

1 Department of Health

2

3 Adopted Permanent Rules Governing Essential Community Providers

4

5 Rules as Adopted

6 4688.0001 STATUTORY AUTHORITY.

7 Parts 4688.0001 to 4688.0160 are authorized by Minnesota
8 Statutes, section 62Q.19. Parts 4688.0001 to 4688.0160 must be
9 read in conjunction with all applicable federal and state,
10 constitutional, treaty, statutory, and rule provisions which
11 govern the Indian Health Service, service units and facilities,
12 and Indian tribal governments. Nothing in parts 4688.0001 to
13 4688.0160 is intended to interfere with the sovereignty of
14 Indian tribal governments, including the manner in which they
15 provide, pay for, or charge for health care services.

16 4688.0005 INCORPORATION BY REFERENCE.

17 The CPT 95 codes referenced in parts 4688.0020, item C,
18 4688.0040, subpart 6, and 4688.0160, item G, are incorporated by
19 reference and are contained in the Physicians' Current
20 Procedural Terminology, (CPT 95) 4th edition, 1994. It is
21 subject to frequent change. It is published by and may be
22 purchased from the American Medical Association, Order
23 Department: SPO54195NW, OPO54195NQ, LPO54195NW, P.O. Box 10950,
24 Chicago, Illinois 60610. It is available through the Minitex
25 interlibrary loan system.

26 4688.0010 DEFINITIONS.

27 Subpart 1. Scope. For the purposes of this chapter, the
28 terms defined in Minnesota Statutes, section 62Q.01, and this
29 part have the meanings given them.

30 Subp. 2. Child care. "Child care" means those services or
31 facilities that are appropriate to care for, supervise, or
32 otherwise safely accommodate children.

33 Subp. 3. Culturally sensitive and competent services.

34 "Culturally sensitive and competent services" means the ability

1 to provide services that are receptive and sensitive to cultural
2 differences as well as the awareness of behavior particular to a
3 specific culture and the ability to carry out professional
4 activities consistent with this awareness.

5 Subp. 4. **Essential community provider or ECP.** "Essential
6 community provider" or "ECP" means an entity that has
7 demonstrated the ability to integrate appropriate supportive and
8 stabilizing services with medical services for uninsured
9 persons, high risk and special needs populations, and
10 underserved and other special needs populations.

11 Subp. 5. **High risk and special needs populations.** "High
12 risk and special needs populations" has the meaning given in
13 Minnesota Statutes, section 62Q.07, subdivision 2, paragraph (e).

14 Subp. 6. **Linguistic services.** "Linguistic services" means
15 translation services and interpreter services that are
16 appropriate to facilitate communication.

17 Subp. 7. **Local government unit.** "Local government unit"
18 has the meaning given in Minnesota Statutes, section 62D.02,
19 subdivision 11.

20 Subp. 8. **Sliding fee schedule.** "Sliding fee schedule"
21 means a schedule of fee reductions designed to provide
22 assistance to low income clients based on federal poverty
23 guidelines and family size.

24 Subp. 9. **Transportation services.** "Transportation
25 services" means those services that are appropriate to enable an
26 ECP's clients to access health care from it.

27 4688.0020 APPLICATION.

28 An application for ECP designation shall be made on forms
29 provided by the commissioner. The applicant shall provide all
30 of the information described in items A to G.

31 A. The name of the applicant's contact person and
32 that person's address and telephone number.

33 B. The applicant's status as either:

34 (1) a local government unit, an Indian tribal
35 government, an the Indian Health Service unit, a service unit or

1 facility, or a community health board; or

2 (2) evidence of Minnesota Statutes, chapter 317A,
3 nonprofit status, Internal Revenue Code, section 501(c)(3), tax
4 exempt status, a copy of the applicant's current sliding fee
5 schedule, and evidence that the applicant does not restrict
6 access or services because of the client's financial limitation.

7 C. A list of medical services provided, by Current
8 Procedural Terminology 95 (CPT 95) codes or categories of
9 Current Procedural Terminology 95 (CPT 95) codes.

10 D. Evidence of the applicant's capacity to provide
11 medical services in a timely manner consistent with community
12 norms, including the number and type of health professionals
13 available and the applicant's appointment scheduling guidelines
14 and procedures.

