

A bill for an act

relating to human services; modifying Medicare special needs plans; amending
Minnesota Statutes 2006, section 256B.69, subdivision 28.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. Minnesota Statutes 2006, section 256B.69, subdivision 28, is amended to
read:

Subd. 28. **Medicare special needs plans; medical assistance basic health care.**

(a) The commissioner may contract with qualified Medicare-approved special needs
plans to provide medical assistance basic health care services to persons with disabilities,
including those with developmental disabilities. Basic health care services include:

(1) those services covered by the medical assistance state plan except for ICF/MR
services, home and community-based waiver services, case management for persons with
developmental disabilities under section 256B.0625, subdivision 20a, and personal care
and certain home care services defined by the commissioner in consultation with the
stakeholder group established under paragraph (d); and

(2) basic health care services may also include risk for up to 100 days of nursing
facility services for persons who reside in a noninstitutional setting and home health
services related to rehabilitation as defined by the commissioner after consultation with
the stakeholder group.

The commissioner may exclude other medical assistance services from the basic
health care benefit set. Enrollees in these plans can access any excluded services on the
same basis as other medical assistance recipients who have not enrolled.

H.F. No. 3637, as introduced - 2007-2008th Legislative Session (2007-2008)

Unless a person is otherwise required to enroll in managed care, enrollment in these plans for Medicaid services must be voluntary. For purposes of this subdivision, automatic enrollment with an option to opt out is not voluntary enrollment.

(b) Beginning January 1, 2007, the commissioner may contract with qualified Medicare special needs plans to provide basic health care services under medical assistance to persons who are dually eligible for both Medicare and Medicaid and those Social Security beneficiaries eligible for Medicaid but in the waiting period for Medicare. The commissioner shall consult with the stakeholder group under paragraph (d) in developing program specifications for these services. The commissioner shall report to the chairs of the house and senate committees with jurisdiction over health and human services policy and finance by February 1, 2007, on implementation of these programs and the need for increased funding for the ombudsman for managed care and other consumer assistance and protections needed due to enrollment in managed care of persons with disabilities. Payment for Medicaid services provided under this subdivision for the months of May and June will be made no earlier than July 1 of the same calendar year.

(c) Beginning January 1, 2008, the commissioner may expand contracting under this subdivision to all persons with disabilities not otherwise required to enroll in managed care.

(d) The commissioner shall establish a state-level stakeholder group to provide advice on managed care programs for persons with disabilities, including both MnDHO and contracts with special needs plans that provide basic health care services as described in paragraphs (a) and (b). The stakeholder group shall provide advice on program expansions under this subdivision and subdivision 23, including:

(1) implementation efforts;

(2) consumer protections; and

(3) program specifications such as quality assurance measures, data collection and reporting, and evaluation of costs, quality, and results.

(e) Each plan under contract to provide medical assistance basic health care services shall establish a local or regional stakeholder group, including representatives of the counties covered by the plan, members, consumer advocates, and providers, for advice on issues that arise in the local or regional area.

(f) Each plan under contract to provide medical assistance basic health care services shall provide a monthly report to the counties that includes information on the number of enrollees and the status of any pending disenrollments. Plans shall (1) develop discharge plans for enrollees who disenroll or are terminated; and (2) provide necessary information on disenrolled individuals to the counties at no cost.