

By: Delisi

H.B. No. 2472

Substitute the following for H.B. No. 2472:

By: Jackson

C.S.H.B. No. 2472

A BILL TO BE ENTITLED

AN ACT

relating to disease management services under Medicaid managed care.

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

SECTION 1. Section 533.009, Government Code, is amended by adding Subsection (f) to read as follows:

(f) The executive commissioner, by rule, shall prescribe the minimum requirements that a managed care organization, in providing a disease management program, must meet to be eligible to receive a contract under this section. The managed care organization must, at a minimum, be required to:

(1) provide disease management services that have performance measures for particular diseases that are comparable to the relevant performance measures applicable to a provider of disease management services under Section 32.059, Human Resources Code, as added by Chapter 208, Acts of the 78th Legislature, Regular Session, 2003; and

(2) show evidence of managing complex diseases in the Medicaid population.

SECTION 2. Section 32.059, Human Resources Code, as added by Chapter 208, Acts of the 78th Legislature, Regular Session, 2003, is amended by amending Subsection (c) and adding Subsection (c-1) to read as follows:

(c) The executive commissioner of the Health and Human

1 Services Commission [~~department~~], by rule, shall prescribe the
2 minimum requirements a provider of a disease management program
3 must meet to be eligible to receive a contract under this section.
4 The provider must, at a minimum, be required to:

5 (1) use disease management approaches that are based
6 on evidence-supported models, [~~minimum~~] standards of care in the
7 medical community, and clinical outcomes; and

8 (2) ensure that a recipient's primary care physician
9 and other appropriate specialty physicians, or registered nurses,
10 advanced practice nurses, or physician assistants specified and
11 directed or supervised in accordance with applicable law by the
12 recipient's primary care physician or other appropriate specialty
13 physicians, become directly involved in the disease management
14 program through which the recipient receives services.

15 (c-1) A managed care health plan that develops and
16 implements a disease management program under Section 533.009,
17 Government Code, and a provider of a disease management program
18 under this section shall coordinate during a transition period
19 beneficiary care for patients that move from one disease management
20 program to another program.

21 SECTION 3. The executive commissioner of the Health and
22 Human Services Commission may use a provider of a disease
23 management program under Section 32.059, Human Resources Code, as
24 added by Chapter 208, Acts of the 78th Legislature, Regular
25 Session, 2003, as amended by this Act, to provide disease
26 management services if the executive commissioner determines that
27 the use of that provider will be more cost-effective to the Medicaid

1 program than using a provider of a disease management program under
2 Section 533.009, Government Code, as amended by this Act. A
3 Medicaid recipient currently in a disease management program
4 provided under Section 32.059, Human Resources Code, as added by
5 Chapter 208, Acts of the 78th Legislature, Regular Session, 2003,
6 in a service area that is subject to a Medicaid managed care
7 expansion may remain enrolled in the recipient's current disease
8 management program if the executive commissioner determines that
9 allowing those recipients to remain is cost-effective.

10 SECTION 4. If before implementing any provision of this Act
11 a state agency determines that a waiver or authorization from a
12 federal agency is necessary for implementation of that provision,
13 the agency affected by the provision shall request the waiver or
14 authorization and may delay implementing that provision until the
15 waiver or authorization is granted.

16 SECTION 5. This Act takes effect September 1, 2005.