(SENATE AUTHODS, HAVDEN and Faton)

CJG/PT

13-1172

## SENATE STATE OF MINNESOTA EIGHTY-EIGHTH LEGISLATURE

S.F. No. 706

(SENATE AUTHORS. HATDEN and Eaton)		
DATE	D-PG	OFFICIAL STATUS
02/25/2013	382	Introduction and first reading Referred to Health, Human Services and Housing
03/05/2013		Comm report: To pass as amended and re-refer to Finance

1.1 A bill for an act
1.2 relating to human services; modifying pilot programs for health care delivery
1.3 networks; amending Minnesota Statutes 2012, section 256B.0756.
1.4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.5 Section 1. Minnesota Statutes 2012, section 256B.0756, is amended to read:

## 1.6 **256B.0756 HENNEPIN AND RAMSEY COUNTIES PILOT PROGRAM.**

(a) The commissioner, upon federal approval of a new waiver request or amendment
of an existing demonstration, may establish a pilot program in Hennepin County or Ramsey
County, or both, to test alternative and innovative integrated health care delivery networks.

1.10 (b) Individuals eligible for the pilot program shall be individuals who are eligible for

1.11 medical assistance under section 256B.055<del>, subdivision 15,</del> and who reside in Hennepin

1.12 County or Ramsey County.

1.13 (c) Individuals enrolled in the pilot program shall be enrolled in an integrated

1.14 health care delivery network in their county of residence. The integrated health care

delivery network in Hennepin County shall be a network, such as an accountable care

1.16 organization or a community-based collaborative care network, created by or including

1.17 Hennepin County Medical Center. The integrated health care delivery network in Ramsey

1.18 County shall be a network, such as an accountable care organization or community-based

1.19 collaborative care network, created by or including Regions Hospital.

(d) The commissioner shall cap pilot program enrollment at 7,000 enrollees for
 Hennepin County and 3,500 enrollees for Ramsey County.

(e) (d) In developing a payment system for the pilot programs, the commissioner
 shall establish a total cost of care for the recipients enrolled in the pilot programs that

2.1	equals the cost of care that would otherwise be spent for these enrollees in the prepaid
2.2	medical assistance program.
2.3	(f) Counties may transfer funds necessary to support the nonfederal share of
2.4	payments for integrated health care delivery networks in their county. Such transfers per
2.5	county shall not exceed 15 percent of the expected expenses for county enrollees.
2.6	(g) (e) The commissioner shall apply to the federal government for, or as appropriate,
2.7	cooperate with counties, providers, or other entities that are applying for any applicable
2.8	grant or demonstration under the Patient Protection and Affordable Health Care Act, Public
2.9	Law 111-148, or the Health Care and Education Reconciliation Act of 2010, Public Law
2.10	111-152, that would further the purposes of or assist in the creation of an integrated health
2.11	care delivery network for the purposes of this subdivision, including, but not limited to, a
2.12	global payment demonstration or the community-based collaborative care network grants.