

(SENATE AUTHORS: NEWMAN)

DATE	D-PG	OFFICIAL STATUS
04/11/2011	1264	Introduction and first reading Referred to Health and Human Services

1.1

A bill for an act

1.2

relating to health; adjusting contracting procedures between health care providers

1.3

and health plan companies; amending Minnesota Statutes 2010, sections

1.4

62Q.735, subdivision 5; 62Q.75, subdivision 3.

1.5

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

1.6

Section 1. Minnesota Statutes 2010, section 62Q.735, subdivision 5, is amended to

1.7

read:

1.8

Subd. 5. **Fee schedules.** (a) A health plan company shall provide, ~~upon request~~ no

1.9

later than 165 days before the next contract year's effective date, any additional fees

1.10

or fee schedules relevant to the particular provider's practice beyond those provided

1.11

with the renewal documents for the next contract year to all participating providers,

1.12

excluding claims paid under the pharmacy benefit. Health plan companies may fulfill the

1.13

requirements of this section by making the full fee schedules available through a secure

1.14

Web portal for contracted providers no later than 165 days before the next contract year's

1.15

effective date.

1.16

(b) A dental organization may satisfy paragraph (a) by complying with section

1.17

62Q.735, subdivision 1, paragraph (c).

1.18

**EFFECTIVE DATE.** This section is effective August 1, 2011, and applies to

1.19

contracts entered into, renewed, or amended on or after that date.

1.20

Sec. 2. Minnesota Statutes 2010, section 62Q.75, subdivision 3, is amended to read:

1.21

Subd. 3. **Claims filing.** Unless otherwise provided by contract, for a longer period;

1.22

by section 16A.124, subdivision 4a~~2~~<sub>2</sub>; or by federal law, the health care providers and

1.23

facilities specified in subdivision 2 must submit their charges to a health plan company or

third-party administrator within six months from the date of service or the date the health care provider knew or was informed of the correct name and address of the responsible health plan company or third-party administrator, whichever is later. A health care provider or facility that does not make an initial submission of charges within the six-month period shall not be reimbursed for the charge and may not collect the charge from the recipient of the service or any other payer. The six-month submission requirement may be extended to 12 months in cases where a health care provider or facility specified in subdivision 2 has determined and can substantiate that it has experienced a significant disruption to normal operations that materially affects the ability to conduct business in a normal manner and to submit claims on a timely basis. Any request by a health care provider or facility specified in subdivision 2 for an exception to a contractually defined claims submission timeline must be reviewed and acted upon by the health plan company within the same time frame as the contractually agreed upon claims filing timeline. This subdivision also applies to all health care providers and facilities that submit charges to workers' compensation payers for treatment of a workers' compensation injury compensable under chapter 176, or to reparation obligors for treatment of an injury compensable under chapter 65B.

**EFFECTIVE DATE.** This section is effective August 1, 2011, and applies to contracts entered into, renewed, or amended on or after that date.