

HOUSE BILL NO. 176

INTRODUCED BY M. DUNWELL

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A BILL FOR AN ACT ENTITLED: "AN ACT REQUIRING DEPRESSION SCREENING BY STATE-RUN HEALTH BENEFIT PROGRAMS; REQUIRING THE STATE EMPLOYEE GROUP BENEFITS PLAN, MEDICAID PROGRAM, AND HEALTHY MONTANA KIDS PLAN TO INCLUDE SCREENING FOR DEPRESSION; PROVIDING RULEMAKING AUTHORITY; AMENDING SECTIONS 2-18-811, 53-4-1005, AND 53-6-113, MCA; AND PROVIDING A CONTINGENT TERMINATION DATE."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

Section 1. Section 2-18-811, MCA, is amended to read:

"2-18-811. General duties of department. The department shall:

(1) adopt rules for the conduct of its business under this part and to carry out the purposes of this part;

(2) negotiate and administer contracts for state employee group benefit plans for a period not to exceed 10 years;

(3) design state employee group benefit plans, establish specifications for bids, and make recommendations for acceptance or rejection of bids;

(4) require a vendor providing wellness screenings to state employees and their dependents to screen patients 12 years of age or older for depression as part of the wellness screening;

~~(4)~~(5) prepare an annual report that describes the state employee group benefit plans being administered, details the historical and projected program costs and the status of reserve funds, and makes recommendations, if any, for change in existing state employee group benefit plans;

~~(5)~~(6) prior to each legislative session, perform or obtain an analysis of rate adequacy of all state employee group benefit plans administered under this part; and

~~(6)~~(7) submit the report required in this section to the office of budget and program planning as a part of the information required by 17-7-111."

Section 2. Section 53-4-1005, MCA, is amended to read:

"53-4-1005. (Temporary) Benefits provided. (1) Benefits provided to participants in the program may



1 include but are not limited to:

- 2 (a) inpatient and outpatient hospital services;
 3 (b) physician and advanced practice registered nurse services;
 4 (c) laboratory and x-ray services;
 5 (d) well-child and well-baby services;
 6 (e) immunizations;
 7 (f) clinic services;
 8 (g) dental services;
 9 (h) prescription drugs;
 10 (i) mental health and substance abuse treatment services;
 11 (j) hearing and vision exams; and
 12 (k) eyeglasses.

13 (2) The program must comply with the provisions of 33-22-153.

14 (3) The department shall adopt rules, pursuant to its authority under 53-4-1009, allowing it to cover
 15 significant dental needs beyond those covered in the basic plan. Expenditures under this subsection may not
 16 exceed \$100,000 in state funds, plus any matched federal funds, each fiscal year.

17 (4) The department shall adopt rules, pursuant to 53-4-1009, requiring primary care providers
 18 participating in the program to screen children 12 years of age or older for depression during annual wellness
 19 visits.

20 ~~(4)(5)~~ The department is specifically prohibited from providing payment for birth control contraceptives
 21 under this program.

22 ~~(5)(6)~~ The department shall notify enrollees of any restrictions on access to health care providers, of any
 23 restrictions on the availability of services by out-of-state providers, and of the methodology for an out-of-state
 24 provider to be an eligible provider. (Terminates on occurrence of contingency--sec. 15, Ch. 571, L. 1999; sec.
 25 3, Ch. 169, L. 2007; sec. 10, Ch. 97, L. 2013.)"

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27 **Section 3.** Section 53-6-113, MCA, is amended to read:

28 **"53-6-113. (Temporary) Department to adopt rules.** (1) The department shall adopt appropriate rules
 29 necessary for the administration of the Montana medicaid program as provided for in this part and that may be
 30 required by federal laws and regulations governing state participation in medicaid under Title XIX of the Social

1 Security Act, 42 U.S.C. 1396, et seq., as amended.

2 (2) The department shall adopt rules that are necessary to further define for the purposes of this part the
3 services provided under 53-6-101 and to provide that services being used are medically necessary and that the
4 services are the most efficient and cost-effective available. The rules may establish the amount, scope, and
5 duration of services provided under the Montana medicaid program, including the items and components
6 constituting the services. The rules must require that primary care providers screen enrollees 12 years of age and
7 older for depression during annual well-child visits or physical examinations.

8 (3) The department shall establish by rule the rates for reimbursement of services provided under this
9 part. The department may in its discretion set rates of reimbursement that it determines necessary for the
10 purposes of the program. In establishing rates of reimbursement, the department may consider but is not limited
11 to considering:

- 12 (a) the availability of appropriated funds;
13 (b) the actual cost of services;
14 (c) the quality of services;
15 (d) the professional knowledge and skills necessary for the delivery of services; and
16 (e) the availability of services.

17 (4) The department shall specify by rule those professionals who may deliver or direct the delivery of
18 particular services.

19 (5) The department may provide by rule for payment by a recipient of a portion of the reimbursements
20 established by the department for services provided under this part.

21 (6) (a) The department may adopt rules consistent with this part to govern eligibility for the Montana
22 medicaid program, including the medicaid program provided for in 53-6-195. Rules may include but are not limited
23 to financial standards and criteria for income and resources, treatment of resources, nonfinancial criteria, family
24 responsibilities, residency, application, termination, definition of terms, confidentiality of applicant and recipient
25 information, and cooperation with the state agency administering the child support enforcement program under
26 Title IV-D of the Social Security Act, 42 U.S.C. 651, et seq.

