

1 **AN ACT** to create 49.45 (54) of the statutes; relating to: health care homes.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

JOINT LEGISLATIVE COUNCIL PREFATORY NOTE: This bill draft was prepared for the Joint Legislative Council’s Special Committee on Performance–Based Disease Management Programs for Large Populations.

This draft directs the Department of Health Services (DHS) to establish a pilot program under which increased reimbursement is provided to physician practices that act as patient–centered medical homes for medical assistance beneficiaries. The patient–centered medical home model is endorsed by the Wisconsin Academy of Family Physicians (WAFP). The WAFP describes this model as follows:

The patient–centered medical home a health care delivery model based on a physician–guided medical practice that integrates and coordinates all the medical needs of a patient. The patient–centered medical home emphasizes prevention and wellness to reduce overall care costs and improve health outcomes. The model is patient–focused and designed to provide greater access to quality care and increase the involvement of patients in their own medical care.

The increased reimbursement required to be provided to physician practices participating in the program under the draft includes increased primary care payments for face–to–face care services and a per patient, per month care management fee. The amount of these payments is not specified in the draft. However, the draft specifies that the payments must be in an amount sufficient to provide an incentive for practice to participate in the program.

To be eligible to participate, a physician practice must be certified by the National Committee on Quality Assurance (NCQA) as a patient–centered medical home. The NCQA is a private, 501 (c) (3) not–for–profit organization.

Practices seeking NCQA certification must complete a Web–based data collection tool and provide documentation that validates responses. Practices are evaluated on the following aspects of care:

- Access and communication
- Patient tracking and registry functions
- Care management
- Patient self-management support
- Electronic prescribing
- Test tracking
- Referral tracking
- Performance reporting and improvement
- Advanced electronic communications

The draft requires DHS to develop and implement a method to evaluate the effectiveness of the pilot program in improving care for participants and reducing costs. The department must submit an evaluation of the program to the Joint Committee on Finance 30 months after the program's implementation.

1 **SECTION 1.** 49.45 (54) of the statutes is created to read:
2 49.45 **(54)** PATIENT-CENTERED MEDICAL HOME. The department shall establish a pilot
3 program under which increased reimbursement is provided to physician practices that serve
4 as patient-centered medical homes for medical assistance beneficiaries. The department shall
5 ensure that each participating physician practice is certified by the National Committee on
6 Quality Assurance as a patient-centered medical home. The department shall ensure that
7 participating providers receive, for each medical assistance beneficiary for whom the practice
8 serves as a patient-centered medical home, increased primary care payments for face-to-face
9 care services and a per patient, per month care management fee. These payments shall be at
10 a sufficient amount to provide an incentive for providers to participate in the program. The
11 department shall develop and implement a method to evaluate the effectiveness of the program
12 in improving care for participants and reducing costs. The department shall submit a report

1 containing the results of the evaluation to the joint committee on finance 30 months after the
2 program's implementation.

3 (END)