

1.1 moves to amend the amendment (H0003DE1-2) to H.F. No. 3 as
1.2 follows:

1.3 Page 3, line 3, delete "up to two dental administrators" and insert "a dental administrator"

1.4 Page 4, strike lines 4 and 5

1.5 Page 4, line 8, after the semicolon insert "or"

1.6 Page 4, line 9, strike everything before "at"

1.7 Page 4, line 11, strike "; or" and insert a period

1.8 Page 4, strike lines 12 to 24

1.9 Page 5, after line 19 insert:

1.10 "Sec. 5. Minnesota Statutes 2018, section 256B.69, subdivision 35, is amended to read:

1.11 Subd. 35. **Statewide procurement.** (a) For calendar year 2015, the commissioner may
1.12 extend a demonstration provider's contract under this section for a sixth year after the most
1.13 recent procurement. For calendar year 2015, section 16B.98, subdivision 5, paragraph (b),
1.14 and section 16C.05, subdivision 2, paragraph (b), shall not apply to contracts under this
1.15 section.

1.16 (b) For calendar year 2016 contracts under this section, the commissioner shall procure
1.17 through a statewide procurement, which includes all 87 counties, demonstration providers,
1.18 and participating entities as defined in section 256L.01, subdivision 7. The commissioner
1.19 shall publish a request for proposals by January 5, 2015. As part of the procurement process,
1.20 the commissioner shall:

1.21 (1) seek each individual county's input;

2.1 (2) organize counties into regional groups, and consider single counties for the largest
2.2 and most diverse counties; and

2.3 (3) seek regional and county input regarding the respondent's ability to fully and
2.4 adequately deliver required health care services, offer an adequate provider network, provide
2.5 care coordination with county services, and serve special populations, including enrollees
2.6 with language and cultural needs.

2.7 (c) For calendar year 2021, the commissioner may extend a demonstration provider's
2.8 contract under this section for a sixth year after the most recent procurement, for the provision
2.9 of services in the seven-county metropolitan area to families and children under medical
2.10 assistance and MinnesotaCare. For calendar year 2021, section 16B.98, subdivision 5,
2.11 paragraph (b), and section 16C.06, subdivision 3b, shall not apply to contracts under this
2.12 section. For calendar year 2022, the commissioner shall procure services in the seven-county
2.13 metropolitan area for families and children under medical assistance and MinnesotaCare,
2.14 from demonstration providers and participating entities as defined in section 256L.01,
2.15 subdivision 7."

2.16 Page 10, line 19, after the period insert "The commissioner, beginning January 15, 2022,
2.17 and each January 15 thereafter, shall notify the chairs and ranking minority members of the
2.18 legislative committees with jurisdiction over health and human services policy and finance
2.19 of the rebates and discounts negotiated, their aggregate dollar value, and how the department
2.20 applied these savings, including the extent to which these savings were passed on to
2.21 enrollees."

2.22 Page 17, after line 16, insert:

2.23 "Sec. 16. **STUDY OF MINNESOTACARE EXPANSION.**

2.24 The commissioner of human services shall study the costs and requirements for a
2.25 MinnesotaCare expansion that would:

2.26 (1) provide individual and small group health coverage with covered benefits and a
2.27 provider network equivalent to MinnesotaCare, and enrollee out-of-pocket costs that are
2.28 no higher than under MinnesotaCare;

2.29 (2) contract directly with all health care providers willing to participate and accept
2.30 reimbursement and other contract terms;

2.31 (3) use a single third-party administrator, or be administered directly by the commissioner;

3.1 (4) reimburse health care providers at rates no lower than those used under Medicare,
3.2 except that the commissioner may negotiate global budgets with health care providers, to
3.3 control costs and improve the quality of care;

3.4 (5) maximize federal financial participation, including capturing funding currently
3.5 available for premium tax credits to reduce premium costs for enrollees;

3.6 (6) charge premiums on a sliding scale using an affordability standard, and state-funded
3.7 tax credits for persons whose costs exceed the standard; and

3.8 (7) be available in every Minnesota county.

3.9 The commissioner shall contract with an actuarial consulting firm to provide technical
3.10 assistance in conducting the MinnesotaCare expansion study. The commissioner shall present
3.11 a report, implementation plan, and draft legislation to the chairs and ranking minority
3.12 members of the legislative committees with jurisdiction over health and human services
3.13 policy and finance and health insurance, by December 15, 2019.

3.14 **Sec. 17. STUDY OF COST OF PROVIDING DENTAL SERVICES.**

3.15 The commissioner shall contract with a vendor to conduct a survey of the cost to
3.16 Minnesota dental providers of delivering dental services to medical assistance and
3.17 MinnesotaCare enrollees under both fee-for-service and managed care. The commissioner
3.18 shall ensure that the vendor has prior experience in conducting surveys of the cost of
3.19 providing health care services. Each dental provider enrolled with the department must
3.20 respond to the cost of service survey. The commissioner may sanction a dental provider
3.21 under section 256B.064 for failure to respond. The commissioner shall require the vendor
3.22 to measure statewide and regional costs for both fee-for-service and managed care, by major
3.23 dental service category and for the most common dental services. The commissioner shall
3.24 post a copy of the final survey report on the department's website. The initial survey must
3.25 be completed no later than January 1, 2021, and the survey must be repeated every three
3.26 years. The commissioner shall provide a summary of the results of each cost of dental
3.27 services survey and provide recommendations for any changes to dental payment rates to
3.28 the chairs and ranking members of the legislative committees with jurisdiction over health
3.29 and human services policy and finance."

3.30 Renumber the sections in sequence and correct the internal references

3.31 Amend the title accordingly