27 (b) The department may not apply financial criteria below \$15,000 for resources other than income in
28 determining the eligibility of a child under 19 years of age for poverty level-related children's medicaid coverage
29 groups, as provided in 42 U.S.C. 1396a(l)(1)(B) through (l)(1)(D).

30 (c) The department may not apply financial criteria below \$15,000 for an individual and \$30,000 for a

1 couple for resources other than income in determining the eligibility of individuals for the medicaid program for
2 workers with disabilities provided for in 53-6-195.

3 (7) The department may adopt rules limiting eligibility based on criteria more restrictive than that provided
4 in 53-6-131 if required by Title XIX of the Social Security Act, 42 U.S.C. 1396, et seq., as may be amended, or
5 if funds appropriated are not sufficient to provide medical care for all eligible persons.

6 (8) The department may adopt rules necessary for the administration of medicaid managed care
7 systems. Rules to be adopted may include but are not limited to rules concerning:

8 (a) participation in managed care;

9 (b) selection and qualifications for providers of managed care; and

10 (c) standards for the provision of managed care.

11 (9) Subject to subsection (6), the department shall establish by rule income limits for eligibility for
12 extended medical assistance of persons receiving section 1931 medicaid benefits, as defined in 53-4-602, who
13 lose eligibility because of increased income to the assistance unit, as that term is defined in the rules of the
14 department, as provided in 53-6-134, and shall also establish by rule the length of time for which extended
15 medical assistance will be provided. The department, in exercising its discretion to set income limits and duration
16 of assistance, may consider the amount of funds appropriated by the legislature.

17 (10) The department may adopt rules for implementing and administering one or more patient-centered
18 medical home programs. The rules may include but are not limited to provider qualifications, coverage groups,
19 services coverage, measures to ensure the appropriateness and quality of services delivered, payment rates and
20 fees, and utilization measures. In implementing and administering patient-centered medical home programs, the
21 department shall use only health care providers that have been qualified by the commissioner and authorized
22 to use the designation of a patient-centered medical home. The department shall use the standards adopted by
23 the commissioner for patient-centered medical homes under 33-40-105, except for those standards relating to
24 settling payment rates and fees and any standards that may conflict with federal medicaid requirements.
25 (Terminates December 31, 2017--sec. 14, Ch. 363, L. 2013.)

26 **53-6-113. (Effective January 1, 2018) Department to adopt rules.** (1) The department shall adopt
27 appropriate rules necessary for the administration of the Montana medicaid program as provided for in this part
28 and that may be required by federal laws and regulations governing state participation in medicaid under Title
29 XIX of the Social Security Act, 42 U.S.C. 1396, et seq., as amended.

30 (2) The department shall adopt rules that are necessary to further define for the purposes of this part the

1 services provided under 53-6-101 and to provide that services being used are medically necessary and that the
2 services are the most efficient and cost-effective available. The rules may establish the amount, scope, and
3 duration of services provided under the Montana medicaid program, including the items and components
4 constituting the services. The rules must require that primary care providers screen enrollees 12 years of age and
5 older for depression during annual well-child visits or physical examinations.

6 (3) The department shall establish by rule the rates for reimbursement of services provided under this
7 part. The department may in its discretion set rates of reimbursement that it determines necessary for the
8 purposes of the program. In establishing rates of reimbursement, the department may consider but is not limited
9 to considering:

10 (a) the availability of appropriated funds;

11 (b) the actual cost of services;

12 (c) the quality of services;

13 (d) the professional knowledge and skills necessary for the delivery of services; and

14 (e) the availability of services.

15 (4) The department shall specify by rule those professionals who may deliver or direct the delivery of
16 particular services.

17 (5) The department may provide by rule for payment by a recipient of a portion of the reimbursements
18 established by the department for services provided under this part.

19 (6) (a) The department may adopt rules consistent with this part to govern eligibility for the Montana
20 medicaid program, including the medicaid program provided for in 53-6-195. Rules may include but are not limited
21 to financial standards and criteria for income and resources, treatment of resources, nonfinancial criteria, family
22 responsibilities, residency, application, termination, definition of terms, confidentiality of applicant and recipient
23 information, and cooperation with the state agency administering the child support enforcement program under
24 Title IV-D of the Social Security Act, 42 U.S.C. 651, et seq.

25 (b) The department may not apply financial criteria below \$15,000 for resources other than income in
26 determining the eligibility of a child under 19 years of age for poverty level-related children's medicaid coverage
27 groups, as provided in 42 U.S.C. 1396a(l)(1)(B) through (l)(1)(D).

28 (c) The department may not apply financial criteria below \$15,000 for an individual and \$30,000 for a
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30 workers with disabilities provided for in 53-6-195.

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12 department, as provided in 53-6-134, and shall also establish by rule the length of time for which extended
13 medical assistance will be provided. The department, in exercising its discretion to set income limits and duration
14 of assistance, may consider the amount of funds appropriated by the legislature."

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16 NEW SECTION. **Section 4. Termination.** [Section 2] terminates on the occurrence of the contingency
17 contained in section 15, Chapter 571, Laws of 1999.

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