..... moves to amend H.F. No. 1414 as follows:

Page 8, after line 32 insert:

"Sec. 5. Minnesota Statutes 2016, section 256B.072, is amended to read:

256B.072 PERFORMANCE REPORTING AND QUALITY IMPROVEMENT SYSTEM.

Subdivision 1. **Establishment and administration.** (a) The commissioner of human services shall establish a performance reporting system for health care providers who provide health care services to public program recipients covered under chapters 256B, 256D, and 256L, reporting separately for managed care and fee-for-service recipients.

(b) The measures used for the performance reporting system for medical groups shall include measures of care for asthma, diabetes, hypertension, and coronary artery disease and measures of preventive care services. The measures used for the performance reporting system for inpatient hospitals shall include measures of care for acute myocardial infarction, heart failure, and pneumonia, and measures of care and prevention of surgical infections. In the case of a medical group, the measures used shall be consistent with measures published by nonprofit Minnesota or national organizations that produce and disseminate health care quality measures or evidence-based health care guidelines. In the case of inpatient hospital measures, the commissioner shall appoint the Minnesota Hospital Association and Stratis Health to advise on the development of the performance measures to be used for hospital reporting. To enable a consistent measurement process across the community, the commissioner may use measures of care provided for patients in addition to those identified in paragraph (a). The commissioner shall ensure collaboration with other health care reporting organizations so that the measures described in this section are consistent with those reported by those organizations and used by other purchasers in Minnesota.

(c) The commissioner may require providers to submit information in a required format to a health care reporting organization or to cooperate with the information collection procedures of that organization. The commissioner may collaborate with a reporting organization to collect information reported and to prevent duplication of reporting.

(d) By October 1, 2007, and annually thereafter, the commissioner shall report through a public Web site the results by medical groups and hospitals, where possible, of the measures under this section, and shall compare the results by medical groups and hospitals for patients enrolled in public programs to patients enrolled in private health plans. To achieve this reporting, the commissioner may collaborate with a health care reporting organization that operates a Web site suitable for this purpose.

(e) Performance measures must be stratified as provided under section 62U.02, subdivision 1, paragraph (b), and risk-adjusted as specified in section 62U.02, subdivision 3, paragraph (b).

Subd. 2. **Alternative performance measures.** (a) The commissioner shall develop alternative performance measures for providers who primarily serve patients who:

(1) are uninsured or enrolled in Minnesota health care programs; and

(2) display socioeconomic characteristics associated with poor health outcomes.

The commissioner, beginning July 1, 2018, shall give providers the option to have their performance measured using these alternative measures. The commissioner shall develop and use alternative measures for all provider performance reporting initiatives administered by the commissioner, including but not limited to those initiatives required by this section.

(b) Alternative performance measures:

(1) must account for nonclinical patient characteristics that are correlated with health disparities and have an impact on provider performance on standardized statewide cost and quality measures;

(2) may include new measures appropriate to the patient population served, standardized statewide measures that have been adjusted or modified to account for sociodemographic factors, or a combination of both types of measures; and

(3) must include one or more measures of provider initiatives to improve the health of patients and prevent future chronic disease, in addition to measures related to the quality of care.

(c) The alternative measures must be developed and used for all:

(1) public reporting of provider performance;

(2) provider quality measurement and payment rate determinations under fee-for-service, managed care, and county-based purchasing; and

(3) provider quality measurement and payment rate determinations under value-based purchasing and care coordination arrangements, including but not limited to those initiatives operating under sections 256B.0751, 256B.0753, 256B.0755, 256B.0756, and 256b.0757.

(d) The commissioner shall establish eligibility criteria for providers to participate in the alternative performance measurement system, and a process for providers to voluntarily opt in. The commissioner may require providers to submit any additional information necessary to determine eligibility for the alternative performance measurement system and to measure provider performance using the alternative measures."

Page 12, delete article 5

Amend the title accordingly