

355.16

**ARTICLE 10**

355.17

**MNSURE**355.18 Section 1. Minnesota Statutes 2018, section 62V.05, subdivision 2, is amended to read:

355.19 Subd. 2. **Operations funding.** ~~(a) Prior to January 1, 2015, MNsure shall retain or collect~~  
355.20 ~~up to 1.5 percent of total premiums for individual and small group market health plans and~~  
355.21 ~~dental plans sold through MNsure to fund the cash reserves of MNsure, but the amount~~  
355.22 ~~collected shall not exceed a dollar amount equal to 25 percent of the funds collected under~~  
355.23 ~~section 62E.11, subdivision 6, for calendar year 2012.~~

355.24 ~~(b) Beginning January 1, 2015, MNsure shall retain or collect up to 3.5 percent of total~~  
355.25 ~~premiums for individual and small group market health plans and dental plans sold through~~  
355.26 ~~MNsure to fund the operations of MNsure, but the amount collected shall not exceed a~~  
355.27 ~~dollar amount equal to 50 percent of the funds collected under section 62E.11, subdivision~~  
355.28 ~~6, for calendar year 2012.~~

355.29 ~~(e) (a) Beginning January 1, 2016, through December 31, 2019, MNsure shall retain or~~  
355.30 ~~collect up to 3.5 percent of total premiums for individual and small group market health~~  
355.31 ~~plans and dental plans sold through MNsure to fund the operations of MNsure, but the~~  
356.1 ~~amount collected may never exceed a dollar amount greater than 100 percent of the funds~~  
356.2 ~~collected under section 62E.11, subdivision 6, for calendar year 2012.~~

356.3 ~~(d) For fiscal years 2014 and 2015, the commissioner of management and budget is~~  
356.4 ~~authorized to provide cash flow assistance of up to \$20,000,000 from the special revenue~~  
356.5 ~~fund or the statutory general fund under section 16A.671, subdivision 3, paragraph (a), to~~  
356.6 ~~MNsure. Any funds provided under this paragraph shall be repaid, with interest, by June~~  
356.7 ~~30, 2015.~~

356.8 ~~(b) Beginning January 1, 2020, MNsure shall retain or collect up to two percent of total~~  
356.9 ~~premiums for individual and small group health plans and dental plans sold through MNsure~~  
356.10 ~~to fund the operations of MNsure, but the amount collected may never exceed a dollar~~  
356.11 ~~amount greater than 25 percent of the funds collected under section 62E.11, subdivision 6,~~  
356.12 ~~for calendar year 2012.~~

356.13 ~~(e) (c) Funding for the operations of MNsure shall cover any compensation provided to~~  
356.14 ~~navigators participating in the navigator program.~~

356.15 ~~(d) Interagency agreements between MNsure and the Department of Human Services,~~  
356.16 ~~and the Public Assistance Cost Allocation Plan for the Department of Human Services,~~  
356.17 ~~shall not be modified to reflect any changes to the percentage of premiums that MNsure is~~  
356.18 ~~allowed to retain or collect under this section, and no additional funding shall be transferred~~  
356.19 ~~from the Department of Human Services to MNsure as a result of any changes to the~~  
356.20 ~~percentage of premiums that MNsure is allowed to retain or collect under this section.~~

356.21 Sec. 2. Minnesota Statutes 2018, section 62V.05, subdivision 5, is amended to read:

356.22 Subd. 5. **Health carrier and health plan requirements; participation.** (a) Beginning  
 356.23 January 1, 2015, the board may establish certification requirements for health carriers and  
 356.24 health plans to be offered through MNsure that satisfy federal requirements under ~~section~~  
 356.25 ~~1311(e)(1) of the Affordable Care Act, Public Law 111-148 United States Code, title 42,~~  
 356.26 ~~section 18031(c)(1).~~

356.27 (b) Paragraph (a) does not apply if by June 1, 2013, the legislature enacts regulatory  
 356.28 requirements that:

356.29 (1) apply uniformly to all health carriers and health plans in the individual market;

356.30 (2) apply uniformly to all health carriers and health plans in the small group market; and

356.31 (3) satisfy minimum federal certification requirements under ~~section 1311(e)(1) of the~~  
 356.32 ~~Affordable Care Act, Public Law 111-148 United States Code, title 42, section 18031(c)(1).~~

357.1 (c) In accordance with ~~section 1311(e) of the Affordable Care Act, Public Law 111-148~~  
 357.2 ~~United States Code, title 42, section 18031(e),~~ the board shall establish policies and  
 357.3 procedures for certification and selection of health plans to be offered as qualified health  
 357.4 plans through MNsure. The board shall certify and select a health plan as a qualified health  
 357.5 plan to be offered through MNsure, if:

357.6 (1) the health plan meets the minimum certification requirements established in paragraph  
 357.7 (a) or the market regulatory requirements in paragraph (b);

357.8 (2) the board determines that making the health plan available through MNsure is in the  
 357.9 interest of qualified individuals and qualified employers;

357.10 (3) the health carrier applying to offer the health plan through MNsure also applies to  
 357.11 offer health plans at each actuarial value level and service area that the health carrier currently  
 357.12 offers in the individual and small group markets; and

357.13 (4) the health carrier does not apply to offer health plans in the individual and small  
 357.14 group markets through MNsure under a separate license of a parent organization or holding  
 357.15 company under section 60D.15, that is different from what the health carrier offers in the  
 357.16 individual and small group markets outside MNsure.

