A bill for an act

relating to human services; expanding the rural hospital payment adjustment to include additional diagnosis-related groups; amending Minnesota Statutes 2006, sections 256.969, subdivision 26; 256B.195, subdivision 1.

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

Section 1. Minnesota Statutes 2006, section 256.969, subdivision 26, is amended to read:

Subd. 26. **Greater Minnesota payment adjustment after June 30, ~~2001~~ 2008.** (a) For admissions occurring after June 30, ~~2001~~ 2008, the commissioner shall pay fee-for-service inpatient admissions for the diagnosis-related groups specified in paragraph (b) at hospitals located outside of the seven-county metropolitan area at the higher of:

(1) the hospital's current payment rate for the diagnostic category to which the diagnosis-related group belongs, exclusive of disproportionate population adjustments received under subdivision 9 and hospital payment adjustments received under subdivision 23; or

(2) 90 percent of the average payment rate for that diagnostic category for hospitals located within the seven-county metropolitan area, exclusive of disproportionate population adjustments received under subdivision 9 and hospital payment adjustments received under subdivisions 20 and 23.

(b) The payment increases provided in paragraph (a) apply to the following diagnosis-related groups, as they fall within the diagnostic categories:

(1) 370 cesarean section with complicating diagnosis;

(2) 371 cesarean section without complicating diagnosis;

(3) 372 vaginal delivery with complicating diagnosis;

(4) 373 vaginal delivery without complicating diagnosis;

(5) 386 extreme immaturity and respiratory distress syndrome, neonate;

(6) 388 full-term neonates with other problems;

(7) 390 prematurity without major problems;

(8) 391 normal newborn;

(9) 385 neonate, died or transferred to another acute care facility;

(10) 425 acute adjustment reaction and psychosocial dysfunction;

(11) 430 psychoses;

(12) 431 childhood mental disorders; ~~and~~

(13) 164-167 appendectomy~~.~~;

(14) 209 major joint and limb reattachment procedure of lower extremity;

(15) 143 chest pain;

(16) 127 heart failure and shock;

(17) 89 simple pneumonia and pleurisy where patient is more than 17 years old with complicating diagnosis;

(18) 182 esophageal, gastrointestinal, and miscellaneous digestive disorders where patient is more than 17 years old with complicating diagnosis;

(19) 183 esophageal, gastrointestinal, and miscellaneous digestive disorders where patient is more than 17 years old without complicating diagnosis;

(20) 359 uterine and adnexa procedure for nonmalignancy, without complicating diagnosis;

(21) 88 chronic obstructive pulmonary disease;

(22) 14 intracranial hemorrhage;

(23) 174 gastrointestinal hemorrhage with complicating diagnosis;

(24) 296 nutrition and miscellaneous metabolic disorders where patient is more than 17 years old with complicating diagnosis;

(25) 462 rehabilitation;

(26) 243 medical back problem;

(27) 500 back and neck procedure except spinal fusion without complicating diagnosis;

(28) 527 percutaneous cardiovascular procedure with drug-eluting stent without acute myocardial infarction;

(29) 138 cardiac arrhythmia and conductive disorders with complicating diagnosis;

(30) 416 septicemia where patient is more than 17 years old;

(31) 316 renal failure;

(32) 148 major small and large bowel procedure with complicating diagnosis;

(33) 288 operating room procedures for obesity;

(34) 320 kidney and urinary tract infections where patient is more than 17 years old with complicating diagnosis; and

(35) 125 circulatory disorder except acute myocardial infarction, with cardiac catheter, without complex diagnosis.

Sec. 2. Minnesota Statutes 2006, section 256B.195, subdivision 1, is amended to read:

Subdivision 1. **Federal approval required.** ~~Sections~~ Section 145.9268, ~~256.969, subdivision 26,~~ and this section are contingent on federal approval of the intergovernmental transfers and payments to safety net hospitals and community clinics authorized under this section. These sections are also contingent on current payment, by the government entities, of intergovernmental transfers under section 256B.19 and this section.