A bill for an act

relating to health care; providing for verification of eligibility for premium assistance; providing that certain health plan rate data are public; amending Minnesota Statutes 2016, section 60A.08, subdivision 15.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. Minnesota Statutes 2016, section 60A.08, subdivision 15, is amended to read:

Subd. 15. **Classification of insurance filings data.** (a) All forms, rates, and related information filed with the commissioner under section 61A.02 shall be nonpublic data until the filing becomes effective.

(b) All forms, rates, and related information filed with the commissioner under section 62A.02 shall be nonpublic data until the filing becomes effective.

(c) All forms, rates, and related information filed with the commissioner under section 62C.14, subdivision 10, shall be nonpublic data until the filing becomes effective.

(d) All forms, rates, and related information filed with the commissioner under section 70A.06 shall be nonpublic data until the filing becomes effective.

(e) All forms, rates, and related information filed with the commissioner under section 79.56 shall be nonpublic data until the filing becomes effective.

(f) Notwithstanding paragraphs (b) and (c), for all rate increases subject to review under section 2794 of the Public Health Services Act and any amendments to, or regulations, or guidance issued under the act that are filed with the commissioner on or after September 1, 2011, the commissioner:

(1) may acknowledge receipt of the information;

(2) may acknowledge that the corresponding rate filing is pending review;

(3) must provide public access from the Department of Commerce's Web site to parts I and II of the Preliminary Justifications of the rate increases subject to review; and

(4) must provide notice to the public on the Department of Commerce's Web site of the review of the proposed rate, which must include a statement that the public has 30 calendar days to submit written comments to the commissioner on the rate filing subject to review.

(g) Notwithstanding paragraphs (b) and (c), for all rates for individual health plans, as defined in section 62A.011, subdivision 4, and small employer plans, as defined in section 62L.02, subdivision 28, the commissioner must provide:

(1) public access to the information described in clause (2) from the Department of Commerce's Web site within ten days of receiving a rate filing from a health plan, as defined in section 62A.011, subdivision 3; and

(2) compiled data of the proposed change to rates separated by health plan and geographic rating area.

EFFECTIVE DATE. This section is effective 30 days following final enactment.

Sec. 2. **TRANSITION OF CARE COVERAGE FOR CALENDAR YEAR 2017; REQUEST FOR AUTHORIZATION.**

(a) The definitions in Minnesota Statutes, sections 62A.011 and 62Q.01, apply to this section.

(b) An enrollee's health plan company may require medical records and other supporting documentation to be submitted with a request for authorization for transition of care coverage. If authorization is denied, the health plan company must explain the criteria used to make its decision on the request for authorization and must explain the enrollee's right to appeal the decision. If an enrollee chooses to appeal a denial, the enrollee must appeal the denial within five business days of the date on which the enrollee receives the denial. If authorization is granted, the health plan company must provide the enrollee, within five business days of granting the authorization, with an explanation of how transition of care will be provided.

EFFECTIVE DATE. This section is effective for health plans issued after December 31, 2016, and before March 2, 2017, and that are in effect for all or a portion of calendar year 2017. This section expires June 30, 2018.

Sec. 3. **VERIFYING ELIGIBILITY FOR PREMIUM ASSISTANCE; PROGRAM INTEGRITY.**

Subdivision 1. **Verification of residency.** The commissioner of management and budget may access data from the Department of Employment and Economic Development and the Department of Revenue to verify that persons applying for health care premium assistance are residents of Minnesota.

Subd. 2. **Program integrity.** The commissioner of revenue shall review information available from Minnesota Management and Budget, the Department of Human Services, MNsure, and the most recent Minnesota tax records to identify ineligible individuals who received health care premium assistance. The commissioner of revenue shall recover the amount of any premium assistance paid on behalf of an ineligible individual from the ineligible individual, in the manner provided by law for the collection of unpaid taxes or erroneously paid refunds of taxes.

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