

4764.0020 DEFINITIONS.

Subpart 1. **Scope.** The terms used in parts 4764.0010 to 4764.0070 have the meanings given them in this part.

Subp. 2. **Applicant.** "Applicant" means an eligible provider that has applied for certification or recertification under parts 4764.0010 to 4764.0070.

Subp. 3. **Care coordination.** "Care coordination" means a team approach that engages the participant, the personal clinician or local trade area clinician, and other members of the health care home team to enhance the participant's well-being by organizing timely access to resources and necessary care that results in continuity of care and builds trust.

Subp. 4. **Care coordination payment system.** "Care coordination payment system" means a system established under Minnesota Statutes, section 256B.0753, subdivision 1, or 62U.03, paragraph (a), to compensate health care homes.

Subp. 5. **Care coordinator.** "Care coordinator" means a person who has primary responsibility to organize and coordinate care with the participant in a health care home.

Subp. 6. **Care plan.** "Care plan" means an individualized written document, including an electronic document, to guide a participant's care.

Subp. 7. **Chronic condition.** "Chronic condition" means a medical condition that has lasted at least six months, can reasonably be expected to continue for at least six months, or is likely to recur.

Subp. 8. **Clinic.** "Clinic" means an operational entity through which personal clinicians or local trade area clinicians deliver health care services under a common set of operating policies and procedures using shared staff for administration and support. The operational entity may be a department or unit of a larger organization as long as it is a recognizable subgroup.

Subp. 9. **Commissioner.** "Commissioner" means the commissioner of health.

Subp. 10. **Commissioners.** "Commissioners" means the commissioners of health and human services.

Subp. 11. **Complex condition.** "Complex condition" means one or more medical conditions that require treatment or interventions across a broad scope of medical, social, or mental health services.

Subp. 12. **Comprehensive care plan.** "Comprehensive care plan" means the care plan for a participant plus all available and relevant portions of any external care plans created for that participant.

Subp. 13. **Continuous.** "Continuous" means 24 hours per day, seven days per week, 365 days per year.

Subp. 14. **Cost-effectiveness.** "Cost-effectiveness" means the measure of a service or medical treatment against a specified health care goal based on quality and cost, including use of resources.

Subp. 15. **Direct communication.** "Direct communication" means an exchange of information through the use of telephone, electronic mail, video conferencing, or face-to-face contact without the use of an intermediary. For purposes of this definition, an interpreter is not an intermediary.

Subp. 16. **Eligible provider.** "Eligible provider" means a personal clinician, local trade area clinician, or clinic that provides primary care services.

Subp. 17. **End-of-life care.** "End-of-life care" means palliative and supportive care and other services provided to terminally ill patients and their families to meet the physical, nutritional, emotional, social, spiritual, cultural, and special needs experienced during the final stages of illness, dying, and bereavement.

Subp. 18. **Evidence-based guidelines.** "Evidence-based guidelines" means clinical practice guidelines that are recognized by the medical community for achieving positive health outcomes and are based on scientific evidence and other authoritative sources, such as clinical literature.

Subp. 19. **External care plan.** "External care plan" means a care plan created for a participant by an entity outside of the health care home such as a school-based individualized education program, a case management plan, a behavioral health plan, or a hospice plan.

Subp. 20. **Family.**

A. For a patient who is 18 years of age or older, "family" means:

- (1) any person or persons identified by the patient as a family member;
- (2) legal guardian according to appointment or acceptance under Minnesota Statutes, sections 524.5-201 to 524.5-317;
- (3) a health care agent as defined in Minnesota Statutes, section 145C.01, subdivision 2; and
- (4) a spouse.

B. For a patient who is under the age of 18, "family" means:

- (1) the natural or adoptive parent or parents or a stepparent who live in the home with the patient;

(2) a legal guardian according to appointment or acceptance under Minnesota Statutes, sections 260C.325 or 524.5-201 to 524.5-317;

(3) any adult who lives with or provides care and support for the patient when the patient's natural or adoptive parents or stepparents do not reside in the same home as the patient; and

(4) a spouse.

Subp. 21. **Health care home.** "Health care home" means a clinic, personal clinician, or local trade area clinician that is certified under parts 4764.0010 to 4764.0070.

