

256B.0754 PAYMENT REFORM.

Subdivision 1. **Quality incentive payments.** By July 1, 2010, the commissioner of human services shall implement quality incentive payments as established under section 62U.02 for all enrollees in state health care programs consistent with relevant state and federal statute and rule. This section does not limit the ability of the commissioner of human services to establish by contract and monitor, as part of its quality assurance obligations for state health care programs, outcome and performance measures for nonmedical services and health issues likely to occur in low-income populations or racial or cultural groups disproportionately represented in state health care program enrollment that would likely be underrepresented when using traditional measures that are based on longer-term enrollment.

Subd. 2. **Payment reform.** By no later than 12 months after the commissioner of health publishes the information in section 62U.04, subdivision 3c, paragraph (b), the commissioner of human services may use the information and methods developed under section 62U.04 to establish a payment system that:

- (1) rewards high-quality, low-cost providers;
- (2) creates enrollee incentives to receive care from high-quality, low-cost providers; and
- (3) fosters collaboration among providers to reduce cost shifting from one part of the health continuum to another.

History: 2008 c 358 art 2 s 4; 2010 c 344 s 3; 2012 c 164 s 8