

H. F. No. 1894

2.1 Subd. 3. **Case management.** (a) In addition to paying providers under subdivision 2,
2.2 the commissioner shall use the PCCM program to pay primary care providers for coordinating
2.3 services for medical assistance and MinnesotaCare enrollees.

2.4 Under the program, patients may choose a primary care provider to act as the enrollee's
2.5 case manager. Primary care physicians, nurses, and other qualified medical professionals
2.6 may provide primary care case management. Specialists who routinely provide care for
2.7 patients with specific or complex medical conditions may also be primary care providers
2.8 for purposes of case management.

2.9 Primary care providers who offer PCCM services shall also receive a flat per-member,
2.10 per-month fee for performing care coordination services. The commissioner shall set case
2.11 management fees to reflect the variation in time and services required for a primary care
2.12 provider to coordinate care based on the complexity of a patient's health needs and
2.13 socioeconomic factors that lead to health disparities.

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

2.17 (c) The commissioner shall collaborate with community health clinics and social service
2.18 providers through planning and financing to provide outreach, medical care, and case
2.19 management services in the community for patients who, because of mental illness,
2.20 homelessness, or other circumstances, are unlikely to obtain needed care.

2.21 (d) The commissioner shall collaborate with medical and social service providers through
2.22 planning and financing to reduce hospital readmissions by providing discharge planning
2.23 and services, including medical respite and transitional care for patients leaving medical
2.24 facilities and mental health and chemical dependency treatment programs.

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

2.26 (1) maintain a hotline and Web site to assist enrollees in locating providers;

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

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

2.30 (b) For providers, the commissioner shall:

2.31 (1) review provider reimbursement rates to ensure reasonable and fair compensation;

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

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

3.3 **EFFECTIVE DATE.** This section is effective the day following final enactment. Direct
3.4 payments to providers under the Primary Care Case Management program shall be effective
3.5 when the current contracts with managed care plans under Minnesota Statutes, sections
3.6 256B.69 and 256L.12, for medical assistance and MinnesotaCare services expire.