

1 HOUSE BILL NO. 485

2 INTRODUCED BY J. GILLETTE

3

4 A BILL FOR AN ACT ENTITLED: "AN ACT ESTABLISHING REPORTING REQUIREMENTS FOR PROGRAM
5 INTEGRITY AND QUALITY MEASURES FOR THE MEDICAID AND CHILDREN'S HEALTH INSURANCE
6 PROGRAMS."

7

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

9

10 **NEW SECTION. Section 1. Quality improvement for medical assistance programs -- reporting**
11 **requirements.** (1) To ensure the integrity and quality of the state medicaid program operated pursuant to Title
12 53, chapter 6, and the children's health insurance program operated pursuant to Title 53, chapter 4, part 10, the
13 department shall:

14 (a) for the purposes of the federal medicaid eligibility quality control program, sample and report:

15 (i) twice the minimum number of active medicaid cases as required under 42 CFR 431.812; and

16 (ii) an equivalent number of active cases for the children's health insurance program; and

17 (b) no later than December 31, 2025, report data for a minimum of 75% of the state health system
18 performance measures included in the medicaid and children's health insurance program scorecard developed
19 by the centers for medicare and medicaid services. The department shall increase the number of performance
20 measures for which it reports data each calendar year until it is reporting on a minimum of 75% of the
21 measures.

22 (2) The department shall provide a biennial report to the legislature, in accordance with 5-11-210, and
23 to the children, families, health, and human services interim committee detailing:

24 (a) the activities it has undertaken related to medicaid eligibility quality control pilots, including but not
25 limited to:

26 (i) the methods used;

27 (ii) the results, case level report, and corrective action plan reported to the centers for medicare and
28 medicaid services;

1 (iii) any actions the department plans to take to improve the accuracy of eligibility determinations,
2 implement prospective improvements, and test the efficacy of corrective actions that are intended to address
3 payment error rate measurement eligibility errors; and

4 (iv) the status of activities and the results related to any outstanding corrective action plans;

5 (b) the state health system performance measures reported to the centers for medicare and medicaid
6 services for the medicaid and children's health insurance program scorecard, including information showing:

7 (i) state-by-state comparisons that describe the state's ranking for each reporting measure; and

8 (ii) longitudinal data showing the state's performance on those measures over time; and

9 (c) an update on and the results of the payment error rate measurement audit program.

10

11 NEW SECTION. Section 2. Codification instruction. [Section 1] is intended to be codified as an
12 integral part of Title 53, chapter 2, part 2, and the provisions of Title 53, chapter 2, part 2, apply to [section 1].

13

- END -