terms and do not want to seek income assistance, please 'Sign Out' and return to the "Applying without Assistance" link.

I agree that I have read and understand my rights and responsibilities described in the warning.*



[Next](#)

Application Process

About You

MNsure



About You Section

Getting Started

Applicant Details

Household Information

Household Income

Additional Household Information

Summary

Verification Summary

Please Tell Us About You



What is this Section About

In this section you will be asked to provide information about yourself including your name, date of birth and Social Security Number (SSN). You will also be asked to provide your full address, if you have one. This section also contains optional questions about your race and ethnicity which, if you choose to provide details, will be used for statistical purposes.

For this section you may need

- Your SSN Number
- Your Details
- Your Address
- Your Contact Details

Next

Application Process

Information About You

MNsure

Welcome, Larry JOhnson



Information About You

Getting Started



Applicant Details



Household Information



Household Income



Additional Household Information



Summary



Verification Summary



Please provide some information about yourself.

* Indicates a required field

Please enter your personal details below. You will be designated as the primary contact for the application. If you choose to include yourself in the application for coverage, the information you provide will be used to verify your identity, income and citizenship status. You will also be designated as the primary applicant.

Your Details

First Name *	<input type="text" value="James"/>	Middle Name	<input type="text"/>
Last Name *	<input type="text" value="Hill"/>	Suffix	--Please Select--
Gender *	<input type="text" value="Male"/>	Marital Status *	<input type="text" value="Married"/>
Date of Birth *	<input type="text" value="1/1/1960"/>		

1

Your Address

Your address is required in order to determine your eligibility to use this exchange and also so that we can contact you with regard to any decisions we make about your eligibility.

Do you live in Minnesota? *	<input type="text" value="Yes"/>
Are you homeless? *	<input type="text" value="No"/>

1. Date of Birth: The Date of Birth can be entered using the provided pop-up-calendar or by typing in the birth date using numbers and slashes (1/15/1977 or 12/11/1985 or 1/7/82, etc.) You can also choose the month and day from the calendar, and then change the year from 2013 to the correct birth year.

Application Process

The screenshot shows the MNsure application process form. At the top left is the MNsure logo with the tagline "Where you choose health coverage". At the top right are links for "FAQ | Glossary", "SIGN OUT", "Get Help", and "Learn More".

Minnesota Address :

Address Line 1 *	555 Main Street	Address Line 2	2
Apt/Suite	2	City *	Minneapolis
County *	Hennepin	State *	Minnesota
Zip Code *	55401		

Your Mailing Address

Is the mailing address the same as your home address? * Yes

Do you plan to make Minnesota your home? * Yes

Other Contact Information

This information will make it easier for us to contact you.

Preferred Contact Method. * Phone

Phone Number	612	125	2258	Type	Mobile
Alternate Phone Number	612	458	8875	Type	Home
E-Mail Address	rebeccalowry@gmail.com				

2. The purpose of Address Line 2: This space can be used to designate specific location information for the Minnesota address (i.e. “KT care of Alan Green”, floor #, etc.)

3. Phone number and Email Address: A phone number and the type of phone number must be listed regardless of whether phone, email, or mail is chosen for the preferred contact method. In addition, an email address must be provided if an individual wants to receive email notifications or wants email to be the preferred contact method.

Application Process

What language do you speak most of the time? * English ?

What is your preferred written language? * English ?

Do you want us to send you a voter registration card? * No

How would you prefer to receive notices? * Mail

4

You can choose an authorized representative

You can give a trusted person permission to act for you on matters related to this application, including getting information about your application. This person is called an "authorized representative".

Do you want us to send you a form to name someone as your authorized representative? * No ?

5

Medical Assistance for 2013

Are you homeless? * No

help paying for your health benefits

Are you applying for yourself? * Yes

Save & Exit Next

Currently,
only paper
notices are
issued.

4. If an authorized representative form is requested: If an applicant answers “yes,” a form will be will be mailed to the address listed on the application to gather information about and a signature from the Authorized Representative. The form should be completed and returned to the address listed on the form. Workers cannot share information with an Authorized Representative unless the form has been completed and returned.

5. If an applicant wants to apply for MA for 2013 and 2014: The MNsure eligibility system will determine eligibility for coverage starting 1/1/2014. If an applicant wants to apply for Medical Assistance for October, November or December 2013, they should answer “yes” to this question. The applicant will get more information in the mail about applying for 2013 coverage.

Application Process

myMNSure Where you choose health coverage

FAQ | Glossary

SIGN OUT

Get Help Learn More

6 More About You

Please provide some more information about yourself to help with your application

Race and Ethnicity

Please select options from below that best describe you. This information is captured for statistical purposes only. The response will not impact the individual's eligibility for assistance.

Are you of Hispanic, Latino, or Spanish origin? Yes

Ethnicity:(OPTIONAL - Check all that apply)

Cuban	<input type="checkbox"/>
Mexican, Mexican American or Chicano/a	<input type="checkbox"/>
Puerto Rican	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

If Other, please specify:

RACE:(OPTIONAL - Check all that apply)

American Indian or Alaska Native	<input type="checkbox"/>	Native Hawaiian	<input type="checkbox"/>
Asian Indian	<input type="checkbox"/>	Other Asian	<input type="checkbox"/>
Black or African American	<input checked="" type="checkbox"/>	Other Pacific Islander	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Samoan	<input type="checkbox"/>
Filipino	<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>
Guamanian or Chamorro	<input type="checkbox"/>	White	<input type="checkbox"/>
Japanese	<input type="checkbox"/>	Other	<input type="checkbox"/>
Korean	<input type="checkbox"/>		

If Other, please specify:

6. Race and ethnicity information: This section is entirely optional and will only be used for statistical purposes. These optional questions will be asked of all individuals listed on the application.

