

HOUSE RESEARCH

Bill Summary

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Overview

This bill makes changes in health care delivery under the medical assistance and MinnesotaCare programs. The bill's provisions address a range of topics, including: pediatric care coordination, managed care and county-based purchasing plan provider networks, low-birth weight prevention, competitive bidding, patient-centered decision-making, and use of claims and utilization data for research.

- 1** **Pediatric care coordination.** Amends § 256B.0625, by adding subd. 51a. Requires the commissioner to develop and implement a pediatric care coordination program for children with high-cost medical or psychiatric conditions who are at risk of recurrent hospitalization or emergency room use for acute, chronic, or psychiatric illness, and who receive MA on a fee-for-service basis. Requires the commissioner to consider features of the U Special Kids Program when developing the program. Requires care coordination services to be provided by care coordinators employed by or under contract with the commissioner, and targeted to children at hospitals that do not provide care coordination services. Defines "care coordination" and requires services to be available through in-home video, telehealth management, and other methods.
- 2** **Service delivery.** Amends § 256B.69, subd. 6. Requires managed care and county-based purchasing plans to accept into their MA and MinnesotaCare provider networks any health care or social service provider that agrees to accept payment, quality assurance, and other contract terms that apply to similarly situated providers. Provides a January 1, 2013 effective date.
- 3** **Reporting.** Amends § 256B.69, subd. 9. Requires managed care and county-based purchasing plans to report to the commissioner on the extent to which providers employed or under contract comply with patient centered decision-making requirements, and the steps taken by the plan to encourage compliance.
- 4** **Initiatives to reduce incidence of low birth weight.** Amends § 256B.69, by adding subd. 31. Directs the commissioner to require managed care and county-based purchasing plans to implement strategies to reduce the incidence of low birth weight in geographic areas identified by the commissioner as having a higher than average incidence. Requires the strategies to coordinate health care with social services and the local public health system. Requires each plan to develop and report to the commissioner outcome measures, and requires the commissioner to consider these outcomes when

considering plan participation in competitive bidding.

- 5** **Competitive bidding.** Amends § 256B.69, by adding subd. 32. (a) Requires the commissioner, for managed care contracts effective on or after January 1, 2014, to establish a competitive price bidding program for nonelderly, nondisabled adults and children in MA and MinnesotaCare in the seven-county metropolitan area. Requires the program to allow a minimum of two managed care plans to serve the area, and requires contracts to be reopened and rebid every two years.
- (b) Requires the commissioner to consider, and incorporate, where appropriate, procedures and criteria used in the current competitive bidding pilot project.
- (c) Directs the commissioner to collect enrollee health outcome data from plans, and to consider this and other information, in determining whether to contract with a plan under the competitive bidding program. Requires the data submitted by plans to include health outcome measures on reducing the incidence of low birth weight.
- 6** **Patient-centered decision-making.** Adds § 256B.7671. (a) Defines "patient-centered decision-making process."
- (b) Effective January 1, 2013, requires active participation in a patient-centered decision-making process before certain surgical procedures and bypass surgeries are authorized or reimbursed.
- (c) Requires a list of procedures subject to paragraph (b) to be published in the State Register by October 1, 2012. Requires the list to be reviewed every two years, and requires the commissioner to hold a public forum and receive public comment before making changes to the list, and to publish any changes in the state register.
- (d) Requires health care providers to certify that a patient has participated in a patient-centered decision-making process prior to receiving authorization or reimbursement. Requires the Health Services Policy Committee to develop the format for this certification and for coordination between providers.
- (e) Provides that this section does not apply if the procedure is performed in emergency situations.
- 7** **Data on claims and utilization.** Requires the commissioner of human services, in consultation with the legislative committees with jurisdiction over health policy, to develop and provide to the legislature, by December 15, 2012, a methodology and draft legislation necessary to allow the release, upon request, of summary data on claims and utilization for state health care programs to research institutions, to conduct analyses of health care outcomes and treatment effectiveness.