

House File 83 - Introduced

HOUSE FILE 83

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A BILL FOR

1 An Act relating to integrated care models for the delivery
2 of health care, including but not limited to required
3 utilization of a medical home by individuals currently and
4 newly eligible for coverage under the Medicaid program and
5 including effective date provisions.

6 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 Section 1. Section 135.157, subsections 4 and 6, Code 2013,
2 are amended to read as follows:

3 4. "*Medical home*" means a team approach to providing health
4 care that originates in a primary care setting; fosters a
5 partnership among the patient, the personal provider, and
6 other health care professionals, and where appropriate, the
7 patient's family; utilizes the partnership to access and
8 integrate all medical and nonmedical health-related services
9 across all elements of the health care system and the patient's
10 community as needed by the patient and the patient's family
11 to achieve maximum health potential; maintains a centralized,
12 comprehensive record of all health-related services to
13 promote continuity of care; and has all of the characteristics
14 specified in section 135.158.

15 6. "*Personal provider*" means the patient's first point of
16 contact in the health care system with a primary care provider
17 who identifies the patient's health health-related needs and,
18 working with a team of health care professionals and providers
19 of medical and nonmedical health-related services, provides
20 for and coordinates appropriate care to address the health
21 health-related needs identified.

22 Sec. 2. Section 135.158, subsection 2, paragraphs b, c, and
23 d, Code 2013, are amended to read as follows:

24 b. A provider-directed team-based medical practice. The
25 personal provider leads a team of individuals at the practice
26 level who collectively take responsibility for the ongoing
27 ~~health care~~ health-related needs of patients.

28 c. Whole person orientation. The personal provider is
29 responsible for providing for all of a patient's ~~health care~~
30 health-related needs or taking responsibility for appropriately
31 arranging ~~health care~~ for health-related services provided
32 by other qualified health care professionals and providers
33 of medical and nonmedical health-related services. This
34 responsibility includes ~~health~~ health-related care at all
35 stages of life including provision of preventive care,

1 acute care, chronic care, ~~preventive services~~ long-term
2 care, transitional care between providers and settings, and
3 end-of-life care. This responsibility includes whole-person
4 care consisting of physical health care including but not
5 limited to oral, vision, and other specialty care, pharmacy
6 management, and behavioral health care.

7 *d.* Coordination and integration of care. Care is
8 coordinated and integrated across all elements of the
9 complex health care system and the patient's community. Care
10 coordination and integration provides linkages to community
11 and social supports to address social determinants of health,
12 to engage and support patients in managing their own health,
13 and to track the progress of these community and social
14 supports in providing whole-person care. Care is facilitated
15 by registries, information technology, health information
16 exchanges, and other means to assure that patients receive the
17 indicated care when and where they need and want the care in a
18 culturally and linguistically appropriate manner.

19 Sec. 3. Section 135.159, subsections 1, 9, and 11, Code
20 2013, are amended to read as follows:

21 1. The department shall administer the medical home system.
22 The department shall collaborate with the department of human
23 services in administering medical homes under the medical
24 assistance program. The department shall adopt rules pursuant
25 to chapter 17A necessary to administer the medical home system,
26 and shall collaborate with the department of human services in
27 adopting rules for medical homes under the medical assistance
28 program.

29 9. The department shall coordinate the requirements and
30 activities of the medical home system with the requirements
31 and activities of the dental home for children as described
32 in section 249J.14, and shall recommend financial incentives
33 for dentists and nondental providers to promote oral health
34 care coordination through preventive dental intervention, early
35 identification of oral disease risk, health care coordination

1 and data tracking, treatment, chronic care management,
2 education and training, parental guidance, and oral health
3 promotions for children. Additionally, the department shall
4 establish requirements for the medical home system to provide
5 linkages to accessible dental homes for adults and older
6 individuals.