357.17 (d) In determining the interests of qualified individuals and employers under paragraph  
 357.18 (c), clause (2), the board may not exclude a health plan for any reason specified under ~~section~~  
 357.19 ~~1311(e)(1)(B) of the Affordable Care Act, Public Law 111-148 United States Code, title~~  
 357.20 ~~42, section 18031(e)(1)(B). The board may consider:~~

357.21 (1) ~~affordability;~~

357.22 (2) ~~quality and value of health plans;~~

357.23 (3) ~~promotion of prevention and wellness;~~

- 357.24 ~~(4) promotion of initiatives to reduce health disparities;~~
- 357.25 ~~(5) market stability and adverse selection;~~
- 357.26 ~~(6) meaningful choices and access;~~
- 357.27 ~~(7) alignment and coordination with state agency and private sector purchasing strategies~~
- 357.28 ~~and payment reform efforts; and~~
- 357.29 ~~(8) other criteria that the board determines appropriate.~~
- 357.30 (e) A health plan that meets the minimum certification requirements under paragraph
- 357.31 (c) and United States Code, title 42, section 18031(c)(1), and any regulations and guidance
- 358.1 issued under that section, is deemed to be in the interest of qualified individuals and qualified
- 358.2 employers. The board shall not establish certification requirements for health carriers and
- 358.3 health plans for participation in MNsure that are in addition to the certification requirements
- 358.4 under paragraph (c) and United States Code, title 42, section 18031(c)(1), and any regulations
- 358.5 and guidance issued under that section. The board shall not determine the cost of, cost-sharing
- 358.6 elements of, or benefits provided in health plans sold through MNsure.
- 358.7 (f) For qualified health plans offered through MNsure on or after January 1, 2015,
- 358.8 the board shall establish policies and procedures under paragraphs (c) and (d) for selection
- 358.9 of health plans to be offered as qualified health plans through MNsure by February 1 of
- 358.10 each year, beginning February 1, 2014. The board shall consistently and uniformly apply
- 358.11 all policies and procedures and any requirements, standards, or criteria to all health carriers
- 358.12 and health plans. For any policies, procedures, requirements, standards, or criteria that are
- 358.13 defined as rules under section 14.02, subdivision 4, the board may use the process described
- 358.14 in subdivision 9.
- 358.15 (f) For 2014, the board shall not have the power to select health carriers and health plans
- 358.16 for participation in MNsure. The board shall permit all health plans that meet the certification
- 358.17 requirements under section 1311(e)(1) of the Affordable Care Act, Public Law 111-148, to
- 358.18 be offered through MNsure.
- 358.19 (g) Under this subdivision, the board shall have the power to verify that health carriers
- 358.20 and health plans are properly certified to be eligible for participation in MNsure.
- 358.21 (h) The board has the authority to decertify health carriers and health plans that fail to
- 358.22 maintain compliance with section 1311(e)(1) of the Affordable Care Act, Public Law 111-148,
- 358.23 United States Code, title 42, section 18031(c)(1).
- 358.24 (i) For qualified health plans offered through MNsure beginning January 1, 2015, health
- 358.25 carriers must use the most current addendum for Indian health care providers approved by
- 358.26 the Centers for Medicare and Medicaid Services and the tribes as part of their contracts with
- 358.27 Indian health care providers. MNsure shall comply with all future changes in federal law
- 358.28 with regard to health coverage for the tribes.
- 358.29 Sec. 3. Minnesota Statutes 2018, section 62V.05, subdivision 10, is amended to read:

358.30 Subd. 10. **Limitations; risk-bearing.** (a) The board shall not bear insurance risk or enter  
358.31 into any agreement with health care providers to pay claims.

358.32 (b) Nothing in this subdivision shall prevent MNsure from providing insurance for its  
358.33 employees.

359.1 (c) The commissioner of human services shall not bear insurance risk or enter into any  
359.2 agreement with providers to pay claims for any health coverage administered by the  
359.3 commissioner that is made available for purchase through the MNsure website as a qualifying  
359.4 health plan or as an alternative to purchasing a qualifying health plan through MNsure or  
359.5 an individual health plan offered outside of MNsure.

359.6 (d) Nothing in this subdivision shall prohibit:

359.7 (1) the commissioner of human services from administering the medical assistance  
359.8 program under chapter 256B and the MinnesotaCare program under chapter 256L, as long  
359.9 as health coverage under these programs is not purchased by the individual through the  
359.10 MNsure Web site; and

359.11 (2) employees of the Department of Human Services from obtaining insurance from the  
359.12 state employee group insurance program.

