

HOUSE BILL NO. HB0086

Medicaid-elderly care.

Sponsored by: Representative(s) Millin, Davison, Esquibel,
K., Kimble and Shepperson and Senator(s)
Hastert and Scott

A BILL

for

1 AN ACT relating to Medicaid; authorizing as an optional
2 Medicaid service a program of all-inclusive care for the
3 elderly; providing program objectives; establishing program
4 provider eligibility criteria; providing that participating
5 program organizations do not require a certificate of
6 authority as an insurer or health maintenance organization;
7 granting rulemaking authority; requiring reports; and
8 providing for an effective date.

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10 *Be It Enacted by the Legislature of the State of Wyoming:*

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12 **Section 1.** W.S. 42-4-121 is created to read:

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14 **42-4-121. Program of all-inclusive care for the**
15 **elderly.**

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1 (a) The department, as an optional services program
2 of the Medicaid program, may develop and implement a
3 program of all-inclusive care for the elderly (PACE) in
4 accordance with section 4802 of the Balanced Budget Act of
5 1997, P.L. 105-33, as amended, and 42 C.F.R. part 460.

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7 (b) The department may contract with approved PACE
8 organizations to provide, in the manner and to the extent
9 authorized by federal law, comprehensive, community based
10 acute and long term care services for older Medicaid
11 eligible participants who are at least fifty-five (55)
12 years old, living in a PACE service area, certified by the
13 department as eligible for long term care facility
14 placement and who elect to participate in the PACE program.
15 Services provided through a PACE organization shall include
16 all necessary medical and related care required by the PACE
17 participant, including but not limited to physician and
18 other health care provider visits, regular check ups,
19 prescription drugs, rehabilitation services, home and
20 personal care services, medically necessary transportation,
21 hospitalization and skilled nursing facility services.

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1 (c) The objective of the PACE program is to provide
2 prepaid, capitated, quality comprehensive health care
3 services that are designed to:

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5 (i) Enhance the quality of life and autonomy for
6 frail, older adults;

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8 (ii) Maximize dignity of, and respect for, older
9 adults;

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11 (iii) Enable frail, older adults to live in the
12 community as long as medically and socially feasible;

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14 (iv) Preserve and support the older adult's
15 family unit.

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17 (d) The department shall adopt rules as necessary to
18 implement this section. In adopting rules, the department
19 shall:

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21 (i) Provide application procedures for
22 organizations seeking to become a PACE program provider;

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1 (ii) Establish the capitation rate for Medicaid
2 participants electing to participate in the PACE program
3 instead of receiving Medicaid services on a fee for service
4 basis. The capitation rate shall be no less than ninety
5 percent (90%) of the fee for service equivalent cost,
6 including the department's cost of administration, that the
7 department estimates would be payable for all services
8 covered under the PACE organization contract if all of
9 those services were to be provided on a fee for service
10 basis;

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12 (iii) Provide application procedures, including
13 acknowledgment of informed consent, for Medicaid
14 participants electing to participate in the PACE program in
15 lieu of receiving fee for service Medicaid benefits.

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17 (e) PACE provider organizations shall be public or
18 private organizations providing or having the capacity to
19 provide, as determined by the department, comprehensive
20 health care services on a risk based capitated basis to
21 PACE patients.

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23 (f) To demonstrate capacity as required by subsection
24 (e) of this section, the department shall consider evidence

1 such as an organization's insurance, reinsurance, cash
2 reserves, letters of credit, guarantees of companies
3 affiliated with the organization or a combination of those
4 arrangements.

5
6 (g) PACE organizations shall assume responsibility
7 for all costs generated by PACE program participants, and
8 shall create and maintain a risk reserve fund that will
9 cover any cost overages for any participant. A PACE
10 organization is responsible for the full financial risk
11 that the cost of services required by a program participant
12 might exceed the Medicaid capitated fee for that
13 participant.

14
15 (h) The department shall develop and implement a
16 coordinated plan to promote the PACE program among
17 prospective Medicaid long term care patients in the service
18 areas of approved PACE organizations.

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20 (j) As soon as practicable after July 1, 2010, the
21 department shall submit to the federal centers for Medicare
22 and Medicaid services an amendment to the state Medicaid
23 plan authorizing the state to implement the program of all-
24 inclusive care for the elderly pursuant to this section.

1 The department shall not enter into a contract with any
2 PACE provider organization until all necessary state plan
3 amendments or waivers are approved. An additional
4 amendment to the state Medicaid plan shall not be required
5 each time the department enters into a contract with a new
6 PACE provider organization.

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8 (k) Nothing in this section shall be construed to
9 require a PACE organization to hold a certificate of
10 authority as an insurer or a health maintenance
11 organization under title 26 of the Wyoming statutes.

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13 (m) The department shall provide a report to the
14 joint labor, health and social services interim committee
15 no later than October 1, 2011, and annually thereafter,
16 with respect to the program established by this section,
17 including the number of PACE organizations authorized, the
18 administrative structure of the program, the number of
19 Medicaid eligible persons receiving services under the
20 program and the historical annual actual and next biennium
21 projected savings to the Medicaid program from the PACE
22 program. As used in this section "PACE" means a program of
23 all-inclusive care for the elderly meeting the requirements
24 of this section.

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2 (n) No PACE organization shall withhold any necessary
3 medical or nonmedical services to any PACE participant in
4 order to increase the organization's profit from the
5 Medicaid capitated payment.

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7 (o) PACE participants may disenroll from the PACE
8 program at any time. A PACE organization shall promptly
9 report the identity of all disenrolled participants to the
10 department.

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12 **Section 2.** This act is effective July 1, 2010.

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(END)