HOUSE RESEARCH =

Bill Summary =

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Subject: Third-party billing for individualized education program health-related services

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Overview

Requires school districts that seek reimbursement from third-party payers for health-related services provided to a child through an individualized education program or individual family service plan to notify the child's parent of the parent's ability to withdraw consent, without any consequence to the parent or child, for the district to disclose information in a child's education records about the services to a third-party payer. Directs the human services commissioner to seek a waiver from a federal requirement obligating school districts to first bill private payers for health-related services provided to a child through an individualized education program or individual family service plan.

- Third-party reimbursement. (b) For children enrolled in medical assistance or MinnesotaCare, directs a school district to provide an initial and then annual notice to the parent of a child with disabilities of the district's intent to seek reimbursement from medical assistance or MinnesotaCare for the individualized education program health-related services that the district provides to the child. The initial notice must inform the child's parent of the parent's right to: request a copy of the child's education records on the health-related services that the district provided and disclosed to a third-party payer; withdraw consent for the district to disclose information in a child's education record at any time without affecting a parent's eligibility for medical assistance or MinnesotaCare; and receive a statement indicating that the parent's decision to withdraw consent for the district to disclose information about the child has no consequence to the parent.
 - (c) Requires that a district's annual written notice under this subdivision must inform the parent of the parent's right to withdraw consent for the district to disclose information in a child's record about the health-related services the district provided to the child, including consent that the parent gave as part of an application process for any public assistance program that may result in the parent being eligible for medical assistance or MinnesotaCare. Requires the education department to ensure that the parent of a child with disabilities is given notice, in understandable language, of federal and state procedural safeguards available under this paragraph and paragraph (b).

Makes this section effective immediately.

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2 Use of reimbursements. Allows districts that receive third-party reimbursements to use the payments for individualized education program health-related services the district provides or to help enrolled students with individualized education programs or individual family service plans.

Makes this section effective immediately.

Informed consent. Makes a technical change that adds a cross reference to a federal regulation.

Makes this section effective immediately.

District disclosure of information. Allows a school district to disclose information contained in a child's individualized education program, consistent with state and federal data practices requirements and the consent the parent gave as part of the application for medical assistance or MinnesotaCare.

Makes this section effective immediately.

Open enrollment and streamlined application and enrollment process. (f) Directs the human services commissioner, after consulting with the education commissioner, to include on all Minnesota health care program application forms, as the forms are revised or replaced, an authorization for consent from the parent of a child receiving health-related services through an individualized education program or individual family service plan to allow the district or other provider of covered services to be reimbursed by medical assistance or MinnesotaCare. Requires the authorization for consent to conform to federal data practices law and indicate that the parent may withdraw consent for the district or other provider to access information in the child's education record without any consequence to the parent or child.

Makes this section effective July 1, 2011.

- Third-party billing. (a) To allow cost-effective billing of medical assistance for covered services that are not otherwise reimbursed by legally liable third-party private payers, directs the human services commissioner to: (1) summarize and document district efforts to secure the reimbursement; and (2) request initial and continuing federal waivers of the requirement to seek payment from a child's private health plan based on a determination by the Centers for Medicare and Medicaid Services that this requirement is not cost effective. Requires the waiver request to seek permission for the human services commissioner to allow school districts to bill Medicaid alone, without first billing private payers when a child has public and private coverage.
 - (b) Declares that if the Centers for Medicare and Medicaid Services do not grant ongoing permission to waive the requirement to first seek payment from a child's private health plan, then the commissioner of human services must seek permission to waive the requirement on a time-limited basis with an opportunity to renew the permission on an as-needed basis.

Makes this section effective July 1, 2011.