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HOUSE JOINT RESOLUTION NO. 680

Offered January 9, 2019

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Requesting the Department of Medical Assistance Services to study the costs and benefits of implementing a full provider service network capitation model for Medicaid. Report.

Patron—Head

Referred to Committee on Rules

WHEREAS, the Commonwealth's program of medical assistance, known as Medicaid, provides health care coverage to low-income children and adults; and

WHEREAS, in 2018, the Department of Medical Assistance Services launched the Medallion 4.0 program to deliver health care services to pregnant women, infants, children, adults, and certain individuals receiving foster care and adoption assistance payments through a managed care service model; and

WHEREAS, in 2018, the Department of Medical Assistance Services also implemented the Commonwealth Coordinated Care Plus program to provide managed long-term services and supports for aged, blind, and disabled individuals, individuals receiving Medicaid long-term care services in a facility or through one of the home and community based waivers other than the Alzheimer's Assisted Living waiver, and individuals who are eligible for both Medicare benefits and full Medicaid benefits; and

WHEREAS, managed care programs like Medallion 4.0 and Commonwealth Coordinated Care Plus that pay managed care plans an average per member per month capitation rate, regardless of the type or volume of health care services provided, can improve the efficiency and cost-effectiveness of the delivery of health care services; and

WHEREAS, provider service networks are managed care plans coordinated by a health care provider or group of health care providers that provide a substantial portion of the care provided for patients enrolled in the managed care plan; and

WHEREAS, provider service networks coupled with per member per month capitation rates can reduce the cost of providing Medicaid services by diversifying the financial risk pool for providing health care services; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Department of Medical Assistance Services be requested to study the costs and benefits of implementing a full provider service network capitation model for Medicaid.

In conducting its study, the Department of Medical Assistance Services shall evaluate the potential costs and benefits of adopting a full per member per month capitation model for Medicaid that utilizes provider service networks for the delivery of Medicaid services and make recommendations for the changes necessary to adopt such a model in the Commonwealth.

All agencies of the Commonwealth shall provide assistance to the Department of Medical Assistance Services for this study, upon request.

The Department of Medical Assistance Services shall complete its meetings for the first year by November 30, 2019, and for the second year by November 30, 2020, and the Department shall submit to the Division of Legislative Automated Systems an executive summary of its findings and recommendations no later than the first day of the next Regular Session of the General Assembly for each year. Each executive summary shall state whether the Department of Medical Assistance Services plans to submit to the General Assembly and the Governor a report of its findings and recommendations for publication as a House or Senate document. The executive summaries and reports shall be submitted as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents and reports and shall be posted on the General Assembly's website.

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