

256B.0756 HENNEPIN AND RAMSEY COUNTIES PILOT PROGRAM.

(a) The commissioner, upon federal approval of a new waiver request or amendment of an existing demonstration, may establish a pilot program in Hennepin County or Ramsey County, or both, to test alternative and innovative integrated health care delivery networks.

(b) Individuals eligible for the pilot program shall be individuals who are eligible for medical assistance under section 256B.055, subdivision 15, and who reside in Hennepin County or Ramsey County.

(c) Individuals enrolled in the pilot program shall be enrolled in an integrated health care delivery network in their county of residence. The integrated health care delivery network in Hennepin County shall be a network, such as an accountable care organization or a community-based collaborative care network, created by or including Hennepin County Medical Center. The integrated health care delivery network in Ramsey County shall be a network, such as an accountable care organization or community-based collaborative care network, created by or including Regions Hospital.

(d) The commissioner shall cap pilot program enrollment at 7,000 enrollees for Hennepin County and 3,500 enrollees for Ramsey County.

(e) In developing a payment system for the pilot programs, the commissioner shall establish a total cost of care for the recipients enrolled in the pilot programs that equals the cost of care that would otherwise be spent for these enrollees in the prepaid medical assistance program.

(f) Counties may transfer funds necessary to support the nonfederal share of payments for integrated health care delivery networks in their county. Such transfers per county shall not exceed 15 percent of the expected expenses for county enrollees.

(g) The commissioner shall apply to the federal government for, or as appropriate, cooperate with counties, providers, or other entities that are applying for any applicable grant or demonstration under the Patient Protection and Affordable Health Care Act, Public Law 111-148, or the Health Care and Education Reconciliation Act of 2010, Public Law 111-152, that would further the purposes of or assist in the creation of an integrated health care delivery network for the purposes of this subdivision, including, but not limited to, a global payment demonstration or the community-based collaborative care network grants.

History: *1Sp2010 c 1 art 16 s 20*

NOTE: This section, as added by Laws 2010, First Special Session chapter 1, article 16, section 20, is effective as follows:

(a) In order for this section to be effective, the governor in office on May 22, 2010, must direct, by executive order issued at any time during that governor's term, the commissioner of human services to implement this section, notwithstanding any other effective dates for this section.

(b) If the governor in office on May 22, 2010, does not issue an executive order under paragraph (a) directing implementation, the succeeding governor, from the start of that governor's term until January 15, 2011, may by executive order direct the commissioner of human services to implement this section.

(c) If a governor does not issue an executive order under paragraph (a) or (b), this section is not effective and does not have the force of law.

(d) In making the determinations under Laws 2010, First Special Session chapter 1, article 16, section 48, whether to issue an executive order under paragraph (a) or (b), the governor shall consider the cost of implementation and the availability of funds in the state treasury, the potential for increased federal funding, the effect of implementation on access to health care services in the state, and alternative approaches that may be available to pursue policy goals. Laws 2010, First Special Session chapter 1, article 16, section 48.

(e) If Laws 2010, First Special Session chapter 1, article 16, section 48, is determined by a court of competent jurisdiction to be unconstitutional, this section is not effective and does not have the force of law.