1.1 moves to amend H.F. No. 551 as follows:

Page 1, after line 21, insert:

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- "Sec. 2. Minnesota Statutes 2018, section 256L.121, subdivision 3, is amended to read:
- Subd. 3. Coordination with state-administered health programs. The commissioner shall coordinate the administration of the MinnesotaCare program with medical assistance to maximize efficiency and improve the continuity of care. This includes, but is not limited to:
  - (1) establishing geographic areas for MinnesotaCare that are consistent with the geographic areas of the medical assistance program, within which participating entities may offer health plans;
  - (2) requiring, as a condition of participation in MinnesotaCare, participating entities to also participate in the medical assistance program;
  - (3) complying with sections 256B.69, subdivision 3a; 256B.692, subdivision 1; and 256B.694, when contracting with MinnesotaCare participating entities;
  - (4) providing MinnesotaCare enrollees, to the extent possible, with the option to remain in the same health plan and provider network, if they later become eligible for medical assistance or coverage through MNsure and if, in the case of becoming eligible for medical assistance, the enrollee's MinnesotaCare health plan is also a medical assistance health plan in the enrollee's county of residence; and
  - (5) establishing requirements and criteria for selection that ensure that covered health care services will be coordinated with local public health services, social services, long-term care services, mental health services, and other local services affecting enrollees' health, access, and quality of care-; and

Sec. 2.

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(6) complying with the appointment wait time standards specified in section 256B.69,
subdivision 6e.

- 2.3 **EFFECTIVE DATE.** This section is effective for managed care, county-based
- purchasing, and participating entity contracts entered into on or after January 1, 2020."

2.5 Amend the title accordingly

Sec. 2. 2