7 11. *Implementation phases.*

8 a. ~~Initial implementation shall~~ No later than July 1, 2014,
9 the department shall collaborate with the department of human
10 services to require participation in the medical home system of
11 children all of the following:

12 (1) Children who are recipients of full benefits under the
13 medical assistance program. ~~The department shall work with~~
14 ~~the department of human services and shall recommend to the~~
15 ~~general assembly a reimbursement methodology to compensate~~
16 ~~providers participating under the medical assistance program~~
17 ~~for participation in the medical home system.~~

18 b. (2) ~~The department shall work with the department of~~
19 ~~human services to expand the medical home system to adults~~
20 Adults who are recipients of full benefits under the medical
21 assistance program ~~and the expansion population under the~~
22 IowaCare program including those adults who are recipients of
23 benefits under section 249A.3, subsection 1, paragraph "v", in
24 accordance with the federal Patient Protection and Affordable
25 Care Act, Pub. L. No. 111-148, § 2001, as amended by the
26 federal Health Care and Education Reconciliation Act of 2010,
27 Pub. L. No. 111-152.

28 (3) ~~The department shall work with~~ Medicare and dually
29 eligible Medicare and Medicaid recipients, to the extent
30 approved by the centers for Medicare and Medicaid services of
31 the United States department of health and human services to
32 allow Medicare recipients to utilize the medical home system.

33 c. b. The department shall work with the department of
34 administrative services to allow state employees to utilize the
35 medical home system.

1 ~~d.~~ c. The department shall work with insurers and
2 self-insured companies, if requested, to make the medical
3 home system available to individuals with private health care
4 coverage.

5 Sec. 4. Section 249A.3, subsection 1, Code 2013, is amended
6 by adding the following new paragraph:

7 NEW PARAGRAPH. *v.* Beginning January 1, 2014, is an
8 individual who is nineteen years of age or older and under
9 age sixty-five; is not pregnant; is not entitled to or
10 enrolled for Medicare benefits under part A, or enrolled
11 for Medicare benefits under part B, of Tit. XVIII of the
12 federal Social Security Act; is not otherwise described in
13 section 1902a(a)(10)(A)(i) of the federal Social Security
14 Act; and whose income is at or below one hundred thirty-three
15 percent of the federal poverty level as defined by the most
16 recently revised poverty income guidelines published by the
17 United States department of health and human services for the
18 applicable family size and as calculated in accordance with
19 the federal Patient Protection and Affordable Care Act, Pub.
20 L. No. 111-148, § 2001, as amended by the federal Health Care
21 and Education Reconciliation Act of 2010, Pub. L. No. 111-152.
22 Individuals eligible for medical assistance under this
23 paragraph shall receive benefits which are at a minimum those
24 included in the medical assistance state plan benefit package
25 offered in the state, to be adjusted as necessary to provide
26 essential health benefits as required pursuant to section 1302
27 of the federal Patient Protection and Affordable Care Act, Pub.
28 L. No. 111-148, and as approved by the United States secretary
29 of health and human services.

30 Sec. 5. Section 249J.26, subsection 2, Code 2013, is amended
31 to read as follows:

32 2. This chapter is repealed ~~October~~ December 31, 2013. The
33 department shall prepare a plan for the transition of expansion
34 population members to other health care coverage options.
35 The options shall include the option of coverage through the

1 medical assistance program as provided in section 249A.3,
2 subsection 1, paragraph "v", relating to coverage for adults who
3 are nineteen years of age or older and under age sixty-five,
4 and the option of coverage through the health benefits exchange
5 established pursuant to the federal Patient Protection and
6 Affordable Care Act, Pub. L. No. 111-148, as amended by the
7 federal Health Care and Education Reconciliation Act of 2010,
8 Pub. L. No. 111-152. To the greatest extent possible, the plan
9 shall maintain and incorporate utilization of the existing
10 medical home and service delivery structure as developed
11 under this chapter, including the utilization of federally
12 qualified health centers, public hospitals, and other safety
13 net providers, in providing access to care. The department
14 shall submit the plan to the governor and the general assembly
15 no later than September 1, 2013.

