

1.1 moves to amend H.F. No. 927, the first engrossment, as follows:

1.2 Page 205, after line 20, insert:

1.3 "Sec. 111. **STUDY OF ENROLLED PROVIDER NETWORKS.**

1.4 (a) The commissioner of human services shall present recommendations to the
1.5 legislature by December 15, 2011, for a reformed health care delivery system under
1.6 which enrolled provider networks provide basic health care services to qualified medical
1.7 assistance and MinnesotaCare enrollees, supplemented by a major medical or stop-loss
1.8 policy. For purposes of this section, "enrolled provider network" means a health care
1.9 provider or group of health care providers that contracts with the commissioner to meet
1.10 standards related to quality, affordability, and patient satisfaction for the provision of
1.11 basic care services.

1.12 (b) The recommendations must address:

1.13 (1) eligibility, quality, reporting, fiscal solvency, and other criteria for enrolled
1.14 provider networks;

1.15 (2) the geographic area of the state in which the reformed delivery system is to be
1.16 implemented, including a schedule for any phase-in of the new delivery system;

1.17 (3) methods to coordinate care delivery through enrolled provider networks with
1.18 care delivery through managed care and county-based purchasing plans, and the extent
1.19 to which care delivery through enrolled provider networks should replace care delivery
1.20 through managed care and county-based purchasing plans;

1.21 (4) the extent to which managed care and county-based purchasing plans should
1.22 provide claims processing, administrative, quality assurance, and other services for
1.23 enrolled provider networks and the commissioner;

1.24 (5) the definition of basic care services, criteria for stop-loss coverage or
1.25 major-medical coverage, and the extent to which risk-sharing should be applied to
1.26 enrolled provider networks;

2.1 (6) the extent to which certain health care services should continue to be delivered
2.2 through fee-for-service;

2.3 (7) eligibility criteria for medical assistance and MinnesotaCare enrollees to be
2.4 served by enrolled provider networks, and whether enrollee participation should be
2.5 mandatory or voluntary;

2.6 (8) enrollee cost-sharing and premiums;

2.7 (9) methods to coordinate the delivery of care through enrolled provider networks
2.8 with state and federal initiatives related to health care homes and care coordination, quality
2.9 improvement, and payment reform; and

2.10 (10) the extent to which federal waivers and approval will be necessary for
2.11 implementation.

2.12 (c) The report must include an estimate of the costs and savings to the state of
2.13 delivering care through enrolled provider networks, and an implementation plan and
2.14 timeline for establishing the reformed health care delivery system."

2.15 Renumber the sections in sequence and correct the internal references

2.16 Amend the title accordingly