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State of Minnesota

A bill for an act

HOUSE OF REPRESENTATIVES NINETY-FIRST SESSION

02/14/2019

1.1

Authored by Schomacker The bill was read for the first time and referred to the Committee on Health and Human Services Policy

1.2 1.3 1.4	relating to health care; requiring certain medical assistance enrollees upon eligibility renewal to receive services through fee-for-service; amending Minnesota Statutes 2018, section 256B.056, subdivision 7a.
1.5	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:
1.6	Section 1. Minnesota Statutes 2018, section 256B.056, subdivision 7a, is amended to read:
1.7	Subd. 7a. Periodic renewal of eligibility. (a) The commissioner shall make an annual
1.8	redetermination of eligibility based on information contained in the enrollee's case file and
1.9	other information available to the agency, including but not limited to information accessed
1.10	through an electronic database, without requiring the enrollee to submit any information
1.11	when sufficient data is available for the agency to renew eligibility.
1.12	(b) If the commissioner cannot renew eligibility in accordance with paragraph (a), the
1.13	commissioner must provide the enrollee with a prepopulated renewal form containing
1.14	eligibility information available to the agency and permit the enrollee to submit the form
1.15	with any corrections or additional information to the agency and sign the renewal form via
1.16	any of the modes of submission specified in section 256B.04, subdivision 18.
1.17	(c) An enrollee who is terminated for failure to complete the renewal process may
1.18	subsequently submit the renewal form and required information within four months after
1.19	the date of termination and have coverage reinstated without a lapse, if otherwise eligible
1.20	under this chapter. An enrollee who is terminated under this paragraph and subsequently
1.21	submits a renewal form shall receive services through the fee-for-service system until the
1.22	enrollee's next eligibility redetermination.

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- 2.1 (d) <u>Notwithstanding section 256B.69</u>, upon renewal, any enrollee who has not received
- 2.2 <u>any health care service in the previous year shall not be enrolled in a managed care plan or</u>
- 2.3 <u>county-based purchasing plan upon renewal and shall receive services through the</u>
- 2.4 <u>fee-for-service system until the next eligibility redetermination.</u>
- 2.5 (e) Notwithstanding paragraph (a), individuals eligible under subdivision 5 shall be
- 2.6 required to renew eligibility every six months.