

By: Lindsay

S.B. No. 690

A BILL TO BE ENTITLED

1 AN ACT

2 relating to the disenrollment of certain persons eligible for
3 supplemental security income from the child health plan and
4 Medicaid managed care programs.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

6 SECTION 1. Subchapter C, Chapter 62, Health and Safety
7 Code, is amended by adding Section 62.106 to read as follows:

8 Sec. 62.106. DISENROLLMENT OF CHILDREN ELIGIBLE FOR
9 SUPPLEMENTAL SECURITY INCOME (SSI). (a) Not later than the 21st
10 day after the date the commission receives notice from the federal
11 Social Security Administration that a child enrolled in the child
12 health plan is eligible for Supplemental Security Income (SSI) (42
13 U.S.C. Section 1381 et seq.), as amended, the commission shall:

14 (1) disenroll the child from the child health plan
15 retroactive to the date the child became eligible for Supplemental
16 Security Income (SSI), as determined by the Social Security
17 Administration;

18 (2) provide to the child's parent or guardian
19 information about enrolling in the medical assistance program under
20 Chapter 32, Human Resources Code, or voluntarily enrolling in the
21 Medicaid managed care program under Chapter 533, Government Code,
22 if available in the child's health care service region; and

23 (3) reimburse a health plan provider for any payments
24 made by the provider to a health care provider for services that are

1 delivered to the child under the child health plan on or after the
2 date the child became eligible for Supplemental Security Income
3 (SSI), as determined by the Social Security Administration.

4 (b) To be eligible for reimbursement under Subsection
5 (a)(3), a health plan provider must refund to the commission any
6 capitation payments received to provide health benefits coverage
7 for the child for a period on or after the date the child became
8 eligible for Supplemental Security Income (SSI).

9 SECTION 2. Section 533.0076, Government Code, is amended by
10 adding Subsection (d) to read as follows:

11 (d) This section does not prohibit the commission from
12 disenrolling a recipient under Section 533.0077.

13 SECTION 3. Subchapter A, Chapter 533, Government Code, is
14 amended by adding Section 533.0077 to read as follows:

15 Sec. 533.0077. DISENROLLMENT OF RECIPIENTS WHO ARE ELIGIBLE
16 FOR SUPPLEMENTAL SECURITY INCOME (SSI). (a) Not later than the
17 21st day after the date the commission receives notice from the
18 federal Social Security Administration that a recipient enrolled in
19 a managed care plan under this chapter is eligible for Supplemental
20 Security Income (SSI) (42 U.S.C. Section 1381 et seq.), as amended,
21 the commission shall:

22 (1) disenroll the recipient from the managed care plan
23 retroactive to the date the recipient became eligible for
24 Supplemental Security Income (SSI), as determined by the Social
25 Security Administration;

26 (2) provide to the recipient or, if the recipient is a
27 child, to the recipient's parent or guardian, information about

1 enrolling in the medical assistance program under Chapter 32, Human
2 Resources Code, or voluntarily re-enrolling in a managed care plan
3 under this chapter; and

4 (3) reimburse a managed care organization for any
5 payments made by the organization to a health care provider for
6 services that are delivered to the recipient under the managed care
7 plan on or after the date the recipient became eligible for
8 Supplemental Security Income (SSI), as determined by the Social
9 Security Administration.

10 (b) To be eligible for reimbursement under Subsection
11 (a)(3), a managed care organization must refund to the commission
12 any capitation payments received to provide health benefits
13 coverage for the recipient for a period on or after the date the
14 recipient became eligible for Supplemental Security Income (SSI),
15 as determined by the Social Security Administration.

16 SECTION 4. (a) Not later than October 1, 2003, the Health
17 and Human Services Commission shall determine:

18 (1) whether a waiver or authorization from a federal
19 agency is necessary to implement a provision of this Act; and

20 (2) whether the commission must amend the capitation
21 payment rates for health plan providers under Chapter 62, Health
22 and Safety Code, or managed care organizations under Chapter 533,
23 Government Code, to implement this Act.

24 (b) If the commission determines that a waiver or
25 authorization is necessary or a capitation payment rate must be
26 amended, the commission shall, not later than March 1, 2004:

27 (1) adopt rules necessary to facilitate the waiver or

1 authorization or to amend the capitation payment rates; and

2 (2) seek any necessary waiver or authorization from
3 the federal government after adopting rules under Subdivision (1)
4 of this subsection, if any.

5 (c) The commission may delay implementing a provision of
6 this Act until the commission receives a necessary waiver or
7 authorization from the federal government.

8 SECTION 5. This Act takes effect September 1, 2003.