Application Process

Information About You

Additional Information

Please enter your social security number. We collect your social security number for the purpose of verifying identity, income and citizenship to determine eligibility for medical assistance payments.

7

Do you have a Social Security Number? *

Yes

Social Security Number *

224658820

Are you a US Citizen? *

Yes

Is Rebecca currently pregnant or was recently pregnant? *

No

Save & Exit

Back

Next

7. Social Security number: For individuals applying for assistance, they must give their Social Security number if they have one. The questions on the application will ask them if they have a Social Security number, if they have applied for one, the reason why they do not have one, and whether they want assistance in applying for one. If they are not applying, they are not required to provide a Social Security number but providing one will speed up the application process. When applicants type in their Social Security number, they should only include numbers (no slashes or dashes).

Application Process

FAQ | Glossary

MNsure **SIGN OUT**

8 [Get Help](#) [Learn More](#)

Are you a US Citizen? * ?

Are you a US National? *

Are you lawfully present in the United States? * ?

What is your immigration status? *

Did you enter the United States before August 22, 1996? *

Have you resided in the United States for five or more years in a qualified status? * ?

5-year Bar Exemption

i The applicant will be exempted from the 5-year bar requirement for Medicaid if any of the below conditions are satisfied. So please answer the below questions if applicable.

Are you an honorably discharged veteran or active duty member of the military? *

Are you the spouse or dependent child of such a veteran or individual in active duty status? *

8. Citizenship and Immigration Status: If individuals are not applying for assistance, they will not be asked questions about their citizenship or immigration status. Applying will not affect their immigration status or chances of becoming a permanent resident or citizen. The citizenship and immigration questions help to determine the available options for assistance.

Application Process

Information About You

9

Is Rebecca currently pregnant or was recently pregnant? *

Pregnancy Information

i Please provide additional information on the pregnancy. This information will be used in determining the person's eligibility for the health insurance programs.

How many children is Rebecca expecting? * ?

If Rebecca is currently pregnant, please enter the due date. ?

If Rebecca was recently pregnant, please enter the date the pregnancy ended.

9. Pregnancy: If an individual is currently pregnant at the time of application, then the due date and the number of expected children must be entered for the purpose of calculating household size and program eligibility. For the applicable pregnancy date, the date can be entered using the provided pop-up-calendar or by typing in the due date or pregnancy end date using numbers and slashes (1/15/1977 or 12/11/1985 or 1/7/82, etc.). Women who were pregnant in the past 2 months are still considered pregnant for purposes of MA. This is why the question asks about recent pregnancy.

Application Process

Your Household

MNsure



Household Section

Getting Started

Applicant Details

Household Information

Household Income

Additional Household Information

Summary

Verification Summary

Please Tell Us About Your Household



What is this Section About

In this section, you will be asked questions about the rest of your household, starting with whether there are any other members of your household and then details about each of them if there are. Once all the household members have been entered, you will be asked questions about the relationships between each of the people in your household and also about how you expect to file taxes in the coming year. This information is important in order to be sure that everyone in your household is getting the assistance with their health care that they are entitled to.

For this section you may need

- The details of anyone else in your household
- Their SSNs
- Their relationships to you and each other

Save & Exit

Next

Application Process

Other Household Members



Other Household Members

In order to properly determine your eligibility, we need to know about any other people in the household.

* Indicates a required field



In order to determine whether you and/or your family members are eligible for insurance assistance, we must collect information about all members of the household. If you plan on filing taxes with anyone (either as a spouse or a dependent) or if you share a home with anyone, please indicate that there are other people in the household.

In order to properly determine what help each member of your household is eligible for, you need to ensure that the following people are included in your application:

- Anyone who lives in the same house as any of the people you are applying for
- Anyone who is a tax dependent of any of the people you are applying for

Is there anyone else in the household? *

Yes  

Save & Exit

Back

Next

Application Process

Household Member Information

Household Member Details

Please provide details of the next household member.

James Theresa

* Indicates a required field

i Please tell us about the next person in your household by filling in the information below. You may be asked more questions about this person on the next screen depending on whether you wish to find out whether you can get help paying for this person's health insurance and health benefits.

Details

First Name *	<input type="text" value="Theresa"/>	Middle Name	<input type="text"/>
Last Name *	<input type="text" value="Menhagen"/>	Suffix	<input type="text" value="--Please Select--"/>
Gender *	<input type="text" value="Female"/>	Marital Status *	<input type="text" value="Married"/>
Date of Birth *	<input type="text" value="1/1/1960"/>		

Contact Details

Does this person live with you? *

Does this person plan to make Minnesota his/her home? *

Are you applying for the person highlighted? *

[Home | Terms & Privacy](#) [Manage Security Settings](#)

Application Process

More People

MNsure



More People?

Getting Started

Applicant Details

Household Information

Household Income

Additional Household Information

Summary

Verification Summary

People included so far



James



Theresa



Baby

* Indicates a requirement

Please review the list of people added to the application below and decide whether you need to add any more people.

