

1.1 ..... moves to amend H.F. No. 1638, the delete everything amendment  
1.2 (H1638DE1), as follows:

1.3 Page 3, after line 6, insert:

1.4 "**Sec. 2. [62Q.671] PROVISION OF HEALTH PLAN INFORMATION.**

1.5 **Subdivision 1. Availability on Web site.** A health plan company shall make  
1.6 information describing the health plans offered and their availability, including all required  
1.7 elements as specified in section 2715, subsection (b), paragraph (3), of the Public Health  
1.8 Service Act, available to the public on the health plan company's Web site. A health  
1.9 plan company shall also make this information available by other means to individuals  
1.10 without access to the Internet.

1.11 **Subd. 2. Information on individual and small group health plans.** (a) Health  
1.12 plan companies shall provide to the commissioner, for each health plan certified and  
1.13 selected to be offered as a qualified health plan through MNsure and each individual and  
1.14 small group health plan offered outside of MNsure, information regarding premiums and  
1.15 cost-sharing and a summary of benefits and coverage, as required in Code of Federal  
1.16 Regulations, title 45, section 155.205, subsection (b), paragraph (1), clauses (i) and (ii),  
1.17 and Code of Federal Regulations, title 45, section 156.220.

1.18 (b) Health plan companies shall also provide to the commissioner, for each health  
1.19 plan certified and selected to be offered as a qualified health plan through MNsure and  
1.20 for each individual and small group health plan offered outside of MNsure, the following  
1.21 information:

1.22 (1) any exclusions from coverage and any restrictions on the use or quantity of  
1.23 covered items and services in each category of benefits, including prescription drugs and  
1.24 drugs administered in a physician's office or clinic;

1.25 (2) any item or service, including a drug that has a coinsurance requirement, where  
1.26 the cost-sharing required depends on the cost of the item or service;

1.27 (3) any item or service that has a co-payment and the dollar amount of the co-payment;

2.1 (4) whether a specific drug is available on formulary, whether a specific drug  
 2.2 is covered when furnished by a physician or clinic, and any clinical prerequisites or  
 2.3 authorization requirements for coverage of a drug;

2.4 (5) whether specific types of specialists are in network and whether a named  
 2.5 physician is in network;

2.6 (6) the process for a patient to obtain reversal of a health plan company's denial of  
 2.7 an item or service prescribed or ordered by the treating physician; and

2.8 (7) how medications will specifically be included in, or excluded from, the  
 2.9 deductible, including a description of out-of-pocket costs for a medication that may not  
 2.10 apply to the deductible.

2.11 (c) Health plan companies must submit the information required by this subdivision  
 2.12 to the commissioner at least two months prior to the start of each MNsure open enrollment  
 2.13 period. The commissioner shall make the information available to the public on the  
 2.14 agency Web site.

2.15 (d) The commissioner of commerce, in consultation with the commissioner of  
 2.16 health, shall develop and make available to the public a user-friendly Web tool that allows  
 2.17 the information provided under this section to be compared across health plan companies  
 2.18 and across health plans.

2.19 **EFFECTIVE DATE.** This section is effective July 1, 2017."

2.20 Page 5, delete section 5

2.21 Page 10, delete section 9

2.22 Page 26, line 16, delete "they" and insert "the agreements"

2.23 Page 33, after line 3, insert:

2.24 "Sec. 22. Minnesota Statutes 2014, section 256B.69, is amended by adding a  
 2.25 subdivision to read:

2.26 **Subd. 36. Information on health plan coverage.** The commissioner shall require  
 2.27 each managed care plan and county-based purchasing plan to report the information  
 2.28 required under section 62Q.671, subdivision 2, paragraph (b), as applicable, for health  
 2.29 plans offered to medical assistance enrollees. The commissioner shall make this  
 2.30 information available to the public on the agency Web site.

2.31 **EFFECTIVE DATE.** This section is effective July 1, 2017."

