

HOUSE RESEARCH

Bill Summary

FILE NUMBER: H.F. 3692

DATE: March 30, 2006

Version: First engrossment

Authors: Powell

Subject: State Health Care Programs

Analyst: Randall Chun, 651-296-8639

This publication can be made available in alternative formats upon request. Please call 651-296-6753 (voice); or the Minnesota State Relay Service at 1-800-627-3529 (TTY) for assistance. Summaries are also available on our website at: www.house.mn/hrd.

Overview

This bill makes a variety of changes in the administration and operation of state health care programs.

Section

- 1** **Circumcision.** Amends § 256B.0625, subd. 3f. Eliminates MA coverage of circumcision when the procedure is required because of well-established religious practice.
- 2** **Transportation costs.** Amends § 256B.0625, subd. 17. Provides that transportation costs and services are covered under MA, effective January 1, 2006, only if the health care service obtained through transportation is covered under MA. Provides an exception for transportation to obtain pharmacy services for an MA enrollee also covered by Medicare, even if the pharmacy service obtained is fully or partially covered under Medicare Part D.
- 3** **Notice of potential claim.** Amends § 256B.15, subd. 1c. Modifies the requirement that notices of potential claim include the Social Security number, by specifying that only the last four digits be provided.
- 4** **Alternative services; elderly and disabled persons.** Amends § 256B.69, subd. 23. Provides that health plans providing services as part of demonstration projects to integrate acute and long-term care services for elderly persons and persons with disabilities are responsible for "relocation service coordination" (this replaces and corrects the current law reference to "relocation targeted case management"). Also corrects a statutory reference.
- 5** **Commissioner's authority.** Amends § 256B.692, subd. 6. Allows the commissioner to reject a county-based purchasing proposal if it would substantially impair an enrollee's choice of "managed care organizations" (current law refers to choice of "care systems").

Section

- 6** **Commissioner's duties.** Amends § 256L.05, subd. 2. Requires the commissioner to verify whether a MinnesotaCare applicant or enrollee, and any dependents, are eligible for employer-subsidized coverage, and strikes language requiring applicants and enrollees to submit the name of their employers and a contact name and phone number. Requires verification of access to employer-subsidized coverage to be provided on a Minnesota health care program form completed and signed by the employer, or other employer issued documentation.
- 7** **Exception for transitioned adults.** Amends § 256L.154, subd. 4. Requires the county of financial responsibility to pay a monthly premium of \$7.10 for GAMC enrollees required to enroll in MinnesotaCare under section 256D.03, subdivision 3. Provides an effective date of September 1, 2006.
- 8** **Contents.** Amends § 514.982, subd. 1. Modifies the requirement that MA lien notices include the Social Security number, by specifying that only the last four digits be provided.
- 9** **Single-plan managed care contract.** Amends Laws 2005, First Special Session ch. 4, art. 8, sec. 84. Requires the commissioner of human services to consider a county-based purchasing proposal that requires purchasing on a single-plan basis. (Under current law, the commissioner is prohibited from rejecting a proposal that requires purchasing on a sole-source or single-plan basis.) Strikes language requiring the commissioner to request any necessary federal approval.
- 10** **Repealer.** Repeals § 256B.692, subd. 10 (obsolete reference to a report to the legislature on preliminary county-based purchasing proposals).