People Added So Far

First Name	Last Name	Date of Birth	Applying For?
James	Hill	1/1/1960	Yes
Theresa	Mehegan	1/1/1960	Yes
Baby	Hill	1/1/2010	Yes

The table above shows the people you have added to the application so far. In order to properly determine what help each member of your household is eligible for, you need to ensure that the following people are included in your application

- Anyone who lives in the same house as any of the people you are applying for
- Anyone who is a tax dependent of any of the people you are applying for

Do you need to add any more people?*

No

Application Process

Relationships

MNsure



Relationships

Getting Started

Applicant Details

Household Information

Household Income

Additional Household Information

Summary

Verification Summary

Please provide information about household member's relationships.



James



Theresa



Baby

In order to determine eligibility for medical insurance assistance, we need to know the relationships of all individuals in the household. Please select the most appropriate description of the relationship between each individual.



James

Is the Spouse of



Theresa

Are they also a non-parent caretaker of this person?



James

Is the Parent of



Baby

Are they also a non-parent caretaker of this person?

Save & Exit

Back

Next

Application Process

Tax Filer Information

The screenshot shows a web application interface for the 'Tax Filer Information' step. On the left is a vertical navigation menu with the following items: 'Getting Started' (checked), 'Applicant Details' (checked), 'Household Information' (highlighted with a green circle), 'Household Income' (unchecked), 'Additional Household Information' (unchecked), 'Summary' (unchecked), and 'Signature' (unchecked). The main content area is titled 'Tax Filer Information' with a house icon and a red-bordered box containing the number '10'. Below the title, it says 'Please choose the tax filers in the household'. An orange asterisk note indicates that an asterisk (*) denotes a required field. An information icon (i) is followed by text explaining that the way taxes are filed affects eligibility for certain medical insurance programs and that all household members expected to file taxes this year must be indicated. It also notes that for married couples, both filers must be chosen, and dependents must also be indicated. Below this, a question asks if anyone in the household expects to file taxes for 2014, with a help icon. Three options are listed: 'James' (male icon, checked), 'Theresa' (female icon, checked), and 'Baby' (baby icon, unchecked). At the bottom are 'Save & Exit', 'Back', and 'Next' buttons.

10. Tax Filer Information: To be part of a household for purposes of MinnesotaCare and Advanced Premium Tax Credit/Cost Sharing Reduction, applicants must expect to be tax filers or tax dependents on a 1040 federal tax return. They do not need to file or plan to file their federal income taxes in order to be eligible for Medical Assistance and unassisted qualified health plans.

Application Process

Tax Filing Status

MNsure



Tax Filing Status

Getting Started

Applicant Details

Household Information

Household Income

Additional Household Information

Summary

Verification Summary

Please provide information on the tax filing statuses and exemptions for the members in the household. The tax filing information affects the eligibility for certain Insurance Affordability programs.

* Indicates a required field

Married Couple Tax Filing Information

In order to be eligible for premium tax credits, married couple are expected to file taxes jointly. So it is important to provide information on whether married couple are planning to file taxes jointly or not.

James and Theresa are indicated to be spouses. Do they plan to file federal taxes jointly? *

Save & Exit

Next

Application Process

Dependent Information

MNsure



Additional Information about the next person

Getting Started

Applicant Details

Household Information

Household Income

Additional Household Information

Summary

Verification Summary

Please indicate who claims Baby as a dependent



James



Theresa



Baby

* Indicates a required field

For anyone in your household who isn't expected to file taxes themselves, we need to know whether they are expected to be included as either a spouse or dependent on the tax return of anyone else in the household.

Is anyone in this household expected to enter Baby as a dependent on their tax return? *

Yes

Who expects to claim Baby as a dependent on their tax return? *



James

Save & Exit

Back

Next

Application Process

Household Summary

MNsure



Getting Started

Applicant Details

Household Information

Household Income

Additional Household Information

Summary

Verification Summary

Household Summary

Please review the information below to ensure that it is correct.

This is a summary page that lists all of the members in the household as well as the relationship between household members. Please review this information carefully and use the Change link to edit information about any household members. If you need to add additional household member, please click the 'Add' link. To remove a household member, click the 'Remove' link.

Your Details

First Name	James	Middle Name	
Last Name	Hill	Date of Birth	1/1/1960
Gender	Male	Social Security Number	495847712
Citizenship Status	U.S. Citizen	Supporting Document	

Household Members

[Add](#)

First Name	Last Name	Date of Birth	Gender	Social Security Number	Citizenship Status	Applying For?	
Theresa	Mehegan	1/1/1960	Female	594683254	U.S. Citizen	Yes	Change Remove
Baby	Hill	1/1/2010	Male	796458342	U.S. Citizen	Yes	Change Remove

Household Relationships

From	Type	To
------	------	----

Application Process

Your Income

 **Income Section**

Getting Started

Applicant Details

Household Information

Household Income

Additional Household Information

Summary

Signature

Please Tell Us About Your Household Income



What is this Section About

In this section you will be asked to report the current income for each person listed on this application. Do not report income that you no longer receive. We will use each person's current income to calculate his or her projected annual income for 2014. If you think the projected annual income will be different, you can provide us with a different amount.

If an individual's current income hasn't changed from his/her most recent tax return, you can use his/her tax return as a guide on what types of income and deductions to report.

We will compare the information you provide with information we get from the IRS, the Social Security Administration, the Minnesota Department of Employment and Economic Development and other sources. You will be asked to provide proof of the income if what you report is significantly different than the income from these sources.

