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Overview

This bill contains various provisions related to Department of Human Services technology systems and MA and MinnesotaCare eligibility determination procedures.

The provisions in Article 1:

- allow money in the state systems account to be used for a new county-based eligibility determination system and establish a review process for DHS use of unexpended balances;
- establish an information technology steering committee, and direct the committee to oversee the development, implementation, and operation of a county-based eligibility determination system for MA and MinnesotaCare;
- direct the commissioner of revenue to request a federal waiver that would allow the commissioner, rather than an exchange, to determine eligibility for premium tax credits and cost-sharing reductions, and to assess applicant eligibility for MA and MinnesotaCare (with county agencies making final eligibility determinations using the county-based eligibility determination system); and
- repeal statutes and rules that authorize and govern the operation of MNsure, effective upon federal approval of the waiver.

Article 2 of the bill makes conforming changes related to the contingent repeal of MNsure.

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Article 1

County-based Eligibility Determination System

- 1 State systems account created.** Amends § 256.014, subd. 2. (a) The amendment to paragraph (a) provides that money in the state systems account is also appropriated to the commissioner of human services for the county-based eligibility determination system. Provides that any unexpended balance for information systems projects for MAXIS, PRISM, MMIS, ISDS, METS, SSIS, or the county-based eligibility determination system does not cancel and is available for ongoing development and operations, subject to review by the Legislative Advisory Commission (LAC) as provided in paragraphs (b) and (c).
- (b) Prohibits an unexpended balance under paragraph (a) from being expended by the commissioner of human services until the commissioner of management and budget has submitted the proposed expenditure to the LAC for review and recommendation.
- If the LAC makes a positive recommendation, no recommendation, or has not reviewed the request within 20 days of submittal, the commissioner of management and budget may approve the proposed expenditure.
- If the LAC recommends further review, the commissioner shall provide additional information to the LAC. If the LAC makes a negative recommendation within ten days, the commissioner shall not approve the expenditure. If the LAC makes a positive recommendation, or no recommendation within ten days, the commissioner may approve the expenditure.
- (c) Requires any LAC recommendation to be made at a meeting of the commission unless a written recommendation is signed by all members entitled to vote. States that a recommendation must be made by a majority of the commission.
- 2 County-based eligibility determination system for public health care programs.** Adds § 256.0145.
- Subd. 1. Information technology steering committee.** (a) Establishes the information technology steering committee, consisting of two county commissioners, two county human services directors, two members appointed by the commissioner of human services, and one non-voting member appointed by the chief information officer of MN.IT, who serves as chair. Specifies geographic representation and other requirements.
- (b) Requires initial appointments to be made by August 15, 2018, and the first meeting to be convened by September 1, 2018. Requires DHS to provide the committee with administrative support.
- (c) Specifies that the steering committee is subject to the open meeting law.
- Subd. 2. County-based eligibility determination and enrollment system.** (a) Requires the steering committee to direct the development, implementation, and operation of a county-based eligibility determination system for all MA and MinnesotaCare enrollees. States that this system shall replace the Minnesota

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eligibility system (METS) and existing state or county-based eligibility determination systems. Requires the new system to:

- (1) have the capacity to interface with the federal information technology platform for preliminary assessments of MA and MinnesotaCare eligibility; and
 - (2) allow county agencies to use the new system to make final eligibility determinations for MA and MinnesotaCare, and enroll individuals in these programs.
- (b) Requires the steering committee to develop a timeline and implementation plan to transition from existing eligibility systems to the new system. Allows the steering committee to contract with one or more vendors to develop and implement the new system.

Subd. 3. Costs. Requires all costs for the steering committee and new eligibility system to be paid for using state and federal funds deposited in the state systems account, and designated for the modernization of human services information technology systems.

- 3 Commissioner's duties.** Amends § 256L.02, subd. 2. Requires DHS to supervise the determination of MinnesotaCare eligibility by county agencies. (Current law requires the commissioner to administer MinnesotaCare through the DHS central office.)

Provides that this section is effective upon implementation of the county-based eligibility determination system.

