

1.1 moves to amend H.F. No. 1233, the delete everything amendment
1.2 (A13-0408), as follows:

1.3 Page 168, after line 16 insert:

1.4 "Sec. 15. Minnesota Statutes 2012, section 256B.76, subdivision 1, is amended to read:

1.5 Subdivision 1. **Physician reimbursement.** (a) Effective for services rendered on
1.6 or after October 1, 1992, the commissioner shall make payments for physician services
1.7 as follows:

1.8 (1) payment for level one Centers for Medicare and Medicaid Services' common
1.9 procedural coding system codes titled "office and other outpatient services," "preventive
1.10 medicine new and established patient," "delivery, antepartum, and postpartum care,"
1.11 "critical care," cesarean delivery and pharmacologic management provided to psychiatric
1.12 patients, and level three codes for enhanced services for prenatal high risk, shall be paid
1.13 at the lower of (i) submitted charges, or (ii) 25 percent above the rate in effect on June
1.14 30, 1992. If the rate on any procedure code within these categories is different than the
1.15 rate that would have been paid under the methodology in section 256B.74, subdivision 2,
1.16 then the larger rate shall be paid;

1.17 (2) payments for all other services shall be paid at the lower of (i) submitted charges,
1.18 or (ii) 15.4 percent above the rate in effect on June 30, 1992; and

1.19 (3) all physician rates shall be converted from the 50th percentile of 1982 to the 50th
1.20 percentile of 1989, less the percent in aggregate necessary to equal the above increases
1.21 except that payment rates for home health agency services shall be the rates in effect
1.22 on September 30, 1992.

1.23 (b) Effective for services rendered on or after January 1, 2000, payment rates for
1.24 physician and professional services shall be increased by three percent over the rates
1.25 in effect on December 31, 1999, except for home health agency and family planning
1.26 agency services. The increases in this paragraph shall be implemented January 1, 2000,
1.27 for managed care.

2.1 (c) Effective for services rendered on or after July 1, 2009, payment rates for
2.2 physician and professional services shall be reduced by five percent, except that for the
2.3 period July 1, 2009, through June 30, 2010, payment rates shall be reduced by 6.5 percent
2.4 for the medical assistance and general assistance medical care programs, over the rates in
2.5 effect on June 30, 2009. This reduction and the reductions in paragraph (d) do not apply
2.6 to office or other outpatient visits, preventive medicine visits and family planning visits
2.7 billed by physicians, advanced practice nurses, or physician assistants in a family planning
2.8 agency or in one of the following primary care practices: general practice, general internal
2.9 medicine, general pediatrics, general geriatrics, and family medicine. This reduction
2.10 and the reductions in paragraph (d) do not apply to federally qualified health centers,
2.11 rural health centers, and Indian health services. Effective October 1, 2009, payments
2.12 made to managed care plans and county-based purchasing plans under sections 256B.69,
2.13 256B.692, and 256L.12 shall reflect the payment reduction described in this paragraph.

2.14 (d) Effective for services rendered on or after July 1, 2010, payment rates for
2.15 physician and professional services shall be reduced an additional seven percent over
2.16 the five percent reduction in rates described in paragraph (c). This additional reduction
2.17 does not apply to physical therapy services, occupational therapy services, and speech
2.18 pathology and related services provided on or after July 1, 2010. This additional reduction
2.19 does not apply to physician services billed by a psychiatrist or an advanced practice nurse
2.20 with a specialty in mental health. Effective October 1, 2010, payments made to managed
2.21 care plans and county-based purchasing plans under sections 256B.69, 256B.692, and
2.22 256L.12 shall reflect the payment reduction described in this paragraph.

2.23 (e) Effective for services rendered on or after September 1, 2011, through June 30,
2.24 2013, payment rates for physician and professional services shall be reduced three percent
2.25 from the rates in effect on August 31, 2011. This reduction does not apply to physical
2.26 therapy services, occupational therapy services, and speech pathology and related services.

2.27 (f) Effective for services rendered on or after July 1, 2014, payment rates for
2.28 physician and professional services, including physical therapy, occupational therapy,
2.29 speech pathology, and mental health services shall be increased by ... percent from the
2.30 rates in effect on June 30, 2014. This increase does not apply to federally qualified health
2.31 centers, rural health centers, and Indian health services. Payments made to managed care
2.32 plans shall not be adjusted to reflect payments under this paragraph.

