

SENATE
STATE OF MINNESOTA
EIGHTY-NINTH SESSION

S.F. No. 643

(SENATE AUTHORS: HAYDEN, Rosen, Lourey, Hawj and Marty)

DATE	D-PG	OFFICIAL STATUS
02/09/2015	237	Introduction and first reading Referred to Health, Human Services and Housing
03/04/2015	516	Comm report: To pass and re-referred to Finance See SF1458

A bill for an act

relating to human services; establishing a health care program for low-income uninsured adults and children who are ineligible for medical assistance or MinnesotaCare; amending Minnesota Statutes 2014, section 256B.06, by adding a subdivision; proposing coding for new law in Minnesota Statutes, chapter 256L.

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

Section 1. Minnesota Statutes 2014, section 256B.06, is amended by adding a subdivision to read:

Subd. 6. Low-income uninsured health program. (a) The commissioner shall establish a program that provides coverage to low-income uninsured adults who are 21 years of age or older and who meet the requirements of this subdivision.

(b) To be eligible for coverage under this subdivision, an individual must: (1) not be eligible for medical assistance or MinnesotaCare; (2) have a family income equal to or less than 133 percent of the federal poverty guidelines; and (3) have been determined eligible for emergency medical assistance under subdivision 4, paragraph (e) or (f), or the individual's treating health care provider has certified that the individual has an emergency medical condition as defined in United States Code, title 42, section 1396b(v), that is likely to lead to the individual being admitted to a hospital or emergency department, unless intervening health care treatment is provided.

(c) Eligibility under this subdivision shall continue for as long as the individual continues to have the underlying medical condition that gave rise to the initial emergency medical condition.

(d) The program shall cover the services described under section 256B.0625, except as otherwise specified in this subdivision. Services that are covered under emergency medical assistance under subdivision 4, paragraphs (e) to (h), shall continue to be covered

2.1 under emergency medical assistance. The commissioner shall coordinate the program
2.2 with the federally subsidized emergency medical assistance program with the goal of
2.3 making transitions between the programs seamless and invisible to the enrollee to the
2.4 extent possible.

2.5 (e) All cost-sharing provisions under section 256B.0631 shall apply.

2.6 (f) The commissioner may contract with health care delivery systems established
2.7 under section 256B.0755 or 256B.0756 to administer the program authorized under this
2.8 subdivision. The commissioner may delegate to a contractor the responsibility to determine
2.9 eligibility, perform case reviews, and authorize payment. The commissioner shall contract
2.10 on a capitated or fixed budget basis under which the delivery system shall be responsible
2.11 for providing the covered services to eligible individuals within the limits of the capitation
2.12 or budgeted amount. The commissioner may separate nursing facility services, home
2.13 and community-based services, and pharmacy services from the other covered services
2.14 and may provide payment for these services through fee-for-service payments. If no
2.15 health care delivery systems are willing to contract with the commissioner in a geographic
2.16 area of the state, the commissioner shall administer the program as a fee-for-service
2.17 program in that area, but shall establish additional utilization review and care management
2.18 requirements in order to control the costs of the program and to ensure care coordination.

2.19 (g) The commissioner may authorize coverage and payment for additional services
2.20 determined by the commissioner to be cost-effective because the services are likely to
2.21 produce offsetting reductions in costs for inpatient hospital services, emergency services,
2.22 or other covered services.

2.23 (h) The commissioner shall ensure than an eligible adult is provided the opportunity
2.24 to receive covered services through any essential community provider, as defined in
2.25 section 62Q.19, and that the terms of participation of an essential community provider
2.26 conform with the requirements of section 62Q.19.

2.27 **Sec. 2. [256L.30] LOW-INCOME UNINSURED CHILDREN'S HEALTH**
2.28 **PROGRAM.**

2.29 Subdivision 1. **General.** (a) The commissioner shall establish a program that
2.30 provides coverage to low-income uninsured children who are under 21 years of age.

2.31 (b) A child is eligible for the program under this section if the child's family income
2.32 is equal to or less than 275 percent of the federal poverty guidelines for the applicable
2.33 family size and if the child meets all other eligibility requirements under this chapter, with
2.34 the exception of the citizenship requirements under section 256L.04, subdivision 10.

3.1 (c) Children who are eligible for medical assistance under chapter 256B or
3.2 MinnesotaCare under this chapter are not eligible for the program under this section.

3.3 (d) All application, navigation services, eligibility determination, enrollment,
3.4 disenrollment, and premium requirements and procedures of the MinnesotaCare program
3.5 apply to this program, except as otherwise specified in this section.

3.6 Subd. 2. **Covered services.** (a) The program covers the services described under
3.7 section 256L.03, except as otherwise specified in this subdivision.

3.8 (b) The program does not cover services for an emergency medical condition that
3.9 are covered by emergency medical assistance under section 256B.06, subdivision 4,
3.10 paragraphs (e) to (h). The commissioner shall coordinate the program with the federally
3.11 subsidized emergency medical assistance program with the goal of making transitions
3.12 between the programs seamless and invisible to the enrollee to the extent possible.

3.13 Subd. 3. **Premiums and cost-sharing.** For children who are eligible under
3.14 subdivision 1, the premium and cost-sharing provisions of the MinnesotaCare program
3.15 shall apply.

3.16 Subd. 4. **Service delivery.** (a) The commissioner may contract with managed care
3.17 plans, county-based purchasing plans, provider networks, nonprofit coverage programs,
3.18 counties, or health care delivery systems established under section 256B.0755 or
3.19 256B.0756 to administer the program authorized under this section in order to control the
3.20 costs of the program through care coordination, limited provider networks, fee discounts,
3.21 and other methods.

3.22 (b) The commissioner shall ensure that an eligible child is provided the opportunity
3.23 to receive covered services from any essential community provider, as defined in section
3.24 62Q.19, and that the terms of participation of the essential community provider conform
3.25 with the requirements of section 62Q.19.

3.26 **EFFECTIVE DATE.** This section is effective July 1, 2015.

3.27 Sec. 3. **FEDERAL APPROVAL.**

3.28 The commissioner of human services shall seek federal approval for changes to the
3.29 emergency medical assistance program to allow coverage and payment for cost-effective
3.30 community-based and outpatient services as an alternative to hospital inpatient and
3.31 emergency department services in order to reduce the total cost of care.