



Minnesota Department of **Human Services**

Fast Facts:
2015 Legislative Session

Keeping health care affordable and accessible

For decades Minnesota has been a leader in providing innovative and world-class health care to its residents, and in 2013 we took another leap forward by expanding affordable care to more than 300,000 Minnesotans. This achievement cut the number of uninsured Minnesotans by half and achieved the highest percentage of Minnesotans ever having health coverage.

In the 2015 legislative session Minnesota sustained this progress by preserving its MinnesotaCare program and making other key investments that will make health care more accessible and affordable for thousands of Minnesotans. These investments include reducing premiums for employees with disabilities on Medical Assistance (MA), allowing seniors and people with disabilities to retain more of their income before becoming MA eligible, increasing payment for dentists in Greater Minnesota and ensuring that hospitals across the Minnesota have the state-funded support they need to provide quality care to their communities.

Additionally a task force on health care financing was established to consider the next steps in health care reform in Minnesota. This bipartisan task force will evaluate new opportunities for Minnesota's publicly funded health care programs and help set the stage for the next series of improvements to Minnesota's health care system.

2015 legislation:

Establishing a vision for Minnesota's future health care system. A bipartisan task force will evaluate new opportunities for Minnesota's publicly funded health care programs and help set the stage for the next series of improvements to Minnesota's health care system. The task force will consider future options for coverage and purchasing reforms for health care affordability programs including Medical Assistance, MinnesotaCare and tax subsidies offered through MNsure. **FY16/17: \$500,000**

Reduction in premiums for employed persons with disabilities: These changes will promote independence for persons with disabilities by allowing those who are working to keep more of their income. Increased funding for the Medical Assistance for Employed Persons with Disabilities (MA-EPD) program means both the monthly premiums and additional premiums charged to unearned income will be reduced. The monthly MA-EPD premium drops from \$65 to \$35, and additional premiums based on an enrollee's unearned income are reduced from 5 percent (5%) to one-half of 1 percent (.5%) of income per month. **FY16/17: \$4.8 million**

Making health care for seniors and people with disabilities more accessible: Many seniors and people with disabilities who are eligible for Medical Assistance (MA) have incomes higher than would generally allow them to qualify. These individuals, however, are able to count medical expenses against their income in order to become eligible. This new provision lets

seniors and people with disabilities count a greater portion of their medical expenses toward eligibility by raising the income standard from 75 percent of the federal poverty limit to 80 percent. **FY16/17: \$3.4 million**

Increased payments to dentists: Access to dental services in Greater Minnesota is a challenge for many Minnesotans in public programs. Increasing the rates that MA pays to Greater Minnesota dentists will help with these access issues by increasing the number of dentists serving Minnesotans on public programs. The proposal also changes the criteria for certain private dentists to receive critical access dental supplemental rates and allows volunteer dentists at the University of Minnesota to enroll and be paid as Medical Assistance providers. **FY16/17: \$3.2 million**

MinnesotaCare premium and cost-sharing increases: While MinnesotaCare was preserved as a public health insurance program, new premium and cost-sharing increases were passed into law. The Department of Human Services (DHS) must increase premiums and co-payments paid by people enrolled in the MinnesotaCare program to the point where state spending on the program will be reduced by \$65 million. Premium increases will go into effect Aug. 1, 2015, and co-payment increases will go into effect Jan. 1, 2016. **FY16/17: reduction of \$65.0 million**

Supporting hospitals across Minnesota. Making sure hospitals providing care to low-income Minnesotans receive sufficient compensation is a key responsibility of the state and DHS, as these payments play a significant role in the financial sustainability of individual hospitals and the overall quality of Minnesota's health care system. In the 2014 legislative session DHS received authority to adjust these hospital payment rates to ensure an equitable distribution of state resources, and this year that work was enhanced with additional funding to support hospitals in critical areas of the state: **FY16/17: \$5.1 million**

Additional audits of managed care organizations: This provision will improve oversight of the managed care organizations (MCO) that enroll Minnesotans in MA and MinnesotaCare by authorizing DHS to perform audits of managed care administrative expenditures. **FY16/17: \$684,000**

Periodic data matching to evaluate continued eligibility: DHS will conduct periodic data matching for people on Medical Assistance and MinnesotaCare who enrolled through the MNsure system. The data match must happen one time a year during each enrollee's 12-month period of eligibility. If the data match indicates that an enrollee may not be eligible, DHS is required to contact enrollees who must resolve or provide a satisfactory explanation for the discrepancy. If the discrepancy is not resolved within a specified period, the department is required to terminate the person's eligibility. **FY16/17: Reduction of \$25.8 million**

DHS Communications: June 2015