

age groups, ranging from \$122.79 for persons under age 21 to \$357.19 for persons age 60 and over. The base contribution is multiplied by a percentage inversely related to income, ranging from 150 to 80 percent, to obtain the monthly per-person defined contribution amount.

(b) Requires the defined contribution amount calculated under paragraph (a) to be increased by 20 percent for enrollees who are denied coverage in the private individual market and who purchase coverage through the Minnesota Comprehensive Health Association (MCHA).

Subd. 4. Administration by commissioner. Requires the commissioner to administer the defined contributions, by calculating and processing defined contributions for enrollees and paying the defined contribution to health plan companies or MCHA, as applicable.

Subd. 5. Assistance to enrollees. Requires the commissioner of human services, in consultation with the commissioner of commerce, to develop an efficient and cost-effective method to refer applicants to professional insurance agent associations.

Subd. 6. MCHA. Beginning July 1, 2012, makes MinnesotaCare enrollees who are denied coverage under an individual health plan eligible for coverage under MCHA. Requires incremental costs to MCHA resulting from implementation of this act to be paid from the health care access fund.

Subd. 7. Federal approval. Requires the commissioner to seek all federal approvals and waivers necessary to implement coverage for enrollees eligible as families and children, with gross family incomes equal to or greater than 133 percent of FPG, while continuing to receive federal funds.

- 2 Referral of veterans.** Amends § 256L.05, by adding subd. 7. Requires the commissioner to modify the Minnesota health care programs application to ask applicants if they are U.S. military veterans. Requires the commissioner to ensure that all MinnesotaCare applicants with incomes less than 133 percent of FPG, who identify themselves as veterans, are referred to a county veterans service officer for assistance in applying to the U.S. Department of Veterans Affairs for any VA benefits for which they are eligible.
- 3 Coverage for lower-income MinnesotaCare enrollees.** Requires the commissioner of human services to develop and present to the legislature, by December 15, 2011, a plan to redesign service delivery for MinnesotaCare enrollees who are adults without children or families and children, with incomes less than 133 percent of FPG. Specifies plan criteria and requires the commissioner to consider innovative methods of service delivery, including but not limited to increasing the use and choice of private health plan coverage and encouraging the use of community clinics as health care homes.
- 4 Direction to commissioner; federal waiver.** Requires the commissioner of human services to apply to the Centers for Medicare and Medicaid Services, by July 1, 2011, for a federal waiver to cover eligible families with children under the Healthy Minnesota Contribution Program. Requires the commissioner to report to the relevant legislative committees whether or not the waiver application is accepted, within ten working days of the decision. Provides an immediate effective date.