

SF 1491 (see companion bill HF 1677)

This bill amends statutes governing health plan network adequacy, credentialing of health care providers by health plan companies, and health plan coverage of mental health and chemical dependency services. It also requires the commissioner of health to study and develop recommendations on other ways to determine geographic accessibility of health care providers and adequacy of health care provider networks.

HF 693 (see companion bill SF 2664)

This bill directs the commissioner of human services to establish a direct provider payment system for medical assistance (MA) and MinnesotaCare, to be implemented beginning January 1, 2026. The bill requires the commissioner to reimburse providers directly at a base rate, and also provides supplemental payments for care coordination and other services, and grants to providers for outreach. The bill requires the commissioner to terminate managed care contracts by December 31, 2025, except that the commissioner may continue to contract with county-based purchasing plans and county-owned and operated health maintenance organizations (HMOs). The bill requires the commissioner to present an implementation plan to the legislature by January 15, 2024.

SF 2664 (see companion bill HF 693)

This bill directs the commissioner of human services to establish a direct provider payment system for medical assistance (MA) and MinnesotaCare, to be implemented beginning January 1, 2026. The bill requires the commissioner to reimburse providers directly at a base rate, and also provides supplemental payments for care coordination and other services, and grants to providers for outreach. The bill requires the commissioner to terminate managed care contracts by December 31, 2025, except that the commissioner may continue to contract with county-based purchasing plans and county-owned and operated health maintenance organizations (HMOs). The bill requires the commissioner to present an implementation plan to the legislature by January 15, 2024.

HF 3268 (see companion bill SF 2331)

Prior Authorization Report. On or before September 1 each year, a utilization review organization must annually report to the commissioner of commerce, on a form and in a manner specified by the commissioner of commerce, information regarding prior authorization requests for the previous calendar year. The commissioner must analyze the submitted data and issue a report

on the use of utilization management tools, including prior authorization, and the effect utilization management tools have on patient access to care, the administrative burden on health care providers, and system cost.

SF 2331 (see companion bill HF 3268)

Prior Authorization Report. On or before September 1 each year, a utilization review organization must annually report to the commissioner of commerce, on a form and in a manner specified by the commissioner of commerce, information regarding prior authorization requests for the previous calendar year. The commissioner must analyze the submitted data and issue a report on the use of utilization management tools, including prior authorization, and the effect utilization management tools have on patient access to care, the administrative burden on health care providers, and system cost.

HF 1978 (see companion bill SF 1948)

Biomarker testing; coverage required. (a) Requires a health plan company to cover biomarker testing to diagnose, treat, manage, and monitor illness or disease if the test provides clinical

utility. Provides circumstances under which clinical utility can be demonstrated.

SF 1948 (see companion bill HF 1978)

Biomarker testing; coverage required. (a) Requires a health plan company to cover biomarker testing to diagnose, treat, manage, and monitor illness or disease if the test provides clinical utility. Provides circumstances under which clinical utility can be demonstrated.

HF 348 (see companion bill SF 120)

This bill sets limits on enrollee cost-sharing under private sector insurance, MA, and MinnesotaCare, for prescriptions drugs and related medical supplies prescribed to treat a chronic disease and related medical supplies.

SF 120 (see companion bill HF 348)

This bill sets limits on enrollee cost-sharing under private sector insurance, MA, and MinnesotaCare, for prescriptions drugs and related medical supplies prescribed to treat a chronic disease and related medical supplies.

HF 1095 (see companion bill SF 896)

Eligibility for MinnesotaCare is available to citizens or nationals of the United States, lawfully present noncitizens as defined in Code of Federal Regulations, title 8, section 103.12., and undocumented noncitizens.