

Subject Health Care Policy Provisions

Authors Moran

Analyst Randall Chun

Date March 11, 2019

## Overview

This bill makes a variety of policy changes related to the administration of Medical Assistance and MinnesotaCare by the Department of Human Services.

## Summary

Section	Description
1	<p><b>Payment restructuring; care coordination payments.</b></p> <p>Amends § 62U.03. Makes a conforming change related to the Commissioner of Health being given sole authority to certify health care homes. Provides an immediate effective date.</p>
2	<p><b>Restricted uses of the all-payer claims data.</b></p> <p>Amends § 62U.04, subd. 11. Eliminates a cross-reference to § 256B.0752, which is repealed in the bill. Provides an immediate effective date.</p>
3	<p><b>State medical review team.</b></p> <p>Amends § 256.01, subd. 29. Strikes a reference to medical evidence submitted by county agencies, and makes a technical change in a cross-reference, in a section of law dealing with the processing of disability determinations by the state medical review team. Provides an immediate effective date.</p>
4	<p><b>Provider enrollment.</b></p> <p>Amends § 256B.04, subd. 21. Allows the commissioner to exempt a rehabilitation agency from MA termination or denial, if the agency is unable to retain Medicare certification and enrollment solely due to a lack of billing Medicare, meets all other applicable Medicare certification requirements, and primarily serves a pediatric population. Provides an immediate effective date.</p>
5	<p><b>Alternative and complementary health care.</b></p> <p>Amends § 256B.043, subd. 1. Makes a conforming change related to the renaming of the Health Services Policy Committee.</p>

<b>Section</b>	<b>Description</b>
6	<p><b>Income and assets generally.</b></p> <p>Amends § 256B.056, subd. 1a. Requires individual income under the modified adjusted gross income (MAGI) methodology to be used to determine eligibility for the 12-month eligibility period, and based on predicted income if month-by-month income is expected to vary. Also updates a reference to federal law. Provides an immediate effective date.</p>
7	<p><b>Income.</b></p> <p>Amends § 256B.056, subd. 4. Strikes obsolete language related to the transition to MA eligibility and the use of MAGI under MA. Provides an immediate effective date.</p>
8	<p><b>Period of eligibility.</b></p> <p>Amends § 256B.056, subd. 7. Provides retroactive eligibility for persons on an insurance affordability program who report a change that makes them eligible for MA. Eligibility is available for the month in which the change is reported and for the three prior months, if the person was eligible in those months. Provides an immediate effective date.</p>
9	<p><b>Periodic renewal of eligibility.</b></p> <p>Amends § 256B.056, subd. 7a. Provides that persons eligible for MA under a spend-down are subject to a review of income every six months (currently law refers to eligibility renewal every six months). Provides an immediate effective date.</p>
10	<p><b>Eligibility verification.</b></p> <p>Amends § 256B.056, subd. 10. Requires persons applying for or receiving MA on the basis of being elderly, blind, or having a disability, or under any other eligibility category subject to an asset test, to authorize the commissioner to obtain information from financial institutions to identify unreported assets. The commissioner may determine persons refusing or revoking an authorization to be ineligible. States that an authorization meets the requirements of the federal Right to Financial Privacy Act and does not need to be provided to the financial institution. Requires county and tribal agencies to comply with standards established by the commissioner for appropriate use of the asset verification system specified in § 256.01, subd. 18f. States that the section is effective upon implementation of § 256.01, subd. 18f.</p>
11	<p><b>Periodic data matching.</b></p> <p>Amends § 256B.0561, subd. 2. States that an MA recipient terminated from the program as a result of periodic data matching may be eligible for MA no earlier than the first day of the month in which the recipient provides information that demonstrates eligibility. Also strikes an obsolete date. Provides an immediate effective date.</p>
12	<p><b>Infants and pregnant women.</b></p> <p>Amends § 256B.057, subd. 1. Updates the MA income standards specified in law for infants under age two from 275 percent to 283 percent of FPG, and for pregnant women from 275 percent to 278 percent of FPG. The income standards for these groups had</p>

