



**Subd. 2. Contracts with third-party administrator; enrollment of qualified adults.** Requires the commissioner to contract with health plan companies to provide the coverage established under § 256L.033 to qualified adults. Requires the commissioner to contract with a third-party administrator to distribute premiums to health plan companies, and to pay an administrative fee to the third-party administrator for each qualified adult enrolled. Requires premium payment rates to be sufficient to allow health plan companies to reimburse providers at private sector rates.

**Subd. 3. Enrollment of qualified adults.** Requires the commissioner to develop and implement procedures to enroll qualified adults with health plan companies. Exempts qualified adults from MinnesotaCare managed care enrollment but allows enrollment with managed care plans to obtain coverage under § 256L.033. Allows enrollees to change plans or switch coverage during an open enrollment period. Allows the commissioner to expand the definition of qualified adult, subject to any necessary federal approval.

**Subd. 4. Enrollment; professional insurance agent associations.** (a) Requires the commissioner to accept applications, determine eligibility, translate standardized documents, and refer enrollees to a certified insurance agent.

(b) Requires the commissioner, in consultation with the commissioner of commerce, to develop an efficient and cost-effective method of referring applicants to professional insurance agent associations and specifies related requirements.

**Subd. 5. MCHA.** Provides MCHA eligibility for enrollees denied coverage under an individual health plan. Requires the MCHA coverage to be that provided under § 256L.033. Requires MCHA costs related to this provision to be paid for through the health care access fund.

**6 MinnesotaCare; Healthy Minnesota accounts.** Adds § 256L.032.

**Subd. 1. Establishment.** Requires the commissioner to establish and administer a Healthy Minnesota Plan for each recipient, consisting of a private sector major medical plan combined with a \$3,100 deductible funded in part by the state through a health reimbursement arrangement (HRA). Directs the commissioner to authorize health plan companies to provide individual major medical health plan coverage to a recipient. Requires the commissioner to contract with a third-party administrator to manage the health reimbursement arrangement and to establish and administer Healthy Minnesota accounts for recipients.

**Subd. 2. Funds available to enrollees for health care expenses.** In addition to providing major medical coverage, requires the commissioner to make available up to \$2,100 per plan year for each enrollee's account for eligible health care expenses, through the health reimbursement arrangement.

**Subd. 3. Healthy Minnesota Plan reserve.** Requires the commissioner to maintain a plan reserve equal to 30 percent of the state's maximum claim obligations under subdivision 2 for the current and following fiscal year, as estimated by the commissioner of finance.

- 7** **Healthy Minnesota Plan; private sector coverage.** Adds § 256L.033. (a) Requires qualified adults to enroll in their choice of the individual health plans authorized by the commissioner. Requires health plans to meet the benefit design and cost-sharing requirements established by the commissioner. Requires the benefit set design and cost-sharing to be actuarially equivalent to that provided under MinnesotaCare to nonpregnant adults without children. Requires the benefit design to include, in addition to coverage of physician, inpatient and outpatient hospital, and other acute care services:
- (1) vision and eyewear coverage;
  - (2) dental coverage;
  - (3) prescription drug coverage;
  - (4) preventive care; and
  - (5) a lifetime maximum benefit of \$5 million.
- (b) Requires the commissioner to administer the Healthy Minnesota Plan and Health Minnesota Plan accounts, which must be designed to function to the extent possible in the same manner as a voluntary employee beneficiary association qualified under the Internal Revenue Code or a government plan qualified under the Internal Revenue Code, to the extent practicable for a plan not providing benefits to employees.
- (c) Requires all payments out of the arrangement to be adjudicated by a third-party administrator contracted for by the commissioner in the same manner as for Health Reimbursement Accounts under federal law, except as provided in § 256L.032, subd. 1.
- (d) Allows providers of individual health plans to decline to cover a prospective enrollee on the basis of medical underwriting. Allows a person rejected on this basis to apply for and enroll in an MCHA plan without a preexisting condition limitation. Requires the MCHA plan benefit design to be identical to that established under paragraph (a). Requires the commissioner to pay the premium for the person's coverage.
- (e) Requires all health plan companies offering individual coverage to offer the benefit set established under this section in the individual market.
- 8** **Premium payment waived for qualified adults.** Amends § 256L.15, by adding subd. 1c. Exempts qualified adults from sliding scale premiums.