HOUSE BILL NO. 4496

May 02, 2023, Introduced by Reps. Filler, Snyder, Glanville, Liberati, Rheingans, McFall, Steckloff, Byrnes, Scott, Churches, Coleman, Hood, Fitzgerald, Tyrone Carter, Paiz, McKinney, Zorn, Farhat, Aiyash and Phil Green and referred to the Committee on Health Policy.

A bill to amend 1939 PA 280, entitled "The social welfare act,"

by amending sections 105b and 109f (MCL 400.105b and 400.109f), section 105b as added by 2007 PA 100 and section 109f as amended by 2017 PA 224; and to repeal acts and parts of acts.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 Sec. 105b. (1) The department of community health shall work

2 with contracted health plans to create incentives for individual

3 medical assistance recipients who practice specified positive

health behaviors. The incentives described in this subsection may 1 2 include, but are not limited to, expanded benefits and incentives 3 relating to premiums, co-pays, or benefits. The positive health behaviors described in this subsection may include, but are not 4 5 limited to, participation in health risk assessments and health 6 screenings, compliance with medical treatment, attendance at 7 scheduled medical appointments, participation in smoking cessation 8 treatment, exercise, prenatal visits, immunizations, and attendance 9 at recommended educational health programs.

10 (2) The department of community health shall create pay-for-11 performance incentives for contracted medicaid Medicaid health maintenance organizations. The medicaid Medicaid health maintenance 12 organization contracts shall may include incentives for meeting 13 14 health outcome targets for chronic disease states, increasing the 15 number of medical assistance recipients who practice positive 16 health behaviors, and meeting patient compliance targets established by the department. of community health. Priority shall 17 18 may be given to strategies that prevent and manage the 10 most 19 prevalent and costly ailments affecting medical assistance 20 recipients.

21 (3) The department of community health shall establish a 22 preferred product and service formulary program for durable medical 23 equipment. The department of community health shall work with the 24 centers for medicare and medicaid services Centers for Medicare and 25 Medicaid to determine if a joint partnership with medicare Medicare 26 is possible in establishing the program described in this 27 subsection as a means of achieving savings and efficiencies for both the medicaid and medicare Medicaid and Medicare programs. The 28 29 preferred product and service formulary program for durable medical

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equipment shall require participation from the department of
 community health and shall permit the contracted medicaid Medicaid
 health maintenance organizations and provider organizations to
 participate.

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5 (4) The department of community health shall seek financial
6 support for electronic health records, including, but not limited
7 to, personal health records, e-prescribing, web-based medical
8 records, and other health information technology initiatives using
9 medicaid Medicaid funds.

10 (5) The department of community health shall include in any 11 federal waiver request that is submitted with the intent to secure 12 federal matching funds to cover the medically uninsured nonmedicaid 13 population in the state language to allow the department of 14 community health to establish, at a minimum, the programs required 15 under subsections (1) and (2).

16 (5) (6) The department of community health shall not implement 17 incentives under this section that conflict with federal statute or 18 regulation.

19 Sec. 109f. (1) The department shall support the use of 20 Medicaid funds for specialty services and supports for eligible 21 Medicaid beneficiaries with a serious mental illness, developmental disability, serious emotional disturbance, or substance use 22 23 disorder. Medicaid-covered specialty services and supports shall be 24 managed and delivered by specialty prepaid health plans chosen by 25 the department. The Except for beneficiaries who are eligible for dual enrollment in Medicare and Medicaid, the specialty services 26 27 and supports shall be carved out from the basic Medicaid health 28 care benefits package.

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(2) Specialty prepaid health plans are Medicaid managed care

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1 organizations as described in section 1903(m)(1)(A) of title XIX, 2 42 USC 1396b, and are responsible for providing defined inpatient 3 services, outpatient hospital services, physician services, other 4 specified Medicaid state plan services, and additional services 5 approved by the Centers for Medicare and Medicaid Services under 6 section 1915(b)(3) of title XIX, 42 USC 1396n.

7 (3) This section does not apply to a pilot project authorized8 under section 298(3) of article X of 2017 PA 107.

9 Enacting section 1. Sections 105c, 105f, 107a, and 107b of the
10 social welfare act, 1939 PA 280, MCL 400.105c, 400.105f, 400.107a,
11 and 400.107b, are repealed.

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