

State of Minnesota

HOUSE OF REPRESENTATIVES

EIGHTY-NINTH SESSION

H. F. No. 523

02/02/2015 Authored by Zerwas
The bill was read for the first time and referred to the Committee on Health and Human Services Reform
02/12/2015 Adoption of Report: Placed on the General Register
Read Second Time

1.1 A bill for an act
1.2 relating to health; providing additional accrediting organization for ambulatory
1.3 health care; amending Minnesota Statutes 2014, section 62Q.37, subdivision 2.

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

1.5 Section 1. Minnesota Statutes 2014, section 62Q.37, subdivision 2, is amended to read:

1.6 Subd. 2. Definitions. For purposes of this section, the following terms have the
1.7 meanings given them.

1.8 (a) "Commissioner" means the commissioner of health for purposes of regulating
1.9 health maintenance organizations and community integrated service networks, the
1.10 commissioner of commerce for purposes of regulating nonprofit health service plan
1.11 corporations, or the commissioner of human services for the purpose of contracting with
1.12 managed care organizations serving persons enrolled in programs under chapter 256B,
1.13 256D, or 256L.

1.14 (b) "Health plan company" means (i) a nonprofit health service plan corporation
1.15 operating under chapter 62C; (ii) a health maintenance organization operating under
1.16 chapter 62D; (iii) a community integrated service network operating under chapter 62N;
1.17 or (iv) a managed care organization operating under chapter 256B, 256D, or 256L.

1.18 (c) "Nationally recognized independent organization" means (i) an organization
1.19 that sets specific national standards governing health care quality assurance processes,
1.20 utilization review, provider credentialing, marketing, and other topics covered by
1.21 this chapter and other chapters and audits and provides accreditation to those health
1.22 plan companies that meet those standards. The American Accreditation Health Care
1.23 Commission (URAC), the National Committee for Quality Assurance (NCQA), and
1.24 the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), and the

2.1 Accreditation Association for Ambulatory Health Care (AAAHC) are, at a minimum,
2.2 defined as nationally recognized independent organizations; and (ii) the Centers for
2.3 Medicare and Medicaid Services for purposes of reviews or audits conducted of health
2.4 plan companies under Part C of Title XVIII of the Social Security Act or under section
2.5 1876 of the Social Security Act.

2.6 (d) "Performance standard" means those standards relating to quality management
2.7 and improvement, access and availability of service, utilization review, provider selection,
2.8 provider credentialing, marketing, member rights and responsibilities, complaints, appeals,
2.9 grievance systems, enrollee information and materials, enrollment and disenrollment,
2.10 subcontractual relationships and delegation, confidentiality, continuity and coordination of
2.11 care, assurance of adequate capacity and services, coverage and authorization of services,
2.12 practice guidelines, health information systems, and financial solvency.