

Subject DHS Health Care Policy

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Overview

This bill makes changes related to the administration of the Medical Assistance (MA) and MinnesotaCare programs. Many of the changes modify state law to reflect current practice, update state laws and eliminate obsolete language, and incorporate federal requirements into state law.

Summary

Section	Description
1	Payment restructuring; care coordination payments. Amends § 62U.03. Makes a conforming change related to the commissioner of health certifying health care homes (see the amendment to § 256B.0751). Provides an immediate effective date.
2	Restricted uses of the all-payer claims data. Amends § 62U.04, subd. 11. Strikes an obsolete evaluation requirement related to health care homes. Provides an immediate effective date.
3	State medical review team. Amends § 256.01, subd. 29. Requires the commissioner, to ensure timely processing of disability determinations by the state medical review team, to review all medical evidence (current law refers to medical evidence submitted by county agencies with a referral). Also makes technical changes. Provides an immediate effective date.
4	Income and assets generally. Amends § 256B.056, subd. 1a. Specifies that for individuals whose eligibility for MA is determined using modified adjusted gross income (MAGI), current monthly income and household size is used to determine eligibility for the 12-month eligibility period, except that predicted income for that period may be used if an individual's income is expected to vary from month to month. Also updates a federal law citation, to refer

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	to the U.S. Code rather than the Affordable Care Act. Provides an immediate effective date.
5	Income. Amends § 256B.056, subd. 4. Strikes an obsolete provision related to the conversion to a MAGI income methodology, and an obsolete date. Provides an immediate effective date.
6	Period of eligibility. Amends § 256B.056, subd. 7. Provides that a person who is covered under an insurance affordability program (MinnesotaCare or a program under which they receive premium tax credits or cost-sharing reductions), who reports a change in income that makes them eligible for MA, is eligible for MA for the month the change is reported and for the three prior months, if the person was eligible during those months. Provides an immediate effective date.
7	Periodic renewal of eligibility. Amends § 256B.056, subd. 7a. Provides that persons eligible for MA through spenddown shall be subject to a review of eligibility every six months (current law requires eligibility renewal every six months). Provides an immediate effective date.
8	Eligibility verification. Amends § 256B.056, subd. 10. A new paragraph (e) requires persons who are elderly, blind, or have disabilities, and any other person subject to an MA asset test, to authorize the commissioner to obtain information from financial institutions to identify unreported accounts, as required under implementation of the asset verification system. Specifies related requirements. A new paragraph (f) requires county and tribal agencies to comply with the standards established by the commissioner for appropriate use of the asset verification system. The amendment to paragraph (b) is a conforming change.
9	Periodic data matching. Amends § 256B.0561, subd. 2. A new paragraph (d) provides that persons whose MA or MinnesotaCare eligibility was terminated through implementation 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. The amendment to paragraph (a) strikes an obsolete date. Provides an immediate effective date.
10	Infants and pregnant women. Amends § 256B.057, subd. 1. The amendment to paragraph (a) converts the MA income standard for infants under age two from the state specific standard to the

