

Subject DHS health care policy  
Authors Reyer  
Analyst Randall Chun  
Sarah Sunderman (sections 3, 5, 6, and 11)  
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### Overview

This bill makes changes related to the administration of DHS health care programs.

### Summary

Section	Description
1	<b>Consumer information.</b> Amends § 62J.2930, subd. 3. Makes a conforming change, updating a cross-reference to the ombudsperson for managed care.
2	<b>Subsidized foster children.</b> Amends § 256B.055, subd. 2. Clarifies that automatic MA eligibility for children in foster care who are not Title IV-E eligible also applies to those children placed in foster care under other provisions of Minnesota statutes. Provides that this section is effective the day following final enactment.
3	<b>Treatment of trusts.</b> Amends § 256B.056, subd. 3b. Inserts a policy statement related to trusts, that is in a section repealed in the bill (§ 501C.1206), into a new section of law.
4	<b>Asset limitations for families and children.</b> Amends § 256B.056, subd. 3c. Moves language in current law that exempts children under age 21 from the MA asset limit to the section of law dealing with asset limits for families and children. The exemption in current law is in a section dealing with persons who have disabilities or are age 65 or older; the bill repeals that section.
5	<b>Treatment of annuities.</b> Amends § 256B.056, subd. 11. Makes a conforming change in a cross-reference to reflect changes made in § 256B.0595, subd. 1.

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6	<p><b>Prohibited transfers.</b></p> <p>Amends § 256B.0595, subd. 1. Strikes language that made certain transfers from annuities subject to the look-back period for purposes of determining MA eligibility (this provision no longer applies due to changes in federal law). Provides that this section is effective the day following final enactment.</p>
7	<p><b>Telehealth services.</b></p> <p>Amends § 256B.0625, subd. 3b. Provides that the face-to-face requirement for telehealth coverage under MA may be met through the use of accessible telemedicine video-based platforms, as well as through the use of interactive audio and visual communications. Also makes related changes.</p>
8	<p><b>Investigational drugs, biological products, devices, and clinical trials.</b></p> <p>Amends § 256B.0625, subd. 64. States that MA does not cover items or services provided solely to satisfy data collection and analysis for a clinical trial, that are not for direct clinical management of the enrollee.</p>
9	<p><b>Ombudsperson for managed care.</b></p> <p>Adds § 256B.6903. Provides updated and more detailed language to govern the operation of the DHS ombudsperson for managed care.</p> <p><b>Subd. 1. Definitions.</b> Defines terms.</p> <p><b>Subd. 2. Ombudsperson.</b> Requires the commissioner to designate an ombudsperson to advocate for managed care enrollees. Requires prepaid health plans to inform enrollees at the time of enrollment about the ombudsperson.</p> <p><b>Subd. 3. Duties and cost.</b> (a) Requires the ombudsperson to ensure that enrollees receive covered services by:</p> <ol style="list-style-type: none"><li>1) providing assistance and education to enrollees upon request, related to benefits or services, billing and access, or the grievance, appeal, or state fair hearing process;</li><li>2) using an informal review process related to benefits, with enrollee permission and at the discretion of the ombudsperson;</li><li>3) assisting enrollees, when requested, with prepaid health plan grievances, appeals, or the state fair hearing process;</li><li>4) overseeing, reviewing, and approving enrollee documents related to grievances, appeals, and state fair hearings;</li><li>5) reviewing state fair hearing and requests for external review; overseeing entities under contract to provide external reviews, processes, and</li></ol>

**Section Description**

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- payments; and using aggregated results of external reviews to recommend benefit policy changes; and
- 6) training managed care advocates.

(b) Prohibits the ombudsperson for charging an enrollee for services performed.

**Subd. 4. Powers.** Gives the ombudsperson authority to:

- 1) gather information and evaluate any practice or other action by a prepaid health plan, state human services agency, county, or Tribe; and
- 2) prescribe the methods by which complaints are made, received, and acted upon.

**Subd. 5. Data.** (a) Requires the data analyst employed by the ombudsperson to review and analyze prepaid health plan data on denial, termination, and reduction notices, grievances, appeals, and state fair hearings. Assigns specified duties.

(b) Requires data observations and trends under this subdivision to be shared with the ombudsperson, prepaid health plans, and commissioner's partners.

**Subd. 6. Collaboration and independence.** (a) Requires the ombudsperson to work in collaboration with the commissioner and the commissioner's partners, when this does not interfere with the ombudsperson's duties.

(b) States that the ombudsperson may act independently of the commissioner when providing information or testimony to the legislature, and contacting and making reports to federal and state officials.

**Subd. 7. Civil actions.** Provides that the ombudsperson is not civilly liable for actions under this section, if the action was taken in good faith, within the scope of authority, and did not constitute willful or reckless misconduct.

States that the section is effective the day following final enactment.

**10 Ombudsman.**

Amends § 256B.77, subd. 13. Makes a conforming change, updating a cross-reference to the ombudsperson for managed care.

**11 Repealer.**

(a) Repeals § 256B.057, subd. 7 (language exempting children from any MA asset requirement that is placed in a section of law related to persons with disabilities or over age 65), effective July 1, 2022.

**Section** **Description**

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(b) Repeals § 256B.69, subd. 20 (ombudsperson for managed care), the day following final enactment. Also repeals § 501C.1206, the day following final enactment. This section contains language that previously functioned to make irrevocable trusts revocable for purposes of determining financial eligibility for MA for long-term care costs. The repeal of this section reflects a 2021 Minnesota Court of Appeals decision that held that federal law, rather than this provision of state law, applied to these eligibility determinations.



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