HOUSE RESEARCH

Bill Summary

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Subject: Health Care Facilities Spending Reports

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Section

1 **Definitions.** Amends § 62J.17, subd. 2. Adds a definition of "specialty care" and removes definitions of "access," "cost," and "date of the major spending commitment."

2 **Expenditure reporting.** Amends §62J.17, subd. 4a. Provides that health care facilities must report to the commissioner on all major spending commitments and includes information that must be included. Removes current language.

3 **Exceptions.** Amends § 62J.17, subd. 7. Removes some exceptions to the reporting requirements, including spending to replace existing equipment and spending for remodeling and repairs.

4 **Cost containment data to be collected from providers.** Amends §62J.41, subd. 1. Adds to the list of information health care providers are required to collect and report.

5 **Uniform billing form CMS 1450.** Amends § 62J.52, subd. 1. Allows Medicare critical access hospitals using method II billing to include professional fees on the CMS 1450.

6 **Uniform billing form CMS 1500.** Amends § 62J.52, subd. 2. Allows Medicare critical access hospitals using method II billing to include professional fees on the CMS 1500.

7 **General characteristics.** Amends § 62J.60, subd. 2. Specifies that standardized labels must come before the human data elements on the Minnesota uniform health care identification card.

8 **Human readable data elements.** Amends § 62J.60, subd. 3. Specifies that the standard label for service type on the Minnesota uniform health identification card is "Svc Type."

9 **Diagnostic imaging facilities.** Amends § 144.565. Modifies reporting requirements for diagnostic imaging services.

Subd. 1. Utilization and services data; economic and financial interests. Also applies the requirements to providers of diagnostic imaging services, specifies a

Section

March 1 annual reporting date, and modifies the list of information that must be provided.

Subd. 2. Commissioner's right to inspect records. (No change to this subdivision.)

Subd. 3. Separate reports. Requires reports to include only services billed by the provider submitting the report, and requires separate annual reports if capacity, technical services, or professional services are leased to another provider. Strikes language related to separate reports for facilities that are not attached or contiguous to a hospital.

Subd. 4. Definitions. Modifies the definition of diagnostic imaging facility to refer to facilities that are not a hospital or location licensed at a hospital and makes other related changes. Adds definitions for the following terms - diagnostic imaging service, portable equipment, and provider of diagnostic imaging services. Also modifies the definition of fixed equipment and mobile equipment.

Subd. 5. Reports open to public inspection. States that reports filed under this section are open to public inspection.

10 **Yearly reports.** Amends § 144.698, subd. 1. Adds additional reporting requirements for hospitals and outpatient surgical centers. Requires reporting of: information on the number of available beds dedicated to specialized services and annual occupancy rates for those beds, total number of surgeries performed (for outpatient surgical centers), and health care expenditures during the previous year. Requires each nonprofit hospital to report on community benefits, and provides a definition of "community benefit."

11 **Repealer.** Repeals § 62J.17, subdivisions 1 (purpose statement for expenditure reporting), 5a (retrospective review), 6a (prospective review and approval), and 8 (radiation therapy facilities), effective the day following final enactment.