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HOUSE BILL

50TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2011

INTRODUCED BY

DISCUSSION DRAFT

FOR THE LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE

AN ACT

RELATING TO HEALTH INSURANCE; AMENDING THE PUBLIC ASSISTANCE ACT TO PROVIDE THAT MEDICAID, STATE CHILDREN'S HEALTH INSURANCE PROGRAM AND STATE COVERAGE INITIATIVE PROGRAM CONTRACTS WITH MANAGED-CARE ORGANIZATIONS INCLUDE SPECIFICATIONS FOR FUNDING MEDICAL HOMES.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

SECTION 1. Section 27-2-12.15 NMSA 1978 (being Laws 2009, Chapter 143, Section 1) is amended to read:

"27-2-12.15. MEDICAID, STATE CHILDREN'S HEALTH INSURANCE PROGRAM AND STATE COVERAGE INITIATIVE PROGRAM MEDICAL HOME WAIVER--RULEMAKING--APPLICATION FOR WAIVER OR STATE PLAN AMENDMENT.--

A. Subject to the availability of state funds and consistent with the federal Social Security Act, the department

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1 shall work with its contractors that administer the state's
2 approved waiver programs to promote and [~~if practicable~~]
3 develop a program called the "medical home program". The
4 "medical home" is an integrated care management model that
5 emphasizes primary medical care that is continuous,
6 comprehensive, coordinated, accessible, compassionate and
7 culturally appropriate. Care within the medical home includes
8 primary care, preventive care and care management services and
9 uses quality improvement techniques and information technology
10 for clinical decision support. Components of the medical home
11 model may include:

12 (1) assignment of recipients to a primary care
13 provider, clinic or practice that will serve as a medical home;

14 (2) promotion of the health commons model of
15 service delivery, whereby the medical home tracks recipients'
16 primary care, specialty, behavioral health, dental health, home
17 care and social services needs as much as practicable;

18 (3) health education, health promotion, peer
19 support and other services that may integrate with health care
20 services to promote overall health;

21 (4) health risk or functional needs
22 assessments for recipients;

23 (5) a method for reporting on the
24 effectiveness of the medical home model and its effect upon
25 recipients' utilization of health care services and the

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1 associated cost of utilization of those services;

2 (6) mechanisms to reduce inappropriate
3 emergency department utilization by recipients;

4 (7) financial incentives for the provision of
5 after-hours primary care;

6 (8) mechanisms that ensure a robust system of
7 care coordination for assessing, planning, coordinating and
8 monitoring recipients with complex, chronic or high-cost health
9 care or social support needs, including attendant care and
10 other services needed to remain in the community;

11 (9) implementation of a comprehensive,
12 community-based initiative to educate recipients about
13 effective use of the health care delivery system, including the
14 use of community health workers or promotoras;

15 (10) strategies to prevent or delay
16 institutionalization of recipients through the effective
17 utilization of home- and community-based support services;

18 (11) a primary care provider for each
19 recipient, who advocates for and provides ongoing support,
20 oversight and guidance to implement an integrated, coherent,
21 cross-disciplinary plan for ongoing health care developed in
22 partnership with the recipient and including all other health
23 care providers furnishing care to the recipient;

24 (12) implementation of evidence-based medicine
25 and clinical decision support tools to guide decision-making at

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1 the point-of-care based upon recipient-specific factors;

2 (13) use of comparative effectiveness to make
3 a cost-benefit analysis of health care practices;

4 (14) use of health information technology,
5 including remote supervision, recipient monitoring and
6 recipient registries, to monitor and track the health status of
7 recipients;

8 (15) development and use of safe and secure
9 health information technology to promote convenient recipient
10 access to personal health information, health services and web
11 sites with tools for patient self-management;

12 (16) implementation of training programs for
13 personnel involved in the coordination of care for recipients;

14 (17) implementation of equitable financial
15 incentive and compensation systems for primary care providers
16 and other staff engaged in care management and the medical home
17 model; and

18 (18) any other components that the secretary
19 determines will improve a recipient's health outcome and that
20 are cost-effective.

21 B. Beginning with fiscal year 2012, the department
22 shall specify in its contracts with each contractor that the
23 contractor allocate funds to establish and maintain a medical
24 home program.

25 [~~B.~~] C. For the purposes of this section:

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1 (1) "contractor" means a person that contracts
2 with the department to administer the state's coverage programs
3 for medicaid, the state children's health insurance program or
4 the state coverage initiative program; and

5 (2) "primary care provider" means a medical
6 doctor or physician assistant licensed under the Medical
7 Practice Act to practice medicine in New Mexico, an osteopathic
8 physician licensed pursuant to Chapter 61, Article 10 NMSA
9 1978, an osteopathic physician's assistant licensed pursuant to
10 the Osteopathic Physicians' Assistant Act, a pharmacist
11 clinician licensed or certified to prescribe and administer
12 drugs that are subject to the New Mexico Drug, Device and
13 Cosmetic Act or a certified nurse practitioner as defined in
14 the Nursing Practice Act who provides first contact and
15 continuous care and who has the staff and resources to manage
16 the comprehensive and coordinated health care of each
17 individual under the primary care provider's care."