SENATE
STATE OF MINNESOTA
EIGHTY-SEVENTH LEGISLATURE

S.F. No. 474

(SENATE AUTHORS: NEWMAN)

DATE	D-PG	OFFICIAL STATUS
02/28/2011	304	Introduction and first reading Referred to Health and Human Services

A bill for an act

relating to human services; requiring increases in managed care and county-based purchasing plan provider payment rates; requiring plans to use generally accepted accounting principles; amending Minnesota Statutes 2010, section 256B.69, subdivision 9, by adding a subdivision.

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

Section 1. Minnesota Statutes 2010, section 256B.69, is amended by adding a subdivision to read:

Subd. 5l. **Provider payment rates.** (a) Effective January 1, 2012, managed care and county-based purchasing plans shall increase payment rates to providers under contract or employed by the plan by 15 percent from the rates in effect on December 31, 2011.

(b) The commissioner shall not adjust managed care and county-based purchasing plan capitation rates to reflect the rate changes required by this subdivision.

(c) The commissioner shall require managed care and county-based purchasing plans to submit to the commissioner, in the form and manner specified by the commissioner, all data needed to verify compliance with this subdivision. Data provided to the commissioner under this subdivision are public data as defined under section 13.02.

Sec. 2. Minnesota Statutes 2010, section 256B.69, subdivision 9, is amended to read:

Subd. 9. **Reporting.** (a) Each demonstration provider shall submit information as required by the commissioner, including data required for assessing client satisfaction, quality of care, cost, and utilization of services for purposes of project evaluation. The commissioner shall also develop methods of data reporting and collection in order to provide aggregate enrollee information on encounters and outcomes to determine access

and quality assurance. Required information shall be specified before the commissioner contracts with a demonstration provider.

(b) Aggregate nonpersonally identifiable health plan encounter data, aggregate spending data for major categories of service as reported to the commissioners of health and commerce under section 62D.08, subdivision 3, clause (a), and criteria for service authorization and service use are public data that the commissioner shall make available and use in public reports. The commissioner shall require each health plan and county-based purchasing plan to provide:

(1) encounter data for each service provided, using standard codes and unit of service definitions set by the commissioner, in a form that the commissioner can report by age, eligibility groups, and health plan; and

(2) criteria, written policies, and procedures required to be disclosed under section 62M.10, subdivision 7, and Code of Federal Regulations, title 42, part 438.210(b)(1), used for each type of service for which authorization is required.

(c) All financial reporting, including administrative expenses, under this section or section 256B.692, must be reported in compliance with generally accepted accounting principles.

EFFECTIVE DATE. This section is effective January 1, 2012.