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State of Minnesota  
**HOUSE OF REPRESENTATIVES**

NINETIETH SESSION

**H. F. No. 83**

01/09/2017 Authored by Scott  
The bill was read for the first time and referred to the Committee on Civil Law and Data Practices Policy  
01/11/2017 Adoption of Report: Amended and re-referred to the Committee on Commerce and Regulatory Reform

- 1.1 A bill for an act
- 1.2 relating to health care; providing for verification of eligibility for premium
- 1.3 assistance; providing that certain health plan rate data are public; providing a
- 1.4 temporary program to help pay for health insurance premiums; amending Minnesota
- 1.5 Statutes 2016, section 60A.08, subdivision 15.
- 1.6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:
- 1.7 Section 1. Minnesota Statutes 2016, section 60A.08, subdivision 15, is amended to read:
- 1.8 Subd. 15. **Classification of insurance filings data.** (a) All forms, rates, and related
- 1.9 information filed with the commissioner under section 61A.02 shall be nonpublic data until
- 1.10 the filing becomes effective.
- 1.11 (b) All forms, rates, and related information filed with the commissioner under section
- 1.12 62A.02 shall be nonpublic data until the filing becomes effective.
- 1.13 (c) All forms, rates, and related information filed with the commissioner under section
- 1.14 62C.14, subdivision 10, shall be nonpublic data until the filing becomes effective.
- 1.15 (d) All forms, rates, and related information filed with the commissioner under section
- 1.16 70A.06 shall be nonpublic data until the filing becomes effective.
- 1.17 (e) All forms, rates, and related information filed with the commissioner under section
- 1.18 79.56 shall be nonpublic data until the filing becomes effective.
- 1.19 (f) Notwithstanding paragraphs (b) and (c), for all rate increases subject to review under
- 1.20 section 2794 of the Public Health Services Act and any amendments to, or regulations, or
- 1.21 guidance issued under the act that are filed with the commissioner on or after September 1,
- 1.22 2011, the commissioner:

(1) may acknowledge receipt of the information;

(2) may acknowledge that the corresponding rate filing is pending review;

(3) must provide public access from the Department of Commerce's Web site to parts I and II of the Preliminary Justifications of the rate increases subject to review; and

(4) must provide notice to the public on the Department of Commerce's Web site of the review of the proposed rate, which must include a statement that the public has 30 calendar days to submit written comments to the commissioner on the rate filing subject to review.

(g) Notwithstanding paragraphs (b) and (c), for all rates for individual health plans, as defined in section 62A.011, subdivision 4, and small employer plans, as defined in section 62L.02, subdivision 28, the commissioner must provide:

(1) public access to the information described in clause (2) from the Department of Commerce's Web site within ten days of receiving a rate filing from a health plan, as defined in section 62A.011, subdivision 3; and

(2) compiled data of the proposed change to rates separated by health plan and geographic rating area.

**EFFECTIVE DATE.** This section is effective 30 days following final enactment.

**Sec. 2. TRANSITION OF CARE COVERAGE FOR CALENDAR YEAR 2017;  
REQUEST FOR AUTHORIZATION.**

(a) The definitions in Minnesota Statutes, sections 62A.011 and 62Q.01, apply to this section.

(b) An enrollee's health plan company may require medical records and other supporting documentation to be submitted with a request for authorization for transition of care coverage. If authorization is denied, the health plan company must explain the criteria used to make its decision on the request for authorization and must explain the enrollee's right to appeal the decision. If an enrollee chooses to appeal a denial, the enrollee must appeal the denial within five business days of the date on which the enrollee receives the denial. If authorization is granted, the health plan company must provide the enrollee, within five business days of granting the authorization, with an explanation of how transition of care will be provided.

**EFFECTIVE DATE.** This section is effective for health plans issued after December 31, 2016, and before March 2, 2017, and that are in effect for all or a portion of calendar year 2017. This section expires June 30, 2018.

3.1 Sec. 3. **VERIFYING ELIGIBILITY FOR PREMIUM ASSISTANCE; PROGRAM**  
3.2 **INTEGRITY.**

3.3 Subdivision 1. **Verification of residency.** The commissioner of management and budget  
3.4 may access data from the Department of Employment and Economic Development and the  
3.5 Department of Revenue to verify that persons applying for health care premium assistance  
3.6 are residents of Minnesota.

3.7 Subd. 2. **Program integrity.** The commissioner of revenue shall review information  
3.8 available from Minnesota Management and Budget, the Department of Human Services,  
3.9 MNsure, and the most recent Minnesota tax records to identify ineligible individuals who  
3.10 received health care premium assistance. The commissioner of revenue shall recover the  
3.11 amount of any premium assistance paid on behalf of an ineligible individual from the  
3.12 ineligible individual, in the manner provided by law for the collection of unpaid taxes or  
3.13 erroneously paid refunds of taxes.

3.14 **EFFECTIVE DATE.** This section is effective the day following final enactment.