15 E. A list of which of the following populations the
16 applicant serves: uninsured persons, high risk and special
17 needs populations, and underserved and other special needs
18 populations. In addition, the applicant must provide:

19 (1) the total number of clients falling within
20 the populations served annually; and

21 (2) what percent of the applicant's total patient
22 population falls within those populations.

23 F. A list of supportive and stabilizing services
24 available including an explanation of how the need for services
25 is assessed, how clients access the services, how these services
26 are made available to clients in need of such services, and to
27 what extent these services are used by clients. If specific
28 supportive and stabilizing services are not available, an
29 explanation of why the following services are unavailable or
30 inappropriate for the specific populations served by the
31 applicant:

32 (1) transportation;

33 (2) child care;

34 (3) linguistic services;

35 (4) culturally sensitive and competent services;

36 and

1 (5) other supportive and stabilizing services.

2 G. Any other information related-to-qualification-of
3 the-applicant-for-ECP-designation-as requested by the
4 commissioner that is reasonably necessary to-enable-the
5 commissioner-to-carry-out-the-duties-under-this-chapter-and
6 Minnesota-Statutes, section-62Q.19 to determine whether the
7 application should be granted or denied.

8 4688.0030 APPLICATION FEE.

9 A nonrefundable application fee of \$46 is required for each
10 ECP application.

11 4688.0040 CRITERIA FOR ECP DESIGNATION BY COMMISSIONER.

12 Subpart 1. **Generally.** Upon receipt of a completed
13 application for ECP designation, the commissioner of health
14 shall determine whether the applicant satisfies all of the
15 criteria in this part.

16 Subp. 2. **Medical care.** The applicant must provide medical
17 care to uninsured persons, high risk and special needs
18 populations, and underserved and other special needs populations
19 as follows:

20 A. the applicant must have sufficient personnel and
21 facilities to provide timely medical care to its clients,
22 consistent with community norms;

23 B. the applicant must have appointment scheduling
24 guidelines that fall within community norms;

25 C. average waiting times must fall within community
26 norms; and

27 D. the applicant must monitor appointment scheduling
28 and waiting times and takes corrective action if times do not
29 fall within community norms.

30 Subp. 3. **Supportive and stabilizing services.** The
31 applicant must provide or coordinate the provision of supportive
32 and stabilizing services for uninsured persons, high risk and
33 special needs populations, and underserved and other special
34 needs populations in a manner that is appropriate to the
35 populations served by the applicant as identified in the

1 application and to the geographic area served by the applicant
2 and must include the criteria in items A to D. If the applicant
3 provides related services other than those listed, or if the
4 service is not appropriate for the applicant to provide, the
5 applicant shall report this, and provide an explanation, to the
6 commissioner.

7 A. The applicant must provide at least one of the
8 following transportation services:

- 9 (1) coordination with community transportation
10 services;
11 (2) operation of bus or van service;
12 (3) payment for public transportation services;
13 (4) coordination with volunteer drivers; or
14 (5) contracting with a licensed transportation
15 vendor.

16 B. The applicant must provide at least one of the
17 following child care services:

- 18 (1) coordination with a licensed day care
19 provider;
20 (2) coordination with an unlicensed day care
21 provider who is exempt from the licensing requirements of
22 applicable state law, including Minnesota Statutes, section
23 245A.03, subdivision 2;
24 (3) provision of child care on site;
25 (4) coordination with community child care
26 services; or
27 (5) permitting children to accompany parents
28 during medical visits.

29 C. The applicant must provide at least one of the
30 following linguistic services:

- 31 (1) coordination with community linguistic
32 services;
33 (2) coordination with certified interpreters;
34 (3) coordination with qualified translators; or
35 (4) professional and support staff who provide
36 translation and interpretation services.

1 D. The applicant must provide at least one of the
2 following culturally sensitive and competent services options:

3 (1) some professional staff are ~~from-the-culture~~
4 familiar with the cultural background of clients; or

5 (2) provision of preservice and in-service
6 training for all professional and support staff on cultural
7 awareness and health issues affecting high risk and special
8 needs clients.

9 Subp. 4. **Integration of supportive and stabilizing**
10 **services with medical care.** The applicant must have developed
11 and implemented a plan to identify the need for supportive and
12 stabilizing services and to enable clients to access these
13 services as available and appropriate in a timely manner.