For this section you may need

- The last tax return made by anyone in your household
- The latest wage information for anyone in your household
- Details of any other income received by anyone in your household

Application Process

Income Information

 **Income Information**

Getting Started

Applicant Details

Household Information

Household Income

Additional Household Information

Summary

Signature

Please select the individuals below who have income. "Income" is any of the following:

- All taxable income. Taxable income is income you would list on lines 7-22 of a 1040 tax form. If you are not sure if a particular type of income is taxable, visit the IRS website at www.irs.gov.
- All foreign earned income, including foreign earned income that is not taxable.
- All interest income, including interest income that is not taxable.
- All Title II Social Security benefits, including Title II income that is not taxable. Title II Social Security benefits include retirement, disability and Railroad Retirement benefits. Supplemental Security Income (SSI) is not Title II income.

Do not tell us about other nontaxable income, such as child support, veteran's payments, SSI or worker's compensation.

 James

 Theresa

 Baby

Does James have any income? *

Yes

Application Process

Income Details

Enter Income Details

Please enter James's current income details below. If James's current income hasn't changed, you can use James's most recent tax return as a guide on what types of income to report.

 James	 Theresa	 Baby
--	--	---

i If James receives income from more than one source, be sure to select "Yes" on the last question and you will be able to enter additional income records.

i Report how much James currently makes in wages and tips before taxes are deducted. Do not include amounts deducted from wages by the employer for child care, health insurance or retirement plans that are not taxable (sometimes called "pre-tax deductions").

If James is seasonally employed, report the amount of wages you expect James will receive in the next 12 months. If James expects to receive unemployment in the next 12 months, be sure to select "Yes" on the last question and you will be able to enter an unemployment record with the amount of unemployment you expect James will receive in the next 12 months.

* Indicates a required item

11	Income Type *	Wages before taxes	?
	What is the name of your Employer? *		?
	Is James seasonally employed? *	--Please Select--	
	Amount *		?
	Frequency *	--Please Select--	?

11. Income Type—American Indian and Alaska Native income: American Indian and Alaska Native income includes:

- Alaska Native Corporations and Settlement Trusts Property held in trust located within the boundaries of a prior Federal reservation or under supervision of the Secretary of the Interior.
- Rents, leases, rights of way, royalties, usage rights, natural resource extraction or harvest from trusts or properties, or resulting from the exercise of federally-protected rights.
- Ownership interests or usage rights to items of religious, spiritual, traditional or cultural significance, or which support subsistence or traditional lifestyle.
- Student financial assistance provide by the Bureau of Indian Affairs educations programs.

Application Process

Income Details

Employer? * walgreens ?

Is James seasonally employed? * No ▾

Amount * 2100 ?

Frequency * Monthly ▾ ?

Does James have any more income? * No ▾ ?

Save & Exit Back Next

Application Process

Income Deductions

 **Income Deductions**

Getting Started

Applicant Details

Household Information

Household Income

Additional Household Information

Summary

Signature

Please indicate whether James has any allowable deductions. Allowable deductions are the types of expenses that are subtracted from the "taxable income" on the front of the 1040 tax return, like alimony paid or student loan interest. For a complete list of allowable deductions see lines 23-35 of the 1040 tax form.

 James  Theresa  Baby

 If James's current deductions haven't changed, you can use James's most recent tax return as a guide on what type of deductions to report.

Does James pay for certain things that can be deducted on an income tax return, telling us about them could make the cost of health insurance a little lower.  **12**

12. Deductions: Certain allowable expenses can be deducted from an individual's income to make the cost of health insurance a little lower. These are expenses that individuals would list on the front of their 1040 tax form, in the "Adjusted Gross Income" section. Examples of deductions include: alimony paid, student loan interest, or other types of tax deductions.

Application Process

Income Deductions

James's current deductions have changed, you can use James's most recent tax return as a guide on what type of deduction to report.

Does James pay for certain things that can be deducted on an income tax return, telling us about them could make the cost of health insurance a little lower. [?](#)

Deductible Income

Deduction type. *

Amount. *

Frequency. *

Does James have any more Deductible income?

Application Process

Annual Income

 Annual Income

Getting Started

Applicant Details

Household Information

Household Income

Additional Household Information

Summary

Signature

Please review the annual income calculation for James.

 James  Theresa  Baby

 We have calculated what we expect James's annual income will be for 2014 based on the information you have provided. If you think that the annual income for James will be different, you can provide us with a different amount.

Based on the information you have provided, the projected annual income for James is \$25,200.00

Is this what you expect James's annual income to be? * **13**

13. Projected annual income: The projected annual income amount shown here is the total of the different types of income and deductions that have been entered by the applicant. If individuals list an income amount that is different than the projected income listed on the application, they will have an opportunity to tell us about anticipated changes in their income for verification purposes (for example: beginning or ending a job, etc.).

Application Process

Based on the type of income selected on the Enter Income Screen, MNsure may require the applicant to fill out additional information. Listed below are all the types of Income supported in the system:

<ul style="list-style-type: none">• Wages and Salaries• Alimony• American Indian / Alaska Native Income• Interest / Dividends• Self Employment• Pension / Retirement• Farm Income	<ul style="list-style-type: none">• Rental or Royalty Income• Capital Gains• Taxable Scholarships, Awards and Grants• Social Security Benefits• Taxable One-time Income (i.e. prizes, awards, gambling winnings)• Unemployment Insurance• Other taxable income
---	--

Application Process

3 of the Income types require the applicant to answer follow up questions:

Income Type	Follow Up Question
Wages and Salaries	Employer Sponsored Coverage Information
American Indian Alaska Native Income	American Indian or Alaska Native Details
Scholarship Payments	Scholarship Income Details

Application Process

More About Your Household

MNsure



Additional Household Information Section

- Getting Started
- Applicant Details
- Household Information
- Household Income
- Additional Household Information**
- Summary
- Verification Summary

More About Your Household



What is this Section About

In this section, you will be asked some simple follow-up questions about you and your household. The answers to these questions will help us work out whether you are entitled to assistance on grounds other than your income, or in some cases to help us work out what level of assistance you are entitled to. If you answer yes to any of these questions, you may be asked to provide more information - for example, if you say that someone in your household has a disability, you will need to provide some extra information about that disability.

