

HOUSE BILL NO. 121

INTRODUCED BY A. CURTIS

BY REQUEST OF THE STATE AUDITOR

A BILL FOR AN ACT ENTITLED: "AN ACT REMOVING THE SUNSET PROVISION OF THE PATIENT-CENTERED MEDICAL HOMES ACT; REMOVING REFERENCES TO A STUDY AND 2016 REPORT; AMENDING SECTION 33-40-105, MCA; AND REPEALING SECTION 14, CHAPTER 363, LAWS OF 2013."

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

Section 1. Section 33-40-105, MCA, is amended to read:

"33-40-105. (Temporary) Standards for patient-centered medical homes. (1) The commissioner shall, in consultation with the stakeholder council of interested parties, set standards from the list provided in subsection (2).

(2) Standards may be set for one or more of the following or for other topics determined by the commissioner in consultation with stakeholders:

(a) payment methods used by health plans to pay patient-centered medical homes for services associated with the coordination of covered health care services;

(b) bonuses, fee-based incentives, bundled fees, or other incentives that a health plan may use to pay a patient-centered medical home based on the savings from reduced health care expenditures associated with improved health outcomes and care coordination by qualified individuals attributed to the participation in the patient-centered medical homes;

(c) a uniform set of health care quality and performance measures that include prevention services; and

(d) a uniform set of measures related to cost and medical usage.

(3) A patient-centered medical home must meet the standards in this section in full or in part by providing proof to the commissioner that it has been accredited by a nationally recognized accrediting organization approved by the commissioner.

(4) The commissioner may, in consultation with stakeholders, set standards that are specific to Montana and may be required in addition to nationally recognized accreditation standards.

(5) A patient-centered medical home shall report on its compliance with the uniform set of health care

1 quality and performance measures adopted by the commissioner to:

2 (a) health plans and other payors with which the patient-centered medical home contracts;

3 (b) the commissioner; and

4 (c) the department, if the department is a participant.

5 (6) A health plan and other payors shall report to the patient-centered medical home regarding their
6 compliance with the uniform set of cost and utilization measures adopted by the commissioner for patients
7 covered under the health plan.

8 (7) In developing the standards described in subsection (2), the commissioner may consider:

9 (a) the use of health information technology, including electronic medical records;

10 (b) the relationship between the primary care practice, specialists, other health care providers, and
11 hospitals;

12 (c) the access standards for individuals covered by a health plan to receive primary medical care in a
13 timely manner;

14 (d) the ability of the primary care practice to foster a partnership with patients; and

15 (e) the use of comprehensive medication management to improve clinical outcomes.

16 ~~(8) All health care providers and payors who participate in a patient-centered medical home shall, as a
17 condition of participation, collectively commission one independent study on savings generated by the
18 patient-centered medical home program and report to the children, families, health, and human services interim
19 committee no later than September 30, 2016. (Terminates December 31, 2017--sec. 14, Ch. 363, L. 2013.)"~~

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21 NEW SECTION. Section 2. Repealer. Section 14, Chapter 363, Laws of 2013, is repealed.

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