

House Research Act Summary

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TOPIC: DHS Health Care Program Modifications

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Overview

This act updates, revises, and corrects provisions related to health care programs and initiatives administered by the commissioner of human services.

Section

- 1 **Limitations on collection and use of data.** Amends § 13.05, subd. 4. Clarifies that state informed consent requirements for release of private data apply, unless otherwise prescribed by federal health insurance portability accountability act (HIPAA) regulations.
- 2 **Staff safety training.** Amends § 245.474, subd. 4. Eliminates the requirement that the commissioner require, "by rule," that staff in regional treatment centers be trained in violence reduction and violence prevention.
- 3 **Payments.** Amends § 245.4932, subd. 3. Eliminates a cross-reference to a provision dealing with the state takeover of the county share for certain health and human services programs (this provision is repealed later in the act). Similar changes are made in other sections of the act.
- 4 **Facilities.** Amends § 253B.045, subd. 2. Clarifies financial responsibility for temporary confinements at regional treatment centers. Requires the commissioner to bill the responsible health plan first, but specifies that the county is financially responsible if the person has health plan coverage, but the hospitalization does not meet specified standards related to prior authorization, medical necessity, and coverage for court ordered mental health services.
- 5 **Centralized disbursement system.** Amends § 256.01, subd. 11. Eliminates a cross-reference to a provision dealing with the state takeover of the county share.
- 6 **One hundred percent county assistance.** Amends § 256.023. Eliminates a cross-reference to a provision dealing with the state takeover of the county share.
- 7 **Authority.** Amends § 256.9685, subd. 1. Allows the commissioner to reduce the types of inpatient hospital admissions that require certification as medically necessary, after providing

notice in the state register and a 30-day comment period.

- 8 **Community service as a county obligation.** Amends § 256.9866. Eliminates a cross-reference to a provision dealing with the state takeover of the county share.
- 9 **Payment by county to state treasurer.** Amends § 256B.041, subd. 5. Eliminates references to county share requirements and also eliminates a cross-reference to the provision dealing with the state takeover of the county share.
- 10 **Availability of income for institutionalized persons.** Amends § 256B.0575. Corrects terminology, by replacing a reference to the institutionalized "spouse" with institutionalized "person," in a section dealing with the long-term care spenddown.
- 11 **Billing when services are provided by qualified state staff.** Amends § 256B.0623, subd. 14. Eliminates a cross-reference to a provision dealing with the state takeover of the county share.
- 12 **Drugs.** Amends § 256B.0625, subd. 13. Modifies MA billing procedures for prescription drugs provided to enrollees with private health coverage. Requires providers to reduce their submitted charge by any discount applied by a provider/insurer agreement or contract. Also prohibits net submitted charges from exceeding the patient liability for the service.
- 13 **Mental health case management.** Amends § 256B.0625, subd. 20. Eliminates a cross-reference to a provision dealing with the state takeover of the county share.
- 14 **Organ and tissue transplants.** Amends § 256B.0625, subd. 27. Updates requirements for MA coverage of organ transplants. Allows coverage of procedures approved by the Advisory Committee on Organ and Tissue Transplants, as well as by the Medicare program. Allows transplants to be performed at Medicare approved organ transplant centers and eliminates the requirement that the transplants be performed at Minnesota facilities. Sets standards for stem cell or bone marrow transplant centers. Requires transplants performed out of Minnesota or the local trade area to be prior authorized.
- 15 **Function and objectives.** Amends § 256B.0629, subd. 2. Eliminates the requirement that the advisory committee on organ and tissue transplants meet at least twice a year and provide recommendations to the commissioner at least annually.
- 16 **Case management activities under the state plan.** Amends § 256B.0915, subd. 1c. Eliminates a cross-reference to a provision dealing with the state takeover of the county share.
- 17 **Limits of cases, rates, payments, and forecasting.** Amends § 256B.0915, subd. 3. Eliminates a cross-reference to a provision dealing with the state takeover of the county share.
- 18 **Payment for targeted case management.** Amends § 256B.0924, subd. 6. Eliminates a cross-reference to a provision dealing with the state takeover of the county share.
- 19 **Payment rates.** Amends § 256B.0945, subd. 4. Eliminates a cross-reference to a provision dealing with the state takeover of the county share.
- 20 **Division of cost.** Amends § 256B.19, subd. 1. Eliminates a reference to state and county shares.
- 21 **Additional portion of nonfederal share.** Amends § 256B.19, subd. 1c. Eliminates a cross-reference to a provision dealing with the state takeover of the county share.
- 22 **Portion of nonfederal share to be paid by certain counties.** Amends § 256B.19, subd. 1d. Eliminates a cross-reference to a provision dealing with the state takeover of the county share.
- 23 **Pilot project reimbursement.** Amends § 256B.19, subd. 2b. Eliminates a cross-reference to a provision dealing with the state takeover of the county share.
- 24 **Supplemental payment by medical assistance.** Amends § 256B.37, subd. 5a. Requires providers to reflect, in their submitted charges to MA, all discounts applied by provider/insurer agreements or contracts. Prohibits net submitted charges from exceeding the patient liability for the service.

- 25 **Requirements of the county board.** Amends § 256B.692, subd. 3. Requires county boards, under county-based purchasing, to ensure that the Minnesota disability health options demonstration project will not be impeded. Also applies this requirement to all counties, not just those in the seven county metropolitan area, for both the disability options demonstration project and the senior health options demonstration project.
- 26 **Payments.** Amends § 256F.10, subd. 9. Eliminates a cross-reference to a provision dealing with the state takeover of the county share.
- 27 **Federal revenue enhancement.** Amends § 256F.13, subd. 1. Eliminates a cross-reference to a provision dealing with the state takeover of the county share.
- 28 **Effective date of coverage.** Amends § 256L.05, subd. 3. Requires initial MinnesotaCare premiums to be received by the last working day of the month, for coverage to begin the first day of the following month. (Current law requires premiums to be received eight working days before the end of the month.)
- 29 **Administration and commissioner's duties.** Amends § 256L.06, subd. 3. Provides that MinnesotaCare premium payments received before noon are credited the same day, and those received after noon are credited on the next working day.
- 30 **Other health coverage.** Amends § 256L.07, subd. 3. Updates a reference to federal health insurance coverage for active military personnel.
- 31 **Repealer.** Amends Laws 2001 first special session, chapter 9, article 2, section 76. Eliminates the July 1, 2001 repealer of § 256B.0635, subd. 3. (This provision provides MA coverage for persons who choose to discontinue cash assistance under MFIP; the act delays repeal of this section until July 1, 2002.)
- 32 **Revisor instruction.** Directs the revisor to replace the terms "Health Care Financing Administration" and "federal Department of Health, Education and Welfare" with "Centers for Medicare and Medicaid Services."
- 33 **Repealer without effect.** Provides that the repeal of § 256B.0635, subd. 3 in Laws 2001, effective July 1, 2001, is without effect. (This repeal is delayed by one year in the section below.)
- 34 **Repealer.** (a) Repeals § 256B.0635, subd. 3, effective July 1, 2002 (MA coverage for persons who discontinue MFIP cash assistance).
(b) Repeals §§ 256.025 (phase-in of state takeover of county share for health and human services programs), 256B.19, subd. 1a (related to state takeover of county share), and 256B.77, subd. 24 (annual reporting requirement for the demonstration project for people with disabilities).