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S.F. No. 3645

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03/02/2022	5182	Introduction and first reading Referred to Human Services Reform Finance and Policy

A bill for an act

relating to human services; modifying medical assistance eligibility requirements of employed persons with disabilities; amending Minnesota Statutes 2020, section 256B.057, subdivision 9.

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

Section 1. Minnesota Statutes 2020, section 256B.057, subdivision 9, is amended to read:

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

(1) but for excess earnings or assets, meets the definition of disabled under the Supplemental Security Income program;

(2) meets the asset limits in paragraph (d); and

(3) pays a premium and other obligations under paragraph (e).

(b) For purposes of eligibility, there is a $65 earned income disregard. To be eligible for medical assistance under this subdivision, a person must have more than $65 of earned income. Earned income must have Medicare, Social Security, and applicable state and federal taxes withheld. The person must document earned income tax withholding. Any spousal income or assets shall be disregarded for purposes of eligibility and premium determinations.

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

(1) is temporarily unable to work and without receipt of earned income due to a medical condition, as verified by a physician, advanced practice registered nurse, or physician assistant; or

(2) loses employment for reasons not attributable to the enrollee, and is without receipt of earned income may retain eligibility for up to four consecutive months after the month of job loss. To receive a four-month extension, enrollees must verify the medical condition or provide notification of job loss. All other eligibility requirements must be met and the enrollee must pay all calculated premium costs for continued eligibility.

(d) For purposes of determining eligibility under this subdivision, a person's assets must not exceed ~~$20,000~~ $40,000, excluding:

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

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

(3) medical expense accounts set up through the person's employer; and

(4) spousal assets, including spouse's share of jointly held assets.

(e) Beginning July 1, 2023, and each July 1 thereafter, the commissioner shall adjust the asset limit in paragraph (d) by the percent change in the CPI-U from June 1 of the prior calendar year to June 1 of the current calendar year.

~~(e)~~ (f) All enrollees must pay a premium to be eligible for medical assistance under this subdivision, except as provided under clause (5).

(1) An enrollee must pay the greater of a $35 premium or the premium calculated ~~based on~~ by applying the following sliding premium fee scale to the person's gross earned and unearned income and the applicable family size ~~using a sliding fee scale established by the commissioner, which begins at one percent of income at 100 percent of the federal poverty guidelines and increases to 7.5 percent of income for those with incomes at or above 300 percent of the federal poverty guidelines.~~:

(i) for households with income less than 200 percent of federal poverty guidelines, the premium shall be zero percent of income;

(ii) for households with income from 200 to 250 percent of federal poverty guidelines, the sliding premium fee scale shall begin at zero percent of income and increase to 2.5 percent;

(iii) for households with income from 250 to 300 percent of federal poverty guidelines, the sliding premium fee scale shall begin at 2.5 percent of income and increase to 4.5 percent;

(iv) for households with income from 300 to 400 percent of federal poverty guidelines, the sliding premium fee scale shall begin at 4.5 percent of income and increase to six percent;

(v) for households with income from 400 to 500 percent of federal poverty guidelines, the sliding premium fee scale shall begin at six percent of income and increase to 7.5 percent; and

(vi) for households with income greater than 500 percent of federal poverty guidelines, the premium shall be 7.5 percent of income.

(2) When determining an enrollee's income for the purposes of determining the premium amount, the local county agency must use either the enrollee's gross earned and unearned income from the previous 30 days or the monthly average from the previous calendar year, whichever is lower.

(3) Prior to determining an enrollee's income for the purposes of determining the premium amount, the local county agency must subtract the value of any Medicare premiums, coinsurance, and deductibles not reimbursed under this chapter.

~~(2)~~ (4) Annual adjustments in the premium schedule based upon changes in the federal poverty guidelines shall be effective for premiums due in July of each year.

~~(3)~~ (5) All enrollees who receive unearned income must pay one-half of one percent of unearned income in addition to the premium amount, except as provided under clause (5).

~~(4)~~ (6) Increases in benefits under title II of the Social Security Act shall not be counted as income for purposes of this subdivision until July 1 of each year.

~~(5)~~ (7) Effective July 1, 2009, American Indians are exempt from paying premiums as required by section 5006 of the American Recovery and Reinvestment Act of 2009, Public Law 111-5. For purposes of this clause, an American Indian is any person who meets the definition of Indian according to Code of Federal Regulations, title 42, section 447.50.

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

~~(g)~~ (h) Any required premium shall be determined at application and redetermined at the enrollee's ~~six-month~~ annual income review or when a change in income or household size is reported. Enrollees must report any change in income or household size within ten

days of when the change occurs. A decreased premium resulting from a reported change in income or household size shall be effective the first day of the next available billing month after the change is reported. Except for changes occurring from annual cost-of-living increases, a change resulting in an increased premium shall not affect the premium amount until the next ~~six-month~~ annual review.

~~(h)~~ (i) Premium payment is due upon notification from the commissioner of the premium amount required. Premiums may be paid in installments at the discretion of the commissioner. Enrollees who fail to pay a premium must: be contacted by phone or in person and directly spoken to by the local county agency within 30 days following each past due date, be notified of the enrollee's past due premium payments, and be offered either a repayment plan or an alternative medical care coverage option for which the enrollee is eligible. A past due notice must not include a threat of termination of medical assistance unless the commissioner provides the notice more than 120 days after the initial past due notice.

~~(i)~~ (j) Nonpayment of the premium ~~shall~~ after 180 calendar days will result in denial or termination of medical assistance unless the person demonstrates good cause for nonpayment. "Good cause" means an excuse for the enrollee's failure to pay the required premium when due because the circumstances were beyond the enrollee's control or not reasonably foreseeable. The commissioner shall determine whether good cause exists based on the weight of the supporting evidence submitted by the enrollee to demonstrate good cause. Except when an installment agreement is accepted by the commissioner, all persons disenrolled for nonpayment of a premium must pay any past due premiums as well as current premiums due prior to being reenrolled. Nonpayment shall include payment with a returned, refused, or dishonored instrument. The commissioner may require a guaranteed form of payment as the only means to replace a returned, refused, or dishonored instrument.

~~(j)~~ (k) For enrollees ~~whose income does not exceed 200 percent of the federal poverty guidelines~~ who are eligible under this subdivision and who are also enrolled in Medicare, the commissioner shall reimburse the enrollee for Medicare Part A and Medicare Part B premiums, Part A and Part B coinsurance and deductibles, and cost-effective premiums for enrollment with a health maintenance organization or a competitive medical plan under section 1876 of the Social Security Act under section 256B.0625, subdivision 15, paragraph (a). Reimbursement of the Medicare coinsurance and deductibles, when added to the amount paid by Medicare, must not exceed the total rate the provider would have received for the same service or services if the person were a medical assistance recipient with Medicare coverage. Increases in benefits under Title II of the Social Security Act must not be counted as income for purposes of this subdivision until July 1 of each year.