2.32 Page 44, line 25, after the semicolon, insert "and"

2.33 Page 46, delete section 32 and insert:

2.34 "Sec. 32. **REQUEST FOR PROPOSALS.**

3.1 (a) The commissioner of human services shall issue a request for proposals  
 3.2 for a contract to use technologically advanced software and services to improve the  
 3.3 identification and rejection or elimination of:

3.4 (1) improper Medicaid payments before payment is made to the provider; and  
 3.5 (2) improper provision of benefits by a health and economic assistance program  
 3.6 to ineligible individuals.

3.7 (b) The request for proposals must ensure that a system recommended and  
 3.8 implemented by the contractor will:

3.9 (1) implement a more comprehensive, robust, and technologically advanced  
 3.10 improper payments and benefits identification program;

3.11 (2) utilize state of the art fraud detection methods and technologies such as predictive  
 3.12 modeling, link analysis, and anomaly and outlier detection;

3.13 (3) have the ability to identify and report improper claims before the claims are paid;

3.14 (4) have the ability to identify and report the improper provision of benefits under a  
 3.15 health and economic assistance program;

3.16 (5) include a mechanism so that the system improves its detection capabilities over  
 3.17 time;

3.18 (6) leverage technology to make the Medicaid claims evaluation process more  
 3.19 transparent and cost-efficient; and

3.20 (7) result in increased state savings by reducing or eliminating payouts of wrongful  
 3.21 Medicaid claims and the improper provision of health and economic assistance program  
 3.22 benefits.

3.23 (c) Based on responses to the request for proposal, the commissioner must enter into  
 3.24 a contract for the services specified in paragraphs (a) and (b) by October 1, 2015. The  
 3.25 contract shall incorporate a performance-based vendor financing option whereby the  
 3.26 vendor shares in the risk of the project's success.

3.27 (d) For purposes of this section, "health and economic assistance program" means  
 3.28 the medical assistance program under chapter 256B, Minnesota family investment and  
 3.29 diversionary work programs under chapter 256J, child care assistance programs under  
 3.30 chapter 119B, general assistance under sections 256D.01 to 256D.23, alternative care  
 3.31 program under section 256B.0913, and chemical dependency programs funded under  
 3.32 chapter 254B.

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

3.34 Page 57, line 21, delete "435.912" and insert "435.911"

3.35 Page 63, line 22, delete ", if existing resources"

3.36 Page 63, line 23, delete "allow,"

4.1 Page 74, line 11, delete "commerce" and insert "human services"

4.2 Page 76, line 28, before "Minnesota" insert "(a)"

4.3 Page 76, after line 32, insert:

4.4 "(b) Minnesota Statutes 2014, section 13D.08, subdivision 5a, is repealed."

4.5 Page 117, delete section 43

4.6 Page 154, delete section 36

4.7 Page 201, line 8, delete "500A(f)" and insert "5000A(f)"

4.8 Page 208, delete section 35 and insert:

4.9 "Sec. 35. Minnesota Statutes 2014, section 626.556, subdivision 1, as amended by  
4.10 Laws 2015, chapter 4, section 1, is amended to read:

4.11 Subdivision 1. **Public policy.** (a) The legislature hereby declares that the public  
4.12 policy of this state is to protect children whose health or welfare may be jeopardized  
4.13 through physical abuse, neglect, or sexual abuse. While it is recognized that most parents  
4.14 want to keep their children safe, sometimes circumstances or conditions interfere with  
4.15 their ability to do so. When this occurs, the health and safety of the children shall be of  
4.16 paramount concern. Intervention and prevention efforts shall address immediate concerns  
4.17 for child safety and the ongoing risk of abuse or neglect and should engage the protective  
4.18 capacities of families. In furtherance of this public policy, it is the intent of the legislature  
4.19 under this section to:

4.20 (1) protect children and promote child safety;

4.21 (2) strengthen the family;

4.22 (3) make the home, school, and community safe for children by promoting  
4.23 responsible child care in all settings; and

4.24 (4) provide, when necessary, a safe temporary or permanent home environment for  
4.25 physically or sexually abused or neglected children.

