Bill Summary Comparison of Health and Human Services

Senate File UEH1233-1
Article 1: Affordable Care Act Implementation

House File 1233, 3rd Engrossment
Article 1: Affordable Care Act Implementation

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Section	**Article 1: Affordable Care Act Implementation**		**Article 1: Affordable Care Act Implementation; Better Health Care for More Minnesotans**
1	**(16A.724, subd. 3)** requires the federal funding received by Minnesota for the implementation and administration of MinnesotaCare as a basic health program as authorized in the Affordable Care Act to be deposited in the health care access fund.	Identical	**Section 1. MinnesotaCare federal receipts.** Amends § 16A.724, subd. 3. Dedicates all federal funding received for implementation and administration of MinnesotaCare as a basic health program to that program and requires this money to be deposited into the health care access fund. Allows this money to be used only for that program to: purchase health coverage for enrollees, reduce enrollee premiums and cost-sharing, or provide additional benefits. Strikes language related to the deposit of federal funds for administrative costs. Provides a January 1, 2015 effective date.
2	**(254B.04, subd. 1)** makes a conforming change due to a repealed section.	Identical	**Section 2. Eligibility.** Amends § 254B.04, subd. 1. Strikes a cross-reference to a section repealed later in the bill (§ 256B.057, subd. 2).
3	**(256.01, subd. 35)** requires the commissioner to seek federal approval to operate a health coverage program for Minnesotans with income up to 275% of FPG and seek to secure all federal funding available from at least the following services; premium tax credits and cost-sharing subsidies available under the Affordable Care Act (ACA); Medicaid funding; and other funding sources identified by the commissioner that support coverage or care redesign.	Similar. House (e) refers to a report on progress on implementing the subdivision; Senate (e) refers to reporting on the progress of receiving a federal waiver and on making any legislative changes necessary to implement waiver. Difference in report date: House December 1, 2014; Senate January 1, 2015. Senate requires any state financial contribution to implement waiver to be contingent on legislative action; House does not include this provision. Technical difference in reference to § 62V.02; staff recommends Senate.	**Section 3. Federal approval.** Amends § 256.01, by adding subd. 35. (a) Requires the commissioner to seek federal authority necessary to operate a health insurance program for persons with incomes up to 275 percent of FPG. The proposal must seek to secure all federal funding available from at least the following sources: (1) premium tax credits and cost sharing subsidies for individuals with incomes above 133 percent and at or below 275 percent of FPG, who would otherwise be enrolled in the Minnesota Insurance Marketplace; (2) Medicaid; and (3) other funding sources identified by the commissioner that support coverage or care redesign. (b) Requires funding received to be used to design and

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			implement a health insurance program that is streamlined and meets the needs of Minnesotans with income up to 275 percent of FPG. Specifies program criteria. (c) Directs the commissioner to develop and submit a proposal consistent with the criteria in paragraph (b), and seek all federal authority necessary to implement the program. Requires the commissioner to consult with stakeholder groups and consumers in developing the proposal. (d) Authorizes the commissioner to seek any available federal waivers and approvals prior to 2017. (e) Requires the commissioner to report progress to the relevant legislative committees by December 1, 2014. (f) Gives the commissioner authority to accept and spend federal funds.
4	**(256B.02, subd. 18)** defines "caretaker relative" as a relative of a child under the age of 19 with whom the child is living and who assumes primary responsibility for the child's care.	Identical	**Section 4. Caretaker relative.** Amends § 256B.02, by adding subd. 18. Defines "caretaker relative." Provides a January 1, 2014 effective date.
5	**(256B.02, subd. 19)** defines "insurance affordability program" as one of the following programs: medical assistance; a program that provides advance payments of premium tax credits; MinnesotaCare, and a basic health plan.	Identical	**Section 5. Insurance affordability program.** Amends § 256B.02, by adding subd. 19. Defines "insurance affordability program" as one of the following: (1) MA; (2) a program that provides premium tax credits or cost-sharing reductions; (3) MinnesotaCare; and (4) a Basic Health Plan. Provides an immediate effective date.
6	**(256B.04, subd. 18)** requires the commissioner to accept applications by telephone, mail, in-person, online, and other common electronic means. Also, requires the commissioner to determine potential eligibility for other insurance affordability	Identical	**Section 6. Applications for medical assistance.** Amends § 256B.04, subd. 18. Requires DHS to accept applications for MA by telephone, mail, in-person, online, and through other commonly available electronic means. Strikes the

