

SENATE  
STATE OF MINNESOTA  
EIGHTY-EIGHTH LEGISLATURE

S.F. No. 487

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DATE	D-PG	OFFICIAL STATUS
02/14/2013	236	Introduction and first reading Referred to Health, Human Services and Housing

1.1 A bill for an act

1.2 relating to human services; modifying medical assistance payment procedures  
1.3 for multiple services provided on the same day; modifying the health care home  
1.4 certification process for federally qualified health centers; amending Minnesota  
1.5 Statutes 2012, sections 256B.0625, by adding a subdivision; 256B.0751,  
1.6 subdivision 4.

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

1.8 Section 1. Minnesota Statutes 2012, section 256B.0625, is amended by adding a  
1.9 subdivision to read:

1.10 Subd. 61. **Payment for multiple services provided on the same day.** The  
1.11 commissioner shall not prohibit payment, including supplemental payments, for mental  
1.12 health services or dental services provided to a patient by a clinic or health care  
1.13 professional solely because the mental health or dental services were provided on the same  
1.14 day as other covered health services furnished by the same provider.

1.15 Sec. 2. Minnesota Statutes 2012, section 256B.0751, subdivision 4, is amended to read:

1.16 Subd. 4. **Alternative models and waivers of requirements.** (a) Nothing in this  
1.17 section shall preclude the continued development of existing medical or health care  
1.18 home projects currently operating or under development by the commissioner of human  
1.19 services or preclude the commissioner from establishing alternative models and payment  
1.20 mechanisms for persons who are enrolled in integrated Medicare and Medicaid programs  
1.21 under section 256B.69, subdivisions 23 and 28, are enrolled in managed care long-term  
1.22 care programs under section 256B.69, subdivision 6b, are dually eligible for Medicare and  
1.23 medical assistance, are in the waiting period for Medicare, or who have other primary  
1.24 coverage.

2.1 (b) The commissioner of health shall waive health care home certification  
2.2 requirements if an applicant demonstrates that compliance with a certification requirement  
2.3 will create a major financial hardship or is not feasible, and the applicant establishes an  
2.4 alternative way to accomplish the objectives of the certification requirement.

2.5 (c) The commissioner of health shall modify the health care homes application for  
2.6 certification to add an item allowing an applicant to indicate status as a federally qualified  
2.7 health center, as defined in section 145.9269, subdivision 1, or a federally qualified health  
2.8 center look-alike. The commissioner shall certify, as a health care home, each applicant  
2.9 that indicates this status on a completed application for certification, without requiring  
2.10 the applicant to meet the standards in Minnesota Rules, part 4764.0040. In order to  
2.11 retain certification, a federally qualified health center or federally qualified health center  
2.12 look-alike certified under this paragraph must seek annual recertification by submitting a  
2.13 letter of intent stating its desire to be recertified but is not required to meet the standards  
2.14 for recertification in Minnesota Rules, part 4764.0040.