

House Research Act Summary

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TOPIC: Health Care Policy

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Overview

This act modifies state health care program provisions related to notification of appeal determinations, the dedication of federal administrative reimbursement, the provision of information on enrollee eligibility review dates, prior authorization for health care services, medical transportation, and the health care delivery system demonstration project.

Section

- 1 Appeals review process.** Amends § 62J.495, subd. 15. Removes the requirement that the commissioner use first class mail when notifying providers of appeal determinations under the Minnesota electronic health records incentives program.
- 2 Federal administrative reimbursement dedicated.** Amends § 256.01, subd. 34. Appropriates federal administrative reimbursement resulting from reviews of medical necessity to the commissioner of human services for those purposes.
- 3 Eligibility review dates.** Amends § 256.962, subd. 8. Requires the commissioner to develop and implement a process to provide eligibility “review” dates upon request to managed care and county-based purchasing plans. Current law refers to eligibility “end” dates.
- 4 Physical therapy.** Amends § 256B.0625, subd. 8. Removes the requirement that authorization from the commissioner be obtained before medically necessary physical therapy services can be provided.

Section

- 5 Occupational therapy.** Amends § 256B.0625, subd. 8a. Removes the requirement that authorization from the commissioner be obtained before medically necessary occupational therapy services can be provided.
- 6 Speech-language pathology and audiology services.** Amends § 256B.0625, subd. 8b. Removes the requirement that authorization from the commissioner be obtained before medically necessary speech-language pathology services can be provided.
- 7 Transportation costs.** Amends § 256B.0625, subd. 17. Allows special transportation providers to take recipients to their health care providers, subject to distance limits of 30 miles for a primary care provider and 60 miles to a specialty provider, unless authorization is received from the local agency. Under current law, recipients are to be taken to the “nearest appropriate” health care provider.
- 8 Single administrative structure and delivery system.** Amends § 256B.0625, subd. 18e. Moves forward by one year, to July 1, 2014, the date upon which the commissioner must implement a single administrative structure and delivery system for nonemergency medical transportation.
- 9 Enrollee assessment process.** Amends § 256B.0625, subd. 18f. Delays by one year, until July 1, 2014, the date by which the commissioner must implement a comprehensive, statewide standard assessment process for MA enrollees seeking nonemergency medical transportation services. Also requires the process implemented to be that recommended by the nonemergency medical transportation advisory committee.
- 10 Prior authorization required.** Amends § 256B.0625, subd. 25. Requires the commissioner to publish in the health care programs provider manual and on the DHS website the criteria and standards used to determine whether certain providers must obtain prior authorization for their services. Exempts the list of services requiring prior authorization and the criteria and standards used to formulate the list of services or the selection of providers for whom prior authorization is required from the state laws governing rulemaking. Provides that the commissioner’s decision on whether prior authorization is required for a provider is not subject to administrative appeal. Requires that the criteria or standards not impede access to services for groups of individuals with unique or special needs due to disability or functional condition.
- 11 Expansion.** Amends § 256B.0755, subd. 7. Requires the commissioner to expand the health care delivery systems demonstration project (current law requires the commissioner to “explore the expansion”). Allows the commissioner, as part of the demonstration project, to procure the services of health care delivery systems by geographic area, to supplement or replace services provided by managed care plans.
- 12 Repealer.** Repeals Minnesota Rules, part 9505.0315, subpart 7, item D (this rule limits one-way mileage for special transportation to 20 miles per trip within the seven-county metro area and 40 miles per trip outside the seven-county metro area).