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	programs that an individual may be eligible for if the individual submits an application or at renewal is determined not to be eligible for medical assistance.		requirement that DHS conduct eligibility determinations for MinnesotaCare. Requires DHS to determine whether individuals found not eligible for MA are potentially eligible for other insurance affordability programs. Provides a January 1, 2014 effective date.
7	**(256B.055, subd. 3a)** modifies this section to conform to the ACA in terms of defining a dependent child as under the age of 19.	Identical	**Section 7. Families with children.** Amends § 256B.055, subd. 3a. Expands MA eligibility to include children under the age of 19 (current law refers to children under age 18, with certain education-related exceptions for children under 19). Provides an effective date of January 1, 2014, or upon federal approval, whichever is later.
8	**(256B.055, subd. 6)** requires the commissioner to accept self-attestation of pregnancy unless the commissioner has information that is not reasonably compatible with the attestation.	Identical	**Section 8. Pregnant women; needy unborn child.** Amends § 256B.055, subd. 6. Requires the MA program, when providing coverage to pregnant women, to accept self-attestation of pregnancy, unless the agency has information not reasonably compatible with the attestation. (Current law requires written verification of pregnancy from a physician or licensed registered nurse.) Provides a January 1, 2014 effective date.
9	**(256B.055, subd. 10)** modifies this section to clarify that an infant is eligible if less than two years of age and is in a family with income equal to or less than 275% of FPG.	Identical, except House effective date is tied to federal approval.	**Section 9. Infants.** Amends § 256B.055, subd. 10. States that MA covers infants less than two years of age in a family with countable income less than the income standard. (With this change, this section will reflect coverage under current MA law.) Provides an effective date of January 1, 2014, or upon federal approval, whichever is later.
10	**(256B.055, subd. 15)** modifies this section to clarify that adults without children must not otherwise be eligible or enrolled in the supplemental security income program.	Identical	**Section 10. Adults without children.** Amends § 256B.055, subd. 15. Modifies the definition of the adults without children under MA, to remove a requirement that the person not be an adult in a family with children and to require the person to not otherwise be eligible for MA under the aged, blind, or disabled eligibility category as a person who meets

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			the categorical requirements of the Supplemental Security Income Program, and not be enrolled as a person who would meet these requirements except for excess income or assets. Provides a January 1, 2014 effective date.
11	**(256B.055, subd. 17)** extends medical assistance coverage to any person under the age of 26 who was in foster care on the date the person turned 18 years of age, and who was enrolled in medical assistance while in foster care.	Identical	**Section 11. Adults who were in foster care at the age of 18.** Amends § 256B.055, by adding subd. 17. Allows MA coverage for a person under age 26 who was in foster care on the date of attaining 18 years of age, and who was enrolled in MA while in foster care. Provides a January 1, 2014 effective date.
12	**(256B.056, subd. 1)** aligns the residency requirement with the federal regulations under the Affordable Care Act (ACA).	Identical	**Section 12. Residency.** Amends § 256B.056, subd. 1. Requires MA applicants to be residents of the state in accordance with specified federal regulations (current law requires compliance with the rules of the state agency). Provides a January 1, 2014 effective date.
13	**(256B.056, subd. 1c)** makes a coordinating change to conform to the ACA for the family with children income methodology.	House strikes cross-reference to a section repealed January 1, 2014, in bill; Senate strikes most of subdivision. (Current income standards and methodology for families with children). Both House and Senate sections are effective July 1, 2013 (correction needed: effective date should be January 1, 2014)	**Section 13. Families with children income methodology.** Amends § 256B.056, subd. 1c. Strikes a cross-reference to a section repealed in the bill, related to MA income eligibility for children.
14	**(256B.056, subd. 3)** clarifies that the asset limitations only apply to certain individuals.	Both Senate and House modify headnote; House also strikes language related to the asset limit exemption.	**Section 14. Asset limitations for certain individuals.** Amends § 256B.056, subd. 3. Strikes language that states that no asset limit applies to persons eligible for MA as adults without children. Provides a January 1, 2014 effective date.

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15	**(256B.056, subd. 4)** specifies that a child under the age of 19 is eligible for medical assistance with income up to 275 percent of FPG, and a child age 19 to 20 is eligible for medical assistance with income up to 133% of FPG.	Senate strikes a reference to the AFDC income standard; House does not. Senate effective date is 7/1/13; House is 1/1/14. (Staff recommends Senate on AFDC income standard and House on effective date.)	**Section 15. Income.** Amends § 256B.056, subd. 4. Effective January 1, 2014, increases the MA income limit for children under age 19 to 275 percent of FPG and makes a conforming change.
16	**(256B.056, subd. 5c)** clarifies that the spenddown income standard for parents and caretaker relatives, pregnant women, infants, and children ages two through 20 is 133% of federal poverty guidelines (FPG). Also strikes obsolete language.	Identical, except for technical difference in statutory cite. (Staff recommends Senate).	**Section 16. Excess income standard.** Amends § 256B.056, subd. 5c. Clarifies that the spend-down standard set at 100 percent of FPG applies to parents and caretaker relatives, pregnant women, infants, and children two through 20. Also strikes outdated language. Provides a January 1, 2014 effective date.
17	**(256B.056, subd. 7a)** requires the commissioner to make an annual redetermination of eligibility based on information contained in the enrollee's file and other information available to the commissioner. If the commissioner does not have adequate information, the commissioner must provide the enrollee with a renewal form containing eligibility information available to the commissioner and permit the enrollee to submit the form with corrections or additional information and sign the form via any of the modes of submission permitted. Permits any enrollee who is terminated for failure to complete the renewal process to submit the form and any required information within four months after termination and have coverage reinstated without a lapse. Continues to require renewal every six months for individuals who are eligible due to a spenddown.	Identical	**Section 17. Periodic renewal of eligibility.** Amends § 256B.056, by adding subd. 7a. (a) Requires the commissioner to make annual redeterminations of eligibility based on information in the enrollee's case file and other available information, without requiring the enrollee to submit any information when sufficient data is available to renew eligibility. (b) If eligibility cannot be renewed as provided in paragraph (a), requires the commissioner to provide the enrollee with a prepopulated renewal form, and to permit the enrollee to submit the form with any corrections or additional information, and to sign the renewal form by the allowed means of submission. (c) Allows an enrollee terminated for failure to complete the renewal process to submit the renewal within four months of termination and if eligible, have coverage reinstated without a

