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HOUSE BILL NO. 2456

Offered January 9, 2019

Prefiled January 9, 2019

A BILL to require the Department of Medical Assistance Services to apply for a waiver to implement a direct primary care program; report.

Patron—Landes

Referred to Committee on Appropriations

Be it enacted by the General Assembly of Virginia:

1. § 1. That the Department of Medical Assistance Services (the Department) shall prepare and submit to the Centers for Medicaid and Medicare Services an application for a waiver, pursuant to § 1115 of the Social Security Act, 42 U.S.C. § 1315, to allow the Commonwealth to implement a pilot project to provide medical assistance services for individuals receiving services pursuant to the state plan for medical assistance by entering into direct primary care contracts with direct primary care providers. The waiver shall include (i) authority for the Department to enter into direct primary contracts with direct primary providers in accordance with Article 10 (§ 54.1-2997 et seq.) of Chapter 29 of Title 54.1 of the Code of Virginia for the provision of preventative care, wellness counseling, primary medical care, coordination of primary medical care with specialty medical care and medical care delivered in hospitals, and telephone and electronic mail consultations; (ii) provisions for the payment of regular monthly fees for direct primary care by the Department to direct primary care providers in accordance with the direct primary care contract, provided that such regular monthly fees shall in no case exceed \$100 per month for each eligible recipient and \$125 per month per dual eligible recipient; (iii) a provision that priority in the issuance of direct primary care contracts will be given to direct primary care providers who agree to provide direct primary care services to dual eligible recipients; and (iv) a requirement that the Department study the effectiveness of the pilot program on access to and cost of health care services for program participants and report to the Governor and the General Assembly by December 1, 2021. The report required pursuant to clause (iv) shall include data and information about the utilization of certain health care services, including emergency room visits, hospitalizations, the number and types of surgeries, the number and types of specialist visits, and use of advanced radiology other than mammograms and DEXA scans, by individuals receiving direct primary care services, and the impact of the direct primary care program on such utilization.

§ 2. For the purposes of this act:

"Dual eligible recipient" means a person who is eligible for both the Medicare program established pursuant to Title XVIII of the Social Security Act and the Commonwealth's program of medical assistance services pursuant to Title XIX of the Social Security Act.

"Eligible recipient" means a person who is eligible for the Commonwealth's program of medical assistance services pursuant to Title XIX of the Social Security Act.

§ 3. The Director of the Department of Medical Assistance Services shall report to the Governor and the General Assembly on the status of the waiver application and implementation of the direct primary care pilot program by December 1, 2019.

INTRODUCED

HB2456