A bill for an act

relating to human services; requiring the commissioner to recommend a plan to establish a single public health care program; simplifying eligibility and enrollment processes; automating systems; requiring a report; amending Minnesota Statutes 2010, section 256.014, by adding a subdivision.

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

Section 1. Minnesota Statutes 2010, section 256.014, is amended by adding a subdivision to read:

Subd. 5. **Simplification of eligibility and enrollment process.** (a) The commissioner shall partner with counties, a service delivery authority established under chapter 402A, the Office of Enterprise Technology, and other state agencies and service delivery partners to simplify and streamline human services eligibility and enrollment processes. Primary objectives for the simplification effort include significantly improved eligibility processing productivity resulting in reduced time for eligibility determination and enrollment, increased customer service for persons applying for and receiving services, increased program integrity, and greater administrative flexibility.

(b) The commissioner shall develop a service-oriented business architecture for a fully automated medical, cash support, food support, and child care eligibility and enrollment process that aligns with and supports the business processes and technology tools of any developed health insurance exchange. The commissioner shall use the eligibility and enrollment business architecture to create an integrated and collaborative service delivery framework for evolving or maintaining existing information technology and acquiring new information technology. The agency's plan and program for creating the business architecture and integrated service delivery framework shall include counties, service delivery authorities, the Office of Enterprise Technology, collaborative partners,

and end users in the delivery of human services and the governance of these efforts. Governance will include an Enterprise Architecture Board which shall be chaired by the commissioner's chief information officer or chief architect.

(c) The commissioner's chief information officer or chief architect shall ensure agency compliance with the prompt, efficient, and effective implementation of the provisions in this subdivision. The chief information officer or chief architect, along with at least one of the county representatives appointed by the Association of Minnesota Counties, shall report to the legislature on implementation progress every six months beginning January 15, 2012.

(d) The chief information officer or chief architect shall work with the Minnesota Association of County Social Service Administrators and the Office of Enterprise Technology to develop collaborative task forces to support implementation of the provisions in this subdivision. Specific mandated projects included as part of an integrated eligibility and enrollment service delivery framework include, but are not limited to the following.

(1) The commissioner shall develop an applicant screening tool to determine potential eligibility as part of the online application process. This provision shall be fully operational by January 1, 2012.

(2) The commissioner shall use electronic databases to verify application and renewal data as required by law. Exceptions to electronic verification shall be limited and defined by the commissioner. This provision shall be fully operational by July 1, 2012.

(3) The commissioner shall create a self-service Web site which will allow individuals to apply for services, renew eligibility, and access online accounts. Online accounts shall be accessible by applicants, enrollees, and third parties acting on behalf of applicants and enrollees. At a minimum, online accounts shall contain date of application, application data, status of eligibility determinations, premium and spend down amounts and due dates, recertification dates, and required verifications and supplemental information. This provision shall be fully operational by July 1, 2012.

(4) The commissioner shall create a statewide electronic document management system architecture that provides for seamless electronic transfer of all documents required for eligibility and enrollment processes. All entities processing eligibility and enrollment within the state shall use the electronic management system to accept and transfer eligibility and enrollment documents. Processing entities include the state, counties, service delivery authorities established under chapter 402A, any health insurance exchange, and authorized third parties. The electronic document management system architecture must interface with existing document management systems and automated

eligibility systems. Documents produced by the agency must contain bar codes that must be used by all entities processing eligibility. This provision shall be fully operational by January 1, 2013.

(5) The commissioner shall create recertification forms preprinted with name, case number information, eligibility data, and a bar code for use with the statewide electronic document management system. This provision shall be fully operational by January 1, 2013.

(6) The commissioner shall create a statewide interactive voice response system that provides case information for applicants, enrollees, and authorized third parties. This provision shall be fully operational by January 1, 2014.

(7) The commissioner shall create a centralized customer contact center that applicants, enrollees, and authorized third parties can use to receive program information, application assistance, and case information, report changes, make cost-sharing payments, and conduct other eligibility and enrollment transactions. This provision shall be fully operational by January 1, 2014.

(e) The provisions in paragraph (d) shall be fully integrated as part of any automated eligibility system. The commissioner shall seek federal financial participation to fund development of the automated eligibility system.

(f) In order to support an integrated service delivery framework, create maximum efficiencies, increase transparency, and reduce consumer confusion on health care options, the commissioner shall make recommendations on simplifying current Minnesota health care programs to one program. This program must have clearly defined bright-line eligibility standards and consistent rules, administrative processes, technology, and infrastructure support that align with federal standards, rules, and administrative processes. An established minimum federal poverty guidelines base shall be consistent with the 2014 minimum federal eligibility standard of 133 percent of the federal poverty guidelines for medical assistance. Recommended program design must include benefit design, service delivery, and cost sharing. Recommendations must also include financing options, including a proposed reallocation of the Health Care Access Fund. The commissioner shall seek input from Minnesota health care program service delivery stakeholders and present recommendations to the legislature by January 15, 2012.