16 Sec. 6. LEGISLATIVE COMMISSION ON INTEGRATED CARE MODELS.

17 1. No later than thirty days after the effective date
18 of this Act, the legislative council shall establish a
19 legislative commission to review and make recommendations
20 relating to the formation and operation of integrated care
21 models (ICMs) in the state. The models include any care
22 delivery model that integrates providers and incorporates a
23 financial incentive to improve patient health outcomes, improve
24 care, and reduce costs. Integrated care models include but
25 are not limited to patient-centered medical homes or health
26 homes, accountable care organizations (ACOs), ACO-like models,
27 community and regional care networks, and other integrated and
28 accountable delivery models that utilize value-based financing
29 methodologies and emphasize person-centered, coordinated, and
30 comprehensive care.

31 2. a. In developing the recommendations, the legislative
32 commission shall review models created in other states that
33 integrate both clinical services and nonclinical community
34 and social supports utilizing patient-centered medical homes
35 and community care teams as basic components. These models

1 may include but are not limited to the ACO demonstration
2 program based on the Camden Coalition of Healthcare Providers
3 in Camden, New Jersey; the Medical Home Network in Chicago,
4 Illinois; the Health Commons model in New Mexico; the
5 Accountable Care Collaborative in Colorado; Community Care of
6 North Carolina, in North Carolina; the Blueprint for Health and
7 the Community Health Teams in Vermont; and the Coordinated Care
8 Organizations in Oregon.

9 b. The legislative commission shall specifically focus
10 on recommending the best means of providing care through
11 integrated delivery models throughout the state including to
12 vulnerable populations and how best to incorporate safety net
13 providers, including but not limited to federally qualified
14 health centers, rural health clinics, community mental health
15 centers, public hospitals, and other nonprofit and public
16 providers that have long experience in caring for vulnerable
17 populations, into the integrated system.

18 c. The legislative commission shall review opportunities
19 under the federal Patient Protection and Affordable Care Act
20 (Affordable Care Act), Pub. L. No. 11-148, as amended, for
21 the development of ICMs including the Medicare Shared Savings
22 program for accountable care organizations, community-based
23 collaborative care networks that include safety net providers,
24 consumer-operated and oriented plans, and opportunities
25 through the Center for Medicare and Medicaid Innovation
26 (CMI) established pursuant to section 3021 of the Affordable
27 Care Act. The legislative commission shall also review
28 existing and proposed integrated care models in the state
29 including commercial models and those developed or proposed
30 under the Accountable Care Act including the Medicare Shared
31 Savings Program, the Pioneer ACO, and the application for
32 the multipayer Medicaid ACO developed through the CMI State
33 Innovation Models Initiative.

34 d. The legislative commission shall address the issues
35 relative to ICMs including those relating to consumer

1 protection including those that relate to confidentiality,
2 quality assurance, grievance procedures, and appeals of patient
3 care decisions; payment methodologies, multipayer alignment,
4 coordination of funding streams, and financing methods that
5 support full integration of clinical and nonclinical services
6 and providers; organizational, management, and governing
7 structures; access, quality, outcomes, utilization, and
8 other appropriate performance standards; patient attribution
9 or assignment models; health information exchange, data,
10 reporting, and infrastructure standards; and regulatory
11 issues including clinical integration limitations, physician
12 self-referral, antikickback provisions, gain-sharing,
13 beneficiary inducements, antitrust issues, tax exemption
14 issues, and application of insurance regulations.

15 3. The legislative commission shall consult with advocates
16 representing patients, health care providers, health care
17 payers, and other appropriate parties in developing the
18 recommendations relating to ICMS.

19 4. The legislative commission may request from any state
20 agency or official information and assistance as needed to
21 perform the review and make recommendations.

22 5. The legislative commission shall submit a final report
23 summarizing the legislative commission's activities, analyzing
24 the issues reviewed, and making recommendations to the governor
25 and the general assembly by September 1, 2013.

26 Sec. 7. MEDICAID STATE PLAN.

27 1. The department of human services shall amend the medical
28 assistance state plan to reflect the required provision of a
29 medical home to medical assistance recipients as provided in
30 this Act.

