

1.1 moves to amend H.F. No. 2294, the first unofficial engrossment, in
1.2 conference committee, as follows:

1.3 Page R22, Article 1, Senate language (UEH2294-1)

1.4 Page 14, after line 29, insert:

1.5 "Sec. 8. Minnesota Statutes 2011 Supplement, section 256L.03, subdivision 5, is
1.6 amended to read:

1.7 Subd. 5. **Cost-sharing.** (a) Except as provided in paragraphs (b) and (c), the
1.8 MinnesotaCare benefit plan shall include the following cost-sharing requirements for all
1.9 enrollees:

1.10 (1) ten percent of the paid charges for inpatient hospital services for adult enrollees,
1.11 subject to an annual inpatient out-of-pocket maximum of \$1,000 per individual;

1.12 (2) \$3 per prescription for adult enrollees;

1.13 (3) \$25 for eyeglasses for adult enrollees;

1.14 (4) \$3 per nonpreventive visit. For purposes of this subdivision, a "visit" means an
1.15 episode of service which is required because of a recipient's symptoms, diagnosis, or
1.16 established illness, and which is delivered in an ambulatory setting by a physician or
1.17 physician ancillary, chiropractor, podiatrist, nurse midwife, advanced practice nurse,
1.18 audiologist, optician, or optometrist;

1.19 (5) \$6 for nonemergency visits to a hospital-based emergency room for services
1.20 provided through December 31, 2010, and \$3.50 effective January 1, 2011; and

1.21 (6) a family deductible equal to the maximum amount allowed under Code of
1.22 Federal Regulations, title 42, part 447.54.

1.23 (b) Paragraph (a), clause (1), does not apply to parents and relative caretakers of
1.24 children under the age of 21.

1.25 (c) Paragraph (a) does not apply to pregnant women and children under the age of 21.

1.26 (d) Paragraph (a), clause (4), does not apply to mental health services.

2.1 (e) Adult enrollees with family gross income that exceeds 200 percent of the federal
2.2 poverty guidelines or 215 percent of the federal poverty guidelines on or after July 1, 2009,
2.3 and who are not pregnant shall be financially responsible for the coinsurance amount, if
2.4 applicable, and amounts which exceed the \$10,000 inpatient hospital benefit limit.

2.5 (f) When a MinnesotaCare enrollee becomes a member of a prepaid health plan,
2.6 or changes from one prepaid health plan to another during a calendar year, any charges
2.7 submitted towards the \$10,000 annual inpatient benefit limit, and any out-of-pocket
2.8 expenses incurred by the enrollee for inpatient services, that were submitted or incurred
2.9 prior to enrollment, or prior to the change in health plans, shall be disregarded.

2.10 (g) MinnesotaCare reimbursements to fee-for-service providers and payments to
2.11 managed care plans or county-based purchasing plans shall not be increased as a result of
2.12 the reduction of the co-payments in paragraph (a), clause (5), effective January 1, 2011.

2.13 (h) The commissioner, through the contracting process under section 256L.12,
2.14 may allow managed care plans and county-based purchasing plans to waive the family
2.15 deductible under paragraph (a), clause (6). The value of the family deductible shall not be
2.16 included in the capitation payment to managed care plans and county-based purchasing
2.17 plans. Managed care plans and county-based purchasing plans shall certify annually to the
2.18 commissioner the dollar value of the family deductible.

2.19 **EFFECTIVE DATE.** This section is effective January 1, 2012."

2.20 Renumber the sections in sequence and correct the internal references

2.21 Amend the title accordingly