SENATE STATE OF MINNESOTA EIGHTY-SEVENTH LEGISLATURE S.F. No. 32

(SENATE AUTHORS: HANN and Chamberlain)

DATE	D-PG	OFFICIAL STATUS
01/13/2011	49	Introduction and first reading
		Referred to Health and Human Services
01/18/2011	59	Author added Chamberlain
02/02/2011	136a	Comm report: To pass as amended and re-refer to Commerce and Consumer Protection
02/17/2011	253a	Comm report: To pass as amended and re-refer to Finance
02/24/2011	282	Comm report: To pass
	284	Second reading
05/03/2011	1707	HF substituted on General Orders HF8

1.1	A bill for an act
1.2	relating to human services; establishing the healthy Minnesota contribution
1.3	program; requiring plan to redesign service delivery for lower-income
1.4	MinnesotaCare enrollees; amending Minnesota Statutes 2010, section 256L.05,
1.5	by adding a subdivision; proposing coding for new law in Minnesota Statutes,
1.6	chapter 256L.
1.7	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:
1.8	Section 1. [256L.031] HEALTHY MINNESOTA CONTRIBUTION PROGRAM.
1.9	Subdivision 1. Defined contributions to enrollees. (a) Beginning January 1, 2012,
1.10	the commissioner shall provide each MinnesotaCare enrollee eligible under section
1.11	256L.04, subdivision 7, with gross family income equal to or greater than 133 percent
1.12	of the federal poverty guidelines, with a monthly defined contribution to purchase health
1.13	coverage under a health plan as defined in section 62A.011, subdivision 3. Beginning
1.14	January 1, 2012, or upon federal approval, whichever is later, the commissioner shall
1.15	provide each MinnesotaCare enrollee eligible under section 256L.04, subdivision 1, with
1.16	gross family income equal to or greater than 133 percent of the federal poverty guidelines,
1.17	with a monthly defined contribution to purchase health coverage under a health plan as
1.18	defined in section 62A.011, subdivision 3.
1.19	(b) Enrollees eligible under paragraph (a) shall not be charged premiums under
1.20	section 256L.15 and are exempt from the managed care enrollment requirement of section
1.21	<u>256L.12.</u>
1.22	(c) Sections 256L.03 and 256L.05, subdivision 3, do not apply to enrollees eligible
1.23	under paragraph (a). Covered services, cost-sharing, and the effective date of coverage for
1.24	enrollees eligible under paragraph (a) shall be as provided under the terms of the health
1.25	plan purchased by the enrollee.

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2.1	Subd. 2. Use of defined contribution	tion. An enrollee may use up to the monthly
2.2	defined contribution only to pay premiu	ms for coverage under a health plan as defined in
2.3	section 62A.011, subdivision 3.	
2.4	Subd. 3. Determination of define	ed contribution amount. (a) The commissioner
2.5		sliding scale using the base contribution specified
2.6		nges. The commissioner shall use a sliding scale
2.7	for defined contributions that provides:	1505. The commissioner shall use a shalling source
	_	as aqual to 122 paraant of the federal poverty
2.8		es equal to 133 percent of the federal poverty
2.9	guidelines with a defined contribution o	-
2.10		es equal to 175 percent of the federal poverty
2.11	guidelines with a defined contribution o	
2.12	(3) persons with household incom	es equal to or greater than 250 percent of
2.13	the federal poverty guidelines with a de	fined contribution of 80 percent of the base
2.14	contribution; and	
2.15	(4) persons with household incom	es in evenly spaced increments between the
2.16	percentages of the federal poverty guide	eline specified in clauses (1) to (3) with a base
2.17	contribution that is a percentage interpo	lated from the defined contribution percentages
2.18	specified in clauses (1) to (3).	
2.19	Age	Monthly Per-Person Base Contribution
2.20	Under 21	<u>\$122.79</u>
2.21	<u>21-29</u>	122.79
2.22	<u>30-31</u>	<u>129.19</u>
2.23	<u>32-33</u>	132.38
2.24	<u>34-35</u>	<u>134.31</u>
2.25	<u>36-37</u>	136.06
2.26	<u>38-39</u>	<u>141.02</u>
2.27	40-41	<u>151.25</u>
2.28	42-43	<u>159.89</u>
2.29	44-45	<u>175.08</u>
2.30	46-47	<u>191.71</u>
2.31	48-49	<u>213.13</u>
2.32	<u>50-51</u>	239.51
2.33	<u>52-53</u>	<u>266.69</u>
2.34	<u>54-55</u>	<u>293.88</u>
2.35	<u>56-57</u>	<u>323.77</u>
2.36	<u>58-59</u>	<u>341.20</u>
2.37	<u>60+</u>	<u>357.19</u>
2.372.38		<u>357.19</u> By the defined contribution amounts developed

