

**SENATE  
STATE OF MINNESOTA  
NINETIETH SESSION**

**S.F. No. 1299**

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DATE  
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OFFICIAL STATUS  
Introduction and first reading  
Referred to Health and Human Services Finance and Policy

1.1 A bill for an act  
1.2 relating to health care; establishing a Primary Care Case Management program;  
1.3 authorizing direct state payments to health care providers; proposing coding for  
1.4 new law in Minnesota Statutes, chapter 256.

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

1.6 Section 1. **[256.9631] PRIMARY CARE CASE MANAGEMENT AND DIRECT**  
1.7 **CONTRACTING FOR MEDICAL ASSISTANCE AND MINNESOTACARE.**

1.8 Subdivision 1. **Program established.** The Primary Care Case Management (PCCM)  
1.9 program is established to achieve better health outcomes and reduce the cost of health care  
1.10 for the state. The commissioner shall pay health care providers directly to provide services  
1.11 for all medical assistance enrollees who are eligible under section 256B.055 and  
1.12 MinnesotaCare enrollees eligible under section 256L.05. In counties where there is a  
1.13 county-based purchasing system under section 256B.692, the commissioner shall have the  
1.14 county-based purchaser administer the program and pay providers unless the counties request  
1.15 that the commissioner take over the responsibility.

1.16 Subd. 2. **Payment to providers.** (a) The commissioner of human services shall pay  
1.17 licensed health care providers directly for all services provided to medical assistance enrollees  
1.18 under section 256B.0625 and MinnesotaCare enrollees under section 256L.03.

1.19 (b) Providers shall bill the state or the county-based purchaser directly for the services  
1.20 they provide.

1.21 (c) The commissioner shall not renew the state's contracts with managed care plans  
1.22 under sections 256B.69 and 256L.12 for providing services to enrollees in the medical  
1.23 assistance and MinnesotaCare programs.

2.1 Subd. 3. Case management. (a) In addition to paying providers under subdivision 2,  
2.2 the commissioner shall use the PCCM program to pay primary care providers for coordinating  
2.3 services for medical assistance and MinnesotaCare enrollees.

2.4 Under the program, patients may choose a primary care provider to act as the enrollee's  
2.5 case manager. Primary care physicians, nurses, and other qualified medical professionals  
2.6 may provide primary care case management. Specialists who routinely provide care for  
2.7 patients with specific or complex medical conditions may also be primary care providers  
2.8 for purposes of case management.

2.9 Primary care providers who offer PCCM services shall also receive a flat per-member,  
2.10 per-month fee for performing care coordination services. The commissioner shall set case  
2.11 management fees to reflect the variation in time and services required for a primary care  
2.12 provider to coordinate care based on the complexity of a patient's health needs and  
2.13 socioeconomic factors that lead to health disparities.

2.14 (b) The primary care provider shall provide overall oversight of the enrollee's health and  
2.15 coordinate with any other case manager of the enrollee as well as ensure 24-hour access to  
2.16 health care, emergency treatment, and referrals.

2.17 (c) The commissioner shall collaborate with community health clinics and social service  
2.18 providers through planning and financing to provide outreach, medical care, and case  
2.19 management services in the community for patients who, because of mental illness,  
2.20 homelessness, or other circumstances, are unlikely to obtain needed care.

2.21 (d) The commissioner shall collaborate with medical and social service providers through  
2.22 planning and financing to reduce hospital readmissions by providing discharge planning  
2.23 and services, including medical respite and transitional care for patients leaving medical  
2.24 facilities and mental health and chemical dependency treatment programs.

2.25 Subd. 4. Duties. (a) For enrollees, the commissioner shall:

2.26 (1) maintain a hotline and Web site to assist enrollees in locating providers;

2.27 (2) provide a nurse consultation helpline 24 hours per day, seven days a week; and

2.28 (3) contact enrollees based on claims data who have not had preventive visits and help  
2.29 them select a primary care provider.

2.30 (b) For providers, the commissioner shall:

2.31 (1) review provider reimbursement rates to ensure reasonable and fair compensation;

2.32 (2) ensure that providers are reimbursed on a timely basis; and

3.1 (3) collaborate with providers to explore means of improving health care quality and  
3.2 reducing costs.

3.3 **EFFECTIVE DATE.** This section is effective the day following final enactment. Direct  
3.4 payments to providers under the Primary Care Case Management program shall be effective  
3.5 when the current contracts with managed care plans under Minnesota Statutes, sections  
3.6 256B.69 and 256L.12, for medical assistance and MinnesotaCare services expire.