



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 most recent employer of the individual receiving unemployment benefits.

(c) Exempts individuals and family members from the MinnesotaCare insurance barriers (no other health coverage, no coverage for four-months, no current access to employer-subsidized coverage, and no access to employer-subsidized insurance through the current employer for the prior 18 months) and from the MinnesotaCare asset requirement (\$10,000 for a household of one/\$20,000 household of two or more; applies to adults who are not pregnant). States that all other MinnesotaCare requirements apply.

(d) Requires the commissioner of employment and economic development to provide individuals eligible to receive unemployment benefits with written notice that the individual and family members may be eligible for temporary MinnesotaCare coverage, and an application for coverage. Requires the information to be provided at the same time information about eligibility for unemployment benefits is provided.

(e) Requires applications to be submitted to the commissioner of human services, and requires that commissioner to determine eligibility.

(f) Provides that individuals eligible under this subdivision receive the MinnesotaCare benefit set for nonpregnant adults with children, except that the annual limit on inpatient hospital services does not apply.

(g) Provides that individuals eligible under this subdivision receive coverage on a fee-for-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) Requires individuals to pay the standard MinnesotaCare premiums. 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 the persons are eligible under this subdivision for 145 days, regardless of whether the eligibility criteria continue to be met.

(j) 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.

(k) 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.

(l) States that the subdivision expires on July 1, 2011.

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

**3 MinnesotaCare option for small employers.** Adds § 256L.20.

**Subd. 1. Definitions.** Defines terms. Defines “eligible employee” as an employee who works at least 20 hours per week and meets other criteria. Defines “eligible employer” as an employer with between two and 20 eligible employees, the majority of whom are employed in the state.

**Subd. 2. Option.** Allows eligible employees and dependents to enroll in MinnesotaCare if their employer meets the requirements of subdivision 3 and specifies the effective date of coverage.

**Subd. 3. Employer requirements.** Requires the commissioner to establish procedures for eligible employers to apply for coverage. In order to participate, requires employers to:

- (1) agree to contribute at least 50 percent of premium costs for the employee and any dependents;
- (2) certify that at least 75 percent of its eligible employees who do not have other creditable coverage are enrolled in the program; and
- (3) offer coverage to all eligible employees and their dependents.

**Subd. 4. Premiums.** States that the premium is equal to the cost to the state, regardless of employee income. Requires the employer to pay at least 50 percent of premium costs, and requires the employee to pay the employee share of premiums to the employer. Requires the commissioner to collect premiums from participating employers, and deposit premiums into the health care access fund.

**Subd. 5. Coverage and cost sharing.** Provides that individuals eligible under this section receive coverage for the MinnesotaCare benefit set that applies to nonpregnant adults with children, except that the \$10,000 annual limit on inpatient hospital services does not apply. Provides that individuals are subject to the MinnesotaCare cost-sharing requirements, except that the 10 percent coinsurance requirement for inpatient hospital services does not apply.

**Subd. 6. Enrollment.** Provides the eligible employees and their dependents are enrolled upon payment of the initial premium. Exempts persons enrolled from the MinnesotaCare income limits, asset limit, and insurance barriers.

**Subd. 7. Continuation of coverage.** Requires eligible employers offering coverage under this section to provide COBRA continuation coverage and continuation coverage required by state law. Allows an eligible employer to provide subsidized continuation coverage through MinnesotaCare as its designated continuation of benefits for purposes of federal subsidies authorized by the American

Recovery and Reinvestment Act of 2009. Requires the eligible employer to pay the 65 percent subsidy to the commissioner, and the employee to pay the 35 percent employee share to the commissioner.

**Effective date.** Provides a July 1, 2009 effective date.

- 4** **Appropriation.** Appropriates money from the health care access fund to the commissioner of human services for the biennium beginning July 1, 2009, to implement section 256L.07, subdivision 8.