# 2016 Legislative Priorities

## Proper Notice to Providers of Changes to Contract Terms, Policies, Procedures and Fee Schedules

Messerli & Kramer Lead: Nancy Haas
MMGMA Lead: Jim Reimann, Greg Maurer

**Support statutory changes which require notification and consent by providers of changes to contract terms, policies and procedures, and fee schedules.**

Health plans may need to change policies and procedures (e.g. billing procedures, medical policies, etc.…) during the term of a contract because of state and federal legislation. However, no other changes will become effective until proper notice is given to providers. If such changes affect patient care and/or provider reimbursement, mutual written consent will be required. This statutory change will benefit all stakeholders – most importantly, the patients. It is critical that policy changes affecting patient care are communicated with sufficient notice to providers not only for purposes of having a constructive dialogue with the medical directors of the health plans, but also to allow providers adequate time to inform patients of any changes affecting their care especially in situations when such changes involve services that will no longer be covered by their health plan or reimbursed to the provider. No unilateral changes will be implemented through passive amendments and no claims will be denied while the parties consider the changes being proposed. This will eliminate health plan and provider staff costs associated with submitting appeals and resolving denied claims – not to mention delayed cash flow for providers and/or incorrect patient billing. We also support a statutory change that would require health plans to provide fee schedules 165 days prior to the effective date of change. This will allow providers 45 days to review their contracts and fee schedules in order to make timely informed decisions about their continued contractual relationship with the health plans. In addition, this will also allow sufficient time to notify patients, and the State of Minnesota Department of Health, of any changes to provider participation in health plan policies that are sold to the consumer.

## Support the Provider Tax Phase Out

Messerli & Kramer Lead: James Clark
MMGMA Lead: Mike Foley

**Oppose the use of the proceeds of the Provider Tax for purposes other than MinnesotaCare. The only exception would be for the provider's costs of complying with mandated quality reporting.**

In 2012 a bi-partisan proposal to phase out the Provider Tax by 2019 was successfully passed. It was

first thought that with the expansion of MA under the Affordable Care Act, MinnesotaCare would see a significant reduction in covered lives permitting the phase out of the Provider Tax to proceed, starting in 2014. However, there is now a significant projected shortfall for MinnesotaCare and indications from some legislators that there will be an effort to repeal the provider tax phase out. Of note, Recommendation #12 of the Task Force is to repeal the phase out of the Provider Tax.

The Department of Health continues to mandate additional quality reporting requirements which cost providers substantial resources to compile and maintain. We believe permitting providers to deduct these substantiated costs from their Provider Tax obligation would be fair and reasonable.

## Simplify and Streamline Health Care Homes and Keeping Primary Care Viable (MMA)

Messerli & Kramer Lead: James Clark
MMGMA Lead: Victoria Champeau

Simplify and streamline Health Care Home rules to permit broader participation by patients with chronic conditions and reduce administrative overhead to providers. Reimbursement should also be standardized and increased. It has been shown that Health Care Homes improve the quality of care for patients with chronic conditions and reduce overall costs of care. A series of reports issued recently the University of Minnesota estimates the state's Health Care Home program reduced health care costs by $1 billion. Given the program's success, the pool of eligible patients should be expanded and the definition of eligibility simplified. Reporting should also be simplified and a single per member per month payment should be implemented.

## Risk Sharing Between Insurers and Providers in High Deductible Products

Messerli & Kramer Lead: James Clark
MMGMA Lead: Greg Maurer, Matt Brandt

**Health plans are the first line of interaction with consumers when providing insurance and thus when consumers fall short of their health insurance deductible payments, greater risk sharing between health plans and providers is needed.**

Health plans enter into contractual agreements with consumers. With the greater purchase of high deductible health plans (HDHP), providers will be left to collect payments from consumers up to the maximum deductible. MNsure reported in December 2015 that since open enrollment started in November, 50 percent of those buying private plans through the exchange selected bronze plans,

up from 34 percent a year ago. With Bronze level plans, the deductibles range from approximately $4,500 - $7,000. Premiums in the individual market are up an average of 41 percent from 2015 to 2016. While the health plans protect their own bottom line by raising premiums which they collect or will cancel coverage, health care providers are left trying to collect higher and higher deductibles, which often times the consumer cannot afford. Health plans consider deductibles, copays and coinsurance “cost sharing” with patients, to discourage unnecessary care and reduce the health plan’s costs. When the first line of cost sharing is several thousand dollars, many consumers choose to forego care for chronic conditions, allowing health issues to escalate into acute problems before seeking help.

## Oppose Workers’ Compensation and No-Fault Fee Reductions

Messerli & Kramer Lead: James Clark
MMGMA Lead: Jim Reimann

**Support efforts to ensure fair and adequate reimbursement in the workers’ compensation and no-fault systems.**

Treating patients who have been injured on the job or in an auto collision requires many complicated and time consuming administrative activities that are not required when treating other patients. The health care costs in these systems represent approximately one third of the workers compensation premium and less than 10% of the automobile premium. Reducing provider reimbursement would likely create access issues for patients.

## Any Willing Provider – Network Participation

Messerli & Kramer Lead: Nancy Haas
MMGMA Lead: Sandy Rutherford, Jim Reimann

**Support efforts to ensure state and federal laws are followed related to health plans granting network participation to health care providers who accept and meet insurer’s terms and conditions.**

State and Federal laws prohibit discrimination against willing providers who meet the terms and conditions for participating in health plan networks. However, health plans often send notices to providers and say they have a sufficient network of contracted providers to meet the needs of the health plan and deny the provider a contract. We support clarification that if a provider meets all state and federal laws they must be accepted into the health plan network. Alternatively, we support an appeals process handled by the state if a provider is denied into a network. This will provide greater

transparency and accountability for the public and the providers to ensure fair rules and criteria are being used to allow participation in a network and can help limit bad practices, closed networks, cherry picking of certain providers, etc.

## Patient Focused Initiative – Support the Expansion of Honoring Choices Minnesota Legislation

Messerli & Kramer Lead: Nancy Haas
MMGMA Lead: Sue Schettle

**We support Honoring Choices Minnesota whose mission is to make advance care planning the state's standard of care for adults 18 and older.**

Honoring Choices Minnesota assists providers and health care organizations by helping to build the infrastructure needed to support advance care planning conversations across the continuum of care. Honoring Choices trains "facilitators" to have the conversation with patients and families about end-of-life health care choices so that families aren't left wondering "what would mom have wanted?" Honoring Choices has available patient education materials and health care directive documents in 5 languages. The initiative has a strong community centric focus and engages community partners outside of the health care systems—in faith-based organizations, in community centers and health and human services entities. Honoring Choices supports the notion that talking about future health care decisions is a gift you can give your family. In 2016 we support funding local entities to build a sustainable advance care planning program within their community utilizing Honoring Choices Minnesota as a resource.

***Please let us know if you have any questions about our 2016 Legislative Priorities, need more information, or have additional suggestions! Together we can have a major impact on public policy for the benefit of our patients and practices.***

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***MMGMA Government Affairs Committee: Eric Tempelis, Chair***