

1 SENATE JOINT MEMORIAL

2 **51ST LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2013**

3 INTRODUCED BY

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8 FOR THE LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE

9  
10 A JOINT MEMORIAL

11 REQUESTING THE HUMAN SERVICES DEPARTMENT TO REQUIRE MEDICAID  
12 MANAGED CARE ORGANIZATIONS TO PROVIDE MEDICAID RECIPIENTS WITH  
13 MONTHLY EXPLANATIONS OF BENEFITS TO ENCOURAGE PERSONAL  
14 RESPONSIBILITY AND TO COMBAT FRAUD AND ABUSE IN THE MEDICAID  
15 PROGRAM.

16  
17 WHEREAS, nearly half a million New Mexicans receive  
18 medicaid benefits, with medicaid enrollment at its highest  
19 point in the state's history; and

20 WHEREAS, medicaid expenditures were approximately four  
21 billion dollars (\$4,000,000,000) in fiscal year 2011; and

22 WHEREAS, the medical assistance division of the human  
23 services department oversees the state's medicaid program; and

24 WHEREAS, the human services department contracts with  
25 managed care organizations to manage health care services paid

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1 for by medicaid; and

2 WHEREAS, federal law requires a state's medicaid agency to  
3 verify that services billed to medicaid by providers were in  
4 fact received by medicaid recipients; and

5 WHEREAS, verification of services is a valuable tool used  
6 by many states to detect medicaid fraud and abuse; and

7 WHEREAS, Texas requires a medicaid explanation of benefits  
8 for the purpose of informing recipients of the medicaid  
9 services paid for by the state's medicaid program on their  
10 behalf; in turn, recipients are encouraged to inform the  
11 state's medicaid agency if any of the services were incorrectly  
12 recorded or not received; and

13 WHEREAS, Nevada verifies services paid for by its medicaid  
14 program with monthly mailings to medicaid recipients of a  
15 summary of medicaid claims or explanation of benefits for the  
16 month preceding the mailing, with stamped self-addressed  
17 envelopes for recipients who wish to notify its medicaid agency  
18 of incorrect billings; and

19 WHEREAS, while one of the four guiding principles of New  
20 Mexico's centennial care medicaid program is "personal  
21 responsibility" and a stated goal of centennial care is to  
22 "engage recipients in their personal health decisions", the  
23 human services department does not require its medicaid managed  
24 care contractors to provide medicaid recipients with an  
25 explanation of benefits;

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1           NOW, THEREFORE, BE IT RESOLVED BY THE LEGISLATURE OF THE  
2 STATE OF NEW MEXICO that the human services department be  
3 requested to require its medicaid managed care contractors to  
4 provide medicaid recipients with regular and periodic  
5 explanations of benefits to encourage personal responsibility  
6 and as a tool to detect fraud and abuse in the medicaid  
7 program; and

8           BE IT FURTHER RESOLVED that copies of this memorial be  
9 transmitted to the governor, the secretary of human services  
10 and the director of the medical assistance division.

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