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	<p>MAGI standard; this has the effect of raising the income standard specified in law from 275 to 283 percent of FPG. Also specifies that the cost of services for infants with incomes above 275 percent but not exceeding 283 percent of FPG may be paid with federal funding under the Children’s Health Insurance Program (this reflects the current funding for these individuals).</p> <p>A new paragraph (b) specifies the MA income standard for pregnant women based on MAGI; this has the effect of raising the income standard specified in law from 275 (see current law of paragraph (a)) to 283 percent of FPG.</p> <p>Provides an immediate effective date.</p>
11	<p>Income deductions.</p> <p>Amends § 256B.0575, subd. 1. Specifies that the amount that may be retained (and not applied to the cost of institutional care) by a veteran who does not have a spouse of child, or the surviving spouse of a veteran with no child, is either the amount of the personal needs allowance or the amount of an improved pension from the Veterans Administration, whichever is greater.</p>
12	<p>Reasonable expenses.</p> <p>Amends § 256B.0575, subd. 2. Excludes private room fees for an assisted living client from the definition of “reasonable expenses” that may be deducted from the income, prior to paying for the cost of institutional care. States that this section is effective August 1, 2020, or upon federal approval, whichever is later.</p>
13	<p>Inpatient hospital services.</p> <p>Amends § 256B.0625, subd. 1. Provides that MA covers inpatient hospital services performed by hospitals holding Medicare certifications for the services performed. Strikes language requiring a second medical opinion for certain elective surgeries. Provides an immediate effective date.</p>
14	<p>Organ and tissue transplants.</p> <p>Amends § 256B.0625, subd. 27. States that organ and tissue transplants are covered services. Strikes the requirement that all organ transplants be performed at organ transplant centers meeting specified criteria. Provides an immediate effective date.</p>
15	<p>Early and periodic screening, diagnosis, and treatment services.</p> <p>Amends § 256B.06254, subd. 58. Requires MA coverage of EPSDT services to be in accordance with federal regulations for those services. Allows the commissioner to contract for the administration of required outreach services.</p>

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16	<p data-bbox="318 264 570 296">Health care homes.</p> <p data-bbox="318 310 1414 615">Amends § 256B.0751. The amendment to subdivision 1 defines commissioner for purposes of the regulation of health care homes as the commissioner of health, rather than the commissioner of human services as in current law. Strikes the definition of “commissioners” (defined as the commissioners of human services and health acting jointly). These changes are made throughout the section. Also strikes the definition of “state health care program” (defined as MA and MinnesotaCare). Also limits the applicability of the definitions in subdivision 1 to the section (and also to section 256B.0753 by later amendment).</p> <p data-bbox="318 653 1414 915">The amendment to subdivision 2 replaces references to the commissioners of health and human services with references to the commissioner of health. Also requires that commissioner to develop and implement certification standards for health care homes generally by striking a reference to health care homes for state health care programs. Eliminates the option for the commissioner to satisfy the requirement to consult with national and local organizations by continuing the provider directed care coordination advisory committee.</p> <p data-bbox="318 953 1414 1026">The amendments to subdivisions 3 to 6 change references to both commissioners to the commissioner of health and make technical changes.</p> <p data-bbox="318 1064 1414 1178">The amendments to subdivision 7 specify that it is the commissioner of human services who must encourage state health care program enrollees to select health care homes, and strikes an obsolete date.</p> <p data-bbox="318 1215 1084 1247">The amendment to subdivision 8 makes a technical change.</p> <p data-bbox="318 1285 1333 1398">The amendments to subdivision 9 specify that it is the commissioner of human services who is to implement a pediatric care coordination service for certain children.</p> <p data-bbox="318 1436 1414 1509">The amendments to subdivision 10 change references to both commissioners to the commissioner of health.</p> <p data-bbox="318 1547 808 1579">Provides an immediate effective date.</p>
17	<p data-bbox="318 1617 505 1648">Development.</p> <p data-bbox="318 1665 1414 1730">Amends § 256B.0753, subd. 1. Strikes a reference to an obsolete date. Provides an immediate effective date.</p>
18	<p data-bbox="318 1776 456 1808">Definition.</p> <p data-bbox="318 1824 1414 1890">Amends § 256B.0753, by adding subd. 1. States that the definitions in the general health care home section also apply to the section on care coordination payments.</p>

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19	Hospital outpatient reimbursement. Amends § 256B.75. Changes from 2016 to 2017 the hospital fiscal year upon which the payment rate for outpatient hospital services will begin to be computed using information from the hospital's Medicare cost report filed for the year that is two years before the year that the rate is being computed. Provides an immediate effective date.
20	Covered health services. Amends § 256L.03, subd. 1. Adds behavioral health home services to the list of MA covered services that are not also covered under MinnesotaCare.
21	Premium determination for MinnesotaCare. Amends § 256L.15, subd. 1. Strikes obsolete language related to MinnesotaCare premiums.



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