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			lapse (retroactive to the date of termination). (d) Requires individuals eligible under a spend-down to renew eligibility every six months. Provides a January 1, 2014 effective date.
18	**(256B.056, subd. 10)** requires the commissioner to utilize information obtained through the electronic service established by the Secretary of the US Department of Health and Human Services and other available electronic data sources. Requires the commissioner to establish standards to define when information obtained electronically is reasonably compatible with information provided by applicants and enrollees, including the use of self-attestation to accomplish real time determinations and maintain program integrity.	Identical	**Section 18. Eligibility verification.** Amends § 256B.056, subd. 10. Requires the commissioner to use information obtained through the electronic service established by the U.S. Department of Health and Human Services and other available electronic data sources to verify eligibility requirements. Requires the commissioner to establish standards to define when information obtained electronically is reasonably compatible with information provided by applicants and enrollees (including self-attestation), to allow real-time eligibility determinations and maintain program integrity. Provides a January 1, 2014 effective date.
19	**(256B.057, subd. 1)** modifies eligibility for infants up to the age of two and inserts the modified adjusted gross income (MAGI) income methodology as required under the ACA.	Identical	**Section 19. Infants and pregnant women.** Amends § 256B.057, subd. 1. Provides that infants less than age two are eligible for MA. (Current law in this section refers to infants less than age one.) Also removes the requirement that pregnant women has written verification of pregnancy from a physician or registered nurse. Strikes a reference to the use of existing income methodologies based on AFDC income methodology, and adds a reference to the use of an equivalent income standard based on MAGI. Provides a January 1, 2014 effective date.

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		House-only provision	**Section 20. Children under age two.** Amends § 256B.057, subd. 8. Adds a reference to using an equivalent income standard based on MAGI, in a provision of law specifying the MA income limit for children under age two. Provides a January 1, 2014 effective date.
20	**(256B.057, subd. 10)** makes a conforming change.	Senate effective date is 1/1/14; House is 7/1/13 (staff recommends Senate).	**Section 21. Certain persons needing treatment for breast or cervical cancer.** Amends § 256B.057, subd. 10. Removes a cross-reference to a section repealed in this bill.
21	**(256B.057, subd. 12)** requires the commissioner to establish a process to qualify hospitals that are medical assistance providers to determine presumptive eligibility for applicants who may be eligible under MAGI methodology.	Identical	**Section 22. Presumptive eligibility determinations made by qualified hospitals.** Amends § 256B.057, by adding subd. 12. Directs the commissioner to establish a process to qualify hospitals to determine presumptive eligibility for MA for applicants who may have a basis of eligibility using MAGI. Provides a January 1, 2014 effective date.
22	**(256B.059, subd. 1)** modifies the definition of institutionalized spouse and continuous period of institutionalization to reference the elderly waiver and alternative care programs.	Senate-only provision	
23	**(256B.06, subd. 4)** specifies that certain noncitizens who are lawfully present and who are not children or pregnant women and who otherwise meet the eligibility requirements of chapter 256B are eligible for medical assistance without federal financial participation.	Senate in paragraph (i) refers to persons ineligible for federally funded MA "because of immigration status;" House paragraph (i) does not include this phrase. House in paragraph (k) provides MA without a federal financial participation to lawfully present noncitizens; Senate does not include this provision.	**Section 23. Citizenship requirements.** Amends § 256B.06, subd. 4. Clarifies that MA coverage, funded through the federal Children's Health Insurance Program, is for pregnancy related services for pregnant women funded who are ineligible for federally funded MA (this consolidates the current law reference to persons who are undocumented, nonimmigrants, or lawfully present). Adds a new paragraph (k) providing MA coverage without a federal match for all services to this group of noncitizens who are lawfully present. Provides a January 1, 2014 effective date.
24	**(256B.0755, subdivision 3)** requires the health care delivery system demonstration projects applying for approval to demonstrate how its services will be coordinated with other services that are being provided by other providers and county	House requires a health care delivery system to verify that other providers and counties support the demonstration project and are willing to participate; Senate does not	**Section 24. Accountability.** Amends § 256B.0755, subd. 3. Requires a health care delivery system to demonstrate how its services will be coordinated with services provided by other providers and county agencies. Requires health care delivery

