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State of Minnesota
HOUSE OF REPRESENTATIVES

EIGHTY-SIXTH
SESSION

HOUSE FILE No. **1832**

March 18, 2009

Authored by Huntley

The bill was read for the first time and referred to the Committee on Health Care and Human Services Policy and Oversight

1.1 A bill for an act
1.2 relating to human services; modifying the state medical review team process;
1.3 requiring an annual report; appropriating money; amending Minnesota Statutes
1.4 2008, sections 256.01, by adding a subdivision; 256B.055, subdivision 7;
1.5 256B.057, subdivision 9.

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

1.7 Section 1. Minnesota Statutes 2008, section 256.01, is amended by adding a
1.8 subdivision to read:

1.9 Subd. 29. State medical review team. (a) The commissioner shall assist applicants
1.10 for medical assistance under sections 256B.055, subdivisions 7 and 12, and 256B.057,
1.11 subdivision 9, who request a determination of disability, to promptly obtain all necessary
1.12 documentation to support the application, including electronic medical records.

1.13 (b) The commissioner shall review all requests from the state medical review team
1.14 for additional information from applicants and ensure that applicants are only required
1.15 to provide medical evidence that is necessary and appropriate to a state medical review
1.16 team determination.

1.17 (c) The commissioner shall provide the chairs of the legislative committees with
1.18 jurisdiction over health and human services finance and budget the following information
1.19 on the activities of the state medical review team by February 1, 2010, and annually
1.20 thereafter:

1.21 (1) the number of applications to the state medical review team that were denied,
1.22 approved, or withdrawn;

1.23 (2) the average length of time from receipt of the application to a decision;

1.24 (3) the number of appeals and appeal results;

2.1 (4) for applicants, their age, health coverage at the time of application, hospitalization
 2.2 history within three months of application, and whether an application for Social Security
 2.3 or Supplemental Security Income benefits is pending; and

2.4 (5) specific information on the medical certification, licensure, or other credentials
 2.5 of the person or persons performing the medical review determinations and length of
 2.6 time in that position.

2.7 Sec. 2. Minnesota Statutes 2008, section 256B.055, subdivision 7, is amended to read:

2.8 Subd. 7. **Aged, blind, or disabled persons.** (a) Medical assistance may be paid for
 2.9 a person who meets the categorical eligibility requirements of the supplemental security
 2.10 income program or, who would meet those requirements except for excess income or
 2.11 assets, and who meets the other eligibility requirements of this section.

2.12 (b) Following a determination that the applicant is not aged or blind and does not
 2.13 meet any other category of eligibility for medical assistance and has not been determined
 2.14 disabled by the Social Security Administration, applicants under this subdivision shall be
 2.15 referred to the commissioner's state medical review team for a determination of disability.
 2.16 Disability shall be determined according to the rules of title XVI and title XIX of the
 2.17 Social Security Act and pertinent rules and policies of the Social Security Administration.

2.18 Sec. 3. Minnesota Statutes 2008, section 256B.057, subdivision 9, is amended to read:

2.19 Subd. 9. **Employed persons with disabilities.** (a) Medical assistance may be paid
 2.20 for a person who is employed and who:

2.21 (1) meets the definition of disabled under the supplemental security income program;

2.22 (2) is at least 16 but less than 65 years of age;

2.23 (3) meets the asset limits in paragraph (c); and

2.24 (4) effective November 1, 2003, pays a premium and other obligations under
 2.25 paragraph (e).

2.26 Any spousal income or assets shall be disregarded for purposes of eligibility and premium
 2.27 determinations.

2.28 (b) After the month of enrollment, a person enrolled in medical assistance under
 2.29 this subdivision who:

2.30 (1) is temporarily unable to work and without receipt of earned income due to a
 2.31 medical condition, as verified by a physician, may retain eligibility for up to four calendar
 2.32 months; or

2.33 (2) effective January 1, 2004, loses employment for reasons not attributable to the
 2.34 enrollee, may retain eligibility for up to four consecutive months after the month of job

3.1 loss. To receive a four-month extension, enrollees must verify the medical condition or
3.2 provide notification of job loss. All other eligibility requirements must be met and the
3.3 enrollee must pay all calculated premium costs for continued eligibility.

3.4 (c) For purposes of determining eligibility under this subdivision, a person's assets
3.5 must not exceed \$20,000, excluding:

3.6 (1) all assets excluded under section 256B.056;

3.7 (2) retirement accounts, including individual accounts, 401(k) plans, 403(b) plans,
3.8 Keogh plans, and pension plans; and

3.9 (3) medical expense accounts set up through the person's employer.

