

S.F. No. XXXX - General Assistance Medical Care (Version SC7048-12)

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Section 1 (245.4862) mental health urgent care and psychiatric consultations:

Subdivision 1 requires the commissioner to include mental health urgent care and psychiatric consultation services as part of, but not limited to, the redesign of the community-based hospitals and the Anoka RTC. These services must not duplicate existing services and must be implemented as specified in subdivisions 3 to 9.

Subdivision 2 defines mental health urgent care and psychiatric consultation.

Subdivision 3 provides the criteria for rapid access to psychiatry.

Subdivision 4 provides the criteria for receiving psychiatric medications.

Subdivision 5 provides the criteria for collaborative psychiatric consultation.

Subdivision 6 allows the commissioner to phase in mental health urgent care services. This subdivision also requires the first phase of services under subdivisions 3 and 5 to focus on Hennepin and Ramsey counties, with data tracking requirements related to the associated impact on utilization of inpatient, emergency room, and other services.

Subdivision 7 requires the commissioner to maximize the use of available health care coverage for services provided under this section. The commissioner's responsibility to provide services for individuals without health care coverage must not exceed the appropriations for this section.

Subdivision 8 allows the commissioner to select the structure and funding method that is the most effective for each county or group of counties, which may include grants, contracts, direct provision by state-operated services, and public-private partnerships.

Section 2 (256.9657, subdivision 2) temporarily increases 1.56 percent hospital surcharge to 3.95 percent, from March 1, 2010, to September 30, 2010, and to 3.06 percent, from October 1,

2010, to June 30, 2011. The additional revenue is deposited in the General Assistance Medical Care (GAMC) account established later in the bill.

Section 3 (256.9657, subdivision 3) temporarily increases the .6 percent health maintenance organization surcharge to 4.0 percent, from March 1, 2010, to June 30, 2011, and establishes a temporary 3.4 percent surcharge on county-based purchasing plans for the same period of time. The additional revenue is deposited in the new GAMC account.

Section 4 (256.969, subdivision 2b) delays by six months the hospital rebasing scheduled to begin phasing in on January 1, 2011.

Section 5 (256.969, subdivision 3a) delays for one year, until July 1, 2011, the downward adjustment in an existing inpatient hospital service ratable reduction to 1.79 percent from 1.9 percent.

Section 6 (256.969, subdivision 27) modifies language governing quarterly hospital payments. Under current law, these payments are reduced by an amount equivalent to a three-percent reduction in MinnesotaCare and Medical Assistance (MA) payments for inpatient hospital services. This savings accrues to the MA account in the general fund. This section provides that from March 1, 2010, to June 30, 2011, the money attributable to this ratable reduction is deposited in the new GAMC account and not in the general fund.

Section 7 (256.969, subdivision 31) provides an unspecified temporary rate increase to MA inpatient hospital rates for the period from March 1, 2010, to June 30, 2011, to be paid from the GAMC account. These payments may be ratably reduced to comply with **section 11**.

Section 8 (256B.0625, subdivision 13f) makes a conforming change.

Section 9 (256B.0625, subdivision 13j) requires a collaborative psychiatric consultation and prior authorization before certain atypical antipsychotic drugs and drugs used for attention deficit disorder and attention deficit hyperactivity disorder are reimbursed under medical assistance.

Section 10 (256B.0625, subdivision 20) states that a county is not responsible for 50 percent of the cost of mental health case management services as required under this subdivision if the services are covered under GAMC.

Section 11 (256B.195, subdivision 3) guarantees that payments to certain safety net hospitals will be made during federal fiscal years 2010 and 2011 at no less than the 2009 level.

Section 12 (256B.69, subdivision 5k) provides a temporary unspecified rate increase to MA managed care plans between March 1, 2010, and June 30, 2011.

Section 13 (256D.03, subdivision 3) specifies that the general assistance medical care program (GAMC) shall be administered according to Minnesota Statutes, section 256D.031, for the period beginning March 1, 2010, and ending July 1, 2011.

Section 14 (256D.031) establishes the general assistance medical care program for the period beginning March 1, 2010, and ending July 1, 2011.

