

1.1 moves to amend H.F. No. 2150, the delete everything amendment
1.2 (A14-0976), as follows:

1.3 Page 27, after line 28, insert:

1.4 "Sec. 21. Minnesota Statutes 2012, section 256B.0644, is amended to read:

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

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

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 and MinnesotaCare patients;

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

1.26 (3) for dental service providers providing dental services in the seven-county
1.27 metropolitan area, at least ten percent of the provider's patients are covered by medical

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

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

2.23 (d) A volunteer dentist who has signed a volunteer agreement under section
 2.24 256B.0625, subdivision 9a, shall not be considered to be participating in medical
 2.25 assistance or MinnesotaCare for the purpose of this section.

2.26 **EFFECTIVE DATE.** This section is effective upon receipt of any necessary federal
 2.27 waiver or approval. The commissioner of human services shall notify the revisor of
 2.28 statutes if a federal waiver or approval is sought and, if sought, when a federal waiver
 2.29 or approval is obtained."

2.30 Page 30, after line 20, insert:

2.31 "Sec. 24. **FEDERAL WAIVER OR APPROVAL.**

2.32 The commissioner of human services shall seek any federal waiver or approval
 2.33 necessary to implement section 21."

2.34 Renumber the sections in sequence and correct the internal references

2.35 Amend the title accordingly