

A bill for an act

relating to human services; requiring the commissioner of human services to collect and report information on managed care plan and county-based purchasing plan provider reimbursement rates; requiring a report; amending Minnesota Statutes 2008, section 256B.69, subdivision 9b.

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

Section 1. Minnesota Statutes 2008, section 256B.69, subdivision 9b, is amended to read:

Subd. 9b. **Reporting provider payment rates.** (a) According to guidelines developed by the commissioner, in consultation with health care providers, managed care plans, and county-based purchasing plans, each managed care plan and county-based purchasing plan must annually provide to the commissioner, ~~at the commissioner's request,~~ ~~detailed or aggregate~~ information on reimbursement rates paid by the managed care plan under this section or the county-based purchasing plan under section 256B.692 to provider types and vendors for administrative services under contract with the plan.

(b) Each managed care plan and county-based purchasing plan must annually provide to the commissioner, in the form and manner specified by the commissioner:

(1) aggregate provider payment data, categorized by subspecialty and primary care;

(2) evidence that increases in payments made to the plan under this section are passed through to health care providers, including information on the proportion of the increases paid to providers, categorized by subspecialty and primary care; and

(3) specific information on the methodology used to establish provider reimbursement rates paid by the managed health care plan and county-based purchasing plan.

2.1 Data provided to the commissioner under this subdivision must allow the
2.2 commissioner to conduct the analyses required under paragraph (d).

2.3 ~~(b) Data provided to the commissioner under this subdivision are nonpublic data as~~
2.4 ~~defined in section 13.02.~~

2.5 (c) The commissioner shall analyze data provided under this subdivision by
2.6 procedure code, provider type, provider size, and geographic location of the provider. The
2.7 commissioner shall also array aggregate provider reimbursement rates across all plans by
2.8 subspecialty and primary care category. The commissioner shall report this information to
2.9 the legislature annually, beginning December 15, 2010, and each December 15 thereafter.
2.10 The commissioner shall also make this information available on the agency's Web site to
2.11 managed care and county-based purchasing plans, health care providers, and the public.