1.1 .... moves to amend H.F. No. 1345 as follows:

1.2 Page 2, after line 23, insert:

1.3 "(c) The commissioner shall ensure that the data collected is sufficient to allow for
1.4 the calculation and reporting of measures by categories of race, ethnicity, language, and
1.5 other relevant variables."

1.6 Page 2, before line 24, insert:

1.7 "Sec. 3. Minnesota Statutes 2012, section 62U.02, subdivision 3, is amended to read:

1.8 Subd. 3. **Quality transparency.** The commissioner shall establish standards for
1.9 measuring health outcomes, establish a system for risk adjusting quality measures, and
1.10 issue annual public reports on provider quality beginning July 1, 2010. The risk adjustment
1.11 system for quality measures must include patient characteristics known to be correlated
1.12 with poorer health, access, quality of care, and other relevant variables. By January 1,
1.13 2010, physician clinics and hospitals shall submit standardized electronic information
1.14 on the outcomes and processes associated with patient care to the commissioner or the
1.15 commissioner's designee. In addition to measures of care processes and outcomes, the
1.16 report may include other measures designated by the commissioner, including, but not
1.17 limited to, care infrastructure and patient satisfaction. The commissioner shall ensure
1.18 that any quality data reporting requirements established under this subdivision are not
1.19 duplicative of publicly reported, community-wide quality reporting activities currently
1.20 under way in Minnesota. Nothing in this subdivision is intended to replace or duplicate
1.21 current privately supported activities related to quality measurement and reporting in
1.22 Minnesota."

1.23 Page 6, delete lines 2 to 7 and insert:

1.24 "(3) Following treatment for an emergency medical condition treated in an
1.25 emergency room or inpatient hospital setting, the patient's physician or dentist may submit
1.26 a care plan certification request for necessary follow-up care to the commissioner of
1.27 human services medical review agent for approval."

2.1 Page 6, after line 21, insert:

2.2 "Sec. 5. Minnesota Statutes 2012, section 256B.06, is amended by adding a subdivision
2.3 to read:

2.4 Subd. 6. **Enrollment in coverage program.** Persons who are eligible for payment
2.5 under subdivision 4, paragraphs (e) and (f), are eligible to enroll in a coverage program
2.6 administered by the commissioner under section 256B.0612.

2.7 Sec. 6. **[256B.0612] HEALTH CARE FOR UNINSURED PERSONS.**

2.8 Subdivision 1. **Enrollment; services.** Persons who are eligible for payment under
2.9 256B.06 subdivision 4, paragraphs (e) and (f), are eligible to enroll in the Voyager health
2.10 coverage program administered by the commissioner, through which payment shall be
2.11 made to enrolled providers for the services authorized in section 256B.06, subdivision 4,
2.12 and in this subdivision and subdivision 2, that are medically necessary for treatment of an
2.13 emergency medical condition, as defined in section 256B.06, subdivision 4, paragraph (g),
2.14 to the extent these services are not otherwise covered under section 256B.06, subdivision 4:

2.15 (1) physician services;

2.16 (2) federally qualified health center services;

2.17 (3) rural health clinic services;

2.18 (4) nursing facility services;

2.19 (5) home and community-based waiver services;

2.20 (6) dental services;

2.21 (7) prescription drugs and pharmacy services;

2.22 (8) mental health services; and

2.23 (9) care coordination provided by a certified health care home.

2.24 Subd. 2. **Additional services.** In addition to services that are covered under
2.25 section 256B.06 subdivision 4 and subdivision 1, the commissioner may authorize
2.26 payment for the additional services listed in Code of Federal Regulations, title 42, section
2.27 440.225, if determined by the commissioner to be medically necessary for the treatment
2.28 of an emergency medical condition after a case review process administered by the
2.29 commissioner.

