



### Administrative Bulletin #2013 – 4

**To:** All Minnesota Health Plan Companies  
**From:** Minnesota Departments of Commerce and Health  
**Subject:** Ensuring Compliance with Segregation of Funds for Qualified Health Plans  
**Date:** November 1, 2013

The Minnesota Departments of Commerce and Health (“the Departments”) jointly issue this bulletin to remind, and clarify the requirements for, issuers of Qualified Health Plans (“QHPs”) doing business in Minnesota with respect to the segregation of funds provisions under the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended by the Health Care and Education Reconciliation Act, Pub. L. No. 111-152, and the regulations and guidance issued under the act (collectively, the “Affordable Care Act” or “ACA”). This bulletin applies to all health plan companies authorized to write policies in Minnesota that offer any QHPs through MNSure, Minnesota’s health insurance marketplace.

Pursuant to 45 C.F.R § 156.280, paragraph (e)(5), as a condition of participation in MNSure, each QHP issuer should submit a plan that details its process and methodology for meeting the allocation account segregation requirements for services for which federal funding is prohibited. To comply with this requirement, QHP issuers must submit the required documentation as outlined in 45 C.F.R § 156.280 (e)(5), as may be subsequently amended, to the Department of Commerce and the Department of Health by December 1, 2013. The annual assurance statement required by 45 CFR § 156.280 (e)(5)(iii) attesting that the plan has complied with section 1303 of the ACA and applicable regulations must be filed annually beginning on or before December 1 each year after the initial submission with the Department of Commerce and the Department of Health.

45 C.F.R § 156.280 (f)(2) provides that notice to enrollees as part of the summary of benefits and coverage, any advertising about the QHP, any information provided by MNSure, and any other information specified by the U.S. Department of Health and Human Services, “must provide information only with respect to the total amount of the combined payments” for all services covered by the QHP.

For QHPs issued or delivered in this State, issuers are not required to provide enrollees with a separate invoice for services for which federal funding is prohibited nor a single invoice with itemization of these services.

#### Questions on this bulletin may be directed to:

For Insurance Companies:

Tim Vande Hey  
Deputy Commissioner – Insurance Division  
Minnesota Department of Commerce  
85 7<sup>th</sup> Place East, Suite 500  
St. Paul, MN 55101  
[Tim.Vandehey@state.mn.us](mailto:Tim.Vandehey@state.mn.us)

Minnesota Department of Commerce

Mike Rothman  
Commissioner

For HMOs:

Ellen Benavides  
Assistant Commissioner  
Minnesota Department of Health  
625 Robert Street North  
St. Paul, MN 55164-0975  
[Ellen.Benavides@state.mn.us](mailto:Ellen.Benavides@state.mn.us)

Minnesota Department of Health

Edward Ehlinger, MD, MSPH  
Commissioner