HOUSE RESEARCH

Bill Summary

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Overview

This bill requires the payment system for integrated health partnerships (also referred to as health care delivery systems) to include a population-based payment for care coordination services that is risk-adjusted to reflect enrollees' chronic conditions, limited English skills, cultural differences, and other factors. The bill also provides funding to the Commissioner of Human Services to contract with health information exchange vendors to support providers participating in integrated health partnerships. Under the integrated health partnership demonstration, the commissioner contracts with provider groups to deliver care to MA enrollees in both managed care and fee-for-service, on a total cost of care and risk-gain sharing basis.

Section

1 **Implementation.** Amends § 256B.0755, subd. 1. Directs the commissioner to continue and expand the integrated health partnership demonstration project. Also changes the name of the demonstration project, from "health care delivery system" to "integrated health partnership" demonstration project.

2 **Payment system.** Amends § 256B.0755, subd. 4. Requires the payment system for integrated health partnerships to include a population-based payment that supports care coordination services, and is risk-adjusted to reflect variations in the intensiveness of care coordination for enrollees with chronic conditions, limited English skills, cultural differences, and other barriers to health care. Requires this payment to be a per member per month payment that is paid at least quarterly. Requires integrated health partnerships to continue to meet cost and quality metrics for the program, in order to maintain eligibility for

Section

the population-based payment. States that an integrated health partnership certified as a health care home, that agrees to a payment method that includes population-based payments for care coordination, is not eligible to receive health care home payments, care coordination fees, or payments for in-reach community-based service coordination, for MA or MinnesotaCare beneficiaries enrolled in, or attributed to, the integrated health partnership.

3 **Patient incentives.** Amends § 256B.0755, by adding subd. 9. Allows the commissioner to authorize an integrated health partnership to provide financial incentives for patients to see a primary care provider for an initial health assessment, maintain a continuous relationship with a primary care provider, and participate in ongoing health improvement and coordination of care activities.

4 **Appropriation.** Appropriates $125,000 in FY 2018 and $250,000 in FY 2019 from the general fund to the commissioner of human services to contract with state-certified health information exchange vendors to support providers participating in an integrated health partnership, to connect enrollees with community supports and social services, and to improve collaboration among participating and authorized providers.

5 **Revisor's instruction.** Directs the Revisor, in the next edition of Minnesota Statutes, to change the term "health care delivery system" and similar terms to "integrated health partnership" and similar terms in Minnesota Statutes, section 256B.0755.