2.33 (g) Effective for services rendered on or after July 1, 2015, payment rates for
2.34 physician and professional services, including physical therapy, occupational therapy,
2.35 speech pathology, and mental health services shall be increased by ... percent from the
2.36 rates in effect on June 30, 2015. This increase does not apply to federally qualified health

3.1 centers, rural health centers, and Indian health services. Payments made to managed care
3.2 plans shall be adjusted to reflect payments under this paragraph."

3.3 Page 169, after line 3 insert:

3.4 "Sec. 17. Minnesota Statutes 2012, section 256B.766, is amended to read:

3.5 **256B.766 REIMBURSEMENT FOR BASIC CARE SERVICES.**

3.6 (a) Effective for services provided on or after July 1, 2009, total payments for basic
3.7 care services, shall be reduced by three percent, except that for the period July 1, 2009,
3.8 through June 30, 2011, total payments shall be reduced by 4.5 percent for the medical
3.9 assistance and general assistance medical care programs, prior to third-party liability and
3.10 spenddown calculation. Effective July 1, 2010, the commissioner shall classify physical
3.11 therapy services, occupational therapy services, and speech-language pathology and
3.12 related services as basic care services. The reduction in this paragraph shall apply to
3.13 physical therapy services, occupational therapy services, and speech-language pathology
3.14 and related services provided on or after July 1, 2010.

3.15 (b) Payments made to managed care plans and county-based purchasing plans shall
3.16 be reduced for services provided on or after October 1, 2009, to reflect the reduction
3.17 effective July 1, 2009, and payments made to the plans shall be reduced effective October
3.18 1, 2010, to reflect the reduction effective July 1, 2010.

3.19 (c) Effective for services provided on or after September 1, 2011, through June 30,
3.20 2013, total payments for outpatient hospital facility fees shall be reduced by five percent
3.21 from the rates in effect on August 31, 2011.

3.22 (d) Effective for services provided on or after September 1, 2011, through June
3.23 30, 2013, total payments for ambulatory surgery centers facility fees, medical supplies
3.24 and durable medical equipment not subject to a volume purchase contract, prosthetics
3.25 and orthotics, renal dialysis services, laboratory services, public health nursing services,
3.26 physical therapy services, occupational therapy services, speech therapy services,
3.27 eyeglasses not subject to a volume purchase contract, hearing aids not subject to a volume
3.28 purchase contract, and anesthesia services, ~~and hospice services~~ shall be reduced by three
3.29 percent from the rates in effect on August 31, 2011.

3.30 (e) Effective for services provided on or after July 1, 2015, payments for ambulatory
3.31 surgery centers facility fees, medical supplies and durable medical equipment not subject
3.32 to a volume purchase contract, prosthetics and orthotics, hospice services, renal dialysis
3.33 services, laboratory services, public health nursing services, eyeglasses not subject to a
3.34 volume purchase contract, hearing aids not subject to a volume purchase contract, and
3.35 outpatient hospital facility fees shall be increased by ... percent. Payments made to
3.36 managed care plans shall be adjusted to reflect payments under this paragraph.

4.1 ~~(e)~~ (f) This section does not apply to physician and professional services, inpatient
 4.2 hospital services, family planning services, mental health services, dental services,
 4.3 prescription drugs, medical transportation, federally qualified health centers, rural health
 4.4 centers, Indian health services, and Medicare cost-sharing."

4.5 Page 454, after line 22, insert:

4.6 **"Transfer for provider rate increases.**

4.7 Notwithstanding section 295.581, \$..... in
 4.8 fiscal year 2015 and \$..... in fiscal year 2016
 4.9 is transferred from the health care access fund
 4.10 to the general fund, for provider rate increases
 4.11 under Minnesota Statutes, section 256B.76,
 4.12 subdivision 1, paragraphs (f) and (g) and
 4.13 section 256B.766, paragraphs (e) and (f)."

4.14 Adjust the totals and summaries by fund accordingly

4.15 Renumber or reletter in sequence and correct internal references

4.16 Amend the title accordingly