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State of Minnesota
HOUSE OF REPRESENTATIVES

EIGHTY-SIXTH SESSION

HOUSE FILE NO. 1271

March 2, 2009
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The bill was read for the first time and referred to the Committee on Health Care and Human Services Policy and Oversight

1.1 A bill for an act
1.2 relating to human services; requiring a performance measure of certain health
1.3 care treatments; requiring a report; amending Minnesota Statutes 2008, section
1.4 256.01, subdivision 2b.

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

1.6 Section 1. Minnesota Statutes 2008, section 256.01, subdivision 2b, is amended to read:

1.7 Subd. 2b. **Performance payments; performance measurement.** (a) The
1.8 commissioner shall develop and implement a pay-for-performance system to provide
1.9 performance payments to eligible medical groups and clinics that demonstrate optimum
1.10 care in serving individuals with chronic diseases who are enrolled in health care
1.11 programs administered by the commissioner under chapters 256B, 256D, and 256L.
1.12 The commissioner may receive any federal matching money that is made available
1.13 through the medical assistance program for managed care oversight contracted through
1.14 vendors, including consumer surveys, studies, and external quality reviews as required
1.15 by the federal Balanced Budget Act of 1997, Code of Federal Regulations, title 42, part
1.16 438-managed care, subpart E-external quality review. Any federal money received
1.17 for managed care oversight is appropriated to the commissioner for this purpose. The
1.18 commissioner may expend the federal money received in either year of the biennium.

1.19 (b) Effective July 1, 2008, or upon federal approval, whichever is later, the
1.20 commissioner shall develop and implement a patient incentive health program to provide
1.21 incentives and rewards to patients who are enrolled in health care programs administered
1.22 by the commissioner under chapters 256B, 256D, and 256L, and who have agreed to and
1.23 have met personal health goals established with the patients' primary care providers to

2.1 manage a chronic disease or condition, including but not limited to diabetes, high blood
2.2 pressure, and coronary artery disease.

2.3 (c) The commissioner, in consultation with the Health and Human Services Policy
2.4 Committee, shall develop and provide to the legislature by December 15, 2009, a
2.5 methodology and any draft legislation necessary to allow for the release, upon request,
2.6 of summary data as defined in section 13.02, subdivision 19, on claims and utilization
2.7 for medical assistance, general assistance medical care, and MinnesotaCare enrollees at
2.8 no charge to the University of Minnesota Medical School, the Mayo Medical School,
2.9 Northwestern Health Sciences University, the Institute for Clinical Systems Improvement,
2.10 and other research institutions, to conduct analyses of health care outcomes and treatment
2.11 effectiveness, provided the research institutions do not release private or nonpublic data,
2.12 or data for which dissemination is prohibited by law.