

State of Minnesota
HOUSE OF REPRESENTATIVES

EIGHTY-NINTH SESSION

H. F. No. 3060

03/14/2016 Authored by Loeffler; Schultz; Johnson, C.; Liebling; Moran and others
The bill was read for the first time and referred to the Committee on Health and Human Services Reform

- 1.1 A bill for an act
1.2 relating to human services; creating continuous eligibility for medical assistance
1.3 and MinnesotaCare; amending Minnesota Statutes 2014, sections 256B.056, by
1.4 adding a subdivision; 256L.05, by adding a subdivision; repealing Minnesota
1.5 Statutes 2015 Supplement, section 256B.0561.
- 1.6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:
- 1.7 Section 1. Minnesota Statutes 2014, section 256B.056, is amended by adding a
1.8 subdivision to read:
- 1.9 Subd. 7b. **Continuous eligibility.** (a) A recipient of medical assistance who has
1.10 been determined eligible under one of the categories described under subdivision 1a,
1.11 paragraph (b), shall remain eligible for medical assistance for a period of 12 months.
1.12 The 12-month period shall begin the month the initial application for medical assistance
1.13 or eligibility redetermination is approved.
- 1.14 (b) Coverage may be terminated during the continuous eligibility period only:
1.15 (1) upon written request of the recipient or the recipient's parent or legal guardian
1.16 if the recipient is under the age of 18; or
1.17 (2) if the recipient no longer meets the residency requirements for medical assistance
1.18 under subdivision 1.
- 1.19 Sec. 2. Minnesota Statutes 2014, section 256L.05, is amended by adding a subdivision
1.20 to read:
- 1.21 Subd. 2b. **Continuous eligibility.** (a) An enrollee of MinnesotaCare who has
1.22 been determined eligible for MinnesotaCare under this chapter shall remain eligible for
1.23 MinnesotaCare for a period of 12 months. The 12-month period shall begin the month

2.1 in which eligibility or redetermination is approved and the first premium payment has
2.2 been received.

2.3 (b) Coverage may be terminated during the continuous eligibility period only:

2.4 (1) upon written request of the enrollee or enrollee's parent or legal guardian if the
2.5 enrollee is under the age of 18;

2.6 (2) if the enrollee no longer meets the residency requirements under section
2.7 256L.09; or

2.8 (3) if the enrollee fails to pay the premium amount as required under section 256L.06.

2.9 (c) An enrollee may request an eligibility redetermination during the 12-month period
2.10 for purposes of calculating a new premium amount as determined under section 256L.15.

2.11 Sec. 3. **REPEALER.**

2.12 Minnesota Statutes 2015 Supplement, section 256B.0561, is repealed.

2.13 Sec. 4. **EFFECTIVE DATE.**

2.14 Sections 1 to 3 are effective January 1, 2017, or upon federal approval, whichever is
2.15 later.

256B.0561 PERIODIC DATA MATCHING TO EVALUATE CONTINUED ELIGIBILITY.

Subdivision 1. **Definition.** For the purposes of this section, "periodic data matching" means obtaining updated electronic information about medical assistance and MinnesotaCare recipients on the MNsure information system from federal and state data sources accessible to the MNsure information system and using that data to evaluate continued eligibility between regularly scheduled renewals.

Subd. 2. **Periodic data matching.** (a) Beginning March 1, 2016, the commissioner shall conduct periodic data matching to identify recipients who, based on available electronic data, may not meet eligibility criteria for the public health care program in which the recipient is enrolled. The commissioner shall conduct data matching for medical assistance or MinnesotaCare recipients at least once during a recipient's 12-month period of eligibility.

(b) If data matching indicates a recipient may no longer qualify for medical assistance or MinnesotaCare, the commissioner must notify the recipient and allow the recipient no more than 30 days to confirm the information obtained through the periodic data matching or provide a reasonable explanation for the discrepancy to the state or county agency directly responsible for the recipient's case. If a recipient does not respond within the advance notice period or does not respond with information that demonstrates eligibility or provides a reasonable explanation for the discrepancy within the 30-day time period, the commissioner shall terminate the recipient's eligibility in the manner provided for by the laws and regulations governing the health care program for which the recipient has been identified as being ineligible.

(c) The commissioner shall not terminate eligibility for a recipient who is cooperating with the requirements of paragraph (b) and needs additional time to provide information in response to the notification.

(d) Any termination of eligibility for benefits under this section may be appealed as provided for in sections 256.045 to 256.0451, and the laws governing the health care programs for which eligibility is terminated.

Subd. 3. **Recipient communication requirements.** The commissioner shall include in all communications with recipients affected by the periodic data matching the following contact information for: (1) the state or county agency directly responsible for the recipient's case; and (2) consumer assistance partners who may be able to assist the recipient in the periodic data matching process.

Subd. 4. **Report.** By September 1, 2017, and each September 1 thereafter, the commissioner shall submit a report to the chairs and ranking minority members of the house and senate committees with jurisdiction over human services finance that includes the number of cases affected by periodic data matching under this section, the number of recipients identified as possibly ineligible as a result of a periodic data match, and the number of recipients whose eligibility was terminated as a result of a periodic data match. The report must also specify, for recipients whose eligibility was terminated, how many cases were closed due to failure to cooperate.

Subd. 5. **Federal compliance.** The commissioner shall ensure that the implementation of this section complies with the Affordable Care Act, including the state's maintenance of effort requirements. The commissioner shall not terminate eligibility under this section if eligibility terminations would not conform with federal requirements, including requirements not yet codified in Minnesota Statutes.