

1.1 ..... moves to amend H.F. No. 1460, the first engrossment, as follows:

1.2 Delete everything after the enacting clause and insert:

1.3 "Section 1. **[256B.0562] IMPROVED OVERSIGHT OF MNSURE ELIGIBILITY**  
1.4 **DETERMINATIONS.**

1.5 Subdivision 1. **Implementation of OLA findings.** (a) The commissioner shall  
1.6 ensure that medical assistance and MinnesotaCare eligibility determinations through the  
1.7 MNsure information technology system and through agency eligibility determination  
1.8 systems fully implement the recommendations made by the Office of the Legislative  
1.9 Auditor (OLA) in Report 14-22 – Oversight of MNsure Eligibility Determinations  
1.10 for Public Health Care Programs and Report 16-02 Oversight of MNsure Eligibility  
1.11 Determinations for Public Health Care Programs – Internal Controls and Compliance Audit.

1.12 (b) The commissioner may contract with a vendor to provide technical assistance to  
1.13 the commissioner in fully implementing the OLA report findings.

1.14 (c) The commissioner shall coordinate implementation of this section with the  
1.15 periodic data matching required under section 256B.0561.

1.16 (d) The commissioner shall implement this section using existing resources.

1.17 Subd. 2. **Duties of the commissioner.** (a) In fully implementing the OLA report  
1.18 recommendations, the commissioner shall:

1.19 (1) adequately verify that persons enrolled in public health care programs through  
1.20 MNsure are eligible for those programs;

1.21 (2) provide adequate controls to ensure the accurate and complete transfer of  
1.22 recipient data from MNsure to the Department of Human Services' medical payment  
1.23 system, and to detect whether Office of MN.IT Services staff inappropriately access  
1.24 recipients' personal information;

1.25 (3) provide county human service eligibility workers with sufficient training on  
1.26 MNsure;

2.1 (4) reverify that medical assistance and MinnesotaCare enrollees who enroll through  
2.2 MNsure remain eligible for the program within the required time frames established  
2.3 in federal and state laws;

2.4 (5) establish an effective process to resolve discrepancies with Social Security  
2.5 numbers, citizenship or immigration status, or household income that MNsure identifies  
2.6 as needing further verification;

2.7 (6) eliminate payment of medical assistance and MinnesotaCare benefits for  
2.8 recipients whose income exceeds federal and state program limits;

2.9 (7) verify household size and member relationships when determining eligibility;

2.10 (8) ensure that applicants and recipients are enrolled in the correct public health  
2.11 care program;

2.12 (9) eliminate payment of benefits for MinnesotaCare recipients who are also  
2.13 enrolled in Medicare;

2.14 (10) verify that newborns turning age one remain eligible for medical assistance;

2.15 (11) correct MinnesotaCare billing errors, ensure that enrollees pay their premiums,  
2.16 and terminate coverage for failure to pay premiums; and

2.17 (12) take all other steps necessary to fully implement the recommendations.

2.18 (b) The commissioner shall implement the OLA recommendations retroactively for  
2.19 medical assistance and MinnesotaCare applications and renewals submitted on or after  
2.20 January 1, 2016. The commissioner shall present quarterly reports to the OLA and the  
2.21 chairs and ranking minority members of the legislative committees with jurisdiction  
2.22 over health and human services policy and finance, beginning October 1, 2016, and  
2.23 each quarter thereafter. The quarterly report submitted October 1, 2016, must include a  
2.24 timetable for fully implementing the OLA recommendations. Each quarterly report must  
2.25 include information on:

2.26 (1) progress in implementing the OLA recommendations;

2.27 (2) the number of medical assistance and MinnesotaCare applicants and enrollees  
2.28 whose eligibility status was affected by implementation of the OLA recommendations,  
2.29 reported quarterly, beginning with the January 1, 2016 through March 31, 2016 calendar  
2.30 quarter; and

2.31 (3) savings to the state from implementing the OLA recommendations.

2.32 Subd. 3. **Office of Legislative Auditor.** The legislative auditor shall review each  
2.33 quarterly report submitted by the commissioner of human services under subdivision 2  
2.34 for accuracy and shall review compliance by the department of human services with the  
2.35 OLA report recommendations. The legislative auditor shall notify the chairs and ranking

3.1 minority members of the legislative committees with jurisdiction over health and human  
3.2 services policy and finance on whether or not these requirements are met.

3.3 Subd. 4. **Special revenue account; use of savings.** (a) A medical assistance audit  
3.4 special revenue account is established in the general fund. The commissioner shall deposit  
3.5 into this account all savings achieved from implementing this section retroactively to  
3.6 applications and renewals submitted on or after January 1, 2016, and all savings achieved  
3.7 from implementation of periodic data matching under section 256B.0561 that are above  
3.8 the forecasted savings for that initiative.

3.9 (b) Once the medical assistance audit special revenue account fund balance has  
3.10 reached a sufficient level, the commissioner shall provide a one-time, five percent increase  
3.11 in medical assistance payment rates for intermediate care facilities for persons with  
3.12 developmental disabilities and the long-term care and community-based providers listed  
3.13 in Laws of Minnesota 2014, chapter 312, article 27, section 75.

3.14 (c) Any further expenditures from the medical assistance audit special revenue  
3.15 account are subject to legislative authorization.

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

3.17 Amend the title accordingly