SENATE
STATE OF MINNESOTA
NINETY-SECOND SESSION

S.F. No. 2014

(SENATE AUTHORS: MARTY, Murphy, Klein and Eaton)

DATE	D-PG	OFFICIAL STATUS
03/11/2021		Introduction and first reading Referred to Health and Human Services Finance and Policy

A bill for an act

relating to health care; establishing a Primary Care Case Management program; authorizing direct state payments to health care providers; appropriating money; proposing coding for new law in Minnesota Statutes, chapter 256.

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

Section 1. **[256.9631] PRIMARY CARE CASE MANAGEMENT AND DIRECT PAYMENT FOR MEDICAL ASSISTANCE AND MINNESOTACARE.**

Subdivision 1. **Program established.** (a) The Primary Care Case Management (PCCM) program is established to achieve better health outcomes and reduce the cost of health care for the state. The commissioner shall pay health care providers directly to provide services for all medical assistance enrollees who are eligible under section 256B.055 and MinnesotaCare enrollees eligible under section 256L.05.

(b) In counties that choose to use a county-based purchasing (CBP) system under section 256B.692, the commissioner shall permit those counties to form a new CBP or participate in an existing CBP. The commissioner shall have the CBP administer the program and pay providers unless a county requests that the commissioner take over the responsibility.

Subd. 2. **Payment to providers.** (a) The commissioner of human services shall pay licensed health care providers directly for all services provided to medical assistance enrollees under section 256B.0625 and MinnesotaCare enrollees under section 256L.03. To the extent allowable under contract requirements, payments for services shall be made to individual providers and clinics for the services they provide, not to hospital systems or networks of providers.

(b) At the CBP's election, the commissioner shall provide payment to the CBP either through pass-through of costs or according to a per capita payment structure.

(c) Providers shall bill the state or the county-based purchaser directly for the services they provide.

(d) The commissioner shall not renew the state's contracts with managed care plans under sections 256B.69 and 256L.12 for providing services to enrollees in the medical assistance and MinnesotaCare programs.

Subd. 3. **Care coordination.** (a) In addition to paying providers under subdivision 2, the commissioner shall pay primary care providers for coordinating services for medical assistance and MinnesotaCare enrollees who have specific or complex medical conditions that require more intensive care coordination.

Under the program, patients may choose a primary care provider to act as the enrollee's care coordinator. Primary care physicians, nurses, and other qualified licensed or certified case management professionals may provide care coordination.

Each individual clinic of care providers that provide care coordination services beyond what is generally provided for all patients, or counties that provide such coordination, shall receive a fee for performing the services according to subdivision 2, paragraph (a). The commissioner shall set care coordination fees to reflect the time and services required for the provider to coordinate care based on the complexity of a patient's health needs and socioeconomic factors that lead to health disparities.

(b) The primary care provider shall provide overall oversight of the enrollee's health and coordinate with any case manager of the enrollee as well as ensure 24-hour access to health care, emergency treatment, and referrals.

(c) The commissioner shall provide funding through grants to community health clinics and CBPs to hire nurses, social workers, and other community health workers who shall, in coordination with social service agencies, do outreach and deliver medical care and care coordination services in the community for patients who, because of mental illness, homelessness, or other circumstances, are unlikely to obtain needed care and treatment. In addition to helping people obtain care, the clinics shall work to help patients enroll in medical assistance.

(d) The commissioner shall provide funding through grants to community health clinics and CBPs or other social service providers to collaborate with medical providers to reduce hospital readmissions by providing discharge planning and services, including medical

respite and transitional care for patients leaving medical facilities and mental health and chemical dependency treatment programs.

Subd. 4. **Duties.** (a) For enrollees, the commissioner shall:

(1) maintain a hotline and website to assist enrollees in locating providers;

(2) provide a nurse consultation helpline 24 hours per day, seven days a week; and

(3) contact enrollees based on claims data who have not had preventive visits and help them select a primary care provider.

Counties that elect a CBP system may choose to provide these services with reimbursement through the Department of Human Services.

(b) For providers, the commissioner shall:

(1) review provider reimbursement rates to ensure reasonable and fair compensation, meet the requirements of the Centers for Medicare and Medicaid Services, and are adequate to address and prevent shortages of providers for services such as mental health and dental services;

(2) ensure that providers are reimbursed on a timely basis; and

(3) collaborate with individual frontline providers to explore means of improving health care quality and reducing costs.

EFFECTIVE DATE. This section is effective the day following final enactment. Direct payments to providers under the Primary Care Case Management program shall be effective when the current contracts with managed care plans under Minnesota Statutes, sections 256B.69 and 256L.12, for medical assistance and MinnesotaCare services expire on January 1, 2023.

Sec. 2. **APPROPRIATIONS.**

(a) $..... in fiscal year .... is appropriated from the general fund to the commissioner of human services for grants to community health clinics and to CBPs to do outreach and deliver medical care and care coordination services to people who are unlikely to obtain needed care and treatment under section 1, subdivision 3, paragraph (c).

(b) $..... in fiscal year .... is appropriated from the general fund to the commissioner of human services for grants to community health clinics and CBPs or other social service providers to reduce hospitalization and readmissions by providing discharge planning and services under section 1, subdivision 3, paragraph (d).