2.30 Subd. 3. **Required coverage.** The services covered under subdivisions 1 and 2 are
2.31 covered whether or not the patient previously was treated in an emergency department
2.32 or inpatient hospital for the emergency medical condition, if the services are medically
2.33 necessary for the treatment of an emergency medical condition, and the absence of the
2.34 services could reasonably be expected to result in:

2.35 (1) placing the patient's health in serious jeopardy;

3.1 (2) serious impairment to bodily functions; or
3.2 (3) serious dysfunction of any bodily organ or part.
3.3 Subd. 4. **Contract.** (a) The commissioner may contract with a health plan,
3.4 provider network, nonprofit coverage program, county or group of counties, or health
3.5 care delivery system established under sections 256B.0755 or 256B.0756 to administer
3.6 the coverage program authorized under this section, and may delegate to the contractor
3.7 the responsibility to perform case reviews and authorize payment. The commissioner
3.8 may contract under this subdivision on a capitated or fixed budget basis under which the
3.9 contractor is responsible for providing the covered services to eligible persons within
3.10 the limits of the capitation or payment amount. The commissioner may also contract
3.11 using gain-sharing and risk-sharing methods authorized for demonstration projects
3.12 established under sections 256B.0755 and 256B.0756. If the commissioner contracts on a
3.13 capitated, fixed fee payment, or gain-sharing or risk-sharing method, the commissioner
3.14 shall withhold up to five percent of the payment amount, to be paid only if the contractor
3.15 achieves standards for quality and cost that are comparable to those required of health care
3.16 delivery system projects under sections 256B.0755 and 256B.0756.
3.17 (b) The commissioner shall separate nursing facility services and pharmacy services
3.18 from other covered services in order to provide payment for these services under the
3.19 commissioner's fee-for-service payment system instead of payment to the contracted
3.20 entity. The commissioner may administer the program through a fee-for-service payment
3.21 system without a health plan, provider network, coverage program, county or group of
3.22 counties, or health care delivery system in rural areas and other regions where these
3.23 options are not feasible or appropriate.
3.24 (c) The commissioner shall ensure that in every case an eligible person is able to
3.25 choose to receive covered services, including services covered under subdivision 2, from
3.26 an essential community provider, as defined in section 62Q.19, and that the terms of
3.27 participation of the essential community provider in the health plan, provider network,
3.28 nonprofit coverage program, county or group of counties, or health care delivery system
3.29 that has a contract to administer the program under this section are in conformance with
3.30 the requirements of section 62Q.19.
3.31 Subd. 5. **Federal match.** The commissioner shall seek federal financial participation
3.32 on all services covered under section 256B.06, subdivision 4, and this section to the extent
3.33 permitted under federal law. Services for which federal financial participation is not
3.34 available shall be paid for through state appropriations provided for this purpose.
3.35 Subd. 6. **Coverage subject to appropriation.** Coverage under this section shall be
3.36 authorized by the commissioner to the extent that appropriations made for this purpose are

4.1 sufficient to cover all services. If appropriations are not sufficient to cover all services, the
4.2 commissioner may exclude certain services from coverage or limit the number of persons
4.3 eligible to receive payment for certain services, or both."

4.4 Page 8, line 20, after the semicolon insert "and"

4.5 Page 8, delete lines 21 to 23

4.6 Page 8, line 24, delete "(iv)" and insert "(iii)"

4.7 Page 8, lines 26 to 27, reinstate the stricken language

4.8 Page 8, line 28, reinstate "by medical assistance," and reinstate "or MinnesotaCare at
4.9 a level which"

4.10 Page 8, line 29, reinstate the stricken language

4.11 Page 8, line 30, reinstate the stricken language and delete the new language

4.12 Page 10, line 24, delete "community mental health center"

4.13 Page 10, after line 26, insert:

4.14 "(i) In addition to the rate increases authorized in this section, payment rates for
4.15 services rendered on or after January 1, 2014, shall be increased by ten percent over
4.16 the rate in effect on December 31, 2013, for services by psychiatrists and advanced
4.17 practice registered nurses with a mental health specialty delivered through a community
4.18 mental health center as defined in section 256B.0625, subdivision 5, or through essential
4.19 community providers who are licensed or certified as mental health providers under
4.20 section 256B.0623, 256B.0943, or Minnesota Rules, parts 9520.0750 to 9520.0870."

4.21 Page 11, after line 12, insert:

4.22 "Sec. 15. **APPROPRIATION.**

4.23 $....... or the fiscal year ending June 30, 2014, and $....... for the fiscal year ending
4.24 June 30, 2015, is appropriated from the health care access fund to the commissioner
4.25 of human services for purposes of Minnesota Statutes, section 256B.06, subdivision 4,
4.26 and section 256B.0612."

4.27 Renumber the sections in sequence and correct the internal references

4.28 Amend the title accordingly