3.10 (d)(1) Effective January 1, 2004, for purposes of eligibility, there will be a \$65
3.11 earned income disregard. To be eligible, a person applying for medical assistance under
3.12 this subdivision must have earned income above the disregard level.

3.13 (2) Effective January 1, 2004, to be considered earned income, Medicare, Social
3.14 Security, and applicable state and federal income taxes must be withheld. To be eligible,
3.15 a person must document earned income tax withholding.

3.16 (e)(1) A person whose earned and unearned income is equal to or greater than 100
3.17 percent of federal poverty guidelines for the applicable family size must pay a premium
3.18 to be eligible for medical assistance under this subdivision. The premium shall be based
3.19 on the person's gross earned and unearned income and the applicable family size using a
3.20 sliding fee scale established by the commissioner, which begins at one percent of income
3.21 at 100 percent of the federal poverty guidelines and increases to 7.5 percent of income
3.22 for those with incomes at or above 300 percent of the federal poverty guidelines. Annual
3.23 adjustments in the premium schedule based upon changes in the federal poverty guidelines
3.24 shall be effective for premiums due in July of each year.

3.25 (2) Effective January 1, 2004, all enrollees must pay a premium to be eligible for
3.26 medical assistance under this subdivision. An enrollee shall pay the greater of a \$35
3.27 premium or the premium calculated in clause (1).

3.28 (3) Effective November 1, 2003, all enrollees who receive unearned income must
3.29 pay one-half of one percent of unearned income in addition to the premium amount.

3.30 (4) Effective November 1, 2003, for enrollees whose income does not exceed 200
3.31 percent of the federal poverty guidelines and who are also enrolled in Medicare, the
3.32 commissioner must reimburse the enrollee for Medicare Part B premiums under section
3.33 256B.0625, subdivision 15, paragraph (a).

3.34 (5) Increases in benefits under title II of the Social Security Act shall not be counted
3.35 as income for purposes of this subdivision until July 1 of each year.

4.1 (f) A person's eligibility and premium shall be determined by the local county
4.2 agency. Premiums must be paid to the commissioner. All premiums are dedicated to
4.3 the commissioner.

4.4 (g) Any required premium shall be determined at application and redetermined at
4.5 the enrollee's six-month income review or when a change in income or household size is
4.6 reported. Enrollees must report any change in income or household size within ten days
4.7 of when the change occurs. A decreased premium resulting from a reported change in
4.8 income or household size shall be effective the first day of the next available billing month
4.9 after the change is reported. Except for changes occurring from annual cost-of-living
4.10 increases, a change resulting in an increased premium shall not affect the premium amount
4.11 until the next six-month review.

4.12 (h) Premium payment is due upon notification from the commissioner of the
4.13 premium amount required. Premiums may be paid in installments at the discretion of
4.14 the commissioner.

4.15 (i) Nonpayment of the premium shall result in denial or termination of medical
4.16 assistance unless the person demonstrates good cause for nonpayment. Good cause exists
4.17 if the requirements specified in Minnesota Rules, part 9506.0040, subpart 7, items B to
4.18 D, are met. Except when an installment agreement is accepted by the commissioner,
4.19 all persons disenrolled for nonpayment of a premium must pay any past due premiums
4.20 as well as current premiums due prior to being reenrolled. Nonpayment shall include
4.21 payment with a returned, refused, or dishonored instrument. The commissioner may
4.22 require a guaranteed form of payment as the only means to replace a returned, refused,
4.23 or dishonored instrument.

4.24 (j) Following a determination that the applicant is not aged or blind and does not
4.25 meet any other category of eligibility for medical assistance and has not been determined
4.26 disabled by the Social Security Administration, applicants under this subdivision shall be
4.27 referred to the commissioner's state medical review team for a determination of disability.
4.28 Disability shall be determined according to the rules of title XVI and title XIX of the
4.29 Social Security Act and pertinent rules and policies of the Social Security Administration.

4.30 Sec. 4. **APPROPRIATIONS.**

4.31 (a) \$..... is appropriated from the general fund to the commissioner of human
4.32 services for the biennium beginning July 1, 2009, for the purposes of Minnesota Statutes,
4.33 section 256.01, subdivision 29, paragraph (a).

- 5.1 (b) \$..... is appropriated from the general fund to the commissioner of human
5.2 services for the biennium beginning July 1, 2009, for the purposes of Minnesota Statutes,
5.3 section 256.01, subdivision 29, paragraph (b).