

Subject Health Department housekeeping bill

Authors Huot

Analyst Elisabeth Klarqvist

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Overview

This bill is the Department of Health's housekeeping bill and makes changes to statutes and laws governing the electronic prescription drug program, the Center for Health Care Purchasing Improvement, resident reimbursement case mix classifications for nursing facility and boarding care home residents, the special supplemental program for women, infants, and children (WIC), and the transition from housing with services establishment registration to assisted living facility licensure.

Summary

Section	Description
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1	Definitions.
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	Amends § 62J.497, subd. 1. In a subdivision with definitions that apply to the electronic prescription drug program, amends the definition for NCPDP Formulary and Benefits Standard by removing a reference to the 2005 implementation guide version and instead referring to the most recent version of the standard or to the most recent standard adopted by CMS for e-prescribing under Medicare Part D. Also amends the definition of NCPDP SCRIPT Standard by removing a reference to the 2005 implementation guide version (with that language removed, the definition will be the most recent standard adopted by CMS) and striking unnecessary language.
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2	Standards for electronic prescribing.
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	Amends § 62J.497, subd. 3. Strikes a list of specific transactions that must be conducted using the NCPDP SCRIPT Standard.
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3	Support for state health care purchasing and performance measurement.
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	Amends § 62J.63, subd. 1. Eliminates language requiring the commissioner of health to establish and administer a Center for Health Care Purchasing Improvement but retains the functions of the center and assigns them to the commissioner of health.
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Section	Description
4	<p>Duties; scope.</p> <p>Amends § 62J.63, subd. 2. Eliminates language authorizing the commissioner to appoint staff for the Center for Health Care Purchasing Improvement. Also eliminates the following duties: initiating projects to develop plan designs for state health care purchasing; conducting policy audits of state programs; consulting with the Health Economics Unit regarding reports and assessments of the health care marketplace; consulting with the Department of Commerce regarding regulatory issues and legislative initiatives; working with DHS and CMS to address federal requirements for health care purchasing and conformity issues; assisting MCHA in purchasing strategies; and convening agency medical directors for advice and collaboration. Allows the commissioner to evaluate current administrative simplification strategies.</p>
5	<p>Resident reimbursement case mix classifications.</p> <p>Amends § 144.0724, subd. 1. Modifies a term used in a subdivision requiring the commissioner of health to establish case mix classifications for residents of nursing homes and boarding care homes.</p>
6	<p>Definitions.</p> <p>Amends § 144.0724, subd. 2. In a subdivision defining terms for a section on case mix classifications, makes a technical change to the definition of minimum data set and modifies the definition of activities of daily living.</p>
7	<p>Resident reimbursement case mix classifications beginning January 1, 2012.</p> <p>Amends § 144.0724, subd. 3a. In a subdivision establishing requirements for case mix classifications, modifies a term used and removes a reference to the Case Mix Classification Manual for Nursing Facilities.</p>
8	<p>Resident assessment schedule.</p> <p>Amends § 144.0724, subd. 4. Modifies requirements for facilities to submit MDS assessments: requires assessments to be submitted to a federal database instead of the commissioner of health, and modifies the document defining the schedule for submitting assessments. Changes items that must be included in the elements of an OBRA assessment and makes technical changes.</p>
9	<p>Short stays.</p> <p>Amends § 144.0724, subd. 5. Provides that a facility is not required to submit an admission assessment for a resident admitted to and discharged from the facility on the same day. Provides that when an admission assessment is not submitted, the case mix classification will be the rate with a case mix index of 1.0.</p>

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10	<p>Notice of resident reimbursement case mix classification.</p> <p>Amends § 144.0724, subd. 7. In a subdivision governing notice from the commissioner of health to a nursing facility regarding case mix classifications established for each resident, makes technical changes and changes terminology.</p>
11	<p>Request for reconsideration of resident classifications.</p> <p>Amends § 144.0724, subd. 8. In a subdivision governing requests for reconsideration of resident classifications, allows reconsideration of any items changed during the audit process, reorganizes the subdivision for requests initiated by the resident or a representative and for requests submitted by the facility, and makes technical changes. For requests initiated by the resident or a representative, eliminates language specifying what must accompany the reconsideration request, reorganizes language specifying what the facility must submit, and specifies the consequence when a facility fails to provide the required information. For requests initiated by the facility, requires the facility to provide the resident or a representative with notice of the request, requires the request to be submitted within a certain timeframe, and permits rather than requires the commissioner to deny the reconsideration request if the facility fails to provide the required information. Establishes requirements for transmitting the reconsideration classification notice to the nursing facility and to the resident or representative.</p>
12	<p>Audit authority.</p> <p>Amends § 144.0724, subd. 9. In a subdivision requiring the commissioner to ensure the accuracy of resident assessments through audits, reviews of records, and interviews, strikes language requiring the commissioner to make the results of the audit available to the facility, requires distribution of the audit classification notice to the facility and the resident or representative within certain timeframes if the audit results in a case mix classification change, and specifies what the notice must include.</p>
13	<p>Appeal of nursing facility level of care determination.</p> <p>Amends § 144.0724, subd. 12. Strikes obsolete language.</p>
14	<p>Food benefits.</p> <p>Amends § 145.893, subd. 1. Changes a term used, from vouchers to food benefits, in a subdivision authorizing eligible individuals to receive benefits to purchase nutritional supplements under WIC.</p>
15	<p>State commissioner of health; duties, responsibilities.</p> <p>Amends § 145.894. Allows local health agencies to issue WIC food benefits three times per month, instead of twice per month as permitted under current law. Strikes obsolete language.</p>

Section	Description
16	<p>Food benefits.</p> <p>Amends § 145.897. In a section governing foods eligible for purchase under WIC, provides that the federal Department of Agriculture, not the commissioner, determines allowable foods, changes a term, and strikes language providing examples of allowable foods.</p>
17	<p>Food benefits for organics.</p> <p>Amends § 145.899. In a section allowing WIC food benefits to be used to buy cost-neutral organic allowable foods, changes a term used.</p>
18	<p>Wrongfully obtaining assistance.</p> <p>Amends § 256.98, subd. 1. In a subdivision making it a crime to wrongfully obtain certain assistance, changes a term used related to WIC and makes a technical change.</p>
19	<p>Housing with services establishment registration; conversion to an assisted living facility license.</p> <p>Amends Laws 2020, Seventh Special Session chapter 1, article 6, section 12, subdivision 4. Corrects a cross-reference in a subdivision governing the conversion of a housing with services establishment registration to assisted living facility licensure.</p> <p>This section is effective the day following final enactment.</p>
20	<p>Revisor instruction.</p> <p>Directs the revisor of statutes to modify the headnote for section 62J.63 to conform with the section as revised in this bill.</p>
21	<p>Repealer.</p> <p>Repeals the following statutes:</p> <ul style="list-style-type: none">▪ section 62J.63, subd. 3 (annual report by the commissioner of health to the legislature on the Center for Health Care Purchasing Improvement);▪ sections 144.0721 (assessments of care and services to nursing home residents) and 144.0722 (resident reimbursement classifications);▪ section 144.0724, subd. 10 (transition language regarding reconsideration requests for classifications under section 144.0722); and▪ section 144.693 (requiring reports on medical malpractice claims to the commissioner of health and annual reports from the commissioner to the legislature).



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