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	agencies in the service area, and document how other providers and counties will provide services to attributed patients and how it will address local needs, priorities, and public health goals.	include this language. House requires documentation on how other providers and counties participated in developing the application. Senate requires a description of the involvement of local providers and counties in developing the application. Technical differences in House and Senate paragraph structure. (Staff recommends House). Technical difference in effective date phrasing; staff recommend Senate.	systems to document how providers and counties, including county-based purchasing plans, who will provide services to persons attributed to the health care delivery system, participated in developing the application, and requires health care delivery systems to verify that these entities support the project and are willing to participate. Also requires a health care delivery system to document how it will address local needs, priorities, and public health goals. Provides that this section applies to contracts entered into or renewed on or after July 1, 2013.
25	**(256B.694)** continues to permit the commissioner to contract with a single health plan to serve certain rural areas.	House refers to "state health care programs;" Senate to "state public health care programs." Otherwise identical.	**Section 25. Sole-source or single-plan managed care contract.** Amends § 256B.694. Allows the commissioner to consider and approve contracting on a single-plan basis with county-based purchasing plans to serve state health care program enrollees. (Current law limits this to plans serving persons with a disability who voluntarily enroll.)
26	**(256L.01, subdivision 1b)** defines the "Affordable Care Act" in chapter 256L.	House refers to the ACA "as amended, including" the Health Care Education and Reconciliation Act; Senate to the ACA as amended by the HCERA.	**Section 26. Affordable Care Act.** Amends § 256L.01, by adding subd. 1b. Provides a definition of the Affordable Care Act. Provides an effective date of January 1, 2014, or upon federal approval, whichever is later.
27	**(256L.01, subdivision 3a)** defines "family" in chapter 256L to conform to ACA definition.	Identical	**Section 27. Family.** Amends § 256L.01, subd. 3a. Amends the definition of family, by referring to federal regulations that defines the family as those individuals for whom a taxpayer claims a deduction for a personal exemption. Provides an effective date of January 1, 2014, or upon federal approval, whichever is later.

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28	**(256L.01, subdivision 5)** defines "household income" in chapter 256L as having the meaning provided in the ACA.	Identical	**Section 29. Income.** Amends § 256L.01, subd. 5. Defines income under MinnesotaCare as modified adjusted gross income. Provides an effective date of January 1, 2014, or upon federal approval, whichever is later.
29	**(256L.01, subdivision 6)** defines the "Minnesota Insurance Marketplace" in chapter 256L.	Technical differences. (Staff recommends Senate).	**Section 28. Minnesota Insurance Marketplace.** Amends § 256L.01, by adding subd. 4b. Defines the Minnesota Insurance Marketplace as that enacted in H.F. 5/S.F. 1.
30	**(256L.01, subdivision 7)** defines "participating entity" in chapter 256L to include a health plan company, a county-based purchasing plan, an accountable care organization, an organization or other entity operating a health care delivery systems demonstration project authorized under section 256B.0755, an entity operating a county integrated health care delivery network pilot project authorized under section 256B.0756, or a network of health care providers established to offer services under MinnesotaCare.	Identical	**Section 30. Participating entity.** Amends § 256L.01, by adding subd. 6. Defines a participating entity as a health plan company, county-based purchasing plan, accountable care organization or other entity operating a health care delivery systems demonstration project, an entity operating a county integrated health care delivery network pilot project, or a network of health care providers established to offer services under MinnesotaCare. Provides a January 1, 2015 effective date.
31	**(256L.02, subdivision 2)** modifies this section to require the commissioner to ensure that information on medical programs are on a website.	House includes provisions related to not violating the ACA; Senate does not include this language.	**Section 31. Commissioner's duties.** Amends § 256L.02, subd. 2. Requires payment for MinnesotaCare services to be made to all participating entities under contract with the commissioner. Provides that nothing in chapter 256L is intended to violate the ACA and prohibits the commissioner from implementing any provision that violates the ACA. Requires a website to be used to provide information about medical programs and promote access to services. Provides that this section is effective July 1, 2014, or upon federal approval, except that the amendment related to "participating entities" is effective January 1, 2015.
32	**(256L.02, subdivision 6)** requires the commissioner to seek federal approval to implement the MinnesotaCare program as a	Grammatical difference in paragraph (a); staff recommend	**Section 32. Federal approval.** Amends § 256L.02, by adding subd. 6. (a) Requires the commissioner of human

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	basic health plan program.	Senate. Difference in paragraph (c); House states that the cost of any program changes needed to obtain federal approval becomes part of the program's base funding for purposes of future budget forecasts: Senate states that these costs shall not become part of base funding. Otherwise, identical. Technical difference in paragraph (b) in reference to secretary of health and human services; staff recommends House.	services to seek federal approval to implement the MinnesotaCare program as a basic health program. Requires the commissioner to seek to include, in any agreement with the Centers for Medicare and Medicaid Services, procedures to ensure that federal funding is predictable, stable, and sufficient to sustain ongoing operation of the program. Requires the procedures to address the timing of payments, payment reconciliation, enrollee risk adjustment, and minimizing state financial risk. Requires the commissioner of human services to consult with the commissioner of management and budget when developing the basic health plan proposal to be submitted to the federal government. (b) Requires the commissioner of human services, in consultation with the commissioner of management and budget, to work with the CMS to establish a process for the reconciliation and adjustment of federal payments that balances state and federal liability over time. Requires the commissioner to request that the state and enrollees be held harmless in the reconciliation process for three years to allow the state to develop a statistically valid methodology to predict enrollment trends and their effect on federal payments. (c) Allows the commissioner of human services, through December 31, 2015, to modify the MinnesotaCare program, if this is necessary to enhance benefits or provider access or reduce cost-sharing and premiums in order to comply with the terms and conditions of federal approval. Prohibits the commissioner from reducing benefits, limiting provider access, or increasing cost-sharing and premiums. If the commissioner modifies MinnesotaCare, requires the