31 2. The department of human services shall amend the medical
32 assistance state plan to provide for coverage of adults up to
33 133 percent of the federal poverty level as provided in this
34 Act and in accordance with the federal Patient Protection and
35 Affordable Care Act, Pub. L. No. 111-148, § 2001, as amended

1 by the federal Health Care and Education Reconciliation Act of
2 2010, Pub. L. No. 111-152.

3 3. The department of human services shall amend the medical
4 assistance state plan to provide that the benchmark benefit
5 plan provided to the newly covered adults under the medical
6 assistance program is the option of secretary-approved coverage
7 which is at a minimum the Medicaid state plan benefit package
8 offered in the state, to be adjusted as necessary to provide
9 essential health benefits as required pursuant to section
10 1302(b) of the Patient Protection and Affordable Care Act, Pub.
11 L. No. 111-148.

12 Sec. 8. EFFECTIVE UPON ENACTMENT. This Act, being deemed of
13 immediate importance, takes effect upon enactment.

14 EXPLANATION

15 This bill relates to integrated health care delivery models.
16 The bill amends provisions relating to medical homes to
17 require a team-based, multidisciplinary approach to health
18 care delivery. The bill requires the department of human
19 services (DHS) to collaborate with the department of public
20 health (DPH) in administering medical homes under the Medicaid
21 program. The bill amends provisions relating to implementation
22 of medical homes in the state by requiring all children and
23 adults who are recipients of full benefits under the medical
24 assistance program, including adults up to 133 percent of
25 the federal poverty level who are eligible under the federal
26 Patient Protection and Affordable Care Act (ACA), Pub. L. No.
27 111-148, § 2001, as amended by the federal Health Care and
28 Education Reconciliation Act of 2010, Pub. L. No. 111-152, and
29 individuals who are dually eligible to the extent approved by
30 the centers for Medicare and Medicaid services of the United
31 States department of health and human services (CMS), to
32 participate in a medical home not later than July 1, 2014.
33 The bill does not amend the Code provisions directing DPH to
34 work with the department of administrative services to allow
35 state employees to utilize the medical home system and to work

1 with insurers and self-insured companies, if requested, to make
2 the medical home system available to individuals with private
3 health care coverage.

4 The bill provides for Medicaid eligibility of certain adults
5 with incomes at or below 133 percent of the federal poverty
6 level in accordance with the ACA. Additionally, the bill
7 requires that these newly eligible adults receive benefits
8 which are included in the medical assistance state plan
9 benefit package offered in the state as adjusted to provide
10 the essential health benefits required under the ACA, and as
11 approved by the United States secretary of health and human
12 services.

13 The bill directs the legislative council to establish a
14 legislative commission to review and make recommendations
15 for the formation and operation of integrated care models
16 (ICM) in the state. The bill describes ICMs as any care
17 delivery model that integrates providers and incorporates
18 a financial incentive to improve patient health outcomes,
19 improve care, and reduce costs. ICMs include but are not
20 limited to patient-centered medical homes or health homes,
21 accountable care organizations (ACOs), ACO-like models, and
22 other integrated and accountable health delivery models that
23 utilize value-based financing methodologies and emphasize
24 person-centered, coordinated, comprehensive care. The
25 legislative commission is directed to consult with advocates
26 representing patients, health care providers, health care
27 payers, and other appropriate parties in developing the
28 recommendations for ICMs; to specifically address certain
29 issues to review existing ICMs in other states as well as
30 those existing or proposed in the state Medicare Shared
31 Savings Program, the Pioneer ACO, and the Center for
32 Medicare and Medicaid Innovation State Innovation Models
33 Initiative application to implement a multipayer ACO including
34 Medicaid. The legislative commission is required to make its
35 recommendations to the governor and the general assembly by

1 September 1, 2013.

2 The bill requires DHS to amend the medical assistance state
3 plan to implement the bill with respect to the provision of
4 medical homes and the coverage of certain low-income adults.

5 The bill takes effect upon enactment.