

1.1 moves to amend H.F. No. 1166, the first engrossment, as follows:

1.2 Delete everything after the enacting clause and insert:

1.3 "Section 1. Minnesota Statutes 2010, section 256B.0644, is amended to read:

1.4 **256B.0644 REIMBURSEMENT UNDER OTHER STATE HEALTH CARE**
1.5 **PROGRAMS.**

1.6 (a) A vendor of medical care, as defined in section 256B.02, subdivision 7, ~~and a~~
1.7 ~~health maintenance organization, as defined in chapter 62D,~~ must participate as a provider
1.8 or contractor in the medical assistance program, general assistance medical care program,
1.9 and MinnesotaCare as a condition of participating as a provider in health insurance plans
1.10 and programs or contractor for state employees established under section 43A.18, the
1.11 public employees insurance program under section 43A.316, for health insurance plans
1.12 offered to local statutory or home rule charter city, county, and school district employees,
1.13 the workers' compensation system under section 176.135, and insurance plans provided
1.14 through the Minnesota Comprehensive Health Association under sections 62E.01 to
1.15 62E.19. The limitations on insurance plans offered to local government employees shall
1.16 not be applicable in geographic areas where provider participation is limited by managed
1.17 care contracts with the Department of Human Services. For purposes of this section, a
1.18 health maintenance organization, as defined in chapter 62D, is not a vendor of medical
1.19 care.

1.20 (b) ~~For providers other than health maintenance organizations,~~ Participation in the
1.21 medical assistance program means that:

1.22 (1) the provider accepts new medical assistance, general assistance medical care,
1.23 and MinnesotaCare patients;

1.24 (2) for providers other than dental service providers, at least 20 percent of the
1.25 provider's patients are covered by medical assistance, general assistance medical care,
1.26 and MinnesotaCare as their primary source of coverage; or

2.1 (3) for dental service providers, at least ten percent of the provider's patients are
2.2 covered by medical assistance, general assistance medical care, and MinnesotaCare as
2.3 their primary source of coverage, or the provider accepts new medical assistance and
2.4 MinnesotaCare patients who are children with special health care needs. For purposes
2.5 of this section, "children with special health care needs" means children up to age 18
2.6 who: (i) require health and related services beyond that required by children generally;
2.7 and (ii) have or are at risk for a chronic physical, developmental, behavioral, or emotional
2.8 condition, including: bleeding and coagulation disorders; immunodeficiency disorders;
2.9 cancer; endocrinopathy; developmental disabilities; epilepsy, cerebral palsy, and other
2.10 neurological diseases; visual impairment or deafness; Down syndrome and other genetic
2.11 disorders; autism; fetal alcohol syndrome; and other conditions designated by the
2.12 commissioner after consultation with representatives of pediatric dental providers and
2.13 consumers.

2.14 (c) Patients seen on a volunteer basis by the provider at a location other than
2.15 the provider's usual place of practice may be considered in meeting the participation
2.16 requirement in this section. The commissioner shall establish participation requirements
2.17 for health maintenance organizations. The commissioner shall provide lists of participating
2.18 medical assistance providers on a quarterly basis to the commissioner of management and
2.19 budget, the commissioner of labor and industry, and the commissioner of commerce. Each
2.20 of the commissioners shall develop and implement procedures to exclude as participating
2.21 providers in the program or programs under their jurisdiction those providers who do
2.22 not participate in the medical assistance program. The commissioner of management
2.23 and budget shall implement this section through contracts with participating health and
2.24 dental carriers.

2.25 (d) For purposes of paragraphs (a) and (b), participation in the general assistance
2.26 medical care program applies only to pharmacy providers.

2.27 **EFFECTIVE DATE.** This section is effective for medical assistance and
2.28 MinnesotaCare plan years beginning on or after January 1, 2013.

2.29 **Sec. 2. REPEALER; MANDATORY HMO PARTICIPATION AS PROVIDER IN**
2.30 **PUBLIC PROGRAMS.**

2.31 Minnesota Statutes 2010, section 62D.04, subdivision 5, is repealed effective
2.32 January 1, 2013."

2.33 Amend the title accordingly