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			commissioner to provide the legislature with at least ten working days notice before notifying enrollees and participating entities. Provides that the cost of program changes become part of the program's base funding. Provides an immediate effective date.
33	**(256L.02, subdivision 7)** specifies that MinnesotaCare shall be considered a public health care program for purposes of chapter 62V.	Technical difference in reference to definition of public health care program; staff recommend Senate.	**Section 33. Coordination with Minnesota Insurance Marketplace.** Amends § 256L.02, by adding subd. 7. States that MinnesotaCare shall be considered a public health care program for purposes of the Minnesota Insurance Marketplace.
34	**(256L.03, subdivision 1)** states that the covered health services shall include the current MinnesotaCare benefits and nonemergency medical transportation services beginning January 1, 2014.	House includes in definition of covered services all essential health benefits required by the ACA; Senate does not include this provision. Senate specifically includes nonemergency medical transportation services as a covered service.	**Section 34. Covered health services.** Amends § 256L.03, subd. 1. Updates the listing of MinnesotaCare covered services, by striking language excluding coverage of inpatient hospital services, inpatient mental health services, and chemical dependency services. (These services are covered under current law.) Also requires coverage of essential health benefits. Provides an effective date of January 1, 2014, or upon federal approval, whichever is later.
35	**(256L.03, subdivision 1a)** makes a coordinating change to conform with the ACA.	Identical	**Section 35. Children; MinnesotaCare health care reform waiver.** Amends § 256L.03, subd. 1a. Removes reference to coverage of pregnant women under MinnesotaCare (these individuals are eligible for MA; another provision in this bill states that persons eligible for MA are not eligible for MinnesotaCare). Provides an effective date of January 1, 2014, or upon federal approval, whichever is later.
36	**(256L.03, subdivision 3)** eliminates the inpatient hospital benefit cap, effective January 1, 2014.	Identical	**Section 36. Inpatient hospital services.** Amends § 256L.03, subd. 3. Removes the annual inpatient hospital limit of $10,000. Provides an effective date of January 1, 2014, or upon federal approval, whichever is later.

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37	**(256L.03, subdivision 4a)** requires health coverage provided through the MinnesotaCare program to have a medical loss ratio of at least 85 percent. (ACA requirement)	Identical	**Section 37. Loss ratio.** Amends § 256L.03, by adding subd. 4b. Requires coverage provided through the MinnesotaCare program to have a medical loss ratio of at least 85 percent. Provides a January 1, 2015 effective date.
38	**(256L.03, subdivision 5)** eliminates the cost-sharing requirements for inpatient hospital services, effective January 1, 2014. (Ten percent deductible and $10,000 benefit cap)	House retains the 10 percent coinsurance requirement for inpatient hospital services; Senate eliminates this requirement.	**Section 38. Cost-sharing.** Amends § 256L.03, subd. 5. Makes conforming changes related to elimination of the $10,000 annual limit on inpatient hospital costs. Provides an effective date of January 1, 2014, or upon federal approval, whichever is later.
39	**(256L.03, subdivision 6)** makes corresponding changes.	Identical	**Section 39. Lien.** Amends § 256L.03, subd. 6. Modifies the definition of "state agency" by replacing references to prepaid health plans and county-based purchasing entities with a reference to participating entities. This amendment is to a provision that gives the state agency a lien for the cost of covered health services upon causes of action accruing to the enrollee or the enrollee's legal representative. Provides a January 1, 2015 effective date.
40	**(256L.04, subdivision 1)** modifies the income eligibility limit for families with children to between 133 percent and 200 percent of FPG.	Identical	**Section 40. Families with children.** Amends § 256L.04, subd. 1. Modifies MinnesotaCare income eligibility criteria, to cover families with children with incomes above 133 percent of FPG and not exceeding 200 percent of FPG and makes related changes. (Under current law, MinnesotaCare covers families with children with incomes not exceeding 275 percent of FPG, with a fixed income limit for parents of $57,500.) Provides an effective date of January 1, 2014, or upon federal approval, whichever is later.
41	**(256L.04, subdivision 1c)** states that an individual who is eligible for coverage under the MinnesotaCare program is not considered a qualified individual under the ACA, and is not eligible for enrollment in a qualified health plan offered through the Minnesota Insurance Marketplace.	Difference in reference to qualified individuals – House "treated as" and Senate "considered a" (staff recommends Senate). Differences in cross-reference to the exchange – House	**Section 41. General requirements.** Amends § 256L.04, by adding subd. 1c. To be eligible for the MinnesotaCare, requires a person to meet the eligibility requirements of this section. Provides that a person eligible for MinnesotaCare shall not be treated as a qualified individual and is not eligible

