

AN ACT

RELATING TO MEDICAID MANAGED CARE; REQUIRING THAT MENTAL AND BEHAVIORAL HEALTH SERVICES BE PROVIDED SEPARATELY FROM PHYSICAL HEALTH SERVICES; AMENDING A SECTION OF THE NMSA 1978.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

Section 1. Section 27-2-12.6 NMSA 1978 (being Laws 1994, Chapter 62, Section 22) is amended to read:

"27-2-12.6. MEDICAID PAYMENTS--MANAGED CARE. --

A. The department shall provide for a statewide, managed care system to provide cost-efficient, preventive, primary and acute care for medicaid recipients by July 1, 1995.

B. The managed care system shall ensure:

(1) access to medically necessary services, particularly for medicaid recipients with chronic health problems;

(2) to the extent practicable, maintenance of the rural primary care delivery infrastructure;

(3) that the department's approach is consistent with national and state health care reform principles; and

(4) to the maximum extent possible, that medicaid-eligible individuals are not identified as such except as necessary for billing purposes.

C. The department may exclude nursing homes, intermediate care facilities for the mentally retarded, medicaid in-home and community-based waiver services and residential and community-based mental health services for children with serious emotional disorders from the provisions of this section.

D. The department shall exclude mental and behavioral health services from the provisions of this section except that mental and behavioral health services, including residential and community-based mental health services for children with serious emotional disorders, may be provided under a managed care program if the mental and behavioral health services are furnished under an agreement or contract separate from an agreement or contract for physical health care services. The department shall separate the budget and the administration of mental and behavioral health services from physical health services in the medicaid program.

E. The department shall mandate the use by managed care contractors of uniform criteria and forms for credentialing providers, level of care determinations, utilization review decisions, billing, appeal and grievances.

F. In developing any managed care plan to include mental and behavioral health services, the department shall consult with and take into consideration the recommendations

of consumers, advocates, providers and other persons with  
interests in these services. " \_\_\_\_\_