

HOUSE RESEARCH

Bill Summary

FILE NUMBER: H.F. 1345
Version: As introduced

DATE: March 19, 2013

Authors: Moran and others

Subject: Health Care and Health Disparities

Analyst: Randall Chun, (651) 296-8639 and Emily Cleveland, (651) 296-5808

This publication can be made available in alternative formats upon request. Please call 651-296-6753 (voice); or the Minnesota State Relay Service at 1-800-627-3529 (TTY) for assistance. Summaries are also available on our website at: www.house.mn/hrd/hrd.htm.

Overview

This bill contains a range of provisions related to health disparities, emergency Medical Assistance, critical access provider payment rates, federally qualified health centers, MERC, and other issues related to providing health care services to low-income populations.

Section

- 1 Essential community provider affiliation.** Amends § 62Q.19, subd. 3. Requires MinnesotaCare participating entities and health carriers offering a qualified plan through the Minnesota Insurance Marketplace to offer provider contracts to essential community providers. Under current law, this requirement applies only to health plan companies.
- 2 Development.** Amends § 62U.02, subd. 1. Adds the following as criteria for quality measures used for the quality incentive payment system:
 - the measures must be collected and reported by categories of race, ethnicity, language, and other patient characteristics correlated with poorer health, access, and quality of care, so that the data can be useful in identifying and eliminating health disparities.
 - the measures must be adjusted for patient characteristics known to be correlated with poorer health, access, and quality of care, so that quality reports and payment incentives do not disadvantage providers serving high concentrations of patients who experience the greatest health disparities.
- 3 Health disparities.** Amends § 145.928, by adding subd. 15. Requires the commissioner of health, in consultation with the commissioner of human services, to assess the methods used

Section

by state agencies and the legislature to obtain advice and input from the public on health care programs, policies, and legislation, in order to determine whether these methods are effective in obtaining advice and input from those patients and populations that experience the greatest health disparities. Requires the commissioner to submit a report to the legislature by December 15, 2013, and specifies criteria for the report.

- 4** **Citizenship requirements.** Amends § 256B.06, subd. 4. Expands coverage of follow-up services under emergency MA, to include those services provided after discharge from an emergency room or inpatient hospital necessary to prevent the recurrence of a medical emergency (this provision also strikes the requirement that these services be directly related to the original services and covered by the global payment to the provider).

Allows coverage of continuing care, dialysis, chemotherapy and therapeutic radiation services, and dental services, if these services are medically necessary after discharge from an emergency room or inpatient hospital to prevent recurrence of a medical emergency.

Allows the commissioner to authorize payment for alternative services, including but not limited to long-term care services, that would not otherwise be paid for under this section, if the commissioner determines that these alternative services would be a lower cost alternative to use of emergency room, inpatient, and other services. Requires the commissioner to seek a waiver or federal approval as necessary.

- 5** **Payment for multiple services provided on the same day.** Amends § 256B.0625, by adding subd. 61. States that the commissioner shall not prohibit payment, including supplemental payments, for mental health or dental services provided by a clinic or health care professional, solely because the mental health or dental services were provided on the same day as other covered health services furnished by the same provider.

- 6** **Critical access home care services payment rate.** Amends § 256B.0651, by adding subd. 18. For home care services delivered on or after July 1, 2013, requires the commissioner to increase reimbursements for home care service providers designated by the commissioner to be critical access home care providers, by 30 percent above the reimbursement rate that would otherwise apply. Requires the commissioner to pay managed care and county-based purchasing plans an amount sufficient to reflect increased reimbursement to critical access home care providers. Requires the commissioner to designate a provider as a critical access home care provider if more than 50 percent of home care patient encounters are with patients who are low-income and uninsured or covered under MA or MinnesotaCare.

- 7** **Critical access provider payment rates.** Amends § 256B.0651, by adding subd. 19. Requires payments under MinnesotaCare to include critical access and community health center payments rates and enhancements and special rate methodologies established under sections: 256B.0625, subd. 30 (FQHC and other clinic payments); 256B.0651, subd. 18 (critical access home care services payment rate); 256B.76, subd. 4 (critical access dental providers); and 256B.763 (critical access mental health rates).

- 8** **Critical access dental providers.** Amends § 256b.76, subd. 4. Increases payment for critical access dental providers from 30 to 40 percent above the reimbursement rate that

Section

would otherwise apply. Requires the commissioner to designate privately owned dental clinics or practices as critical access dental providers, if: (i) they are located within a dental professional shortage area and located outside the seven-county metro area; (ii) more than 50 percent of patient encounters are with patients who are low-income and uninsured or covered by MA or MinnesotaCare; (iii) the clinic or practice does not restrict access or services because of a patient's financial limitations or public assistance status and offers free or reduced fee care; and (iv) the level of service provided is critical to maintaining adequate levels of patient access within the service area.

- 9** **Teledentistry and mobile services.** Amends § 256B.76, by adding subd. 7. Requires covered dental services provided using telecommunications equipment or in settings outside of a dental clinic using portable or mobile dental equipment to be reimbursed at the same rate as if the services was provided in-person or in a dental clinic.
- 10** **Critical access mental health rate increase.** Amends § 256B.763. Increases payment rates by ten percent for community mental health services provided on or after July 1, 2013, by community mental health centers.
- 11** **Outreach and enrollment assistance.** For the biennium ending June 30, 2015, sets the payment for outreach and enrollment assistance services that result in successful enrollment in MA or MinnesotaCare at \$250.
- 12** **Federally qualified health center subsidy.** For the biennium ending June 30, 2015, appropriates \$5 million per year from the general fund to the commissioner of health to provide subsidies to federally qualified health centers.
- 13** **Medical education and research costs.** For the biennium ending June 30, 2015, appropriates an unspecified amount from the general fund to the commissioner of health for distribution through MERC.
- 14** **Health disparities payment enhancement.** Requires the commissioner of human services to develop a payment methodology for providers and services that takes into account the higher cost, complexity, and resources needed to serve patients and populations who experience the greatest health disparities. Requires the commissioner to present a report and recommendations to the legislature by December 15, 2013.