

1.1 ..... moves to amend H.F. No. 5, the seventh engrossment, as follows:

1.2 Page 11, line 10, delete everything after "participation."

1.3 Page 11, delete lines 11 to 36 and insert:

1.4 "(a) Beginning January 1, 2015, the board shall have the power to establish  
1.5 certification requirements for health carriers and health benefit plans offered through the  
1.6 Minnesota Insurance Marketplace unless by June 1, 2013, the legislature enacts regulatory  
1.7 requirements that:

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

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

1.12 (3) satisfy federal certification requirements for the Minnesota Insurance  
1.13 Marketplace.

1.14 (b) For certification requirements established by the board under paragraph (a), the  
1.15 board shall establish network adequacy requirements that are not inconsistent with the  
1.16 most popular health benefit plans offered through the Minnesota Insurance Marketplace  
1.17 under paragraph (c) in 2014 or 2015.

1.18 (c) No health carrier shall be required to participate in the Minnesota Insurance  
1.19 Marketplace. Beginning January 1, 2015, for those health carriers that opt to participate  
1.20 in the Minnesota Insurance Marketplace, the Board shall approve two health benefit  
1.21 plans, of which one must be the most popular health benefit plan that a health carrier  
1.22 offers at each of the catastrophic, bronze, silver, and gold actuarial value levels for each  
1.23 service area in which the health carrier offers coverage in the individual and small group  
1.24 markets. The most popular health benefit plan is determined by the highest enrollment  
1.25 inside and outside the Minnesota Insurance Marketplace by number of lives at the end of  
1.26 the open enrollment period in the preceding year, excluding health benefit plans closed to  
1.27 new enrollment as of the preceding year. In determining the most popular health benefit

2.1 plans, health benefit plans offered in the individual market prior to January 1, 2014, are  
2.2 not included. If a health carrier participating in the Minnesota Insurance Marketplace  
2.3 offers less than two health benefit plans in an actuarial value level or service area in the  
2.4 individual or small group market, the health carrier shall offer all health benefit plans it  
2.5 offers in that actuarial value level or service area in the individual or small group market  
2.6 in the Minnesota Insurance Marketplace.

2.7 (d) If a health carrier or parent organization participating in the Minnesota Insurance  
2.8 Marketplace offers health benefit plans outside the Minnesota Insurance Marketplace in  
2.9 the individual or small group market, the health carrier must offer health benefit plans  
2.10 at the silver and gold actuarial levels outside the Minnesota Insurance Marketplace for  
2.11 each service area in which the health carrier offers coverage in the individual and small  
2.12 group markets.

2.13 (e) Beginning January 1, 2015, the board has the power to select health benefit plans  
2.14 in addition to those specified in paragraph (c) to participate in the Minnesota Insurance  
2.15 Marketplace. In the selection process, the board shall seek to provide health coverage  
2.16 choices that offer the optimal combination of choice, value, quality, and service. Selection  
2.17 of additional health benefit plans must be determined in the best interests of individual  
2.18 consumers and employers and within federal requirements. The board shall consistently  
2.19 and uniformly apply requirements, standards, and criteria to all health carriers and health  
2.20 benefit plans. In determining the best interests, the board shall consider:

- 2.21 (1) affordability and value;  
2.22 (2) promotions of high-quality care;  
2.23 (3) promotion of prevention and wellness;  
2.24 (4) ensuring access to care;  
2.25 (5) alignment and coordination with state agency and private sector purchasing  
2.26 strategies and payment reform efforts; and  
2.27 (6) other criteria that the board determines appropriate.

2.28 (f) For health benefit plans offered through the Minnesota Insurance Marketplace  
2.29 beginning January 1, 2015, health carriers must use the most current addendum for Indian  
2.30 health care providers approved by the Centers for Medicare and Medicaid Services and  
2.31 the tribes as part of their contracts with Indian health care providers.

2.32 (g) For 2014, the board shall not have the power to select health carriers and health  
2.33 benefit plans for participation in the Minnesota Insurance Marketplace. The board shall  
2.34 have the power to verify that health carriers and health benefit plans were properly  
2.35 certified under certification guidance in place on January 1, 2013, to be eligible for  
2.36 participation in the Minnesota Insurance Marketplace. Notwithstanding the foregoing, any

3.1 catastrophic health plan, as defined in section 1302(e) of the federal Patient Protection  
3.2 and Affordable Care Act (Public Law 111-148), shall be eligible for participation in the  
3.3 Minnesota Insurance Marketplace in 2014.

3.4 (h) The board has the authority to decertify health carriers and health benefit plans  
3.5 that fail to maintain compliance with section 1311(c) of the federal Patient Protection and  
3.6 Affordable Care Act (Public Law 111-148)."

3.7 Page 12, delete lines 1 and 2