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State of Minnesota
HOUSE OF REPRESENTATIVES

EIGHTY-FIFTH
SESSION

HOUSE FILE No. **1811**

March 7, 2007

Authored by Huntley

The bill was read for the first time and referred to the Committee on Finance

1.1 A bill for an act
1.2 relating to human services; directing counties to use any profits from the
1.3 county-based purchasing program to provide services to individuals receiving
1.4 medical assistance or general assistance medical care; amending Minnesota
1.5 Statutes 2006, section 256B.692, subdivision 3.

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

1.7 Section 1. Minnesota Statutes 2006, section 256B.692, subdivision 3, is amended to
1.8 read:

1.9 Subd. 3. **Requirements of the county board.** A county board that intends to
1.10 purchase or provide health care under this section, which may include purchasing all or
1.11 part of these services from health plans or individual providers on a fee-for-service basis,
1.12 or providing these services directly, must demonstrate the ability to follow and agree to
1.13 the following requirements:

1.14 (1) purchase all covered services for a fixed payment from the state that does not
1.15 exceed the estimated state and federal cost that would have occurred under the prepaid
1.16 medical assistance and general assistance medical care programs;

1.17 (2) ensure that covered services are accessible to all enrollees and that enrollees
1.18 have a reasonable choice of providers, health plans, or networks when possible. If the
1.19 county is also a provider of service, the county board shall develop a process to ensure
1.20 that providers employed by the county are not the sole referral source and are not the
1.21 sole provider of health care services if other providers, which meet the same quality and
1.22 cost requirements are available;

1.23 (3) issue payments to participating vendors or networks in a timely manner;

1.24 (4) establish a process to ensure and improve the quality of care provided;

2.1 (5) provide appropriate quality and other required data in a format required by
2.2 the state;

2.3 (6) provide a system for advocacy, enrollee protection, and complaints and appeals
2.4 that is independent of care providers or other risk bearers and complies with section
2.5 256B.69;

2.6 (7) ensure that the implementation and operation of the Minnesota senior health
2.7 options demonstration project and the Minnesota disability health options demonstration
2.8 project, authorized under section 256B.69, subdivision 23, will not be impeded;

2.9 (8) ensure that all recipients that are enrolled in the prepaid medical assistance or
2.10 general assistance medical care program will be transferred to county-based purchasing
2.11 without utilizing the department's fee-for-service claims payment system;

2.12 (9) ensure that all recipients who are required to participate in county-based
2.13 purchasing are given sufficient information prior to enrollment in order to make informed
2.14 decisions; ~~and~~

2.15 (10) ensure that the state and the medical assistance and general assistance medical
2.16 care recipients will be held harmless for the payment of obligations incurred by the county
2.17 if the county, or a health plan providing services on behalf of the county, or a provider
2.18 participating in county-based purchasing becomes insolvent, and the state has made the
2.19 payments due to the county under this section; and

2.20 (11) ensure that any profit arising out of the county's participation with this section is
2.21 allocated to programs for individuals receiving medical assistance or general assistance
2.22 medical care.