3.15 Sec. 4. **DEFINITIONS.**

3.16 Subdivision 1. **Scope.** For purposes of this section and section 5, the following terms  
3.17 have the meanings given, unless the context clearly indicates otherwise.

3.18 Subd. 2. **Commissioner.** "Commissioner" means the commissioner of Minnesota  
3.19 Management and Budget.

3.20 Subd. 3. **Eligible individual.** "Eligible individual" means an individual who:

3.21 (1) is a resident of Minnesota;

3.22 (2) purchased qualified health coverage for calendar year 2017;

3.23 (3) meets the income eligibility requirements under section 3, subdivision 3;

3.24 (4) is not receiving a premium assistance credit under section 36B of the Internal Revenue  
3.25 Code for calendar year 2017; and

3.26 (5) is approved by the commissioner as qualifying for premium assistance.

3.27 Subd. 4. **Health plan.** "Health plan" has the meaning provided in Minnesota Statutes,  
3.28 section 62A.011, subdivision 3.

3.29 Subd. 5. **Health plan company.** "Health plan company" means a health carrier, as  
3.30 defined in Minnesota Statutes, section 62A.011, subdivision 2, that provides qualified health

coverage in the individual market through MNsure or outside of MNsure to Minnesota resident individuals in 2017.

Subd. 6. **Individual market.** "Individual market" means the individual market as defined in Minnesota Statutes, section 62A.011, subdivision 5.

Subd. 7. **Internal Revenue Code.** "Internal Revenue Code" means the Internal Revenue Code as amended through December 31, 2016.

Subd. 8. **Modified adjusted gross income.** "Modified adjusted gross income" means the modified adjusted gross income for taxable year 2016, as defined in section 36B(d)(2)(B) of the Internal Revenue Code.

Subd. 9. **Premium assistance.** "Premium assistance," "assistance amount," or "assistance" means the amount allowed to an eligible individual as determined by the commissioner under section 3 as a percentage of the qualified premium.

Subd. 10. **Program.** "Program" means the premium assistance program established under section 1.

Subd. 11. **Qualified health coverage.** "Qualified health coverage" means health coverage provided under a qualified health plan, as defined in Minnesota Statutes, section 62V.02, subdivision 11, or provided under a health plan that meets the standards of a qualified health plan except that it is not purchased through MNsure, and is:

(1) offered to individuals in the individual market;

(2) not a grandfathered health plan, as defined in section 36B of the Internal Revenue Code; and

(3) provided by a health plan company through MNsure or outside of MNsure.

Subd. 12. **Qualified premium.** "Qualified premium" means the premium for qualified health coverage purchased by an eligible individual.

**EFFECTIVE DATE.** This section is effective the day following final enactment.

## Sec. 5. **PREMIUM ASSISTANCE AMOUNT.**

Subdivision 1. **Applications by individuals; notification of eligibility.** (a) An eligible individual may apply to the commissioner to receive premium assistance under this section at any time after purchase of qualified health coverage, but no later than January 31, 2018. The commissioner shall prescribe the manner and form for applications, including requiring any information the commissioner considers necessary or useful in determining whether an

applicant is eligible and the assistance amount allowed to the individual under this section.  
The application must include a Tennessee warning as provided in Minnesota Statutes,  
section 13.04, subdivision 2. The commissioner shall make application forms available on  
the agency's Web site.

(b) The commissioner shall notify applicants of their eligibility status under the program,  
including, for applicants determined to be eligible, their premium assistance amount.

Subd. 2. **Health plan companies.** (a) Through June 30, 2018, each health plan company  
shall provide to the commissioner, by the first of each month and any other times the  
commissioner requires, an effectuated coverage list with the following information for each  
individual for whom it provides qualified health coverage:

(1) the name, address, and age of each individual covered by the health plan, and any  
other identifying information that the commissioner determines appropriate to administer  
the program;

(2) the qualified premium for the coverage;

(3) whether the coverage is individual or family coverage; and

(4) whether the individual is receiving advance payment of the credit under section 36B  
of the Internal Revenue Code.

(b) A health plan company must notify the commissioner of coverage terminations of  
eligible individuals within ten business days.

(c) Each health plan company shall make the application forms developed by the  
commissioner under subdivision 1 available on the company's Web site, and shall include  
application forms with premium notices for individual health coverage.

Subd. 3. **Contracting.** The commissioner may contract with a third-party administrator  
to determine eligibility for and administer premium assistance under this section.

Subd. 4. **Verification.** The commissioner shall verify that persons applying for premium  
assistance are residents of Minnesota. The commissioner may access information from the  
Department of Employment and Economic Development and the Department of Revenue  
when verifying residency.

Subd. 5. **Data practices.** (a) Information provided to the commissioner under subdivisions  
1 and 2 are private data on individuals as defined in Minnesota Statutes, section 13.02,  
subdivision 12.

- 6.1 (b) Notwithstanding the commissioner's retention schedule, the commissioner must  
6.2 destroy data provided under subdivision 2 on June 30, 2018.
- 6.3 **EFFECTIVE DATE.** This section is effective the day following final enactment.