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State of Minnesota

HOUSE OF REPRESENTATIVES

EIGHTY-SIXTH SESSION

HOUSE FILE NO. 1817

March 16, 2009
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The bill was read for the first time and referred to the Committee on Health Care and Human Services Policy and Oversight
March 30, 2009
Committee Recommendation and Adoption of Report:
To Pass and re-referred to the Committee on Finance

A bill for an act

relating to health care; establishing an alternative basic health plan for families with children eligible for medical assistance; proposing coding for new law in Minnesota Statutes, chapter 256B.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. **[256B.077] ALTERNATIVE BASIC HEALTH PLAN.**

Subdivision 1. **Establishment.** The commissioner shall develop a basic health plan to be offered to families with children who are eligible for medical assistance under section 256B.055, subdivisions 3a, 9, 10, and 10b. Individuals who, at the time of application, are disabled, age 65 or older, pregnant, or are excluded under section 1938(b) of the Social Security Act are not eligible for the basic health plan. Enrollment in the basic health plan shall begin January 1, 2010.

Subd. 2. **Alternative benefits.** (a) The basic health plan covers the services described in section 256B.0625 except for:

(1) skilled and intermediate nursing care;

(2) hospice care;

(3) intensive mental health outpatient treatment;

(4) home health services;

(5) private duty nursing;

(6) bus or taxicab transportation;

(7) personal care assistance services;

(8) mental health case management;

(9) day treatment services;

(10) special education services;

(11) organ and tissue transplants;

(12) augmentative and alternative communication systems;

(13) nutritional products;

(14) child welfare targeted case management;

(15) children's mental health crisis response services;

(16) children's therapeutic services and supports;

(17) individualized rehabilitation services as defined in section 245.492, subdivision 23;

(18) residential services for children with severe emotional disturbances;

(19) targeted case management services; and

(20) subacute psychiatric care.

(b) The basic health plan covers early, periodic screening, diagnostic, and treatment services for individuals under the age of 21 years, as required under section 1905(a) of the Social Security Act.

(c) Enrollees of the basic health plan are subject to the co-payments as described under section 256B.0631.

Subd. 3. **Primary care provider.** Individuals enrolled in the basic health plan must complete a health assessment and must designate a personal clinician or a primary care clinic certified as a health care home according to section 256B.0751 as their primary care provider. If services cannot be provided by the primary care clinic, the personal clinician or clinic shall make a referral to an appropriate provider.

Subd. 4. **Co-payments.** The basic health plan shall include the co-payments described under section 256B.031.

Subd. 5. **Payments.** The commissioner may contract with a managed care plan or county-based purchasing plan to provide the basic health plan or may contract directly with health care providers on a fee-for-service basis.

Subd. 6. **Renewal.** The commissioner shall implement a streamlined renewal process for enrollees of the basic health plan. The process shall require renewal every 12 months.

Subd. 7. **Preventive health assistance.** (a) The commissioner shall establish a preventive health assistance program for enrollees of the basic health plan who are over five years of age. The program shall provide incentives to promote healthy behavior and responsible use of health care services.

(b) An eligible enrollee may earn preventive health assistance credits when the enrollee complies with recommended preventive care or otherwise demonstrates healthy behaviors or activities as specified by the commissioner.

(c) Preventive health assistance credits shall only be available to an enrollee during the enrollee's period of eligibility and shall be limited to $200 per enrollee per year. If an enrollee becomes ineligible for medical assistance, disenrolls in the basic health plan, or opts out of the basic health plan, the enrollee's unused credits become void.

(d) Preventive health assistance credits may be used to purchase preventive health products and services as specified by the commissioner or may be used for any applicable co-payments.