Subp. 22. **Health care home learning collaborative or collaborative.** A "health care home learning collaborative" or "collaborative" means an organization established under Minnesota Statutes, section 256B.0751, subdivision 5, in which health care home team members and participants from different health care organizations work together in a structured way to improve the quality of their services by learning about best practices and quality methods, and sharing experiences.

Subp. 23. **Health care home team or care team.** "Health care home team" or "care team" means a group of health care professionals who plan and deliver patient care in a coordinated way through a health care home in collaboration with a participant. The care team includes at least a personal clinician or local trade area clinician and the care coordinator and may include other health professionals based on the participant's needs.

Subp. 24. **Local trade area clinician.** "Local trade area clinician" means a physician, physician assistant, or advanced practice registered nurse who provides primary care services outside of Minnesota in the local trade area of a state health care program recipient and maintains compliance with the licensing and certification requirements of the state where the clinician is located. For purposes of this subpart, "local trade area" has the meaning given in part 9505.0175, subpart 22.

Subp. 25. **Outcome.** "Outcome" means a measurement of improvement, maintenance, or decline as it relates to patient health, patient experience, or measures of cost-effectiveness in a health care home.

Subp. 26. **Participant.** "Participant" means the patient and, where applicable, the patient's family, who has elected to receive care through a health care home.

Subp. 27. **Patient and family-centered care.** "Patient and family-centered care" means planning, delivering, and evaluating health care through patient-driven, shared decision-making that is based on participation, cooperation, trust, and respect of participant perspectives and choices. It also incorporates the participant's knowledge, values, beliefs, and cultural background into care planning and delivery. Patient and family-centered care applies to patients of all ages.

Subp. 28. **Personal clinician.** "Personal clinician" means a physician licensed under Minnesota Statutes, chapter 147, a physician assistant licensed and practicing under Minnesota Statutes, chapter 147A, or an advanced practice nurse licensed and registered to practice under Minnesota Statutes, chapter 148.

Subp. 29. **Preventive care.** "Preventive care" means disease prevention and health maintenance. It includes screening, early identification, counseling, treatment, and education to prevent health problems.

Subp. 30. **Previsit planning.** "Previsit planning" means planning for the participant's visit by reviewing the participant's medical record and, if applicable, communicating with the participant before a health care appointment to review changes in the participant's condition and determine a plan for the visit.

Subp. 31. **Primary care.** "Primary care" means overall and ongoing medical responsibility for a patient's comprehensive care for preventive care and a full range of acute and chronic conditions, including end-of-life care when appropriate.

Subp. 32. **Primary care services patient population.** "Primary care services patient population" means all of the patients who are receiving primary care services from the health care home, regardless of whether a patient has chosen to participate in the health care home.

Subp. 33. **Referral.** "Referral" means a written document, including an electronic document, given by a provider to a participant recommending that the participant receive a consultation for evaluation, treatment, or services from a provider outside of the health care home.

Subp. 34. **Shared decision making.** "Shared decision making" means the mutual exchange of information between the participant and the provider to assist with understanding the risks, benefits, and likely outcomes of available health care options so the patient and family or primary caregiver are able to actively participate in decision making.

Subp. 35. **Specialist.** "Specialist" means a health care provider or other person with specialized health training not available within the health care home. This includes traditional medical specialties and subspecialties. It also means individuals with special training such as chiropractic, mental health, nutrition, pharmacy, social work, health education, or other community-based services.

Subp. 36. **State health care program.** "State health care program" has the meaning given in Minnesota Statutes, section 256B.0751, subdivision 1, paragraph (f).

Subp. 37. **Statewide quality reporting system.** "Statewide quality reporting system" means a system used by the commissioner to collect data necessary for monitoring compliance with certification standards and for evaluating the impact of health care homes on outcomes.

Subp. 38. **Variance.** "Variance" means a specified alternative or an exemption from compliance to a requirement in parts 4764.0010 to 4764.0070 granted by the commissioner according to the requirements of part 4764.0050.

Statutory Authority: *MS s 256B.0751; 256B.0752; 256B.0753*

History: *34 SR 591; L 2011 1Sp11 art 3 s 12*

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