04/10/13 10:57 PM HOUSE RESEARCH RC/JV H1233A30-2

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

Page 168, after line 16 insert:

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

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

- (1) payment for level one Centers for Medicare and Medicaid Services' common procedural coding system codes titled "office and other outpatient services," "preventive medicine new and established patient," "delivery, antepartum, and postpartum care," "critical care," cesarean delivery and pharmacologic management provided to psychiatric patients, and level three codes for enhanced services for prenatal high risk, shall be paid at the lower of (i) submitted charges, or (ii) 25 percent above the rate in effect on June 30, 1992. If the rate on any procedure code within these categories is different than the rate that would have been paid under the methodology in section 256B.74, subdivision 2, then the larger rate shall be paid;
- (2) payments for all other services shall be paid at the lower of (i) submitted charges, or (ii) 15.4 percent above the rate in effect on June 30, 1992; and
- (3) all physician rates shall be converted from the 50th percentile of 1982 to the 50th percentile of 1989, less the percent in aggregate necessary to equal the above increases except that payment rates for home health agency services shall be the rates in effect on September 30, 1992.
- (b) Effective for services rendered on or after January 1, 2000, payment rates for physician and professional services shall be increased by three percent over the rates in effect on December 31, 1999, except for home health agency and family planning agency services. The increases in this paragraph shall be implemented January 1, 2000, for managed care.

Sec. 15.

04/10/13 10:57 PM HOUSE RESEARCH RC/JV H1233A30-2

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

- (d) Effective for services rendered on or after July 1, 2010, payment rates for physician and professional services shall be reduced an additional seven percent over the five percent reduction in rates described in paragraph (c). This additional reduction does not apply to physical therapy services, occupational therapy services, and speech pathology and related services provided on or after July 1, 2010. This additional reduction does not apply to physician services billed by a psychiatrist or an advanced practice nurse with a specialty in mental health. Effective October 1, 2010, payments made to managed care plans and county-based purchasing plans under sections 256B.69, 256B.692, and 256L.12 shall reflect the payment reduction described in this paragraph.
- (e) Effective for services rendered on or after September 1, 2011, through June 30, 2013, payment rates for physician and professional services shall be reduced three percent from the rates in effect on August 31, 2011. This reduction does not apply to physical therapy services, occupational therapy services, and speech pathology and related services.
- (f) Effective for services rendered on or after July 1, 2014, payment rates for physician and professional services, including physical therapy, occupational therapy, speech pathology, and mental health services shall be increased by 16 percent from the rates in effect on June 30, 2014. This increase does not apply to federally qualified health centers, rural health centers, and Indian health services. Payments made to managed care plans shall not be adjusted to reflect payments under this paragraph.
- (g) Effective for services rendered on or after July 1, 2015, payment rates for physician and professional services, including physical therapy, occupational therapy, speech pathology, and mental health services shall be increased by five percent from the rates in effect on June 30, 2015. This increase does not apply to federally qualified health

Sec. 15. 2

04/10/13 10:57 PM HOUSE RESEARCH RC/JV H1233A30-2

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 454, after line 22, insert:
3.4	"Transfer for provider rate increases.
3.5	Notwithstanding section 295.581,
3.6	\$54,431,000 in fiscal year 2015 and
3.7	\$61,516,000 in fiscal year 2016 is transferred
3.8	from the health care access fund to the
3.9	general fund, for provider rate increases
3.10	under Minnesota Statutes, section 256B.76,
3.11	subdivision 1, paragraphs (f) and (g) and
3.12	section 256B.766, paragraphs (e) and (f)."
3.13	Adjust the totals and summaries by fund accordingly
3.14	Renumber or reletter in sequence and correct internal references
3.15	Amend the title accordingly

Sec. 15. 3