14 Subp. 5. **Fees.** Only nonprofit entities are required to
15 utilize a sliding fee schedule. The applicant's sliding fee
16 schedule must meet all of the following criteria:

17 A. it has been adopted by the applicant's governing
18 body;

19 B. it is based on current federal poverty level
20 guidelines and family size;

21 C. the applicant informs its clients of the
22 availability of the sliding fee schedule; and

23 D. free care is available as needed in specific
24 instances.

25 Subp. 6. **Services provided.** The applicant must list the
26 medical services it provides by CPT 95 codes or groups of CPT 95
27 codes.

28 Subp. 7. **Basis for ECP designation.** The applicant must
29 provide evidence that it satisfies the criteria under Minnesota
30 Statutes, section 62Q.19, subdivision 1.

31 Subp. 8. **Federal qualification.** An applicant that has
32 been designated a federally qualified health center or a rural
33 health clinic under applicable federal regulations may attach a
34 copy of the information it provided to the federal agency that
35 addresses any of the information required under subparts 2 to 7,
36 and so indicate in the ECP application.

1 4688.0050 REQUIREMENTS FOR CONTRACTS WITH HEALTH PLAN COMPANIES.

2 A health plan company that contracts with providers shall
3 offer a provider contract to all designated ECPs located within
4 the health plan company's approved service area. An ECP shall
5 agree to ~~contract-with~~ serve, with or without a contract, all
6 health plan companies within whose approved service area the ECP
7 is located. The provider contract shall be the same or
8 substantially similar to those offered to health plan providers
9 who provide the same type or category of services, unless the
10 parties mutually agree to a different contract. The provider
11 contract shall include all of the services designated by the
12 commissioner to the extent the services are covered under any
13 health plan company certificate of coverage. Every provider
14 contract between a designated ECP and a health maintenance
15 organization, community integrated service network, or
16 integrated service network shall contain the provisions of
17 Minnesota Statutes, section 62D.123. Designation of an
18 applicant as an ECP shall not directly or indirectly require a
19 health plan company to contract with a related organization that
20 is affiliated with the designated ECP but is neither designated
21 nor eligible for designation as an ECP. For the purposes of
22 parts 4688.0001 to 4688.0160, "related organization" has the
23 meaning given in Minnesota Statutes, section 317A.011,
24 subdivision 18.

25 4688.0060 REFUSAL TO CONTRACT.

26 A health plan company shall give written notice to the ECP
27 of the basis for refusal to contract. A designated ECP that has
28 been refused a provider contract may use the dispute resolution
29 methods available under Minnesota Statutes, section 62Q.11.

30 4688.0070 PAYMENT.

31 The negotiated rate of payment between an ECP and a health
32 plan company may be cost-based, fee-for-service, capitated, or
33 other risk-sharing arrangement, unless the parties mutually
34 agree to a different rate of payment. An ECP may be capitated

1 only to the extent, and in the same manner, as other health plan
2 company providers are capitated for the same or similar
3 services. An ECP may file a complaint with the commissioner
4 according to Minnesota Statutes, section 62Q.19, if it believes
5 that the negotiated rate is not the same rate per unit of
6 services as is paid to other health plan company providers for
7 the same or similar services. An ECP that has been refused a
8 provider contract because of inability to agree on the rate of
9 payment may use the dispute resolution methods available under
10 Minnesota Statutes, section 62Q.11.

11 4688.0080 INFORMATION TO ENROLLEES.

12 A health plan company shall inform its enrollees that
13 designated ECPs are available to provide designated services to
14 uninsured persons, high risk and special needs populations, and
15 underserved and other special needs populations. The health
16 plan company shall clearly inform enrollees how to access
17 services at an ECP, including which services require prior
18 authorization, and how to obtain prior authorization. Enrollees
19 shall be provided with a toll-free telephone number to call the
20 member services section of the health plan company with
21 questions about access to ECPs.

22 4688.0090 PRIOR AUTHORIZATION.

23 A health plan company may require prior authorization for
24 services provided by an ECP only to the same extent that it
25 requires prior authorization for these services from other
26 health plan providers. A health plan company shall not impose
27 any additional or different prior authorization requirements or
28 standards for services provided by an ECP than it does for the
29 same services if provided by other health plan company providers.

30 4688.0100 OTHER PROVIDERS.

