House Research Act Summary

CHAPTER: 275 **SESSION:** 2002 Regular Session

TOPIC: DHS Health Care Policy Bill

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Overview

This act contains policy changes to health care statutes requested by the Department of Human Services. Sections 1 and 7 allow Indian tribes to contract directly with health care providers, without being required to have a county contract or county certification. Section 2 allows health care providers who meet credentialing standards established by an Indian tribe to be enrolled as Medical Assistance providers. Section 3 allows dental providers to participate in the state employee group insurance program if at least 10 percent of their patients are public health care program beneficiaries, instead of 20 percent. Sections 4 and 6 require payment rates for hospital emergency room and outpatient visits and clinic visits to be based on a prospective payment system that uses MA data.

Section

1 **American Indian agreements.** Amends § 254B.09, subd. 2. Amends a subdivision allowing the commissioner of human services to contract with federally recognized tribal units to pay for chemical dependency treatment services, by specifying that the contracts must clarify tribal responsibilities regarding the selection of eligible vendors of services and the negotiation of agreements for vendor services and rates, for programs on reservations.

2 **Vendor of medical care.** Amends § 256B.02, subd. 7. Amends the definition of vendor of medical care that applies to Medical Assistance, to specify that a vendor of medical care includes health care professionals that are credentialed under standards set by an Indian tribe that provides health care services to its members at a tribal facility on a Minnesota reservation. Requires the commissioner of human services to maintain a copy of the standards the Indian tribe uses to credential health professionals, and to use those standards to enroll tribal-approved health professionals as MA providers.

3 **Participation required for reimbursement under other state health care programs.** Amends § 256B.0644. Current law prohibits vendors of medical care and health maintenance organizations from participating in the state employee group insurance program unless at least

20 percent of the vendor's or HMO's patients are public health care program beneficiaries. This section lowers this threshold for dental providers, requiring at least 10 percent of the provider's patients to be public health care program beneficiaries.

4 **Facility fee for outpatient hospital emergency room and clinic visits.** Amends § 256B.32. In a section on payment rates for outpatient hospital emergency room and clinic visits, requires the payment system for services provided on or after July 1, 2003 that is based on the Medicare outpatient prospective payment system to be replaced by a prospective payment system that is budget neutral and is derived using MA data.

5 **Prospective reimbursement rates.** Amends § 256B.69, subd. 5b. Requires the commissioner of human services to study reimbursement rates for prepaid Medical Assistance and General Assistance Medical Care. For purposes of these rates, allows the commissioner to designate regions outside the seven-county metro area as metropolitan areas.

6 **Hospital outpatient reimbursement.** Amends § 256B.75. Delays from July 1, 2002 to July 1, 2003, a requirement that the payment system for hospital outpatient services that is based on the Medicare outpatient prospective payment system to be replaced by a prospective payment system that is budget neutral and is derived using MA data.

7 **American Indian contracting provisions.** Adds § 256B.84. Allows Indian health services and agencies to directly enroll providers of the listed services without having to have a county contract or county certification, provided the Indian health service or agency meets the requirements to be a vendor of medical care. The services covered by the section are family community support services, therapeutic support of foster care, adult rehabilitative mental health services, and adult mental health crisis response services.