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Authors: Dean

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Analyst: Randall Chun

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Overview

This bill requires the commissioner of human services to implement a two percent MA capitation payment withhold for managed care and county-based plans. The commissioner's return of the withhold is contingent on the plan submitting a verification of coverage form that is completed by the enrollee. If the form is not returned, the commissioner shall not return withheld funds for that enrollee, cease making capitation payments for that enrollee, and disenroll the enrollee from MA.

Section

- 1** **Managed care contracts.** Amends § 256B.69, subd. 5a. For services provided on or after January 1, 2019, through December 31, 2019, requires the commissioner to withhold two percent of capitation payments provided to managed care and county-based purchasing plans for each MA enrollee. Requires the commissioner to return the withhold, between July 1 and July 31 of the following year, for capitation payments for enrollees for whom the managed care or county-based purchasing plan has submitted to the commissioner a verification of coverage form completed and signed by the enrollee. Specifies requirements for the form. Requires a plan to request all enrollees to complete the form, and requires the plan to submit all completed forms to the commissioner by February 28, 2019. If a completed form for an enrollee is not received by the commissioner by that date, requires the commissioner to not return funds withheld for that enrollee, cease making capitation payments for the enrollee, and disenroll the enrollee from MA, subject to enrollee appeal.