Bill Summary

H.F. 551

Second engrossment

Subject	Managed Care Plan Access Standards
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Overview

This bill sets access standards, in the form of appointment wait times, for managed care and county-based purchasing plans serving MA enrollees. This bill also modifies the waiver process for network adequacy standards, requires payment of a waiver application fee, establishes administrative penalties, and requires health carriers to list waivers on their websites.

Summary

Section	Description
1	**Waiver.** Amends § 62D.124, subd. 3. Allows an HMO to apply for a waiver of the network geographic accessibility requirements, by submitting to the commissioner an application and an application fee of $1,000 per county. Specifies application and approval requirements. Allows the commissioner to approve a waiver if the HMO proposes to address network inadequacy through the use of telemedicine, when there are no providers of a specific type or specialty in the county. States that a waiver expires after four years and cannot be renewed; plans must instead submit a new application. Specifies review requirements for new applications. Requires application fees to be deposited in the state government special revenue fund.
2	**Complaints alleging violation of network adequacy requirements; investigation.** Amends § 62D.124, by adding subd. 6. Allows enrollees to file complaints with the commissioner regarding noncompliance of the network geographic accessibility standards. Requires the commissioner to investigate complaints, and allows the commissioner to use the program established under § 62K.105, subd. 2, to do so.
3	**Provider network notifications.** Amends § 62D.124, by adding subd. 7. Requires an HMO to provide on the organization's website the provider network for each product, and update the website at least once per month. Also requires the HMO to provide on the website a list of current waivers of the network geographic accessibility standard.

Section	Description
4	**Administrative penalty.** Amends § 62D.17, subd. 1. Allows the commissioner to impose an administrative penalty of $..... per day for violations of the network geographic accessibility requirements, and take other enforcement action, but prohibits the commissioner from also imposing an administrative penalty under § 62K.105, subd. 3.
5	**Provider network notifications.** Amends § 62K.075. Requires health carriers to provide on the carrier's website the provider network for each product, and to update the website at least once a month. Also requires the carrier to provide on the website a list of current waivers of the network geographic accessibility standard.
6	**Waiver.** Amends § 62K.10, subd. 5. Requires health carriers and preferred provider organizations applying for a waiver of the network geographic accessibility standard to submit an application fee of $1,000 per county for which a waiver is sought, and provide specified information. Sets requirements for the commissioner related to reviewing and approving waiver applications. Allows the commissioner to approve a waiver if the HMO proposes to address network inadequacy through the use of telemedicine, when there are no providers of a specific type or specialty in the county. Also specifies requirements related to the submittal and review of new waiver applications. Requires application fees to be deposited in the state government special revenue fund.
7	**Network adequacy complaints and investigations.** Adds § 62K.105. **Subd. 1. Complaints.** Requires the commissioner to establish a process for accepting complaints from enrollees regarding health carrier and preferred provider organization network adequacy. Requires the commissioner to investigate all complaints. **Subd. 2. Commissioner investigations of provider networks.** Requires the commissioner to establish a "secret shopper" program to determine whether covered services are available to enrollees without unreasonable delay, and whether a network complies with maximum distance and travel time requirements. Requires the commissioner to develop a schedule to ensure periodic examinations of all health carriers and preferred provider organizations, and to use this program to investigate network adequacy complaints under subdivision 1. **Subd. 3. Administrative penalties.** Requires the commissioner to impose on a health carrier or preferred provider organization an administrative penalty of at least $..... a day for violations of network adequacy requirements. Allows the commissioner to take other administrative actions, except that the commissioner shall not also impose an administrative penalty under § 62D.17, subd. 1. Applies

Section	Description
	the factors and procedures in § 62D.17, subd. 1, to the administrative penalties imposed under this subdivision.
8	**Access standards; appointment wait times.** Amends § 256B.69, by adding subd. 6e. (a) Requires managed care and county-based purchasing plans to comply with the access standards for appointment wait times specified in this subdivision. (b) Provides that appointment wait times for primary care services must not exceed 45 days from the date of the enrollee's request for routine and preventive care, and 24 hours for urgent care. (c) Provides that appointment wait times for specialty services must be in the time frame appropriate for the needs of the enrollee or the generally accepted community standards. (d) Provides that appointment wait times for dental, optometry, lab, and x-ray services must not exceed 60 days for regular appointments and 48 hours for urgent care. States that regular appointments for dental care means preventive care and initial appointments for restorative visits. States that the section is effective for managed care and county-based purchasing plan contracts entered into on or after January 1, 2020.
9	**Coordination with state-administered health programs.** Amends § 256L.121, subd. 3. Applies the appointment wait time standards in § 256B.69, subd. 6e, to managed care, county-based purchasing, and participating entity contracts for the MinnesotaCare program. Provides a January 1, 2020, effective date.