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		refers to the health benefit exchange under the federal law; Senate refers to the Minnesota Insurance Marketplace under chapter 62V. House has a January 1, 2015, effective date; Senate January 1, 2014.	to enroll in a qualified health plan offered through the health benefit exchange. Provides a January 1, 2015 effective date.
42	**(256L.04, subdivision 7)** modifies the income eligibility limit for single adults between 133 percent and 200 percent of FPG.	Identical	**Section 42. Single adults and households with no children.** Amends § 256L.04, subd. 7. Modifies MinnesotaCare income eligibility criteria, to cover individuals and families with no children with incomes above 133 percent of FPG and not exceeding 200 percent of FPG. (Under current law, MinnesotaCare covers individuals and households without children with incomes not exceeding 250 percent of FPG.) Provides an effective date of January 1, 2014, or upon federal approval, whichever is later.
43	**(256L.04, subdivision 8)** makes conforming changes to conform to the ACA and strikes obsolete language.	Senate strikes references to a 60-day limit on MinnesotaCare enrollment for certain disabled individuals, and also strikes a reference to an obsolete date; House does not.	**Section 43. Applicants potentially eligible for medical assistance.** Amends § 256L.04, subd. 8. Strikes language that allows potentially eligible persons to enroll in either MinnesotaCare or MA. Provides an effective date of January 1, 2014, or upon federal approval, whichever is later.
44	**(256L.04, subdivision 10)** specifies that lawfully present noncitizens who are ineligible for medical assistance are eligible for MinnesotaCare up to 200 percent for families with children and for single adults. Specifies that a nonimmigrant as defined in federal law is eligible for MinnesotaCare.	Senate adds paragraph (b), which states that families and individuals with incomes equal to or less than 200% of FPG who are lawfully present and ineligible for MA due to immigration status are eligible for MinnesotaCare; House states this for individuals. House language related to FPG refers to family income and size; Senate does not (staff recommends House). Grammatical difference (House adds “and”) in first sentence of paragraph (a); staff recommend House.	**Section 44. Citizenship requirements.** Amends § 256L.04, subd. 10. Expands MinnesotaCare coverage to include individuals who are lawfully present and ineligible for MA due to immigration statues, with family incomes not exceeding 200 percent of FPG (current law provides coverage to immigrants). Provides an effective date of January 1, 2014, or upon federal approval, whichever is later.

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45	**(256L.04, subdivision 12)** specifies that enrollees and applicants residing in a correctional or detention facility are eligible for MinnesotaCare while awaiting disposition of charges.	Senate-only provision	
46	**(256L.04, subdivision 14)** specifies that individuals eligible for medical assistance are not eligible for MinnesotaCare, and that the commissioner shall coordinate eligibility and coverage to ensure seamless access.	Identical	**Section. 45. Coordination with medical assistance.** Amends § 256L.04, by adding subd. 14. (a) States that individuals eligible for MA are not eligible for MinnesotaCare. (b) Requires the commissioner to provide seamless eligibility and access to services, for persons transitioning between MA and MinnesotaCare. Provides an effective date of January 1, 2014, or upon federal approval, whichever is later.
47	**(256L.05, subdivision 1)** specifies that applicants may submit their applications online, in person, by mail, or by phone in accordance with the ACA and by any other means by which MA applications may be submitted, and may be submitted through the Minnesota Insurance Marketplace or through the MinnesotaCare program.	Identical	**Section 46. Application assistance and information availability.** Amends § 256L.05, subd. 1. Allows applicants to submit their applications online, in person, by mail, or by phone in accordance with the ACA, and by any other means by which MA applications may be submitted. Allows applicants to submit applications through the health benefit exchange or through the MinnesotaCare program. Requires MinnesotaCare applications and application assistance to be available at locations at which MA applications must be made available (in addition to those locations already listed in law). Requires online assistance to be available for applicants filing applications with the health benefit exchange. Provides a January 1, 2014 effective date.

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48	**(256L.05, subdivision 2)** requires the commissioner and the county agencies to use electronic verification through the Minnesota Insurance Marketplace as the primary method of income verification and may require an individual to submit additional verification to the extent permitted under the ACA.	Senate strikes a reference to verification of premium payment; House does not. Otherwise identical. (Staff recommends House).	**Section 47. Commissioner's duties.** Amends § 256L.05, subd. 2. Makes conforming changes, adding references to the Minnesota Insurance Marketplace and the ACA. Provides a January 1, 2014 effective date.
49	**(256L.05, subdivision 3)** makes coordinating changes to coordinate with ACA in terms of the effective date of coverage.	Identical	**Section 48. Effective date of coverage.** Amends § 256L.05, subd. 3. Strikes references to coverage dates for newborns and newly adoptive children. Adds a reference to the use of MAGI and makes other changes. Provides an effective date of January 1, 2014, or upon federal approval, whichever is later.
50	**(256L.05, subdivision 3c)** makes a technical change removing obsolete language.	Senate-only provision	
51	**(256L.06, subdivision 3)** removes reference to disenrollment for failure to pay premiums. (conforming to ACA)	Identical	**Section 49. Commissioner's duties and payment.** Amends § 256L.06, subd. 3. Eliminates the four-month waiting period to re-enroll, for persons disenrolled for nonpayment of premium or who voluntarily disenroll. Provides an effective date of January 1, 2014, or upon federal approval, whichever is later.
52	**(256L.07, subdivision 1)** makes coordinating modifications to conform with the ACA. Specifies that families and individuals with income over 200 percent of FPG are not eligible for MinnesotaCare.	House replaces a reference to "parents" with "individuals"; and provides a cross-reference to adults without children; Senate refers to "families and individuals."	**Section 50. General requirements.** Amends § 256L.07, subd. 1. Sets the MinnesotaCare income limit at 200 percent of FPG (the current income limit is 275 percent of FPG for families and children and 250 percent of FPG for adults without children). Also strikes references to the MinnesotaCare insurance barriers, which are modified in a later section. Makes conforming changes. Provides an effective date of January 1, 2014, or upon federal approval, whichever is later.

