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GAMC deal struck

Gov. Tim Pawlenty and lawmakers agreed in March to allow the GAMC program to temporarily continue. After May 31, the program will be scaled down in order to cut expenditures by more than half. The agreement calls for hospitals and counties to join together to form care coordination organizations (CCOs) that would receive lump-sum payments to care for GAMC enrollees. As for clinics, only those that contract with CCOs would be reimbursed for treating GAMC enrollees. The new program would have a stand-alone drug benefit. "The governor billed this as reform, and there may be some good ideas here, but it is not sustainable or realistic reform since it includes such large payment cuts," said Dave Renner, the MMA's director of state and federal legislation.



DHS Announces Health Care Home Payment Rates

The state of Minnesota will start offering care coordination payments July 1 to certified health care homes.

The Minnesota Department of Human Services (DHS) has announced the amounts that it will pay health care homes for delivering care coordination services to patients with severe chronic medical conditions who are on state public health care programs.

The MMA supports the health care home or medical home model and advocated for the inclusion of care coordination payments in Minnesota's 2008 Health Care Reform Act.

In March, DHS officials said the payment rates will range from \$10 to \$60 per health care home enrollee per month, depending on the complexity of the patient's illness profile. The average payment is expected to be about \$31 a month per enrollee. Clinics must be certified by the state as health care homes in order to qualify for the care coordination payments.

Payments will be based on clinics' identification of patients with conditions that are chronic, severe, and likely to require management by a care team (see chart). The state has set aside \$8 million for the care coordination payments, which will be in addition to customary fee-for-service payments. In addition, the rates will be 15 percent more for patients who have a serious mental illness and 15 percent for patients whose primary language is not English. These pay bumps are recognition of the increased time and re-

Health Care Home Payment Rates

Tier	Number of conditions	Per member per month payment
1	1-3	\$10.14
2	4-6	\$20.27
3	7-9	\$40.54
4	10+	\$60.81

Source: Minnesota Department of Human Services

sources involved in caring for these patients. MMA leaders are pleased by the acknowledgement of the effect that these nonclinical factors have on the delivery of medical care.

DHS officials estimate that about half of Minnesota's Medical Assistance fee-for-service patients will qualify for care coordination payments. In March, 22 medical groups representing 450 physicians had notified DHS about their intention to seek health care home certification.

"DHS has used a thoughtful approach to determining the payments and is providing higher payments than other states," said Janet Silversmith, MMA director of health policy. For example, Florida's Medicaid program pays an additional \$2 per month per health care home enrollee. "The MMA is hopeful that the rates will generate additional interest in health care homes," Silversmith said. "But each clinic will need to assess whether to participate based on their proportion of patients with severe, chronic conditions."

MMA Legislative Watch List

A look at health policy bills being considered at the Capitol.

Although lawmakers have been focused on eliminating the state's budget deficit during the 2010 Legislative session, they've also been busy with a number of health care policy bills. Here's an update on proposals the MMA has been following:

CHIROPRACTIC PHYSICIANS

The MMA has defeated H.F. 3167/S.F. 2730, which would have expanded the scope of practice of chiropractors and allowed them to be called "chiropractic physicians." The MMA's objection was that the bills used vague language to define chiropractors' scope of practice. The proposals said chiropractors could perform clinical, physical, laboratory, and other diagnostic measures including all types of diagnostic imaging. Chiropractors could also perform rehabilitative therapies, conduct health screenings, perform physical examinations, and do counseling.

PHYSICAL EDUCATION REQUIREMENTS

The MMA is supporting H.F. 3115/S.F. 2753, which would establish physical education standards for elementary schools, require the posting of local district wellness policies on school websites, require the education department to develop recess guidelines that encourage active play, and establish a program that rewards schools that integrate physical activity throughout the day. The MMA not only supports this bill but also supports increased physical activity for students in grades K-8.

DISPOSAL OF UNUSED DRUGS

The MMA supports H.F. 1217/S.F. 1568, which would clarify how health care providers should dispose of un-

used drugs. Current regulations by the Minnesota Department of Health, the U.S. Environmental Protection Agency, and the U.S. Drug Enforcement Administration are in conflict. The legislation would prohibit flushing unwanted drugs once the U.S. Drug Enforcement Administration approves an alternative system of disposal that complies with the federal Controlled Substances Act. The MMA supports proper disposal of pharmaceutical waste in patient care settings and in the broader community.

BIRTHING CENTERS

The MMA is supporting S.F. 2702/H.F. 3046, which would establish licensing standards and regulatory oversight of nonhospital-based birthing centers. To be licensed, birthing centers would need to be accredited by the Commission for the Accreditation of Birth Centers. They would also need to have a process for identifying the risk status of each pregnant woman and would be prohibited from performing abortions or surgical procedures requiring general or conduction anesthesia. Two birthing centers have already opened in Minnesota; a third is scheduled to open in September. The MMA opposed a similar bill last session because it attempted to compel women enrolled in state health care programs to use birthing centers. The MMA is supporting this year's bill because it would help ensure the quality of care at birthing centers.