3.1	health plan by a health plan company and who purchase coverage through the Minnesota
3.2	Comprehensive Health Association.
3.3	Subd. 4. Administration by commissioner. The commissioner shall administer the
3.4	defined contributions. The commissioner shall:
3.5	(1) calculate and process defined contributions for enrollees; and
3.6	(2) pay the defined contribution amount to health plan companies or the Minnesota
3.7	Comprehensive Health Association, as applicable, for enrollee health plan coverage.
3.8	Subd. 5. Assistance to enrollees. The commissioner of human services, in
3.9	consultation with the commissioner of commerce, shall develop an efficient and
3.10	cost-effective method of referring eligible applicants to professional insurance agent
3.11	associations.
3.12	Subd. 6. Minnesota Comprehensive Health Association (MCHA). Beginning
3.13	January 1, 2012, MinnesotaCare enrollees who are denied coverage under an individual
3.14	health plan by a health plan company are eligible for coverage through a health plan
3.15	offered by the Minnesota Comprehensive Health Association. Any difference between the
3.16	revenue and covered losses to the MCHA related to implementation of this section shall
3.17	be paid to the MCHA from the health care access fund.
3.18	Subd. 7. Federal approval. The commissioner shall seek all federal waivers
3.19	and approvals necessary to implement coverage under this section for MinnesotaCare
3.20	enrollees eligible under section 256L.04, subdivision 1, with gross family incomes equal
3.21	to or greater than 133 percent of the federal poverty guidelines, while continuing to
3.22	receive federal matching funds.
3.23	Sec. 2. Minnesota Statutes 2010, section 256L.05, is amended by adding a subdivision
3.24	to read:
3.25	Subd. 6. Referral of veterans. The commissioner shall modify the Minnesota
3.26	health care programs application form to add a question asking applicants: "Are you a U.S.
3.27	military veteran?" The commissioner shall ensure that all applicants for MinnesotaCare
3.28	with incomes less than 133 percent of the federal poverty guidelines who identify
3.29	themselves as veterans are referred to a county veterans service officer for assistance in
3.30	applying to the U.S. Department of Veterans Affairs for any veterans benefits for which
3.31	they may be eligible.

3.32 Sec. 3. COVERAGE FOR LOWER-INCOME MINNESOTACARE

3.33 **ENROLLEES.**

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4.1	The commissioner of human services shall develop and present to the legislature,
4.2	by December 15, 2011, a plan to redesign service delivery for MinnesotaCare enrollees
4.3	eligible under Minnesota Statutes, section 256L.04, subdivisions 1 and 7, with incomes
4.4	less than 133 percent of the federal poverty guidelines. The plan must be designed to
4.5	improve continuity and quality of care, reduce unnecessary emergency room visits, and
4.6	reduce average per-enrollee costs. In developing the plan, the commissioner shall consider
4.7	innovative methods of service delivery, including but not limited to increasing the use
4.8	and choice of private sector health plan coverage and encouraging the use of community
4.9	health clinics, as defined in the federal Community Health Care Act of 1964, as health
4.10	care homes.