

General Assistance Medical Care: An Overview

General Assistance Medical Care (GAMC) is a state-funded program that pays for certain health care services for low-income Minnesota residents who are not eligible for other health care programs. GAMC enrollees are low-income adults between the ages of 21 and 64 who do not have dependent children. The program is administered locally by the counties, under the supervision of the Department of Human Services (DHS). Significant changes were made to the program during the 2010 session, in part as a response to Gov. Tim Pawlenty's line-item veto, following the 2009 session, of the fiscal year 2011 appropriation for the program.

Eligibility

To be eligible for GAMC, an individual must meet the following criteria:

- Receive General Assistance (GA) or Group Residential Housing (GRH), or meet the GAMC income and asset limits (see table below)
- Not be eligible for Medical Assistance (MA)
- Be a Minnesota resident; GAMC has a 30-day durational residency requirement
- Meet other program eligibility requirements

Eligibility Group	Income Limit	Asset Limit*
GA and GRH recipients	GA limit (\$203/month for one person; \$260 for married couple) or GRH assistance standard	GA limit (\$1,000 per assistance unit) or GRH limit (\$2,000 aged, blind, or disabled; \$1,000 all others)
Other eligible persons	75 percent of federal poverty guidelines (FPG)	\$1,000 per household

*The homestead, household goods, a vehicle, and other specified items are not counted as assets.

Eligibility changes made by the 2010 Legislature include eliminating: (1) eligibility for certain subgroups; (2) hospital-only coverage for persons with incomes greater than 75 percent but not exceeding 175 percent of FPG; and (3) the requirement that certain groups of GAMC enrollees without a qualifying condition (such as disability) enroll in the MinnesotaCare program.

Service Delivery

GAMC recipients can receive GAMC services from hospitals that have contracted with DHS to provide those services through a **coordinated care delivery system** (CCDS). A recipient is allowed to enroll in any available CCDS statewide, subject to enrollment limits specific to each CCDS. Recipients must receive all nonemergency services through the CCDS.

The following four hospitals currently operate a CCDS: Hennepin County Medical Center, North Memorial Medical Center, Regions Hospital, and University of Minnesota Medical Center, Fairview. As of September 13, 2010, Hennepin County Medical Center is the only CCDS that has not reached its enrollment limit and continues to accept new enrollees.

Hospitals that are not part of a CCDS can receive payment for inpatient and outpatient hospital services provided to GAMC enrollees who are not enrolled in a CCDS from a **temporary uncompensated care pool** (operational from June 1, 2010, through February 28, 2011).

Outpatient prescription drugs for all GAMC enrollees, whether or not they are enrolled in a CCDS, are funded through a **prescription drug pool** on a fee-for-service basis. A CCDS is required to pay DHS 20 percent of the cost of drugs provided to its enrollees.

Covered services

GAMC recipients enrolled in a CCDS receive coverage for an alternative benefit set. (CCDSs also have the option to provide the regular GAMC benefit set, slightly modified; no CCDS has chosen this option.) The alternative benefit set must include, but is not limited to: emergency care, medical transportation services, inpatient hospital and physician services, outpatient health services, preventive health services, mental health services, and prescription drugs administered in a clinic or other outpatient setting.

GAMC recipients who are not enrolled in a CCDS receive GAMC coverage only for outpatient prescription drugs funded through prescription drug pool. These recipients can also seek services from non-CCDS hospitals that obtain payments from the temporary uncompensated care pool.

Cost-sharing

Recipients are subject to the following copayments: (1) \$25 for nonemergency visits to an emergency room; and (2) \$3 per brand-name prescription and \$1 per generic, subject to a \$7 per-month limit. Antipsychotic drugs are exempt from copayments.

CCDS Payments

Each CCDS is paid quarterly from the available appropriation, in proportion to its share of calendar year 2008 GAMC fee-for-service payments. DHS can reallocate payments twice a year to reflect actual CCDS enrollment and chose to do this effective September 1, 2010.

Funding and expenditures

GAMC is completely state-funded; there is no federal funding. Unlike the old GAMC program, the modified GAMC program is not an entitlement. Enrollment in a CCDS is subject to enrollment limits and funding for the CCDS system, temporary uncompensated care pool, and prescription drug pool is fixed. Absent legislative action, funding will not increase with additional enrollment or the provision of additional services. For fiscal year 2011, the legislature appropriated \$127.2 million for the GAMC program; the annual appropriation is reduced to \$98.7 million for fiscal year 2012 and subsequent fiscal years to reflect the elimination of the temporary uncompensated care pool.

Recipients

The average monthly number of GAMC recipients for the calendar quarter ending June 30, 2010, was 31,630. As of September 3, 2010, 12,359 GAMC recipients were enrolled in a CCDS and the cumulative enrollment limit for all four CCDSs was 14,990.

For more information: See the House Research information brief [General Assistance Medical Care](#), September 2010.

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