

1.1 ..... moves to amend H.F. No. 3237 as follows:

1.2 Page 13, after line 2, insert:

1.3 "Section 1. Minnesota Statutes 2009 Supplement, section 256B.032, is amended to  
1.4 read:

1.5 **256B.032 ELIGIBLE VENDORS OF MEDICAL CARE.**

1.6 (a) Effective January 1, 2011, the commissioner shall establish performance  
1.7 thresholds for health care providers included in the provider peer grouping system  
1.8 developed by the commissioner of health under section 62U.04. The thresholds shall be  
1.9 set at the 10th percentile of the combined cost and quality measure used for provider peer  
1.10 grouping, and separate thresholds shall be set for hospital and physician services.

1.11 (b) Beginning January 1, 2012, any health care provider with a combined cost and  
1.12 quality score below the threshold set in paragraph (a) shall be prohibited from enrolling  
1.13 as a vendor of medical care in the medical assistance, general assistance medical care,  
1.14 or MinnesotaCare programs, and shall not be eligible for direct payments under those  
1.15 programs or for payments made by managed care plans under their contracts with the  
1.16 commissioner under section 256B.69 or 256L.12. A health care provider that is prohibited  
1.17 from enrolling as a vendor or receiving payments under this paragraph may reenroll  
1.18 effective January 1 of any subsequent year if the provider's most recent combined cost and  
1.19 quality score exceeds the threshold established in paragraph (a).

1.20 (c) Notwithstanding paragraph (b), a provider may continue to participate as a vendor  
1.21 or as part of a managed care plan provider network if the commissioner determines that a  
1.22 contract with the provider is necessary to ensure adequate access to health care services.

1.23 (d) By January 15, 2013, the commissioner shall report to the legislature on the  
1.24 impact of this section. The commissioner's report shall include information on:

1.25 (1) the providers falling below the thresholds as of January 1, 2012;

2.1 (2) the volume of services and cost of care provided to enrollees in the medical  
2.2 assistance, general assistance medical care, or MinnesotaCare programs in the 12 months  
2.3 prior to January 1, 2012, by providers falling below the thresholds;

2.4 (3) providers who fell below the thresholds but continued to be eligible vendors  
2.5 under ~~paragraph~~ paragraphs (c) and (e);

2.6 (4) the estimated cost savings achieved by not contracting with providers who do  
2.7 not meet the performance thresholds; and

2.8 (5) recommendations for increasing the threshold levels of performance over time.

2.9 (e) Federally qualified health centers and rural health clinics are exempt from the  
2.10 requirements of paragraph (b)."

2.11 Renumber the sections in sequence and correct the internal references

2.12 Amend the title accordingly