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53	**(256L.07, subdivision 2)** makes coordinating modifications to the "access to employer subsidized insurance" language to conform with the ACA.	Identical	**Section 51. Must not have access to employer-subsidized minimum essential coverage.** Amends § 256L.07, subd. 2. Provides that persons with access to subsidized health coverage that is affordable and provides minimum value as defined in federal regulations are not eligible for MinnesotaCare. Under current law, persons must not have access to subsidized employer coverage, or have had access through the current employer for 18 months prior to application or reapplication. Subsidized coverage is that for which the employer pays at least 50 percent of the cost. Provides an effective date of January 1, 2014, or upon federal approval, whichever is later.
54	**(256L.07, subdivision 3)** makes coordinating modifications to the "other health coverage" language to conform with the ACA.	House refers to a “family” not having minimum essential health coverage; Senate to a “family or individual”; otherwise identical	**Section 52. Other health coverage.** Amends § 256L.07, subd. 3. Provides that a family or individual must not have minimum essential health coverage, to be eligible for MinnesotaCare. Strikes the requirement under current law that persons must have no health coverage while enrolled, or for at least four months prior to application and renewal, and also strikes related language. Provides an effective date of January 1, 2014, or upon federal approval, whichever is later.
55	**(256L.09, subdivision 2)** requires an individual be a resident of the state in order to be eligible for coverage under the MinnesotaCare program as provided under the ACA.	Senate strikes a cross-reference to the MA residency requirement; House does not.	**Section 53. Residency requirement.** Amends § 256L.09, subd. 2. Strikes a reference to pregnant women. Provides an effective date of January 1, 2104, or upon federal approval, whichever is later.
56	**(256L.11, subdivision 1)** states that payments to providers are at the same rates and conditions established under MA, except as otherwise provided.	Senate-only provision	
57	**(256L.11, subdivision 3)** makes coordinating changes to inpatient hospital rates specifying that the rate paid is the medical assistance rate.	Senate-only provision	

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		House-only provision (Senate repeals this subdivision effective January 1, 2014).	**Section 54. Reimbursement of inpatient hospital services.** Amends § 256L.11, subd. 6. Strikes language related to the annual inpatient hospital benefit limit and makes related changes. Provides an effective date of January 1, 2014, or upon federal approval, whichever is later.
58	**(256L.121, subdivision 1)** requires the commissioner to establish a competitive process for entering into contracts with participating entities. Coverage through these health plans must be available to enrollees beginning January 1, 2015. This subdivision also requires the commissioner to the extent feasible to ensure that enrollees have a choice of coverage from more than one participating entity within a geographic area. **Subdivision 2** requires the participating entities as a condition of contract to document to the commissioner the provision of culturally and linguistically appropriate services, including marketing materials to MinnesotaCare enrollees. **Subdivision 3** requires the commissioner to coordinate the administration of the MinnesotaCare with MA and other state-administered health care programs to maximize efficiency and improve the continuity of care.	House in subdivision 1 specifies criteria for the procurement process to be used in rural areas other than MSAs; Senate does not include this language. Technical difference in reference to the exchange; staff recommends Senate. Otherwise identical.	**Section 55. Service delivery.** Adds § 256L.121. **Subd. 1. Competitive process.** Requires the commissioner to establish a competitive process for contracting with participating entities for the offering of standard health plans. Requires coverage to be available beginning January 1, 2015. Requires each standard health plan to cover the services listed in section 256L.03 and meet the requirements of that section. States that the competitive process must meet the requirements of the ACA and be designed to increase access to high-quality health care coverage options. Requires the commissioner, to the extent feasible, to seek to ensure that enrollees have the choice of coverage from more than one participating entity within a geographic area. In rural areas other than metropolitan statistical areas, requires the commissioner to use the competitive procurement process used for the prepaid medical assistance program, except for competitive bidding. **Subd. 2. Other requirements for participating entities.** Directs the commissioner to require participating entities, as a condition of contract, to document: (1) the provision of culturally and linguistically appropriate services, including marketing

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			materials, to enrollees; and (2) the inclusion of essential community providers in provider networks. **Subd. 3. Coordination with state-administered health programs.** Requires the commissioner to coordinate the administration of MinnesotaCare with medical assistance and other state-administered health programs. Specifies requirements for coordination. Provides an immediate effective date.
59	**(256L.15, subdivision 1)** makes coordinating modifications to conform with the ACA.	Identical	**Section 56. Premium determination.** Amends § 256L.15, subd. 1. Strikes references to nonpayment of premiums for pregnant women and children. Provides an effective date of January 1, 2014, or upon federal approval, whichever is later.
60	**(256L.15, subdivision 2)** modifies premiums by reducing current premiums by 50 percent, beginning January 1, 2014.	House truncates the current sliding scale for premiums to reflect the new maximum income limit of 200 percent FPG, with the maximum payment set at 4.6 percent of income; Senate establishes a new sliding scale reducing the premiums by 50%. Senate also strikes a reference to gross income in the headnote; retains a reference to the sliding scale being based on individual income; and strikes obsolete language; House does not make these changes.	**Section 57. Sliding fee scale; monthly gross individual or family income.** Amends § 256L.15, subd. 2. Adjusts the MinnesotaCare premium scale to reflect the reduction in the program income limit to 200 percent of FPG. Makes conforming changes. Provides an effective date of January 1, 2014, or upon federal approval, whichever is later.
61	Modifies the effective date for the addition of the definition of the ACA that was enacted in Laws 2013, chapter 1, section 1.	Senate-only provision	
62	Requires the Commissioners of Revenue and Management and Budget, in consultation with the Commissioner of Human Services, to conduct an assessment of the health care access fund as part of the state revenue and expenditure forecast in November of 2016, to determine whether state funding will be	Identical, except for headnote. (Staff recommends Senate). Senate requires report to legislative chairs; house to legislature (staff recommends Senate).	**Section 58. Determination of funding adequacy.** Requires the commissioners of revenue and management and budget, in consultation with the commissioner of human services, to conduct an assessment of health care taxes, including the gross premiums tax, the provider tax, and Medicaid