31 A health plan company may make other providers available to
32 its high risk and special needs populations, and underserved and
33 other special needs populations, for any and all services
34 provided by an ECP. Nothing in this chapter requires that high

1 risk and special needs populations, and underserved and other
2 special needs populations be served exclusively by designated
3 ECPs. ~~It is the intent of this chapter that high risk and~~
4 ~~special needs populations and underserved and other special~~
5 ~~needs populations be provided a choice of providers, to the~~
6 ~~extent and in the manner provided by their certificate of~~
7 ~~coverage, which shall include designated ECPs.~~

8 4688.0110 COVERAGE.

9 ~~Not all ECP services designated by the commissioner and~~
10 ~~contained in the contract between the ECP and the health plan~~
11 ~~company may be paid for under an enrollee's certificate of~~
12 ~~coverage. Designation of a service included in a contract~~
13 ~~between an ECP and a health plan company as an ECP service does~~
14 ~~not require a health plan company to cover that service.~~
15 Designation of an entity as an ECP does not add benefits to an
16 enrollee's certificate of coverage.

17 4688.0120 CONFLICT OF INTEREST.

18 A conflict of interest may arise when a local government
19 unit owns a health plan and also owns and operates an ECP. In
20 these circumstances, if an enrollee files a complaint against
21 the health plan or the ECP, the local government unit shall:

22 A. fully disclose in writing to every complainant
23 that the health plan and the ECP are both owned and operated by
24 local government unit;

25 B. clearly explain in writing to every complainant
26 that there is the potential for a conflict of interest when
27 local government unit is both the provider and the contractor of
28 the health service; and

29 C. offer every complainant the option of filing the
30 complaint with the appropriate state agency rather than with the
31 health plan.

32 4688.0130 PRIMARY CARE CLINIC.

33 An ECP may be designated a primary care clinic by a health
34 plan company.

1 4688.0140 RESTRICTIONS ON SERVICES.

2 Minnesota Statutes, section 62Q.14, applies to the extent
3 an ECP provides the services designated in that statute.

4 If a health plan company has a contract with an ECP, it may
5 impose copayments only to the same extent and in the same manner
6 that it imposes copayments for these services from other plan
7 providers.

8 4688.0150 PENALTIES.

9 Upon being designated an ECP by the commissioner, the
10 entity must continue to operate in compliance with the standards
11 in this chapter and Minnesota Statutes, section 62Q.19.

12 Noncompliance may result in the imposition of a fine, or in
13 suspension, modification, or revocation of the ECP designation
14 in accordance with Minnesota Statutes, section 62Q.19.

15 4688.0160 ANNUAL REPORTS.

16 Every ECP shall file an annual report with the commissioner
17 on or before ~~March 1~~ April 15. Except as otherwise provided by
18 this part, the report shall be on forms prescribed by the
19 commissioner and shall include all of the following information:

20 A. verification of tax exempt status under Internal
21 Revenue Code, section 501(c)(3), and Minnesota Statutes, chapter
22 317A, if appropriate;

23 B. a copy of the sliding fee schedule currently in
24 effect, if appropriate;

25 C. transportation options currently available to
26 clients, if appropriate;

27 D. child care options currently available to clients,
28 if appropriate;

29 E. linguistic service options currently available to
30 clients, if appropriate;

31 F. culturally sensitive and competent services
32 currently available to clients, if appropriate;

33 G. medical services currently being provided reported
34 by CPT 95 codes or groups of CPT 95 codes;

1 H. the number of clients served during the previous
2 12 months who were uninsured, members of high risk and special
3 needs populations, and members of underserved and other special
4 needs populations; and

5 I. ~~any other information relating to the continuing~~
6 ~~qualification of the entity for ECP designation as is reasonably~~
7 ~~necessary to enable the commissioner to carry out the duties~~
8 ~~under this chapter and Minnesota Statutes, section~~
9 ~~62Q.19.~~ requested by the commissioner that is reasonably
10 necessary to determine whether the entity continues to qualify
11 for ECP designation.

12 An ECP that is a community health board as defined in
13 Minnesota Statutes, chapter 145A, may attach a copy of the
14 documentation provided to the Department of Health in the annual
15 report for community health boards, including the maternal child
16 health report, that provides the information required under one
17 or more of items A to I. The ECP must indicate in the ECP
18 annual report that the community health board annual report is
19 being submitted in full or partial satisfaction of the
20 requirements of this part.