

1.1 ..... moves to amend H.F. No. 725, the first engrossment, as follows:

1.2 Page 4, line 18, after "with" insert "current applicable"

1.3 Page 5, after line 5, insert "The commissioner shall review the list of nonallowable costs  
1.4 in the years between the rebasing process established in clause (4), in consultation with the  
1.5 Minnesota Association of Community Health Centers, FQHCs, and rural health clinics. The  
1.6 commissioner shall publish the list and any updates in the Minnesota health care programs  
1.7 provider manual."

1.8 Page 5, line 6, after "the" insert "initial applicable" and delete "payment" and insert  
1.9 "organization" and after "clinics" insert "shall be computed for services delivered on or after  
1.10 January 1, 2021, and"

1.11 Page 5, line 8, after "from" insert "both"

1.12 Page 5, line 9, after "current" insert "applicable"

1.13 Page 5, delete line 12 and insert:

1.14 "(iii) must be subsequently rebased every two years thereafter using the Medicare cost  
1.15 reports that are three and four years prior to the rebasing year;

1.16 "(iv) must be inflated to the base year using the inflation factor described in clause (5);  
1.17 and"

1.18 Page 5, line 13, delete "(iii)" and insert "(v) the commissioner"

1.19 Page 5, line 14, delete "payment" and insert "applicable organization"

1.20 Page 5, delete lines 18 to 20 and insert:

1.21 "(6) FQHCs and rural health clinics that have elected the alternative payment  
1.22 methodology under this paragraph shall submit all necessary documentation required by  
1.23 the commissioner to compute the rebased organization rates no later than six months

2.1 following the date the applicable Medicare cost reports are due to the Centers for Medicare  
2.2 and Medicaid Services."

2.3 Page 6, line 9, after "costs" insert "established under clause (3)"

2.4 Page 6, after line 34, insert:

2.5 "Sec. 2. Minnesota Statutes 2018, section 256L.11, subdivision 2, is amended to read:

2.6 Subd. 2. **Payment of certain providers.** Services provided by federally qualified health  
2.7 centers, rural health clinics, and facilities of the Indian health service shall be paid for  
2.8 according to the same rates and conditions applicable to the same service provided by  
2.9 providers that are not federally qualified health centers, rural health clinics, or facilities of  
2.10 the Indian health service. The alternative payment methodology described under section  
2.11 256B.0625, subdivision 30, paragraph (1), shall not apply to services delivered under this  
2.12 chapter by federally qualified health centers, rural health clinics, and facilities of the Indian  
2.13 Health Services."

2.14 Page 7, line 3, after "in" insert "aggregate"

2.15 Page 7, line 9, delete "section" and insert "sections 256L.11, subdivision 2a, and" and  
2.16 delete "is" and insert "are"

2.17 Renumber the sections in sequence and correct the internal references

2.18 Amend the title accordingly