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State of Minnesota
HOUSE OF REPRESENTATIVES

EIGHTY-EIGHTH SESSION

H. F. No. 2845

03/06/2014 Authored by Abeler and Huntley

The bill was read for the first time and referred to the Committee on Health and Human Services Policy

1.1 A bill for an act
1.2 relating to human services; requiring a public comment period for Medicaid
1.3 waiver requests and state plan amendments; exempting federally qualified health
1.4 centers and rural health clinics from payment limits for Medicare crossover
1.5 claims; appropriating money for subsidies to federally qualified health centers;
1.6 amending Minnesota Statutes 2012, sections 256B.04, by adding a subdivision;
1.7 256B.0625, subdivision 57.

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

1.9 Section 1. Minnesota Statutes 2012, section 256B.04, is amended by adding a
1.10 subdivision to read:

1.11 Subd. 24. Medicaid waiver requests and state plan amendments. Prior to
1.12 submitting any Medicaid waiver request or Medicaid state plan amendment to the federal
1.13 government for approval, the commissioner shall publish the text of the waiver request
1.14 or state plan amendment, or a Web link to the text, in the State Register, and provide a
1.15 30-day public comment period. The commissioner shall consider public comments when
1.16 preparing the final waiver request or state plan amendment that is to be submitted to
1.17 the federal government for approval. The commissioner shall also publish in the State
1.18 Register notice of any federal decision related to the state request for approval, within 30
1.19 days of the decision. This notice must describe any modifications to the state request that
1.20 have been agreed to by the commissioner as a condition of receiving federal approval.

1.21 Sec. 2. Minnesota Statutes 2012, section 256B.0625, subdivision 57, is amended to read:

1.22 Subd. 57. **Payment for Part B Medicare crossover claims.** (a) Effective for
1.23 services provided on or after January 1, 2012, medical assistance payment for an enrollee's
1.24 cost-sharing associated with Medicare Part B is limited to an amount up to the medical

2.1 assistance total allowed, when the medical assistance rate exceeds the amount paid by
2.2 Medicare.

2.3 (b) Excluded from this limitation are payments for mental health services and
2.4 payments for dialysis services provided to end-stage renal disease patients. The exclusion
2.5 for mental health services does not apply to payments for physician services provided by
2.6 psychiatrists and advanced practice nurses with a specialty in mental health.

2.7 (c) Excluded from this limitation are payments to federally qualified health centers
2.8 and rural health clinics. Medical assistance payments to these providers shall equal the
2.9 difference between the provider rate specified in United States Code, title 42, section
2.10 1396a(bb), and the amount paid by Medicare.

2.11 Sec. 3. **COMMUNITY HEALTH CENTER SUBSIDIES.**

2.12 \$2,000,000 for fiscal year 2015 is appropriated from the general fund to the
2.13 commissioner of health to provide subsidies to federally qualified health centers under
2.14 Minnesota Statutes, section 145.9269. This appropriation is in addition to existing funding
2.15 for that purpose, and shall become part of the base funding for the subsidy program.