359.13 Sec. 4. Minnesota Statutes 2018, section 62V.08, is amended to read:  
359.14 **62V.08 REPORTS.**

359.15 (a) MNsure shall submit a report to the legislature by January 15, 2015, and each January  
359.16 15 thereafter, on: (1) the performance of MNsure operations; (2) meeting MNsure  
359.17 responsibilities; (3) an accounting of MNsure budget activities; (4) practices and procedures  
359.18 that have been implemented to ensure compliance with data practices laws, and a description  
359.19 of any violations of data practices laws or procedures; and (5) the effectiveness of the  
359.20 outreach and implementation activities of MNsure in reducing the rate of uninsurance.

359.21 (b) MNsure must publish its administrative and operational costs on a website to educate  
359.22 consumers on those costs. The information published must include: (1) the amount of  
359.23 premiums and federal premium subsidies collected; (2) the amount and source of revenue  
359.24 received under section 62V.05, subdivision 1, paragraph (b), clause (3); (3) the amount and  
359.25 source of any other fees collected for purposes of supporting operations; and (4) any misuse  
359.26 of funds as identified in accordance with section 3.975. The website must be updated at  
359.27 least annually.

359.28 (c) As part of the report required to be submitted to the legislature in paragraph (a), and  
359.29 the information required to be published in paragraph (b), MNsure shall include the total  
359.30 amount spent on business continuity planning, data privacy protection, and cyber security  
359.31 provisions.

360.1 Sec. 5. Laws 2015, chapter 71, article 12, section 8, is amended to read:

360.2 Sec. 8. **EXPANDED ACCESS TO QUALIFIED HEALTH PLANS AND SUBSIDIES.**

360.3 The commissioner of commerce, in consultation with the Board of Directors of MNsure  
360.4 and the MNsure Legislative Oversight Committee, shall develop a proposal to allow  
360.5 individuals to purchase qualified health plans outside of MNsure directly from health plan  
360.6 companies and to allow eligible individuals to receive advanced premium tax credits and  
360.7 cost-sharing reductions when purchasing these health plans. The commissioner shall seek  
360.8 all federal waivers and approvals necessary to implement this proposal and shall submit the  
360.9 necessary federal waivers and approvals to the federal government no later than October 1,  
360.10 2019. The commissioner shall submit a draft proposal to the MNsure board and the MNsure  
360.11 Legislative Oversight Committee at least 30 days before submitting a final proposal to the  
360.12 federal government no later than September 1, 2019, and shall notify the board and legislative  
360.13 oversight committee of any federal decision or action related to the proposal.

360.14 Sec. 6. **MNSURE PROGRAM DEVELOPMENT.**

360.15 No funds shall be appropriated to the Board of Directors of MNsure for new program  
360.16 development until 834 EDI transmissions are being processed automatically and are  
360.17 conveying accurate information without the intervention of manual reviews and processes.

360.18 Sec. 7. **RATES FOR INDIVIDUAL MARKET HEALTH AND DENTAL PLANS**  
360.19 **FOR 2020.**

360.20 (a) Health carriers must take into account the reduction in the premium withhold  
360.21 percentage under Minnesota Statutes, section 62V.05, subdivision 2, applicable beginning  
360.22 in calendar year 2020 for individual market health plans and dental plans sold through  
360.23 MNsure when setting rates for individual market health plans and dental plans for calendar  
360.24 year 2020.

360.25 (b) For purposes of this section, "dental plan," "health carrier," "health plan," and  
360.26 "individual market" have the meanings given in Minnesota Statutes, section 62V.02.

360.27 Sec. 8. **REQUEST FOR INFORMATION ON A PRIVATIZED STATE-BASED**  
360.28 **MARKETPLACE SYSTEM.**

360.29 (a) The commissioner of human services, in consultation with the commissioners of  
360.30 commerce and health, and interested stakeholders, shall develop a request for information  
360.31 to consider the feasibility for a private vendor to provide the technology functionality for  
361.1 the individual market currently provided by MNsure. The request shall seek options for a  
361.2 privately run automated web-based broker system that provides certain core functions  
361.3 including eligibility and enrollment functions, consumer outreach and assistance, and the  
361.4 ability for consumers to compare and choose different qualified health plans. The system  
361.5 must have the ability to integrate with the federal data hub and have account transfer  
361.6 functionality to accept application handoffs compatible with the Medicaid and MinnesotaCare  
361.7 eligibility and enrollment system maintained by the Department of Human Services.

361.8 (b) The commissioner shall report to the chairs and ranking minority members of the  
361.9 legislative committees with jurisdiction over health insurance by February 15, 2020, the

361.10 results of the request for information and an analysis of the option for a privatized

361.11 marketplace, including estimated costs.