4.26 (b) In addition, it is the policy of this state to:

4.27 (1) require the reporting of neglect or physical or sexual abuse of children in the  
4.28 home, school, and community settings;

4.29 (2) provide for the voluntary reporting of abuse or neglect of children; ~~to require~~  
4.30 ~~a family assessment, when appropriate, as the preferred response to reports not alleging~~  
4.31 ~~substantial child endangerment;~~

4.32 (3) require an investigation when the report alleges sexual abuse or substantial child  
4.33 endangerment, as defined in subdivision 2, paragraph (c);

4.34 (4) provide a family assessment when there is no alleged substantial child  
4.35 endangerment; and

5.1 ~~(4)~~ (5) provide protective, family support, and family preservation services when  
5.2 needed in appropriate cases."

5.3 Page 217, delete section 39 and insert:

5.4 "Sec. 5. Minnesota Statutes 2014, section 626.556, subdivision 7, as amended by Laws  
5.5 2015, chapter 4, section 2, is amended to read:

5.6 Subd. 7. **Report; information provided to parent.** (a) An oral report shall be  
5.7 made immediately by telephone or otherwise. An oral report made by a person required  
5.8 under subdivision 3 to report shall be followed within 72 hours, exclusive of weekends  
5.9 and holidays, by a report in writing to the appropriate police department, the county  
5.10 sheriff, the agency responsible for ~~assessing or investigating or assessing~~ the report, or  
5.11 the local welfare agency.

5.12 (b) The local welfare agency shall immediately notify local law enforcement when a  
5.13 report is received, including reports that are not accepted for investigation or assessment.

5.14 (c) The local welfare agency shall determine if the report is accepted for an  
5.15 assessment or investigation or assessment as soon as possible but in no event longer  
5.16 than 24 hours after the report is received.

5.17 ~~(b)~~ (d) Any report shall be of sufficient content to identify the child, any person  
5.18 believed to be responsible for the abuse or neglect of the child if the person is known, the  
5.19 nature and extent of the abuse or neglect and the name and address of the reporter. The  
5.20 local welfare agency or agency responsible for assessing or investigating the report shall  
5.21 accept a report made under subdivision 3 notwithstanding refusal by a reporter to provide  
5.22 the reporter's name or address as long as the report is otherwise sufficient under this  
5.23 paragraph. Written reports received by a police department or the county sheriff shall be  
5.24 forwarded immediately to the local welfare agency or the agency responsible for assessing  
5.25 or investigating the report. The police department or the county sheriff may keep copies of  
5.26 reports received by them. Copies of written reports received by a local welfare department  
5.27 or the agency responsible for assessing or investigating the report shall be forwarded  
5.28 immediately to the local police department or the county sheriff.

5.29 ~~(e)~~ (e) When requested, the agency responsible for assessing or investigating a  
5.30 report shall inform the reporter within ten days after the report was made, either orally or  
5.31 in writing, whether the report was accepted or not. If the responsible agency determines  
5.32 the report does not constitute a report under this section, the agency shall advise the  
5.33 reporter the report was screened out.

5.34 (f) A local welfare agency or agency responsible for investigating or assessing a  
5.35 report may use a screened-out report for making an offer of social services to the subjects  
5.36 of the screened-out report. A local welfare agency or agency responsible for evaluating a

6.1 report alleging maltreatment of a child shall consider prior reports, including screened-out  
 6.2 reports, to determine whether an investigation or family assessment must be conducted. A  
 6.3 screened-out report must be maintained in accordance with subdivision 11c, paragraph (a).

6.4 ~~(d)~~ (g) Notwithstanding paragraph (a), the commissioner of education must inform  
 6.5 the parent, guardian, or legal custodian of the child who is the subject of a report of  
 6.6 alleged maltreatment in a school facility within ten days of receiving the report, either  
 6.7 orally or in writing, whether the commissioner is assessing or investigating the report  
 6.8 of alleged maltreatment.

