## HOUSE RESEARCH =

## Bill Summary =

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## Overview

This bill provides temporary MinnesotaCare eligibility for certain individuals receiving unemployment benefits, and family members. These individuals are exempt from MinnesotaCare eligibility requirements and have the option of purchasing individual private sector coverage on a guaranteed issue basis, if they exhaust temporary MinnesotaCare coverage and are not eligible for regular MinnesotaCare. These eligibility provisions expire July 1, 2011.

## Section

- Portability and conversion of coverage. Amends § 62A.65, subd. 5. Requires health carriers to offer, sell, issue, and renew individual health plans on a guaranteed issue basis, without any preexisting condition limitations, to individuals and family members who exhaust temporary MinnesotaCare coverage for unemployed individuals, and who are not eligible for regular MinnesotaCare coverage. Defines "guaranteed issue" and "family." States that the paragraph expires July 1, 2011, and provides an effective date of July 1, 2009.
- **Temporary MinnesotaCare coverage for unemployed individuals.** Amends § 256L.07, by adding subd. 8.
  - (a) States that an individual is eligible for MinnesotaCare coverage under this subdivision, and is exempt from other MinnesotaCare eligibility criteria, if the individual:
    - (1) Is eligible at the time of application for MinnesotaCare coverage to receive unemployment benefits under chapter 268, a Minnesota emergency unemployment compensation program, or a federal emergency unemployment compensation program; and
    - (2) Has earned income for the eight consecutive quarters prior to becoming eligible

for unemployment benefits.

- (b) States that members of the individual's family are also eligible for MinnesotaCare under this subdivision. Defines "family" to mean the term as it is used under MinnesotaCare rules, but also including any individual who had been covered by the last employer of the individual receiving unemployment benefits.
- (c) Requires the commissioner of employment and economic development to provide individuals eligible under paragraph (a) with: (1) written notice that the individual and family members are eligible for temporary MinnesotaCare coverage for 145 days; and (2) a coverage form, to be returned to the commissioner within 30 days of receipt, that allows the individual to: (i) decline coverage; (ii) identify family members to be covered; and (iii) provide information on other health coverage.
- (d) Requires the commissioner of employment and economic development to provide the commissioner of human services, on a weekly basis, with the names of individuals eligible under paragraph (a) to whom a notice of eligibility has been sent.
- (e) Requires the commissioner of human services to automatically enroll individuals whose names have been submitted under paragraph (d). Provides that family members are enrolled only if coverage is requested by returning the coverage form within 30 days of receipt. Requires the commissioner of human services to disenroll individuals who decline coverage, and to coordinate the provision of care for persons with other health coverage or a source of third-party payment.
- (f) Provides that individuals eligible under this subdivision receive the MinnesotaCare benefit set for nonpregnant adults with children, except that:
  - (1) the annual limit on inpatient hospital services does not apply; and
  - (2) coverage is not provided for eye care, eyeglasses, and dental care.
- (g) Provides that individuals eligible under this subdivision receive coverage on a feefor-service basis using state only funds, and are exempt from managed care enrollment. Requires the commissioner to seek approval for federal matching funds within 30 days of the effective date of this subdivision.
- (h) States that eligible individuals pay a monthly premium of \$4. States that these individuals are subject to MinnesotaCare cost-sharing requirements, except for the 10 percent coinsurance requirement for inpatient hospital services. Exempts individuals from disenrollment for failure to pay premiums.
- (i) States that the effective date of coverage for individuals eligible under paragraph (a) is the date upon which the commissioner of human services receives the names of eligible individuals from the commissioner of employment and economic development. States that the effective date of coverage for family members is the date upon which the commissioner of human services receives the coverage form requesting coverage.
- (j) States the persons are eligible under this subdivision for 145 days. For both individuals eligible under paragraph (a) and family members, specifies that the 145-

- day period begins on the date upon which the commissioner of human services receives the name of the eligible individual from the commissioner of employment and economic development.
- (k) States that coverage under this subdivision is secondary to other coverage, and that the commissioner of human services shall coordinate MinnesotaCare with other coverage. Requires individuals and family members to cooperate with DHS to identify potentially liable third-party payers, assist the state in obtaining third-party payment, and cooperate with DHS and the local agency in establishing paternity of an enrolled child and obtaining medical care support and payments for the child.
- (l) Allows individuals and family members who are no longer eligible under this subdivision to reapply for regular MinnesotaCare, subject to all eligibility, premium payment, and other requirements. Requires the commissioner to provide individuals with reapplication materials no later than 115 days from the effective date of coverage. Sets the effective date of coverage under regular MinnesotaCare as the day following the last day of coverage under this subdivision, for persons who apply within 30 days of the loss of eligibility. For all others, specifies the effective date as the month following the month in which premium payment is received. Allows individuals denied MinnesotaCare coverage upon reapplication to purchase private sector coverage on a guaranteed issue basis.
- (m) States that the subdivision expires on July 1, 2011.

**Effective date.** Provides an effective date of July 1, 2009.

- **Appropriation.** (a) Appropriates money from the health care access fund to the commissioner of human services for the biennium beginning July 1, 2009, to implement section 2.
  - (b) Appropriates money from the health care access fund to the commissioner of employment and economic development for the biennium beginning July 1, 2009, to implement section 2.