

CHAPTER 62E

COMPREHENSIVE HEALTH INSURANCE

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62E.02 DEFINITIONS.

Subdivision 1. **Application.** For the purposes of sections 62E.01 to 62E.19, the terms and phrases defined in this section have the meanings given them.

[For text of subs 2 to 23, see M.S.1998]

History: 1999 c 177 s 44

62E.04 DUTIES OF INSURERS.

[For text of subs 1 to 7, see M.S.1998]

Subd. 8. **Reduction of benefits because of other services.** No policy of accident and health insurance shall contain any provision denying or reducing benefits because services are rendered to an insured or dependent who is eligible for or receiving benefits pursuant to chapters 256B and 256D, or sections 252.27; 260B.331, subdivision 2; 260C.331, subdivision 2; 393.07, subdivision 1 or 2.

History: 1999 c 139 art 4 s 2

62E.05 INFORMATION ON QUALIFIED PLANS.

Subdivision 1. **Certification.** Upon application by an insurer, fraternal, or employer for certification of a plan of health coverage as a qualified plan or a qualified Medicare supplement plan for the purposes of sections 62E.01 to 62E.19, the commissioner shall make a determination within 90 days as to whether the plan is qualified. All plans of health coverage, except Medicare supplement policies, shall be labeled as "qualified" or "nonqualified" on the front of the policy or contract, or on the schedule page. All qualified plans shall indicate whether they are number one, two, or three coverage plans.

[For text of subd 2, see M.S.1998]

History: 1999 c 177 s 45

62E.09 DUTIES OF COMMISSIONER.

The commissioner may:

- (a) Formulate general policies to advance the purposes of sections 62E.01 to 62E.19;
- (b) Supervise the creation of the Minnesota comprehensive health association within the limits described in section 62E.10;
- (c) Approve the selection of the writing carrier by the association, approve the association's contract with the writing carrier, and approve the state plan coverage;
- (d) Appoint advisory committees;
- (e) Conduct periodic audits to assure the general accuracy of the financial data submitted by the writing carrier and the association;
- (f) Contract with the federal government or any other unit of government to ensure coordination of the state plan with other governmental assistance programs;
- (g) Undertake directly or through contracts with other persons studies or demonstration programs to develop awareness of the benefits of sections 62E.01 to 62E.16, so that the residents of this state may best avail themselves of the health care benefits provided by these sections;

- (h) Contract with insurers and others for administrative services; and
 (i) Adopt, amend, suspend and repeal rules as reasonably necessary to carry out and make effective the provisions and purposes of sections 62E.01 to 62E.19.

History: 1999 c 177 s 46

62E.11 OPERATION OF COMPREHENSIVE PLAN.

[For text of subds 1 to 11, see M.S.1998]

Subd. 13. **State funding; effect on premium rates of members.** In approving the premium rates as required in sections 62A.65, subdivision 3; and 62L.08, subdivision 8, the commissioners of health and commerce shall ensure that any appropriation to reduce the annual assessment made on the contributing members to cover the costs of the Minnesota comprehensive health insurance plan as required under this section is reflected in the premium rates charged by each contributing member.

History: 1999 c 245 art 10 s 1

62E.12 MINIMUM BENEFITS OF COMPREHENSIVE HEALTH INSURANCE PLAN.

The association through its comprehensive health insurance plan shall offer policies which provide the benefits of a number one qualified plan and a number two qualified plan, except that the maximum lifetime benefit on these plans shall be \$2,800,000, and an extended basic plan and a basic Medicare plan as described in sections 62A.31 to 62A.44 and 62E.07. The requirement that a policy issued by the association must be a qualified plan is satisfied if the association contracts with a preferred provider network and the level of benefits for services provided within the network satisfies the requirements of a qualified plan. If the association uses a preferred provider network, payments to nonparticipating providers must meet the minimum requirements of section 72A.20, subdivision 15. They shall offer health maintenance organization contracts in those areas of the state where a health maintenance organization has agreed to make the coverage available and has been selected as a writing carrier. Notwithstanding the provisions of section 62E.06 and unless those charges are billed by a provider that is part of the association's preferred provider network, the state plan shall exclude coverage of services of a private duty nurse other than on an inpatient basis and any charges for treatment in a hospital located outside of the state of Minnesota in which the covered person is receiving treatment for a mental or nervous disorder, unless similar treatment for the mental or nervous disorder is medically necessary, unavailable in Minnesota and provided upon referral by a licensed Minnesota medical practitioner.

History: 1999 c 130 s 1

62E.13 ADMINISTRATION OF PLAN.

[For text of subds 1 to 5, see M.S.1998]

Subd. 6. **Claims payments.** All claims shall be paid by the writing carrier pursuant to the provisions of sections 62E.01 to 62E.19, and shall indicate that the claim was paid by the state plan. Each claim payment shall include information specifying the procedure to be followed in the event of a dispute over the amount of payment.

[For text of subd 7, see M.S.1998]

Subd. 8. **Writing carrier as agent.** The writing carrier shall at all times when carrying out its duties under sections 62E.01 to 62E.19 be considered an agent of the association and the commissioner with civil liability subject to the provisions of section 3.751.

[For text of subds 10 and 11, see M.S.1998]

History: 1999 c 177 s 47,48

62E.14 ENROLLMENT BY AN ELIGIBLE PERSON.

[For text of subd 1, see M.S.1998]

Subd. 2. **Writing carrier's response.** Within 30 days of receipt of the certificate described in subdivision 1, the writing carrier shall either reject the application for failing to comply with the requirements in subdivision 1 or forward the eligible person a notice of acceptance and billing information. Insurance shall be effective immediately upon receipt of the first month's state plan premium, and shall be retroactive to the date of the application, if the applicant otherwise complies with the requirements of sections 62E.01 to 62E.19.

[For text of subs 3 to 7, see M.S.1998]

History: 1999 c 177 s 49

62E.15 SOLICITATION OF ELIGIBLE PERSONS.

[For text of subd 1, see M.S.1998]

Subd. 2. **Association's duty.** The association shall devise and implement means of maintaining public awareness of the provisions of sections 62E.01 to 62E.19 and shall administer these sections in a manner which facilitates public participation in the state plan.

[For text of subs 3 to 7, see M.S.1998]

History: 1999 c 177 s 50