6.9 ~~(e)~~ (h) Regardless of whether a report is made under this subdivision, as soon as  
 6.10 practicable after a school receives information regarding an incident that may constitute  
 6.11 maltreatment of a child in a school facility, the school shall inform the parent, legal  
 6.12 guardian, or custodian of the child that an incident has occurred that may constitute  
 6.13 maltreatment of the child, when the incident occurred, and the nature of the conduct  
 6.14 that may constitute maltreatment.

6.15 ~~(f)~~ (i) A written copy of a report maintained by personnel of agencies, other than  
 6.16 welfare or law enforcement agencies, which are subject to chapter 13 shall be confidential.  
 6.17 An individual subject of the report may obtain access to the original report as provided  
 6.18 by subdivision 11."

6.19 Page 275, delete section 17

6.20 Page 276, delete sections 19 and 20

6.21 Page 341, line 20, delete "12" and insert "11"

6.22 Page 341, after line 25, insert:

6.23 "(a) \$650,000 in fiscal year 2016 and  
 6.24 \$500,000 in fiscal year 2017 from the general  
 6.25 fund for the Deaf and Hard-of-Hearing  
 6.26 Services Division under Minnesota Statutes,  
 6.27 256C.233. This appropriation is added to the  
 6.28 base. The fund must be used:

6.29 (1) to provide linguistically and culturally  
 6.30 appropriate mental health services;

6.31 (2) to ensure that each regional advisory  
 6.32 committee meets at least quarterly;

6.33 (3) to increase the number of deafblind  
 6.34 Minnesotans receiving services;

7.1 (4) to conduct an analysis of how the regional  
 7.2 offices and staff are operated, in consultation  
 7.3 with the Commission of Deaf, DeafBlind,  
 7.4 and Hard of Hearing Minnesotans;

7.5 (5) during fiscal year 2016, to provide direct  
 7.6 services to clients and purchase additional  
 7.7 technology for the technology labs; and

7.8 (6) to conduct analysts of whether deafblind  
 7.9 services are being provided in the best and  
 7.10 most efficient with possible, with input from  
 7.11 deafblind Minnesotans receiving services.

7.12 (b) \$350,000 in fiscal year 2016 and  
 7.13 \$500,000 in fiscal year 2017 from the general  
 7.14 fund for deaf and hard-of-hearing grants.

7.15 The funds must be used to increase the  
 7.16 number of deafblind Minnesotans receiving  
 7.17 services under Minnesota Statutes, section  
 7.18 256C.261, and to provide linguistically and  
 7.19 culturally appropriate mental health services  
 7.20 to children who are deaf, deafblind, and  
 7.21 hard-of-hearing."

7.22 Page 348, line 24, after the period, insert "The commissioner shall issue a report  
 7.23 to the chairs and ranking minority members of the house and senate committees with  
 7.24 jurisdiction over public health that provides specific information on the amount of each  
 7.25 grant awarded to each agency or organization, the population served by each agency or  
 7.26 organization, outcomes of the programs funded by each grant, and the amount of the  
 7.27 appropriation retained by the commissioner for administrative and associated expenses.  
 7.28 The commissioner shall issue a report each January 15 for the previous fiscal year  
 7.29 beginning January 15, 2016."

7.30 Page 352, line 21, before "\$69,000" insert "(a)"

7.31 Page 352, after line 24, insert:

7.32 "(b) \$78,000 in fiscal years 2016 and 2017  
 7.33 from the general fund to provide consultation  
 7.34 services to state agencies, developers, and  
 7.35 the public regarding compliance with the

8.1 State Building Code and the Americans with  
8.2 Disabilities Act.

8.3 (c) \$30,000 in fiscal year 2016 is for a  
8.4 computer system upgrade and installation  
8.5 to track agency performance and services  
8.6 provided to the public."

8.7         Renumber the sections in sequence and correct the internal references

8.8         Amend the title accordingly