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	required after December 31, 2019, for the administration of the MinnesotaCare program. The results of the assessment must be reported to the Governor and Legislature by January 15, 2017, along with recommendations for continuing state revenue for the health care access fund if additional state funding is needed.		surcharges, and their relationship to the long-term solvency of the health care access fund, as part of the November 2013 forecast. Requires the commissioners to determine the amount of state funding that will be needed after December 31, 2019, in addition to federal basic health plan payments, for the MinnesotaCare program, and to evaluate the stability and likelihood of long-term federal funding. Requires the commissioners to report results to the legislature by January 15, 2014, including recommendations for changes to state revenue for the fund, if state funding will continue to be required.
		House-only provision	**Section 59. State-based risk adjustment system assessment.** (a) Requires the commissioners of health, human services, and commerce, and the board of MNsure, to study whether Minnesota-based risk adjustment of the individual and small group insurance market, using either the federal risk adjustment model or a state-based alternative, can be more cost-effective and provide better performance than risk adjustment conducted by federal agencies. Specifies criteria for the study. (b) Requires the commissioner of health to collect from health carriers specified data necessary to conduct risk adjustment. (c) Requires the commissioner of health to also assess whether the data collected are sufficient to develop and operate a state alternative risk adjustment methodology. Specifies evaluation criteria and related requirements.

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			(d) Requires the commissioner of human services to evaluate opportunities to maximize federal funding under the basic health plan provisions of the Affordable Care Act, and to make recommendations on risk adjustment strategies to maximize federal funding to the state. (e) Requires the commissioners and the board of MNsure to submit an interim report to the legislature by March 15, 2014, and a final report by October 1, 2015. Specifies report requirements. (f) Defines the MNsure board as that established in section 62V.03.
		House-only provision	**Section 60. Request for federal authority.** Requires the commissioner of human services to seek federal authority to allow persons under age 65, participating in a home and community-based services waiver, to continue to disregard spousal income and assets, in place of the spousal asset provisions under the Affordable Care Act.
		House-only provision	**Section 61. Intent.** State that it is the intent of this act that Minnesota pursue market-based solutions to health care delivery reform, and not to advance or implement policies leading to a single-payer system.
		House-only provision	**House article 10, section 35. Minnesota Insurance Marketplace.** Prohibits employees of the marketplace from requesting, soliciting, or offering information related to voter registration in the course of their duties.
63	Revisor's instruction to coordinate with the repealers.	Identical	**Section 62. Revisor's instruction.** Directs the revisor to remove references to sections repealed in the bill and make conforming changes.

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64	Paragraphs (a) and (b) repeals a number of MinnesotaCare sections. Paragraph (c) repeals sections 256B.055 subd. 3 (AFDC families); subd. 5 (pregnant women); and 10b (children/ MN health care reform waiver); 256B.056, subd. 5b (individuals with low income); 256B.057, subd. 1c (no asset test for pregnant women); subd. 2 (children).	Numerous differences in paragraphs (a) and (b). Paragraph (c) identical.	**Section 63. Repealer.** (a) Repeals the following provisions, effective January 1, 2014: § 256L.01, subd. 4a (definition of gross income); 256L.031 (Healthy Minnesota Contribution Program); 256L.04, subds. 1b (children with incomes greater than 275 percent FPG), 9 (reference to General Assistance Medical Care), and 10 (deeming of sponsor income and resources); 256L.05, subd. 3b (reapplication after a lapse); 256L.07, subds. 5 (voluntary disenrollment for members of the military), 8 (automatic eligibility for foster care and other children), and 9 (eligibility for firefighters and ambulance attendants); 256L.11, subd. 5 (payment for inpatient hospital services for children); and 256L.17 (MinnesotaCare asset requirement). (b) Repeals § 256L.12 (service delivery through managed care) effective January 1, 2015. (c) Repeals § 256B.055, subds. 3 (MA coverage until March 31, 1998, for AFDC-related dependent children), 5 (MA coverage for certain AFDC-related pregnant women), and 10b (MA for children under age two; sections remains in effect until the reform waiver expires); Section 256B.056, subd. 5b (requiring certain recipients not residing in a long-term care facility to verify their income every six months). Section 256B.057, subd. 1c (no asset test for pregnant women) and 2 (children eligible at 150 percent FPG; use of six-month budget periods).