Subdivision 1 establishes the eligibility for the GAMC program. (No change in eligibility, with the exception that the hospital-only coverage for individuals with income greater than 75 percent of federal poverty guidelines (FPG) but not exceeding 175 percent of FPG and who meet the MA asset limits for families with children no longer exists.)

Subdivision 2 specifies the individuals who are ineligible for the GAMC program. (The changes from the current program exclusions include individuals who have private health coverage; are in a county correctional or detention facility or admitted as an inpatient to a hospital on a criminal hold order; who reside in the sex offender program; who do not cooperate with a county or state agency in determining a disability for supplemental security income (SSI) or Social Security Disability Income (SSDI)); and who are not permanent Minnesota residents.)

Subdivision 3 requires certain GAMC applicants and recipients to transition into MinnesotaCare. (No change from the current program.)

Subdivision 4 specifies eligibility and enrollment procedures. (No change from current program.)

Subdivision 5 specifies the GAMC covered services and co-payments. (No change from current program.)

Subdivision 6 establishes a ten percent county share for state GAMC expenditures.

Subdivision 7 establishes an option for counties to provide health care and supportive services to recipients who reside within the county through a coordinated care delivery option for a fixed prospective payment. If a county elects this option, the county is responsible for providing the covered services, with the exception of outpatient prescription drug coverage to recipients residing within the county.

Subdivision 8 states that the commissioner or a county may require a recipient to designate a primary care provider or a primary care clinic that is certified as a health care home.

Subdivision 9 establishes a payment rate for services provided on or after March 1, 2010, and before July 1, 2010, with the exception of outpatient prescription drug coverage, at 50 percent of the GAMC rate in effect on February 28, 2010. Outpatient prescription drugs will be reimbursed at the current statutory rate.

Subdivision 10, paragraph (a), establishes the fee-for-service rates for services provided on or after July 1, 2010, and before July 1, 2011, to GAMC recipients who reside in counties that are not electing to provide services through the coordinated care delivery option.

Paragraph (b) states that the payment rate for inpatient hospital admissions that are provided by hospitals whose GAMC revenue for services provided in calendar year 2007 totaled \$1,000,000 or more or the hospital's GAMC revenue received in calendar year 2007 was one percent or more of the hospital's net patient revenue in calendar year 2007 shall be 70 percent of the GAMC rate in effect February 28, 2010. The inpatient hospital services rate for the hospitals that do not meet the criteria shall be 40 percent of the GAMC rate in effect on February 28, 2010.

Paragraph (c) states that for all services, other than inpatient hospital services and outpatient prescription drugs coverage, the payment rate shall be 50 percent of the GAMC rate in effect for that service on February 28, 2010.

Paragraph (d) states that reimbursement rate for outpatient prescription drug coverage provided on or after July 1, 2010, and before July 1, 2011, shall remain at the current statutory rate.

Paragraph (e) gives the commissioner the authority to adjust the rates in paragraphs (b) and (c) on a quarterly basis to ensure that the total aggregate amount paid out for services provided on a fee-for-service basis beginning March 1, 2010, and ending June 30, 2011, does not exceed the appropriation from the temporary general assistance medical care account.

Subdivision 11 establishes a prospective fixed payment for each county electing to provide services through a county delivery care option for the rate period beginning July 1, 2010, through June 30, 2011, that does not exceed 60 percent of the county's total GAMC payments paid for services provided in fiscal year 2009 for those recipients residing within the county.

Section 15 (256D.032) establishes the general assistance medical care account in the special revenue fund.

Sections 16 to 21 add conforming changes to Minnesota Statutes, chapter 256L.

Section 22 requires the commissioner to continue the drug rebate program for GAMC, and the rebates received are required to be deposited in the general assistance medical care account established in **section 15**.

Section 23 temporarily suspends the implementation of certain sections of the current GAMC program.

Section 24 modifies the Minnesota Comprehensive Health Association (MCHA) assessments for HealthPartners in 2010 and 2011 by providing a credit to their assessment allocations and transfers the amount of this credit from the general assistance medical care account to the Commissioner of Commerce to apply to MCHA.

Section 25 transfers \$7.4 million from the 2009 appropriation for health care administration to the new GAMC program for administrative costs.

Section 26 is an appropriations section.

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