For this section you may need

- Details of any current pregnancies for anyone in your household
- Details of disabilities for anyone in your household
- Details of any benefits currently received by anyone in your household

Save & Exit

Next

Application Process

Additional Information for Medicaid/CHIP Applicants

Additional Information for Medicaid/CHIP Applicants

Please answer these additional questions about the household.

14

* Indicates a required field

Some of the people you are applying for appear to be eligible for Medicaid or CHIP. To ensure that these people get the right services, please answer the questions below.

Do any of these people have medical bills from the last 3 months?

James Theresa Baby

Do any of these people have a communicable disease (HIV, AIDS, tuberculosis, hepatitis, etc.)?

James Theresa Baby

Do any of these people have a terminal illness?

James Theresa Baby

Have any of these people been determined as being seriously and persistently mentally ill or as being severely emotionally disturbed?

James Theresa Baby

Is anyone applying receiving Minnesota Supplemental Aid (MSA)?

James Theresa Baby

Home | Terms & Privacy Manage Security Settings

14. Questions for individuals potentially eligible for MA/CHIP: The application asks several medical and household related questions specific to Medical Assistance and CHIP in order to help MNsure determine which insurance program will best suit an individual's health care needs. The 'Additional Information for all Applicants' section of the online application also asks several medical, family, and household questions in order to help MNsure determine which program will be best suited for an individual.

Application Process

Additional Information for Medicaid/CHIP Applicants

- Do any of these people have ***Medical Bills from the last 3 months?***
- Do any of these people have a ***Communicable Disease***(HIV, AIDS, tuberculosis, hepatitis, etc.)??
- Do any of these people have a ***Terminal Illness?***
- Have any of these people been determined as being seriously and persistently ***mentally ill*** or as being ***severely emotionally disturbed?***
- Is anyone applying receiving ***Minnesota Supplemental Aid*** (MSA)?
- Does any child on this application have a ***parent living outside of the home?***

Application Process

Additional Information for APTC Applicants

Additional APTC Program Information

Getting Started Please answer these additional questions about the household.

Applicant Details Indicates a required field

Household Information **i** Some of the people you are applying for appear to be eligible for Insurance Assistance. We require some extra information about these people in order to process their application

Household Income Please choose anyone who has used tobacco regularly(4 or more times per week on average) within the past 6 months. Don't count religious or ceremonial uses.

15

Additional Household Information

Summary

Signature Please choose any of the people below who are in jail or prison.

James

James

James

Does anyone applying have outstanding medical bills or ongoing medical expenses that can be used to meet a medical spenddown? [?](#)

Has anyone served from a tour of active military duty in the last 12 months?

15. Tobacco use: Tobacco use is one of the pieces of information used to determine an individual's Qualified Health Plan premium amount. This does not impact Medical Assistance or MinnesotaCare.

Application Process

Additional Information for APTC Applicants

The screenshot shows a web-based application form with a 'Signature' field on the left. The main content area contains three questions. The first question, 'Please choose any of the people below who are in jail or prison.', is followed by a red box containing the number '16' and a list item for 'James' with a person icon and an unchecked checkbox. The second question, 'Does anyone applying have outstanding medical bills or ongoing medical expenses that can be used to meet a medical spenddown?', is followed by a red box containing the number '17' and another list item for 'James' with a person icon and an unchecked checkbox. The third question, 'Has anyone returned from a tour of active military duty in the last 24 months?', is partially visible at the bottom.

16. Incarceration: Individuals who are incarcerated and are not “pending disposition of charges” are generally not eligible to purchase a QHP through MNsure or to receive APTC/CSR benefits

17. Medical expenses and medical spenddown: For some individuals, outstanding medical bills may help them qualify for Medical Assistance. An applicant who answers “yes” to this question will be contacted by mail for more information needed to determine MA eligibility with a spenddown.

Application Process

Employer Sponsored Coverage

Employer Sponsored Coverage Information

Getting Started Please answer these additional questions about the household. **18**

Applicant Details Please select the individuals below who will be enrolled in employer sponsored coverage or will have access to employer sponsored coverage on or after January 1, 2014. Access to coverage could be through the person's own employment or through another person's employment, such as a parent or spouse.

Household Information

Household Income

Additional Household Information

Summary

Signature

James

Theresa

Baby

Save & Exit Back Next

18. Employer Sponsored health insurance: Applicants should respond to this question if anyone listed either has insurance from an employer or can get insurance from their own employer or someone else's employer. If you answer this question, the application will ask additional more specific questions about the employer-based insurance you have or qualify for but do not have.

Application Process

Additional Information for All Applicants

Additional Information for all Applicants

Please answer these additional questions about the household.

* Indicates a required field

i Additional information on the household, such as whether someone is disabled or blind, will help us work out whether you may be entitled to help on grounds other than your income.

Getting Started

Applicant Details

Household Information

Household Income

Additional Household Information

Summary

Signature

Is anyone applying blind? * ?

Does anyone applying have a physical or mental health condition that limits the ability to work or perform daily activities? * ?

Is anyone applying as an American Indian or Alaska Native? * **19** ?

Is anyone visiting Minnesota to get medical care or for personal reasons? * ?

Has any child in your household been on active duty? * ?

