

**Subject** Report on Managed Care Provider Payment Rates

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## Overview

This bill requires the commissioner of human services to report annually to the legislature on managed care and county-based provider reimbursement rates by county for specified services and provider categories.

## Summary

**Section** **Description**

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**1** **Annual report on provider reimbursement rates.**

Amends § 256B.69, by adding subd. 9f. (a) Requires the commissioner, by December 15 of each year, to report to the legislature on managed care and county-based purchasing plan provider reimbursement rates. Requires compliance with general requirements for reports to the legislature (e.g. transmittal to Legislative Reference Library, statement of cost).

(b) Requires the report to include, for each managed care and county-based purchasing plan, the mean and median provider reimbursement rates by county for the preceding calendar year, for the five most commonly billed services statewide, for the following categories: (1) physician services – prenatal and preventive; (2) physician services – nonprenatal and nonpreventive; (3) dental services; (4) inpatient hospital services; (5) outpatient hospital services; and (6) mental health services.

(c) Requires the commissioner to also include in the report the mean and median fee-for-service reimbursement rates by county for the preceding calendar year, for the billed services and provider service categories described in paragraph (b).