- 4 Waiver to allow determination of eligibility by the commissioner.** Adds § 270C.031.

Subd. 1. Definitions. Defines terms.

Subd. 2. Waiver application. (a) Requires the commissioner of revenue, in consultation with the commissioners of human services and commerce, to request a section 1332 waiver from the Centers for Medicare and Medicaid Services (CMS) to implement subdivisions 3 to 6 beginning January 1, 2020. Requires the waiver request to be submitted by October 1, 2018.

(b) Requires the waiver to:

- (1) allow the state, rather than a state or federal exchange, to determine eligibility for, and the amount of, advanced premium tax credits and cost-sharing subsidies; and
 - (2) direct the commissioner of revenue to assess eligibility for MA and MinnesotaCare through the county-based eligibility determination system, with final eligibility determinations made by the commissioner of human services.
- (c) Requires the commissioner to make the waiver application available on the agency website and to notify specified legislative chairs of any federal action on the waiver request.

Subd. 3. Determination of eligibility for and amount of tax credits and cost-sharing reductions. (a) Specifies requirements and procedures for the commissioner related to determining eligibility for premium tax credits and cost-sharing reductions.

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(b) Requires the commissioner to calculate the amount of any premium tax credit or cost-sharing reduction as provided under the Affordable Care Act, and issue the individual with a certification form that indicates their dollar value.

(c) Requires the commissioner to develop a method to make certification information available electronically to insurance producers and health plan companies.

Subd. 4. Assessment of eligibility for medical assistance or MinnesotaCare. (a) Requires the commissioner to assess applicant eligibility for MA and MinnesotaCare, and allows the commissioner to access all necessary federal and state data sources.

(b) If the commissioner assesses an individual as eligible, requires the commissioner to transmit all collected and verified information to the commissioner of human services, to enable that commissioner to make a final determination through county agencies. Requires county agencies to make this final determination using the county-based eligibility determination system.

(c) Provides that an individual who is not assessed as eligible for MA or MinnesotaCare by the commissioner of revenue may still apply for coverage under those programs through the appropriate county agency.

Subd. 5. Access to coverage using advanced premium tax credits. (a) Provides that individuals determined to be eligible for an advanced premium tax credit or cost-sharing reduction may present the certification form to an insurance producer or health plan company when seeking coverage. Also allows the insurance producer or health plan company to access certification information electronically.

(b) Requires a health plan company to adjust health plan premiums and cost-sharing to reflect any premium tax credit or cost-sharing reduction to which an individual is entitled based on the certification information.

Subd. 6. Appeals. Requires the commissioner of revenue to establish an appeals process for persons who are denied certification for a premium tax credit or cost-sharing reduction.

Subd. 7. Vendor contract. Requires the commissioner of revenue to contract with a vendor for technical assistance in implementing this section.

States that this section is effective the day following final enactment, except that subdivisions 3 to 6 are effective upon federal waiver approval.

5 Appropriation. Appropriates money in FY 2019 from the general fund to the commissioner of revenue to contract with a vendor for technical assistance in implementing section 270C.031.

6 Repealer.

(a) Repeals the sections of law (chapter 62V) that authorize and govern the operation of MNsure, the state insurance exchange.

(b) Repeals the provisions of Minnesota Rules (chapter 7700) that govern the administration and operation of MNsure.

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Provides that this section is effective upon federal approval of the waiver required under section 270C.031.

Article 2

Conforming Changes

- 1** **Purpose.** Amends § 62K.02, subd. 1. Strikes references to MNsure.
Provides that this section is effective upon the effective date of Article 1, section 6.
- 2** **Revisor's instruction.** Directs the Revisor, in consultation with House and Senate nonpartisan staff offices, to prepare legislation that makes conforming changes related to the repeal of MNsure. Requires the commissioner to submit this proposal during the 2019 session to the chairs and ranking minority members of the legislative committees with jurisdiction over health care.
- 3** **Repealer.** Repeals specified sections of law, to conform to the repeal of MNsure.
Provides that this section is effective upon the effective date of Article 1, section 6.