

1.1 ..... moves to amend H.F. No. 3422 as follows:

1.2 Page 2, after line 32, insert:

1.3 "Sec. 7. **HEALTH PLAN AND COUNTY ADMINISTRATIVE COST**  
1.4 **REDUCTION; REPORTING REQUIREMENTS.**

1.5 (a) The commissioners of health and human services, in consultation with health  
1.6 plans and county-based purchasing plans, shall complete an inventory of existing data  
1.7 collection and reporting requirements for health plans and county-based purchasing plans  
1.8 and identify data, documentation and reports that:

1.9 (1) are collected from the same health plan or county-based purchasing plan more  
1.10 than once;

1.11 (2) are collected directly from the health plan or county-based purchasing plan but  
1.12 are available to the state agencies from other sources;

1.13 (3) are not currently being used by state agencies; or

1.14 (4) collect similar information more than once in different formats, at different  
1.15 times, or by more than one state agency.

1.16 (b) Based on the inventory, the commissioners shall prepare a joint report and  
1.17 recommendations for the legislature on a plan to establish a consolidated and streamlined  
1.18 reporting system under which data, reports, and documentation are collected only once  
1.19 and only when needed for the state agencies to fulfill their duties under the law and  
1.20 applicable regulations."

1.21 Page 7, after line 27, insert:

1.22 "Sec. 9. Minnesota Statutes 2009 Supplement, section 256B.0915, subdivision 10,  
1.23 is amended to read:

1.24 Subd. 10. **Waiver payment rates; managed care organizations.** The  
1.25 commissioner shall adjust the elderly waiver capitation payment rates for managed care  
1.26 organizations paid under section 256B.69, subdivisions 6a and 23, to reflect the maximum

2.1 service rate limits for customized living services and 24-hour customized living services  
2.2 under subdivisions 3e and 3h for the contract period beginning October 1, 2009. Managed  
2.3 care organizations are not required to pay customized living providers based on a service  
2.4 component rate methodology or other methodology established by the commissioner.  
2.5 ~~Medical~~ However, medical assistance rates paid to customized living providers by  
2.6 managed care organizations under this section shall not exceed the maximum service rate  
2.7 limits determined by the commissioner under subdivisions 3e and 3h."

2.8         Renumber the sections in sequence and correct the internal references

2.9         Amend the title accordingly