

MONTANA MEDICAID PROVIDER LIABILITY AND ENROLLEE WELLNESS PILOT PROGRAM

A Montana Medicaid Provider Liability and Enrollee Wellness Pilot Program would be created to achieve the desired results of improving patient health through use of wellness incentives while simultaneously reducing the costly physician practice of defensive medicine. A possible added benefit will be an increase in the number of physicians in participating counties providing services for Medicaid patients, thus increasing the available and appropriate access to care.

PATIENT PARTICIPANTS. Patient participants will be all eligible Medicaid enrollees who are enrolled within the counties that comprise the geographic scope of the Pilot Program.

PROVIDER PARTICIPANTS. Provider participants will be limited to Acute Care Hospitals within the designated counties and the following types of physicians: Family Practice; Hospital Emergency Department; Internal Medicine; and Pediatric. Acute Care Hospitals in the designated counties must participate in the Pilot Program, and eligible physicians practicing within those counties can voluntarily register with DPHHS to participate. Participating physicians and hospitals must provide the required data to the designated entity in a timely manner as determined by DPHHS in consultation with provider representatives. CAH Hospitals are not eligible to participate.

PILOT PROGRAM ADMINISTRATION. The Pilot Program will be administered by the Administrator of the Montana Medicaid Program. In each county participating in the Pilot Program, at least one hospital designee, but no more than two, and one physician designee, but no more than two, will serve as Provider Coordinators who will be responsible for collaborating with the Medicaid Administrator.

GEOGRAPHIC SCOPE. The geographic scope of the Pilot Program will be limited to the following counties: Cascade County, Missoula County, and Yellowstone County. Beginning in the 2015 Legislative Session, the Montana Legislature may expand the Pilot Program to other counties or statewide.

TIME FRAME. The effective date of Pilot Program legislation to be introduced in the 2013 Montana Legislative Session will be September 1, 2013, or a date determined by the Montana Legislature. The Pilot Program will automatically sunset on September 1, 2017, unless the Pilot Program is extended by the Montana Legislature. The governor will be given specific authority to terminate the program before its termination date only for severe financial reasons and following a 60 day notice period and the opportunity for public input and response.

PROGRAM COMPONENTS.

Wellness Incentives. Wellness incentives will be available to Medicaid patients participating in this Pilot Program. For example, a wellness incentive such as a gasoline gift card would be the reward for successful self-management of a chronic illness, such as weight

management for enrollees having diabetes. Data collection and analysis will be a key aspect of the Wellness element of this Pilot Program both for the purposes of determining individual enrollee rewards and the overall results and impacts of promoting Wellness by providing incentives.

Civil Immunity. The Pilot Program would provide civil immunity to participating medical providers (hospitals and eligible physicians above) who apply clinical judgment to omit tests, procedures, treatment or other therapeutic interventions, and clearly document their reasons for doing so, unless medical malpractice is shown by clear and convincing evidence.

Documented Rationale. The eligible physician shall prepare a brief but comprehensive statement explaining the omission of tests, procedures, treatment or other therapeutic interventions which must be placed, at the time of treatment, in the medical record of the participating Medicaid patient explaining the physician's clinical judgment and rationale for such omission. For the purposes of this Pilot Program, "omission" is defined as "the act of a participating medical provider not prescribing, recommending, or ordering a particular test, procedure, treatment or other therapeutic intervention.

DATA TRACKING/ REPORT OF FINDINGS.

Data Tracking. A consulting health data firm (e.g., HCMS Group, Cheyenne, WY) would be contracted to monitor the Pilot Program, collect data, and monitor the Pilot Program's outcomes. The consulting health data firm shall present periodic reports of information gathered to the Administrator of the Montana Medicaid Program, the designated Provider Coordinators in each participating county, and appropriate healthcare committees of the Montana Legislature.

Medical Legal Panel Survey. In addition to the data collection and reports, the Montana Medical Legal Panel shall submit a survey to all Pilot Program eligible physicians within the three affected counties to determine if the Pilot Program is achieving the desired effect of reducing the practice of defensive medicine and will prepare the results of said survey to the Board of Medical Examiners for its approval. The results of the survey submitted to the Board are public record and shall also be shared with the Administrator of the Montana Medicaid Program, the designated Provider Coordinators in each participating county, and the appropriate healthcare committees of the Montana Legislature.