

HOUSE RESEARCH

Bill Summary

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Overview

This bill requires the commissioner to identify MinnesotaCare enrollees who are adults without children who can be best served under modified MinnesotaCare coverage. This modified coverage consists of: (1) an effective date of coverage that is the date of application; and (2) the opportunity to receive services through a county-based health care home program.

The bill sets the date of coverage as the date of application for GAMC enrollees transitioned to MinnesotaCare, and adults without children with incomes not exceeding 100 percent of FPG, who submit applications between March 1, 2010, and June 30, 2011. For applications submitted after this date, the date of coverage is the date of application only for individuals identified by the commissioner as best served under modified MinnesotaCare.

The bill allows counties to serve individuals identified as best served under modified MinnesotaCare through a health care home program, beginning July 1, 2011. The bill also requires counties to pay, on an ongoing basis, the enrollee share of MinnesotaCare premiums for persons who are transitioned from GAMC and for adults without children with incomes not exceeding 100 percent of FPG. Counties that do not participate in the health care home program are required to pay both the enrollee and state share of premiums for persons identified as best served under modified MinnesotaCare.

Section

- 1 Enrollee characteristics; eligibility criteria.** Amends § 256D.03, by adding subd. 3c. Requires the commissioner to study the demographic characteristics, health care needs, and utilization of GAMC enrollees, and by September 1, 2010, identify the characteristics of enrollees who are single adults or in households without children who can be served more effectively under modified MinnesotaCare coverage. Requires the commissioner to establish eligibility criteria for modified MinnesotaCare coverage. Provides a March 1, 2010, effective date.

- 2** **Effective date of coverage.** Amends § 256L.05, subd. 3. A new paragraph (f) provides that for applications submitted between March 1, 2010, and June 30, 2011, the effective date of MinnesotaCare coverage for GAMC enrollees who are transitioned to MinnesotaCare is the date of GAMC application. For applications submitted on or after July 1, 2011, the effective date of coverage is the date of application only for those individuals identified by the commissioner as best served under modified MinnesotaCare. For those who do not meet the commissioner's criteria, the effective date of coverage is the first day of the month following approval of eligibility.

A new paragraph (g) provides that for applications submitted between March 1, 2010, and June 30, 2011, the effective date of MinnesotaCare coverage for MinnesotaCare applicants who are single adults and households with no children, with gross income that does not exceed 100 percent of FPG, is the date of MinnesotaCare application. For applications submitted on or after July 1, 2011, the effective date of coverage is the date of application only for those individuals identified by the commissioner as best served under modified MinnesotaCare. For those who do not meet the commissioner's criteria, the effective date of coverage is the first day of the month following approval of eligibility.

A new paragraph (h) provides that MinnesotaCare coverage will be provided on a fee-for-service basis for up to three months or until managed care enrollment, whichever is earlier, for those eligible under paragraphs (f) and (g).

Provides a March 1, 2010, effective date.

- 3** **Health care home program for certain single adults and households without children.** Adds § 256L.12.

Subd. 1. Establishment; contract with commissioner. Requires the commissioner to develop and implement, by July 1, 2011, a county-based, health care home program for persons identified by the commissioner as being more effectively served under modified MinnesotaCare. States the county participation is voluntary, and subject to approval by, and entering into a contract with, the commissioner. Lists contract requirements.

Subd. 2. County requirements related to health care homes. Requires participating counties to contract with providers certified as health care homes. Directs participating counties to requires enrollees residing in the county designate a health care home and allows counties to assign enrollees to a health care home.

Subd. 3. County payment. Requires the commissioner to pay participating counties a per capita payment that does not exceed the payment that would otherwise be made to a managed care plan. States that a county is not required to obtain an HMO certificate of authority, but must meet consumer protection, provider protection, and fiscal solvency standards established by the commissioner. States that the commissioner and state are not liable for any costs incurred by a county.

Subd. 4. Nonparticipating counties. Directs the commissioner to continue to provide MinnesotaCare services through managed care and county-based purchasing, for counties that choose not to participate in, or withdraw from the health care home program. Provides a March 1, 2010, effective date.

- 4** **Exception for certain adults.** Amends § 256L.15, subd. 4. The amendment to paragraph (a) requires counties to continue to pay the enrollee share of MinnesotaCare premiums for individuals transitioned from GAMC to MinnesotaCare beyond the six month period in current law. Also requires counties to pay the enrollee share of premiums for MinnesotaCare enrollees who are single adults and households with no children, with incomes not exceeding 100 percent of FPG.

A new paragraph (b) requires counties that do not participate in the health care home program to pay both the enrollee and state share of premiums for individuals who meet the criteria for modified MinnesotaCare coverage.

Provides a March 1, 2010, effective date.