State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-FIRST SESSION

H. F. No. 2616

03/20/2019 Authored by Schultz
The bill was read for the first time and referred to the Committee on Ways and Means

A bill for an act

relating to human services; establishing an integrated health care, services, and supports partnership demonstration project; establishing a long-term care access fund; proposing coding for new law in Minnesota Statutes, chapters 16A; 256B.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. **[16A.7241] LONG-TERM CARE ACCESS FUND.**

A long-term care access fund is created in the state treasury. The fund is a direct-appropriated special revenue fund. The commissioner shall deposit to the credit of the fund money made available to the fund. Notwithstanding section 11A.20, all investment income and all investment losses attributable to the investment of the long-term care access fund not currently needed shall be credited to the long-term care access fund.

EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 2. **[256B.0759] INTEGRATED HEALTH CARE, SERVICES, AND SUPPORTS PARTNERSHIP DEMONSTRATION PROJECT.**

Subdivision 1. **Implementation.** (a) The commissioner shall create an integrated health care, services, and supports partnership demonstration project to test alternative and innovative delivery systems that integrate the delivery of health care services and long-term services and supports to individuals enrolled in both the special needs basic care program and one of the home and community-based waivers under section 256B.092 or 256B.49. A partnership must:

(1) provide health care services to the specified population for an agreed-upon total cost of care, risk-sharing and gain-sharing payment model, or other value-based payment model; and

(2) provide fee-for-service home and community-based waiver services according to a savings-sharing or other value-based payment model.

(b) The commissioner shall develop a request for proposals for participation in the demonstration project in consultation with providers of community-based waiver services under sections 256B.092 and 256B.49, accountable care organizations, integrated health partnerships, mental health providers, pharmacies, home health care providers, primary care providers, and other key stakeholders.

(c) In developing the request for proposals, the commissioner shall:

(1) establish uniform statewide methods of forecasting utilization and cost of health care and of long-term services and supports for individuals in the community-based waivers under sections 256B.092 and 256B.49 to be used by the commissioner for the integrated health care, services, and supports partnership projects;

(2) identify key indicators of quality, access, patient satisfaction, and other performance indicators that will be measured, in addition to indicators for measuring cost savings;

(3) allow maximum flexibility to encourage innovation and variation to allow a variety of provider collaborations to become integrated health care, services, and supports partnerships;

(4) encourage different levels and types of financial risk;

(5) encourage projects representing a wide variety of geographic locations, patient populations, provider relationships, and care coordination models;

(6) encourage projects involving home and community-based waiver service providers in rural communities;

(7) identify the health care services and home and community-based waiver services to be considered under each value-based payment model option;

(8) establish a mechanism to monitor enrollment; and

(9) establish quality standards for the integrated health care, services, and supports partnerships that are appropriate for the particular population to be served.

(d) To be eligible to participate in the demonstration project, an integrated health care, services, and supports partnership must:

(1) provide required covered services and care coordination to individuals enrolled in the integrated health care, services, and supports partnership;

(2) establish a process to monitor enrollment and ensure the quality of health care and long-term services and supports provided;

(3) in cooperation with counties and community social service agencies, coordinate the delivery of health care services and home and community-based waiver services with existing social services programs;

(4) provide a system for advocacy and consumer protection; and

(5) adopt innovative and cost-effective methods for the delivery and coordination of health care services and home and community-based waiver services.

(e) An integrated health care, services, and supports partnership may be formed between an integrated health partnership and providers of home and community-based waiver services if they have established a mechanism for shared governance.

(f) A managed care plan or county-based purchasing plan must not participate in this demonstration project unless the plan is a member of an integrated health partnership prior to the integrated health partnership's participation in the demonstration project.

(g) An integrated health care, services, and supports partnership may contract with a managed care plan or a county-based purchasing plan to provide administrative services, including the administration of a payment system using the payment methods established by the commissioner for integrated health care, services, and supports partnerships.

(h) The commissioner may require an integrated health care, services, and supports partnership to enter into additional third-party contractual relationships for the assessment of risk and purchase of stop-loss insurance or another form of insurance risk management related to the delivery of health care, services, and supports described in paragraph (d).

Subd. 2. **Enrollment.** (a) Individuals eligible for medical assistance under section 256B.055, subdivision 7, 7a, or 12; 256B.092; or 256B.49, are eligible for enrollment in an integrated health care, services, and supports partnership.

(b) Eligible applicants and recipients may enroll in an integrated health care, services, and supports partnership if the integrated health care, services, and supports partnership serves the county in which the applicant or recipient resides. If more than one integrated health care, services, and supports partnership serves a county, the applicant or recipient must be allowed to choose among the integrated health care, services, and supports partnerships.

Subd. 3. **Accountability.** (a) Integrated health care, services, and supports partnerships must accept responsibility for the quality of health care, services, and supports based on standards established under subdivision 1, paragraph (c), clause (9), and the cost of or utilization of health care, services, and supports provided to its enrollees under subdivision 1, paragraph (c), clause (1). Accountability standards must be appropriate to the particular population served.

(b) An integrated health care, services, and supports partnership may contract and coordinate with providers and clinics for the delivery of health care services and shall contract with community health clinics, federally qualified health centers, community mental health centers or programs, county agencies, and rural clinics to the extent practicable.

(c) An integrated health care, services, and supports partnership must indicate how it will coordinate with other services affecting patients' health, quality of care, and community integration. The integrated health care, services, and supports partnership must describe how local providers, counties, organizations, and other relevant purchasers were consulted in developing the application to participate in the demonstration project.

Subd. 4. **Payment system.** (a) In developing a payment system for integrated health care, services, and supports partnerships, the commissioner shall establish a total cost of care benchmark, a risk-sharing and gain-sharing payment model or other value-based payment model to be paid for health care services, and a shared-savings or outcome-based payment model for home and community-based waiver services provided to the individuals enrolled in an integrated health care, services, and supports partnership.

(b) The payment system may include incentive payments to integrated health care, services, and supports partnerships that meet or exceed annual quality and performance targets realized through the coordination of health care and long-term services and supports.

(c) An amount equal to the savings realized to the general fund as a result of the demonstration project must be transferred each fiscal year to the long-term care access fund established under section 16A.7241.

Subd. 5. **Outpatient prescription drug coverage.** Outpatient prescription drug coverage may be provided through accountable care organizations only if the delivery method qualifies for federal prescription drug rebates.

Subd. 6. **Federal approval.** The commissioner shall apply for any federal waivers or other federal approval required to implement this section.

EFFECTIVE DATE. Subdivisions 1 to 5 are effective July 1, 2019, or upon federal approval, whichever is later. The commissioner of human services shall inform the revisor of statutes when federal approval is obtained. Subdivision 6 is effective the day following final enactment.