HEALTH INFORMATION OVERSIGHT BOARD

The MMA supports H.F. 3279/S.F. 2974, which would establish a Health Information Exchange Oversight Board within the Department of Health by 2011. The board would oversee efforts to create a statewide health information exchange—the

The MMA's Top 2010 Legislative Priorities

1. Stop further health care program and reimbursement cuts
2. Restore coverage for GAMC enrollees
3. Change the timeline and focus of the state's peer-grouping project

infrastructure needed to meet the Legislature's requirement that the state have a system for electronically exchanging medical information by 2015. The legislation would create a certification process for organizations wanting to act as health data exchanges in Minnesota and require that all exchanges be certified. The bill also would require providers to use electronic health record (EHR) systems certified by the Office of the National Coordinator pursuant to the HITECH Act. A provider's EHR also would have to have the ability to generate information on clinical quality measures.

INTERPRETER SERVICES

A bill, H.F. 3178, calls for the state to only pay for interpreter services provided to Medical Assistance enrollees if those services are delivered by a registered interpreter. The MMA supports the state's interpreter registry, launched in 2009, and having stronger certification requirements for interpreters; however, the MMA is concerned that H.F. 3178 could result in clinics having difficulty accessing interpreters.

MMA Testifies against MinnesotaCare Cuts

Cuts would hurt working Minnesotans.

In February, MMA CEO Robert Meiches, M.D., told the Senate Health and Human Services Budget Division that the physicians of Minnesota strongly oppose MinnesotaCare eligibility cuts that would result in about 21,000 working Minnesotans losing their health care coverage.

The plan to reduce MinnesotaCare eligibility is part of Gov. Tim Pawlenty's proposal for eliminating the state's budget deficit. "Minnesota's historic position of having the lowest rate of uninsured has already been lost, and this proposal will result in a more significant drop, harming the health of thousands of individuals," Meiches said.

Meiches also objected on behalf of the MMA to proposed cuts to the Medical Education and Research Costs Fund (MERC). Pawlenty proposes transferring \$1 million to \$1.5 million a year of MERC-dedicated cigarette tax proceeds to the general fund.

The MMA also opposes Pawlenty's plan to cut the Statewide Health Improvement Program by \$10 million and to make permanent last year's 1.5 percent payment rate cuts to specialists who treat patients in public health programs. "Our position is that the state's budget problems must be confronted directly with a more balanced approach that both raises revenue and cuts spending," Meiches said.

LASER SAFETY

The MMA supports a proposal sponsored by the Minnesota Dermatology Association (H.F. 1860/S.F. 1793) to establish minimal training and supervision requirements for people who use laser and intense pulse light devices for skin treatments.

LYME DISEASE

The MMA has defeated legislation that would have set the standard of care for Lyme disease. The bills (H.F. 2597/S.F. 1631) would have prohibited the Minnesota Board of Medical Practice from disciplining doctors who prescribe long-term antibiotics to treat Lyme disease. There is an ongoing debate among some doctors about whether there is such a thing as "chronic" Lyme disease and whether long-term antibiotic treatment is appropriate for patients whose symptoms persist following standard antibiotic therapy. The MMA strongly opposes any legislation that tries to define a standard of care.

INTERSTATE SALE OF INSURANCE

Lawmakers are considering at least two proposals that would allow out-of-state health plans to provide health coverage to Minnesota residents. Gov. Tim Pawlenty supports this idea and the current approach of his proposal would not require out-of-state insurers to comply with Minnesota's consumer protection requirements. The MMA does not have a position on selling insurance across state lines. However, the MMA will lobby to make sure that out-of-state insurers are required to meet existing state regulations that limit the administrative burdens insurers place on providers.

Minnesota Physicians Go to Washington



MMA President-elect Patricia Lindholm, M.D., Former MMA President Blanton Bessinger, M.D., and MMA President Benjamin Whitten, M.D., met with members of Sen. Al Franken's staff at his Washington, D.C., office. They were part of a group of nearly a dozen Minnesota physicians who attended the American Medical Association's Advocacy Conference March 1-3. While in Washington, the MMA delegation met with most of Minnesota's federal elected officials or their staff.



INSIDE:

DHS Announces Health Care Home Payment Rates

On July 1, the state will start offering care coordination payments to clinics certified as health care homes that treat patients with chronic health problems who are enrolled in state health programs. The MMA pushed for clinics to receive such payments as part of Minnesota's 2008 Health Care Reform Act. Page 1.

The MMA Tracks Health Care Policy Bills

Although lawmakers have been focused on eliminating the state's budget deficit during the 2010 Legislative session, they've also considered a number health care policy bills including one that would codify the term "chiropractic physician." Page 2.

MMA Testifies against MinnesotaCare Cuts

MMA CEO Robert Meiches, M.D., told lawmakers that the physicians of Minnesota strongly oppose Gov. Tim Pawlenty's plan to eliminate health coverage for 21,000 working Minnesotans. Page 3.

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