1	HOUSE BILL 60
2	51st legislature - STATE OF NEW MEXICO - second session, 2014
3	INTRODUCED BY
4	James Roger Madalena
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8	FOR THE LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE
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10	AN ACT
11	RELATING TO PUBLIC ASSISTANCE; AMENDING A SECTION OF THE PUBLIC
12	ASSISTANCE ACT TO BAN MANDATORY ENROLLMENT OF NATIVE AMERICANS
13	IN MEDICAID MANAGED CARE.
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15	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:
16	SECTION 1. Section 27-2-12.6 NMSA 1978 (being Laws 1994,
17	Chapter 62, Section 22) is amended to read:
18	"27-2-12.6. MEDICAID PAYMENTSMANAGED CARE <u>NATIVE</u>
19	AMERICANS OPTIONAL ENROLLMENTNOTICE REQUIREMENTS
20	A. The department shall provide for a statewide,
21	managed care system to provide cost-efficient, preventive,
22	primary and acute care for medicaid recipients by July 1, 1995.
23	B. The managed care system shall ensure:
24	(1) access to medically necessary services,
25	particularly for medicaid recipients with chronic health
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1 problems; 2 (2) to the extent practicable, maintenance of the rural primary care delivery infrastructure; 3 that the department's approach is 4 (3) consistent with national and state health care reform 5 principles; and 6 7 (4) to the maximum extent possible, that medicaid-eligible individuals are not identified as such except 8 9 as necessary for billing purposes. The department may exclude nursing homes, 10 C. intermediate care facilities for the mentally retarded, 11 12 medicaid in-home and community-based waiver services and residential and community-based mental health services for 13 children with serious emotional disorders from the provisions 14 of this section. 15 D. The department shall not require the enrollment 16 in a managed care program of any recipient who self-identifies 17 as a Native American. 18 E. The department shall afford any recipient who 19 20 self-identifies as a Native American the option of enrolling in a medicaid managed care program or a medicaid fee-for-service 21 program for medical or behavioral health services. Upon 22 determination of medicaid eligibility, a Native American may 23 choose to enroll in a medicaid managed care program or a 24 medicaid fee-for-service program. 25

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1	F. At the time of enrollment in medicaid, the
2	<u>department shall provide notice to Native American applicants</u>
3	and recipients that states clearly and prominently that Native
4	American recipients are not required to enroll in a medicaid
5	managed care program. In any communications requesting the
6	selection of a medicaid managed care organization, the
7	department must provide applicants and recipients with the
8	opportunity to identify themselves as Native Americans and
9	select the medicaid fee-for-service program.
10	G. The department shall enroll a Native American
11	recipient into the medicaid fee-for-service program unless the
12	recipient affirmatively chooses to enroll in a medicaid managed
13	care organization.
14	H. The department shall provide Native American
14 15	H. The department shall provide Native American recipients the opportunity, on an individual basis, to enroll
15	recipients the opportunity, on an individual basis, to enroll
15 16	recipients the opportunity, on an individual basis, to enroll in or disenroll from a medicaid managed care program or a
15 16 17	recipients the opportunity, on an individual basis, to enroll in or disenroll from a medicaid managed care program or a medicaid fee-for-service program every six months.
15 16 17 18	recipients the opportunity, on an individual basis, to enroll in or disenroll from a medicaid managed care program or a medicaid fee-for-service program every six months. I. The department and each managed care entity with
15 16 17 18 19	recipients the opportunity, on an individual basis, to enroll in or disenroll from a medicaid managed care program or a medicaid fee-for-service program every six months. I. The department and each managed care entity with which the department contracts to provide medicaid coverage
15 16 17 18 19 20	recipients the opportunity, on an individual basis, to enroll in or disenroll from a medicaid managed care program or a medicaid fee-for-service program every six months. I. The department and each managed care entity with which the department contracts to provide medicaid coverage shall clearly and prominently state on each notice, letter,
15 16 17 18 19 20 21	recipients the opportunity, on an individual basis, to enroll in or disenroll from a medicaid managed care program or a medicaid fee-for-service program every six months. I. The department and each managed care entity with which the department contracts to provide medicaid coverage shall clearly and prominently state on each notice, letter, informational material or instructional or marketing material
15 16 17 18 19 20 21 21 22	recipients the opportunity, on an individual basis, to enroll in or disenroll from a medicaid managed care program or a medicaid fee-for-service program every six months. I. The department and each managed care entity with which the department contracts to provide medicaid coverage shall clearly and prominently state on each notice, letter, informational material or instructional or marketing material relating to managed care enrollment, distributed to or made
15 16 17 18 19 20 21 22 23	recipients the opportunity, on an individual basis, to enroll in or disenroll from a medicaid managed care program or a medicaid fee-for-service program every six months. I. The department and each managed care entity with which the department contracts to provide medicaid coverage shall clearly and prominently state on each notice, letter, informational material or instructional or marketing material relating to managed care enrollment, distributed to or made publicly available to recipients and potential recipients of

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1	care program. This statement shall be provided in a manner and
2	form that may be easily understood by Native American
3	recipients and potential recipients."
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