Does any child in your household have a court order saying they are no longer under the legal control of their parents? * ?

Application Process

Additional Information for All Applicants

19. American Indian and Alaska Natives: Answering this question is important if individuals or their family members are an American Indian or Alaska Native. There are special benefits afforded to American Indian and Alaska Native people under the Affordable Care Act. Under MinnesotaCare, American Indians and Alaska Natives and their family members do not pay premiums. American Indians and Alaska Natives who are purchasing a Qualified Health Plan, are enrolled members of federally-recognized tribes and have household incomes at or below 300% FPL qualify for Qualified Health Plans with zero cost sharing. They also receive monthly special enrollment periods. In addition, American Indians who are enrolled members of a federally recognized tribe and their descendants who are eligible for services through an Indian Health Service, Tribes and Tribal organizations, and urban Indian organizations (I/T/U) providers are exempt from the health insurance mandate. If an individual marks 'Yes' to this question, then additional questions regarding federally recognized tribes, tribe name, reservation, and tribal identification number will be asked on the application.

20

Has any child in your household been on active duty? *

Does any child in your household have a court order saying they are no longer under the legal control of his or her parents? *

Is anyone applying living in a long-term care facility? *

Is anyone applying in a residential treatment program for mental illness or drug or alcohol dependency? *

Does anyone applying have health insurance not through a job that will be in effect on or after January 1, 2014? *

Is anyone applying getting services from the Center for Victims of Torture? *

No

No

No

No

No

No

20. Children on active duty and court orders: Children who have been on active duty and children who have a court order regarding parental legal control are considered emancipated minors. Such emancipation, or the lack thereof, may affect the basis of the parents' and the child's eligibility for MA.

Application Process

Additional Information for All Applicants

Does anyone applying have health insurance not through a job that will be in effect on or after January 1, 2014? *

21 Is anyone applying getting services from the Center for Victims of Torture? *

22 Does anyone applying want to request a full Medicaid eligibility determination? *

Is anyone applying seeking services to help them stay in their home through a Medicaid home and community-based waiver program? *

Is anyone applying seeking Medicaid payment of long-term care services to reside in a long term care facility? *

Save & Exit Back Next

21. Center for Victims of Torture: Individuals who are applying for assistance should mark 'Yes' if they are currently getting services from the Centers for Victims of Torture. If individuals are receiving services from the Centers for Victims of Torture, they may qualify for a special category of MA regardless of their income.

22. Full Medicaid eligibility determination: The application screens applicants to see if they might qualify for MA as a person who is age 65 or older, blind, who has disabilities, needs home- and community- based waiver services, or lives in a long-term care facility. If an applicant appears to have one of these basis' for MA, their application will be referred to the county agency and they will receive a form in the mail to gather additional information needed for the eligibility determination. If an applicant would like an MA determination based on these eligibility groups, even if they don't appear to qualify, they may request a full MA determination.

Application Process

3 of the Income types require the applicant to answer follow up questions:

Income Type	Follow Up Questions
Applicant is American Indian Alaska Native	Details of American Indian or Alaska Native
Applicant is Person applying living in a long-term care facility	Details of long-term care facility
Applicant is in a residential treatment program for mental illness or drug or alcohol dependency	Details of dependency program

Application Process

Long-Term Care Details

Household Income

Additional Household Information

Summary

Verification Summary

Person applying living in a long-term care facility

If anyone applying living in a long-term care facility.

Who placed Richard in the facility? *

What type of long-term care facility is Richard living in? *

Did Richard move to the nursing home from North Dakota? *

Facility Name * Street 1 *

Street 2 Apt / Suite

City * County *

State * Zip Code

What is Richard mental ability? *

On what date was Richard current mental ability determined? *

Application Process

Summary

MNsure



Summary **23**

Getting Started

Applicant Details

Household Information

Household Income

Additional Household Information

Summary

Verification Summary

This is a summary of the information you have given so far. Please review to ensure that it is all correct before continuing.

Please review all information on this page for accuracy. If you need to add information about any individual, please click the 'Add' link next to the appropriate question. To modify any of the information provided, please click the Change link next to the appropriate record. Click the 'Remove' link to remove a record.

You

About Primary Applicant

Full Name:	James Hill	Gender:	Male
Date of Birth:	1/1/1960	Social Security Number:	495847712
Citizenship Status	U.S. Citizen	Supporting Document	

Your Household

About Household Members

Member Name	Date of Birth	Gender	Social Security Number	Citizenship Status	Applying For?
Theresa Mehegan	1/1/1960	Female	594683254	U.S. Citizen	Yes Change Remove
Baby Hill	1/1/2010	Male	796458342	U.S. Citizen	Yes Change Remove

Household Relationships

23. Summary: This is a partial view of the summary page near the end of the application where individuals can make revisions to various sections of the online application if they see a mistake or want to make a change.

Application Process

FAQ | Glossary



Where you choose health coverage

SIGN OUT

Signature

- Getting Started ✓
- Applicant Details ✓
- Household Information ✓
- Household Income ✓

Did a MNSure Assister help you with this application?

Yes

Assister ID*

Organization Name*

Assister ID

Brokers use your Minnesota License Number, Navigators use your unique MNSure Certification ID, Certified Application Counselors use your unique MNSure Certification ID

Did a MNSure Assister help you with this application?

MNSure Assisters are: Navigators, Brokers, Certified Application Counselors

from an absent parent if I think that cooperating to collect medical support

Organization Name

Enter the name of the MNSure Assister's organization or agency.

