MMGMA'S 2017 LEGISLATIVE PRIORITIES

MMGMA's Government Affairs Committee has adopted the following priorities for the 2017 Legislative Session.

1. Protection for Patients and Providers from Unilateral Changes to Contract Terms, Policies, Procedures and Fee Schedules

Messerli & Kramer Lead: Nancy Haas
MMGMA Lead: Melissa Larson and Jim Reimann

Support statutory changes which provide penalties when health plans change contract terms, policies and procedures, and fee schedules without notification and consent by providers.

Health plans often 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, changing without proper notice to providers has been a major problem and thus MMGMA supports creating penalties in statute for failing to follow the 45 day notice period currently in law. These changes affect patient care and/or provider reimbursement, and mutual written consent should 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. Tougher penalties in law will ensure proper notice is given, and unilateral changes will not be implemented through passive amendments and claims will not be denied while the parties consider the changes being proposed. This effort 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.

2. Network Participation

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

Health care plans exert control over a patient's ability to choose their healthcare provider. This often necessitates that a patient leave their current provider with whom they have an established and trusted relationship to receive care from an alternative provider that they do not know.

Healthcare plans are increasingly excluding high-quality providers from network participation. This is accomplished by exclusion from a product altogether or through offering only products with extremely narrow networks that include only a small portion of the plan's total contracted providers. The result of the plan's unilateral decision to limit the network is that contracted providers who met plan terms and conditions of participation are now excluded from providing service to patients put into the narrow network. Providers have no input or recourse in this process.

MMGMA supports efforts to ensure that health plans issuing benefits must enter into provider service agreements with all providers who are qualified under the laws of the State of Minnesota. Should a health plan deny a provider entry into a service agreement they must issue a letter explaining the reasons for denial, and a transparent appeal process must be available for the provider.

In addition, MMGMA supports that when contracted with a plan providers shall not be excluded from networks or products within the plan's offering, thereby narrowing networks. This will restore choice to patients, reduce overall cost and increase the quality of healthcare.

3. Risk Sharing Between Insurers and Providers in High Deductible Products

Messerli & Kramer Lead: James Clark
MMGMA Lead: Greg Maurer and Jim Reimann

Health plans are the first line of interaction with patients when providing insurance and thus when patients 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 patients. With the greater purchase of high deductible health plans (HDHP), providers will be left to collect payments from patients 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 67 percent from 2016 to 2017. 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 patient 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 patients choose to forego care for chronic conditions, allowing health issues to escalate into acute problems before seeking help.

MMGMA supports legislation that would put the financial burden of collecting high deductible costs where they belong, with the health plan. The legislation would require that if repeated attempts by a provider to collect outstanding deductibles are not successful, the health plan would have to make the provider whole.

4. Support Payment Parity for Services Rendered in Accordance with Published State or Federal Fee Schedules

Messerli & Kramer Lead: Nancy Haas and James Clark
MMGMA Lead: Rachael Perlinger and Jim Reimann

We support language that requires payers to pay providers no less than the Medicare or Minnesota Medical Assistance fee schedules for the specific services rendered.

In Minnesota, 55 percent of Medicare patients have assigned their Medicare benefits over to a Medicare Advantage plan in 2016[1]. This means health plans such as Blue Cross Blue Shield of MN, HealthPartners, UCare, Humana, etc. are the only payer for the Medicare-eligible patient. Many medical assistance enrollees are in a Prepaid Medical Assistance Plan (PMAP) through a Minnesota HMO. The health plans reimburse providers and hospitals for the services they render but some plans pay less than the Medicare fee schedule or Minnesota Medical Assistance fee schedule.

MMGMA supports language that would ensure no Minnesota health plan can pay less than the current year's fee schedules set by the Federal or State government for services rendered to the patient for the type of government health program that they have and the services rendered in accordance with it.

[1] http://kff.org/medicare/issue-brief/medicare-advantage-2016-spotlight-enrollment-market-update/

5. Support the Provider Tax Phase Out

Messerli & Kramer Lead: James Clark
MMGMA Lead: Mike Foley and Corinne Abdou

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.

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 offset these substantiated costs from their Provider Tax obligation would be fair and reasonable.

6. Simplify and Streamline Health Care Homes and Keeping Primary Care Viable

Messerli & Kramer Lead: James Clark
MMGMA Lead: Lisa Belak

Simplify and streamline Health Care Home rules to permit broader participation by patients with chronic conditions and reduce administrative overhead to providers. A series of reports issued recently by 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. To simplify administrative burden on providers, tie the Health Care Homes program requirements into the Medicare Access and CHIP Reauthorization Act (MACRA) requirements to make the provider eligible for the Advanced Payment Model (APM) track of MACRA. Health plan 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. Reporting should also be simplified and a single per member, per month payment should be implemented.

7. Oppose Workers' Compensation and No-Fault Fee Reductions

Messerli & Kramer Lead: James Clark
MMGMA Lead: Jim Reimann and Donald Bechtle

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.

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

Messerli & Kramer Lead: Nancy Haas
MMGMA Lead: Sue Schettle and Lisa Belak

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 2017 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 2017 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.

MMGMA Government Affairs Committee: Lisa Belak, Chair

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