

SENATE
STATE OF MINNESOTA
NINETIETH SESSION

S.F. No. 1738

(SENATE AUTHORS: JENSEN and Lourey)		
DATE	D-PG	OFFICIAL STATUS
03/06/2017	1059	Introduction and first reading
		Referred to Commerce and Consumer Protection Finance and Policy
03/09/2017	1276a	Comm report: To pass as amended and re-refer to Health and Human Services Finance and Policy

1.1

A bill for an act

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relating to health care; requiring health plan companies to provide enrollees access

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to participating primary care providers; requiring health plan companies to contract

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with certain primary care providers; proposing coding for new law in Minnesota

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Statutes, chapter 62Q; repealing Minnesota Statutes 2016, section 62Q.57.

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

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Section 1. [62Q.575] ACCESS TO PRIMARY CARE PROVIDERS.

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Subdivision 1. Choice of primary care providers. A health plan company offering a

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group health plan or individual health plan that is not a grandfathered plan shall permit each

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enrollee to select or designate any in-network primary care provider.

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Subd. 2. Provider network. (a) No health plan company shall deny a primary care

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provider the right to contract with the health plan company as an in-network provider if the

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primary care provider meets one of the following criteria:

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(1) is certified as a health care home by the commissioner of health under section

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256B.0751. To remain eligible for in-network status under this section, the primary care

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provider must maintain certification as a health care home; or

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(2) is in the process of becoming certified as a health care home under section 256B.0751.

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To remain eligible for in-network status under this subdivision, the primary care provider

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must complete the certification process within six months to remain an in-network provider.

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(b) A health plan company may require the primary care provider to meet reasonable

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data, utilization review, and quality assurance requirements on the same basis as other

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in-network providers.

2.1 (c) The primary care provider must agree to serve all enrollees of the health care company
2.2 who select or designate the primary care provider, if designation is required.

2.3 (d) The primary care provider and health plan company may negotiate the payment rate
2.4 for covered services provided by the primary care provider. The rate must not be less than
2.5 the rate paid by the health plan company to the provider under a different category of
2.6 coverage or health product, or other arrangement within a category of coverage.

2.7 Subd. 3. **Cost-sharing or other conditions.** No health plan company shall impose a
2.8 co-payment, fee, or other cost-sharing requirement for selecting or designating a primary
2.9 care provider of the enrollee's choosing or impose other conditions that limit the enrollee's
2.10 ability to utilize a primary care provider of the enrollee's choosing, unless the health plan
2.11 company imposes the same cost-sharing requirements, fees, conditions, or limits upon an
2.12 enrollee's selection or designation of any of the health plan company's in-network primary
2.13 care providers.

2.14 Subd. 4. **Care coordination.** (a) As part of the provider contract with primary care
2.15 providers that are certified health care homes, the contract must include a care coordination
2.16 payment for providing care coordination services. The care coordination payment under
2.17 this subdivision must be a per enrollee, per month payment and must be in addition to the
2.18 payment rate for the covered services provided by the primary care provider.

2.19 (b) The care coordination payment may vary based on care complexity, but must at least
2.20 be equal to the payment amounts established under section 256B.0753.

2.21 (c) The health plan company shall not impose a co-payment, fee, or other cost-sharing
2.22 requirement for care coordination services.

2.23 Subd. 5. **Notice.** The health plan company shall provide notice to enrollees of the
2.24 provisions of this section.

2.25 Subd. 6. **Definition.** For purposes of this section, "primary care provider" means a
2.26 physician licensed under chapter 147, advanced practice registered nurse licensed under
2.27 chapter 148 who specializes in the practice of family medicine, general internal medicine,
2.28 obstetrics and gynecology, or general pediatrics, or a health care clinic that specializes in
2.29 the above-mentioned areas and utilizes a primary care team that includes physicians,
2.30 physician assistants, or advanced practice registered nurses.

2.31 Subd. 7. **Exclusions.** (a) This section does not apply to enrollees who are enrolled in a
2.32 public health care program under chapter 256B or 256L, or the Minnesota restricted recipient
2.33 program pursuant to Minnesota Rules, part 9505.2238.

3.1 (b) This section does not waive any exclusions of coverage under the terms and conditions
3.2 of the enrollee's health plan.

3.3 Subd. 8. **Enforcement.** The commissioner shall enforce this section.

3.4 Sec. 2. **REPEALER.**

3.5 Minnesota Statutes 2016, section 62Q.57, is repealed.

3.6 Sec. 3. **EFFECTIVE DATE.**

3.7 Sections 1 and 2 are effective January 1, 2018, and apply to any health plan issued or
3.8 renewed on or after that date.

62Q.57 DESIGNATION OF PRIMARY CARE PROVIDER.

Subdivision 1. **Choice of primary care provider.** (a) If a health plan company offering a group health plan, or an individual health plan that is not a grandfathered plan, requires or provides for the designation by an enrollee of a participating primary care provider, the health plan company shall permit each enrollee to:

- (1) designate any participating primary care provider available to accept the enrollee; and
- (2) for a child, designate any participating physician who specializes in pediatrics as the child's primary care provider and is available to accept the child.

(b) This section does not waive any exclusions of coverage under the terms and conditions of the health plan with respect to coverage of pediatric care.

Subd. 2. **Notice.** A health plan company shall provide notice to enrollees of the provisions of subdivision 1 in accordance with the requirements of the Affordable Care Act.

Subd. 3. **Enforcement.** The commissioner shall enforce this section.