Application Process

Signature

The screenshot shows the 'Signature' step of the MNSure application process. The page header includes the MNSure logo, the text 'Where you choose health coverage', and a 'SIGN OUT' button. A navigation menu on the left lists steps: Getting Started, Applicant Details, Household Information, Household Income, Additional Household Information, Summary, and Signature (which is highlighted). The main content area is titled 'Signature' and contains the following fields and text:

- Did a MNSure Assister help you with this application? * (Dropdown menu with 'Yes' selected)
- Assister ID * (Text input field with '25458965')
- Organization Name * (Text input field with 'Hennepin Global Inclusion Network')
- Text: I know I'll be asked to cooperate with the agency that collects medical support from an absent parent. If I think that cooperating to collect medical support will harm me or my children, I can tell the agency and won't have to cooperate.
- Medical support *** (Checked checkbox)
- Text: To make it easier to determine my eligibility for help paying for health coverage in future years, I agree to allow MNSure to use income data, including information from tax returns. MNSure will send me a notice, let me make any changes, and I can opt out at any time.
- Text: Yes, I agree to the use of income data to renew my eligibility automatically for the next 5 years (the maximum number of years allowed), or for a shorter number of years:
- Radio button options: 4 years, 3 years, 2 years, 1 year, Do not use information from tax returns to renew my coverage.
- Renewing Coverage** (Checked checkbox)

A red box highlights the number '24' in the left navigation menu, corresponding to the 'Renewing Coverage' section.

24. Renewing Coverage: Applicants may agree to allow MNSure to automatically use their income data to renew their eligibility for health care. To opt for 5 years, applicants should check the box **Renewing Coverage**. If they wish to choose a shorter period of time, or they choose to not allow MNSure to automatically use their information, they should check one of the other boxes in this section.

Application Process

Submit

Yes, I agree to the use of income data to renew my eligibility automatically for the next 5 years (the maximum number of years allowed), or for a shorter number of years:

- 4 years
- 3 years
- 2 years
- 1 year
- Do not use information from tax returns to renew my coverage.

Renewing Coverage

I know that I must tell the program I'm enrolled in if information I listed on this application changes.

Application Changes *

I'm signing this application under penalty of perjury. This means I've provided true answers to all the questions on this form to the best of my knowledge. I know that if I'm not truthful, there may be a penalty.

Penalty of Perjury *

First Name *

Middle Name

Last Name *

Next

Application Process

Reference Number

The screenshot displays the MNSure application interface. On the left, a sidebar shows the MNSure logo, 'Monthly Premium Cost To Household Total \$0.00', and 'Your Healthcare Options' with a 'Medicaid' link. The main content area is titled 'Submit Application' and contains a success message: 'Your application has been successfully submitted. Please write down your Reference Number for future use.' Below this, the 'Reference Number: 271' is displayed. A 'Follow-up' section explains that an agency representative will contact the user for verification. A 'Close' button is located at the bottom right of the dialog. The background shows a blurred view of the application's navigation menu, including 'Submit Application', 'Help Me Decide', and 'Hide'.

Submit Application

Your application has been successfully submitted. Please write down your Reference Number for future use.

Reference Number: 271

Follow-up
If any of the information you submitted on this application requires follow-up (for example if we can't automatically verify some information) an agency representative will contact you using your preferred contact method. If you would like to talk with an agency representative please all your local office at 555-5555.

Close

Application Process

Healthcare Options

Monthly Premium Cost To Household
Total \$0.00

James Theresa Baby

My Items (0)

Your Healthcare Options

Submit Application | Help Me Decide ? | Hide ▾

Medicaid ? 25 hide details

James , Theresa and Baby are eligible for Medicaid. Medicaid is designed to assist low-income families in providing health care for themselves and their children. It also covers certain individuals who fall below the federal poverty level. It covers hospital and doctors visits, prenatal care, emergency room visits, drugs and other treatments.

Enroll in Medicaid ▾

Additional Medicaid Options Help Me Decide ? | Hide ▾

Medical Assistance ? show details

You might be eligible for the following benefits Help Me Decide ? | Hide ▾

Food Assistance ? show details

Cash Assistance ? show details

25. Eligibility Determination: This screen shows applicants what health care program they are eligible for. Depending on the approved program, applicants can shop for their medical and dental insurance and find out what their premium will be, if applicable.

MAGI Medicaid/Eligibility Groups

Eligibility Group	Sub-group	Criteria	Notes
Pregnant Women	MA-Funded	A pregnant female with income at or below 278% who is a citizen, national or lawfully present noncitizen.	A “pregnant woman” is a woman during pregnancy and her post-partum period. Pregnancy begins the month of conception. The post-partum period begins on the date the pregnancy ends, extends 60 days, and ends the last day of the month in which the 60-day period ends.
	CHIP –Funded	A pregnant female with income at or below 278% who is <u>not</u> lawfully present who does <u>not</u> have other health insurance. See page 54 – maybe be EMA eligible if other health insurance.	
Children	Auto Newborn	An individual under age 1 born to a mother enrolled in Medicaid for the birth month.	This includes children born to women who applied after the child’s birth and were retroactively determined eligible for Medicaid.
	MA-Funded Infants	An individual from birth through age 1 with income at or below 275%.	
		OR An individual from birth through age 1 with income greater than 275% FPL and at or below 283% FPL who has other health insurance.	
	CHIP-Funded Infants	An individual from birth through age 1 with income greater than 275% FPL and at or below 283% FPL who does <u>not</u> have other health insurance.	
	Children Age 2-18	An individual age 2 through age 18 with income at or below 275% FPL.	
	Children Age 19 & 20	An individual age 19 or 20 with income at or below 133% FPL.	

