

5218.0300 REPORTING REQUIREMENTS FOR CERTIFIED MANAGED CARE PLAN.

Subpart 1. **Contracts; modifications.** A managed care plan shall provide the commissioner with a copy of the following contracts.

A. Contracts between the managed care plan and any insurer or self-insured employer, signed by the parties, within 30 days of execution of the contracts. Standard contracts may be submitted instead of individual contracts if no modifications are made. Standard contracts must include a list of signatories and a listing of all employers covered by each contract including the employer's names, unemployment benefits identification number, and estimated number of employees governed by the managed care plan contract. Amendments and addendums to the contracts must be submitted to the commissioner within 30 days of execution. Contract provisions must be consistent with parts 5218.0010 to 5218.0900 and Minnesota Statutes, section 176.1351. The contract must specify the billing and payment procedures and how the medical case management and return to work functions will be coordinated.

B. New types of agreements between participating health care providers and the managed care plan that are not identical to the agreements previously submitted to the department under part 5218.0100, subpart 1, item E, subitem (1), which shall not be effective until approved by the commissioner.

C. Contracts between the managed care plan and any entity, other than individual participating providers, that performs some of the functions of the managed care plan.

Subp. 2. **Annual reporting.** In order to maintain certification, each managed care plan shall provide on the first working day following each anniversary of certification the following information in items A to D. The annual report must be accompanied by a nonrefundable fee of \$400:

A. a current listing of participating health care providers, including provider names, types of license, specialty, business address, telephone number, and a statement that all licenses are current and in good standing;

B. a summary of any sanctions or punitive actions taken by the managed care plan against its participating providers;

C. a report that summarizes peer review, utilization review, reported complaints and dispute resolution proceedings showing cases reviewed, issued involved, and any action taken; and

D. a report of educational opportunities offered to participating providers and a summary of attendance.

Subp. 3. **Plan amendments.** Any of the proposed changes to the certified managed care plan in items A to C, other than changes to the health care provider list, must be reported and may not be implemented under the plan until approved by the commissioner. Submitted changes must be accompanied by a nonrefundable fee of \$150:

- A. amendments to any contract with participating health care providers;
- B. amendments to contracts between the managed care plan and another entity performing functions of the managed care plan; and
- C. any other amendments to the managed care plan as certified.

Subp. 4. **Insurers; data.** The managed care plan must report to the insurer any data regarding medical services and supplies related to the workers' compensation claim required by the insurer to determine compensability in accordance with Minnesota Statutes, sections 176.135, subdivision 7, and 176.138, and any other data required by rule.

Subp. 5. **Monitoring.** The commissioner shall require additional information from the managed care plan if the information is relevant to determining the managed care plan's compliance with parts 5218.0100 to 5218.0900 and Minnesota Statutes, section 176.1351.

Statutory Authority: *MS s 176.1351*

History: *18 SR 1379; L 1997 c 66 s 80; L 1999 c 107 s 66; L 2000 c 343 s 4*

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