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	been increased on January 1, 2014, as part of the conversion to the new MAGI income standard and these higher standards are currently in use; this section updates the references in law. The section also states that program costs for children with incomes above 275 percent but not exceeding 283 percent of FPG may be paid for under the federal Children's Health Insurance Program; this has been existing practice. Provides an immediate effective date.
13	<b>Reasonable expenses.</b> Amends § 256B.0575, subd. 2. Excludes private room fees incurred by an assisted living client from the definition of reasonable expenses for medical or remedial care that can be subtracted from the income of an institutionalized person. States that the section is effective August 1, 2019, or upon federal approval, whichever is later.
14	<b>Inpatient hospital services.</b> Amends § 256B.0625, subd. 1. Requires inpatient hospital services under MA to be performed by hospitals that are Medicare certified for the services performed. Strikes language related to obtaining second medical opinions prior to reimbursement for certain elective surgeries. Provides an immediate effective date.
15	<b>Health services advisory council.</b> Amends § 256B.0625, subd. 3c. Renames the health services policy committee the health services advisory council, and makes a number of changes in council duties and operation. These include: <ul style="list-style-type: none"><li>▪ increasing the size of the council from 13 to 14 members;</li><li>▪ requiring the council to advise the commissioner on evidence-based decision making and health care benefit and coverage policies for Minnesota health care programs;</li><li>▪ removing the requirement that the chair be a physician;</li><li>▪ allowing the council to recommend criteria and standards related to prior authorization; and</li><li>▪ striking outdated language</li></ul>
16	<b>Health services advisory council members.</b> Amends § 256B.0625, subd. 3d. Modifies membership of the health services advisory council, by adding one member who is a health care or mental health professional, reducing the number of physicians from seven to six and removing the requirement that one physician work in the area of mental illness, and increasing the number of consumer members from one to two. Provides that members, except for the medical director, must not be employed by the state of Minnesota (current law refers to DHS) and states that a simple majority is a quorum.

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17	<b>Health services advisory council terms and compensation.</b> Amends § 256B.0625, subd. 3e. Makes a change in terminology related to the health services advisory council.
18	<b>Organ and tissue transplants.</b> Amends § 256B.0625, subd. 27. Removes the requirement that all organ transplants under MA be performed at transplant centers meeting united network for organ sharing criteria or at Medicare approved transplant centers. Provides an immediate effective date.
19	<b>Centers of excellence.</b> Amends § 256B.0625, subd. 53. Makes a change in terminology related to the health services advisory council.
20	<b>Opioid prescribing work group.</b> Amends § 256B.0638, subd. 3. Makes a change in terminology related to the health services advisory council.
21	<b>Health care homes.</b> Amends § 256B.0751. Places health care homes under the oversight of the commissioner of health, rather than as in current law under the oversight of the commissioners of health and human services. Also makes related changes and strikes obsolete language. Provides an immediate effective date.
22	<b>Development.</b> Amends § 256B.0753, subd. 1. Strikes obsolete language related to the development of a payment system for care coordination. Provides an immediate effective date.
23	<b>Definitions.</b> Amends § 256B.0753, by adding subd. 1a. Applies the definitions in § 256B.0751, subd. 1 (general requirements for health care homes) to the section of law that establishes care coordination payments for health care homes. Provides an immediate effective date.
24	<b>Hospital outpatient reimbursement.</b> Amends § 256B.75. Moves the start date for the cost-based payment system for critical access hospitals back by one year, to the first day of the hospital's fiscal year ending in 2017. Provides an immediate effective date.
25	<b>Covered health services.</b> Amends § 256L.03, subd. 1. Adds behavioral health home services to the list of services not covered under MinnesotaCare (the services are currently not covered).

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26	<p><b>Premium determination for MinnesotaCare.</b></p> <p>Amends § 256L.15, subd. 1. Strikes obsolete language related to MinnesotaCare premium increases (these increase have been codified). Provides an immediate effective date.</p>
27	<p><b>Revisor instruction.</b></p> <p>Directs the revisor to renumber the subdivisions in § 256B.0751 (health care homes) as subdivisions in § 62U.03, and make related changes. (Chapter 62U contains provisions on health care payment and pricing reform, and is administered by the Commissioner of Health.) Provides an immediate effective date.</p>
28	<p><b>Repealer.</b></p> <p>Repeals the following provisions, and provides an immediate effective date:</p> <ul style="list-style-type: none"><li>▪ 62U.15, subd. 2 – health care home learning collaborative curriculum related to Alzheimer’s</li><li>▪ 256B.057, subd. 8 – MA coverage for children under age two (this coverage is reinstated in modified form in the bill in another subdivision of that section)</li><li>▪ 256B.0625, subd. 3a – provision stating that sex reassignment surgery is not covered under MA</li><li>▪ 256B.0752 – health care home reporting requirements</li><li>▪ 256B.79, subd. 7 – June 30, 2019, expiration date for pilot program on integrated care for high-risk pregnant women</li><li>▪ 256L.04, subd. 13 – MinnesotaCare applications for families with relative caretakers, foster parents, or legal guardians</li></ul>



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