MAGI Medicaid/Eligibility Groups



<p>Parents/Caretaker Relatives</p>	<p>Parents</p>	<p>An individual who meets all of the following:</p> <ul style="list-style-type: none"> lives with his/her child (natural, adopted or step) who is under age 19 assumes primary responsibility for the child's care has income at or below 133% FPL <p>OR</p> <p>The spouse of someone who meets the criteria listed above, if residing together.</p>	<p>Paternity must be legally acknowledged or adjudicated for a father to have this basis if the parents are not married. This is not verified.</p> <p>An individual cannot assume primary responsibility for a child's care if the child is an emancipated minor. An emancipated minor is a person under the age of 18 who is or was married, is on active duty in the uniformed services, or has been declared emancipated by a court.</p>
	<p>Caretaker Relatives</p>	<p>An individual who meets all of the following:</p> <ul style="list-style-type: none"> lives with a relative under age 19 assumes primary responsibility for the child's care has income at or below 133% FPL. <p>OR</p> <p>The spouse of someone who meets the criteria listed above, if residing together.</p>	<p>Relative means someone related to the child based on blood (including those of half-blood), adoption, or marriage.</p> <p>A caretaker relative is possible only if the child's parent is not living with the child.</p> <p>An individual cannot assume primary responsibility for a child's care if the child is an emancipated minor.</p>
	<p>Transitional MA</p>	<p>An individual who meets all of the following:</p> <ul style="list-style-type: none"> is receiving MA as a parent or relative caretaker received MA as a parent or relative caretaker in at least 3 of the last 6 months became ineligible because of increased earnings or spousal support 	<p>Transitional MA derives from individuals receiving MA as a parent/caretaker relative who become ineligible based on increased income from a particular source. In essence, it extends the end date of their coverage.</p> <p>Continued MA as a parent/caretaker relative is available for</p> <ul style="list-style-type: none"> 6 months if ineligible based on increased earnings. 4 months if ineligible based on increased spousal support.

MAGI Medicaid/Eligibility Groups

Former Foster Care Children

An individual who meets all of the following:

- Age 18-25
- Was in foster care in Minnesota when aged 18 or older
- Was on MA or MinnesotaCare at the time foster care ended
- Not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State Plan or 1115 waiver (MinnesotaCare).

This hierarchy order addresses mandatory coverage within Minnesota's State Plan for the MAGI groups. Mandatory coverage for the non-MAGI groups are individuals who

- receive Minnesota Supplemental Aid (MSA)
- receive Supplemental Security Income (SSI)
- are deemed to be SSI recipients because SSA certified them with 1619(a) or 1619(b) status
- are deemed to be SSI recipients because they meet the eligibility requirements for the Pickle Disregard, Disabled Widow/Widower Deduction, the Widow/Widower Disregard, or Disabled Adult Child Disregard.

MAGI Medicaid/Eligibility Groups

Emergency MA

Pregnant Women

An individual who meets all of the MA eligibility requirements for pregnant women except is ineligible due to immigration status and has current health insurance coverage (this makes the pregnant woman ineligible for CHIP-funded MA) and has an emergency medical condition.

An emergency medical condition occurs when a person:

Has a sudden onset of a physical or mental condition which causes acute symptoms, including severe pain, where the absence of immediate medical attention could reasonably be expected to do any of the following:

- Place the person's health in serious jeopardy.
- Cause serious impairment to bodily functions.
- Cause serious dysfunction of any bodily organ or part.

OR

Gives birth.

MAGI Medicaid/Eligibility Groups

Emergency MA	Children	An individual who meets all of the MA eligibility requirements for children except is <u>not</u> lawfully present and has an emergency medical condition.	
	Parents	An individual who meets all of the MA eligibility requirements for parents except is ineligible due to immigration status (including sponsor deeming) and has an emergency medical condition.	
	Caretaker Relatives	An individual who meets all of the MA eligibility requirements for caretaker relatives except is ineligible due to immigration status (including sponsor deeming) and has an emergency medical condition.	
	Adults	An individual who meets all of the MA eligibility requirements for adults except is ineligible due to immigration status (including sponsor deeming) and has an emergency medical condition.	

MAGI Medicaid Medically Needy Entitlement

Eligibility Group	Sub-group	Criteria	Notes
Medically Needy	Pregnant Women	<p>An individual who meets all of the MA eligibility requirements for pregnant women except is ineligible due to excess income who can spenddown to 100% FPL on incurred or anticipated medical expenses.</p> <p>OR</p> <p>An individual who meets all of the Emergency MA eligibility requirements for pregnant women except is ineligible due to excess income who can spenddown to 100% FPL on incurred/anticipated medical expenses.</p>	
	Children	<p>An individual who meets all of the MA eligibility requirements for children except is ineligible due to excess income who can spenddown to 100% FPL on incurred or anticipated medical expenses.</p> <p>OR</p> <p>An individual who meets all of the Emergency MA eligibility requirements for children except is ineligible due to excess income who can spenddown to 100% FPL on incurred/anticipated medical expenses.</p>	

MAGI Medicaid Medically Needy Entitlement



Parents/ Caretaker
Relatives

An individual who meets all of the MA eligibility requirements for parents/caretaker relatives except is ineligible due to excess income who can spend down to 100% FPL on incurred or anticipated medical expenses.

OR

An individual who meets all of the Emergency MA eligibility requirements for parents/caretaker relatives except is ineligible due to excess income who can spend down to 100% FPL on incurred/anticipated medical expenses.